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# The Dale Residential Home

## Inspection report

Dale Road  
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Doncaster  
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Tel: 01709862176

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Dale provides accommodation with personal care for up to 14 older people. There were 13 people living at the home at the time of the inspection. At the last inspection on 14 March 2016, the service was rated Good. At this inspection the service remained Good.

There was a registered manager in post. 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 service was safe. Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were satisfactory. Detailed risk assessments were in place for people using the service to support their safety. There were also processes in place to manage any risks in relation to the running of the service. Staff deployment was suitable for people's needs and people's medicines were safely managed.

The service was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. Records showed staff respected people's choices on decisions about their care and supported them to be as independent as possible. People enjoyed the food provided at the service and their dietary needs were met. Menu plans showed healthy options and included people's preferences and choices. Staff continued to support people to access healthcare professionals when needed. Feedback for health care professionals was very positive and confirmed the service remained proactive and worked with them to better people's lives.

The service was caring. We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Staff were caring, treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to retain as much independence and control as possible with daily living tasks.

The service was responsive. People's care needs had been assessed with them and they received the flexible support they needed from the service. Care plans were well organised and contained information covering all aspects of people's health and social care needs. Care planning was reviewed regularly and people's changing needs recorded. People knew how to complain and had easy access to the provider's complaints procedure.

The service was well-led and had a positive open culture. Quality assurances systems remained in place and were consistently used to ensure the safety of the premises and equipment and to improve people's care and support, although the registered manager was in the process of updating these checks.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Dale Residential Home

## 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 inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

This comprehensive inspection of The Dale Residential Home took place on 13 July 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

During our inspection we spoke with four people who lived at the home and one visitor. We also spoke with the provider, registered manager, senior care staff and the cook. We looked at records which included six people's care records, people's medicines administration record (MAR), four staff files and other records relating to the management of the service.

We undertook general observations throughout our visit and used the Short Observational Framework for Inspection (SOFI) during the lunchtime meal service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

At this inspection we found that people continued to receive a safe service. People we spoke with confirmed they felt safe living in the service. We observed that people were confident approaching and interacting with staff and moving around their home as they wished. A relative said, "I am fully confident that my relative is safe here." One person we spoke with told us, "I have nothing to worry about, I know that I am safe here, the staff make sure of that."

Care staff we spoke with made sure people were kept free from the risk of harm and knew the signs and types of abuse to look for and knew how to respond and report any concerns.

Risk management plans remained effective in keeping people safe. Staff carried out assessments to people's safety and had sufficient guidance on how to minimise the identified risks. Assessments included people's mobility, nutrition and continence. Regular reviews of risk assessments ensured staff continued to provide safe care in line with people's needs. Care plans were updated to reflect the person's needs and the support they required. Staff were aware of risks to people and understood how to support them in a safe manner without restricting their freedom unnecessarily.

People and relatives told us there were enough staff to help ensure people's needs were met. During the inspection when a call bell was rung it was responded to quickly. Historic staffing rotas showed that staff numbers were consistent on each shift. Care staff were supported by the registered manager. One person told us, "There is always a member of staff when you need one." Appropriate recruitment procedures ensured staff had the skills relevant for their work and were suitable to provide safe care to people.

The provider had systems in place to ensure the environment was safe and did not pose unnecessary risks to people. Any issues identified though regular checks were immediately dealt with. We saw staff kept the environment free from trip hazards. The environment, including communal areas such as toilets and bathrooms, were clean and well maintained. Staff wore appropriate personal protective equipment (PPE), particularly when supporting people with their personal care.

People were supported to take the medicines prescribed to them. The provider continued to maintain appropriate arrangements for safe medicines management. We checked stocks and balances of medicines and people's individual medicines administration record (MAR). The registered manager had identified a small number of gaps or omissions and had arranged a staff meeting and individual supervisions to address this. Medicines were stored safely and securely. Staff were suitably trained and their competency to safely administer medicines was regularly assessed by senior staff.

## Is the service effective?

### Our findings

People continued to be supported by staff that were trained to meet their needs. Staff undertook training in areas that were specific to their roles. This included refresher and update training to help keep their knowledge and skills up to date with current best practice. All new members of staff were only able to support people unsupervised once senior staff were satisfied they demonstrated the necessary skills and competence to do so. The registered manager met with all staff regularly through a programme of supervision meetings and annual performance appraisal, at which staff were encouraged to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve further through training and development opportunities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found that the service was working within the principles of the MCA. The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS, and had a good understanding of the Act. Staff knew how to support people in making day to day decisions. We saw assessments of people's capacity in their care records. The registered manager confirmed that appropriate applications had been made to the local authority for DoLS assessments and this was confirmed in people's records. The manager will notify us as required as these applications are authorised.

People had choice in what food and drink they had and were supported to maintain a healthy and balanced diet. People told us they liked the food provided at the service and that their preferences were considered. One person said, "The food is home cooked and beautiful." Meals were freshly prepared at the service and healthy eating options were available and included fruit and vegetables. Records and people confirmed they were involved in menu planning. The chef was aware of people's dietary needs and preferences and provided them with the appropriate foods. Staff monitored people's eating and drinking and made referrals to health professionals when needed. We observed people were offered choices during mealtimes and staff provided what they had requested.

