

Nicholas James Care Homes Ltd

Dale Mount

Inspection report

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06 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive on 7 and 8 April 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to notifications to the Care Quality Commission (CQC). We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for Dale Mount on our website at www.cqc.org.uk.

There was a registered manager in post who had applied for registration with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had ensured that all notifications were being sent to the CQC. This included notification for Deprivation of Liberty Safeguards, serious injury and adult safeguarding.

Auditing and quality assurance systems were in place to identify shortfalls within the service and drive forward improvements at the service.

People and staff spoke positively about the registered manager.

The registered provider had up to date policies and procedures and these were being communicated to staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The registered manager was notifying the Care Quality Commission of any notifiable events.

People and staff spoke positively about the service and the registered manager.

Quality assurance systems were used to drive forward improvements at the service.

Good ●

Dale Mount

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social care Act 2008 as part of our regulatory functions. This focused inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act.

We carried out an unannounced focussed inspection of Dale Mount on 6 February 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 7 and 8 April comprehensive inspection had been made. The team inspected the service against one of the five key questions we ask about the service: is the service well-led? This is because the service was not meeting some legal requirements. The inspection was undertaken by one inspector.

Before our inspection, we reviewed our previous report and the information we held about the service.

During our inspection, we looked at the auditing and quality assurance records at the service, two people's care plans, two members of staff, two people that used the service and the registered manager.

Is the service well-led?

Our findings

At our previous inspection on 7 and 8 April 2016, the provider was in breach of regulation 18 of the Registration Regulations 2009. We found that not all notifiable notifications were being made to the Care Quality Commission (CQC). At this inspection, improvements had been made and the service was now compliant with the regulations.

The registered manager was open and transparent and was notifying the CQC of all notifiable incidents as per the Health and Social Care Act legal requirements. A notification is an event that the registered person has to inform the CQC of and includes the outcomes of Deprivation of Liberty Safeguards, serious injury, deaths and safeguarding. The registered manager had a notification folder with copies of all notifications made the CQC. Staff we spoke to had a good understanding of when a notification needed to be made and told us they were informed of the previous inspection and where improvements needed to be made. One member of staff told us, "We were informed of the outcomes in one of our regular team meetings." The registered provider had up to date policies and procedures and a clear statement of purpose that identified the service's values of visions. Staff we spoke to could identify the vision and values and told us that the culture of the service is based around being person centred and putting their needs first. One person told us, "The staff are there if you need them, but they let me get on with things without ever getting in the way. That is very important to me."

People and staff spoke positively about the service and the registered manager. One person told us, "I like living here. If I have any problems I know I can approach the registered manager." Another person told us, "It is good living here; I can live my life how I want to live." One member of staff told us, "I love working here. The people who live here are great and it is an excellent team to work in." Another member of staff told us, "I enjoy working here. The management are very supportive. If you have any problems the registered manager is approachable and will help."

Audits and quality assurance systems were in place to address shortfalls and drive forward any identified improvements. We looked at a sample of the auditing systems. It was identified in a recent fire audit carried out by an external competently trained person that a window was required in an internal fire door to allow natural light into the corridor. This had been actioned and put in place. In a medicine audit carried out in January 2017 it was identified that there needs to be an adequate stock of blank medication administration records for staff. This had been actioned. The auditing systems identified that there are daily and monthly auditing on health and safety that includes management observation of staff practice. Care plans were being reviewed monthly and included any changes to be made. Records were up to date and no gaps were identified.