People were supported to access healthcare services to maintain good health, for example, records showed that people had seen opticians and regular checks had been completed. GP's visited the home regularly when required to check people's health and medicines. Other professionals had attended to support people with their care needs, for example district nursing team to support with diabetic care needs.

## Is the service caring?

### Our findings

People continued to be supported in a caring environment. This was identified by our observations during the inspection visit and through our discussions with people, staff and people's relatives. One relative told us, "The entire staff team are great." One person told us, "The staff are all lovely and kind, I am very happy here."

People were able to chat and engage with staff, including the manager who responded with kindness, and were considerate to people's needs. Care staff had developed friendly relationships with people living at the home and we saw staff sharing jokes and laughing with people.

We observed many positive interactions between people and staff through the course of our inspection. Staff chatted with people, asked how they were and regularly checked if people required any help and assistance from them. People appeared comfortable and relaxed with staff and readily asked for their support when they wanted it.

Staff knew people's needs, interests and routines and records showed they supported them in line with these. Records showed people were involved in their care and had signed to show they were in agreement with how they wanted support delivered. The registered manager ensured people could access advocacy service when needed and had information to signpost people when necessary.

People told us staff respected their privacy and treated them with dignity. Staff were respectful when they talked about people and their needs. We observed staff knocked on people's doors before entering and asked for consent before providing support. Staff kept bathroom and bedroom doors closed when providing personal care to people to promote their dignity and privacy. People's information was kept confidential in locked cabinets and offices to maintain their privacy and dignity. Staff understood the provider's confidentiality policy and only shared information on a need to know basis after getting authorisation from the registered manager.

During activities staff made sure that each person was invited to participate so that no one was excluded. If people chose not to take part, this was respected. People were dressed in smart, clean clothes and their hair and nails were tidy and trim. After eating, staff discreetly ensured people were helped to clean their hands and face and any spillages on their clothes were wiped quickly to avoid unsightly stains or marks.

## Is the service responsive?

### Our findings

People continued to receive care that was personalised and responded to their individual needs. Care plans were detailed and regularly updated. They provided staff with clear information on the support each person needed and how to provide this safely and well. Staff knew people's daily care needs and preferences and how to meet them.

We saw that care staff listened and responded to people's choices and requests and management told us that they regularly spoke with people about their care and support. People's families had helped to support their relative and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required.

One person said, "I get all the help I need, when I need it. I can still do things for myself and the staff respect that." People's support plans were current and contained clear information about their life histories, their likes and dislikes and their specific preferences and choices for how support should be provided to them. There was detailed information for staff on how people should be supported with daily living tasks, for example, with the help they needed in the morning to get ready for the day ahead, how they wished to receive personal care, how they wished to spend their day and the meals they preferred to eat. This ensured people received support that was personalised and focused on their needs being met.

Senior staff ensured people's care and support needs were reviewed with them every month or sooner if there had been any changes to these. When there were changes to people's needs, their support plans were updated to reflect this along with updated guidance for staff on how people should be supported with this. The provider ensured all staff were informed of any changes through daily briefing reports between senior staff and through shift handovers with all staff.

The provider had a clear system in place to manage complaints and to show they were investigated and responded to. The manager told us that no complaints had been received about the service since the last inspection. This meant we were unable to assess the procedure's effectiveness at this time. Information on how to raise any complaints was available in suitable formats. Relatives told us they would be able to raise concerns with the manager and felt they would be listened to. A relative said, "I have never had an issue to bring up."

Activities were taking place in a way which was responsive to the needs and choices of people. An activities coordinator worked five days per week. Activities such as quizzes, bingo and gentle exercise were available, as well as making things for various celebrations including Christmas and Easter. We saw that a photo album had been created recording various historic activities. One person told us, "In good weather I like to sit outside, enjoy the garden and nature." Some people chose to stay in their rooms. People told us, "I like to listen to the radio but I know there are activities if I want to join in."



## Is the service well-led?

### Our findings

People spoke positively about the management of the service. One person said, "It's a great place, I am looked after very well. That wouldn't happen if it wasn't well run." Another person told us, "It's managed well, I can't fault it really." A visitor said, "The manager is very good. She is approachable, understanding and caring. She is also very hands on."

Care staff we spoke with told us the home was well organised to offer the best care for the people living there. They told us the registered manager was supportive and they felt able to approach the registered manager with any concerns they may have. There were clear lines of accountability and responsibility within the service. The registered manager was actively involved in the day to day operation of The Dale. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Team meetings provided opportunities for staff to raise concerns or comments about people's care.

The registered manager provided us with written feedback obtained in the past year through questionnaires from people using the service, their friends and family and professionals involved in the person's care. These were all positive in their responses. One comment from a member of an ambulance crew read, "Wonderful, helpful staff made our job easier and less stressful for the patient."

The quality of the service remained subject to checks and audits to ensure continuous improvement to people's care delivery, although the registered manager had recognised that the audit system was dated and was in the process of designing and implementing a new one. Audits were carried out and ensured safe medicines management, appropriate record keeping, up to date care plans, adequate staff training and support. The provider continued to have health and safety checks in place to ensure any risks posed to people on the premises and use of equipment were identified and addressed. Records showed up to date fire risk assessments and regular maintenance and timely repairs of equipment.