

Dalmeny House Limited

Waterbank Road

Inspection report

17 Waterbank Road
Sheringham
NR26 8RB

Tel: 01263822355

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Waterbank Road is a residential care home providing personal care to 4 people with mental health conditions at the time of the inspection. The service can support up to four people. Waterbank Road was divided in to three self-contained flats each with their own bathroom and kitchen facilities and one large en-suite bedroom. There is a communal kitchen, small courtyard garden and staff office.

People's experience of using this service and what we found

While most environmental risks were responded to, we found further improvements were required regarding fire and water safety. We have made a recommendation about the management of water systems in the service. Written risk assessments did not always fully explore and assess identified risks to people. Staff recruitment files did not evidence all information required under the law. The registered manager took immediate action to address this when it was brought to their attention. We were not confident staffing levels fully met the needs of people living in the service. This was because of variable feedback from staff regarding this and our observations during our visit. A system was in place to provide oversight of incidents that occurred. Individual incidents were analysed but there was no analysis of incidents overall for themes and/or patterns.

A system was in place to provide oversight of incidents that occurred. Individual incidents were analysed but there was no overall analysis of incidents to identify themes and/or patterns. There were no provider level audits of the service. The governance system overly relied on the registered manager's experience and expertise and this did not contribute to a robust governance system. The audit system in place was not fully effective at identifying and improving areas for improvement within the service.

People received their medicines safely and as prescribed. Staff took a proactive approach in supporting people to manage their medicines. Staff had received training in adult safeguarding and there had been no known safeguarding incidents in the service in the last year. Effective infection control measures were in place, including in relation to COVID-19.

There was a clear focus on staff learning and development. Health and social care professionals praised the knowledge and support provided by staff. This helped deliver good quality outcomes for people. People's health needs, including in relation to their nutritional needs, were met. The physical environment met people's needs although we identified some areas required some decorating and enhancement. People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind, caring, and compassionate staff. There was a strong relationship-based approach within the service. People were supported to discuss and make decisions regarding their care. People's independence was supported, staff had a good understanding of people's individual needs in

relation to this.

People received support that was individual to their needs and wishes. People were involved in creating and discussed their care plans and how their needs should be met. Where complaints had been raised these had been dealt with openly and honestly in collaboration with people.

There was a strong person-centred and empowering culture. These values were clearly embedded within the service and staff team. The registered manager had a reflective, open, and honest approach. Where issues had been raised during the inspection, they took a proactive approach to address these. Links to other services had been developed to help the service grow and progress. A development plan was in place to support this. People and staff were engaged and listened to regarding the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15/5/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the fact the service required a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Waterbank Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Waterbank Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because the service is small and had a particular layout. We needed to discuss with the registered manager the arrangements for inspecting the service taking in to account requirements under COVID-19 such as social distancing.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and three support workers. We spoke with three health and social care professionals and received written feedback from a fourth.

We reviewed a range of records. This included two people's care records and three people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and training records, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records relating to the governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- While most environmental risks were responded to, we found further improvements were required regarding fire and water safety. We identified gaps in checks to fire safety equipment and we were not confident all risks regarding legionella had been sufficiently assessed and responded to.
- It was not always clear how written risk assessments explored and assessed risks to people. We found some risks had not been fully considered within people's care plans and risk assessments.
- However, from talking with people, staff, the registered manager, and professionals working with the service it was clear these risks had been identified and responded to in practice.
- The service's approach to risk management took into account people's human rights and staff worked collaboratively with people to support informed decisions on risk.

We recommend the provider seek advice from a reputable source on the management of legionella.

Staffing and recruitment

- The staff team supported both Waterbank Road and another of the provider's nearby services. One staff member was based at Waterbank Road and in the afternoon another staff member based at the provider's other service would be on call and could move across to the service as needed. There was mixed feedback from staff on how well this arrangement worked.
- During our inspection visit we observed one person wanted to leave the service for an activity with the staff member on shift. They were unable to accommodate this as they could not leave the service unstaffed. This meant we could not be confident staffing levels always met the needs of people living in the service.
- We discussed this with the registered manager. They told us there was no staffing dependency tool in use to support how staffing levels were assessed. However, they took a fluid and responsive approach to staffing based on the needs of the people in the service on a weekly and day to day basis. The registered manager told us following our feedback they would review the staffing arrangements at Waterbank Road.
- We reviewed two staff recruitment files which did not contain all the required information as specified by law. Following this the registered manager took immediate action to ensure this was in place.
- They told us following this being raised with them they had audited all staff recruitment files and amended their recruitment processes.

Learning lessons when things go wrong

- A system was in place to review and report incidents that occurred in the service. The registered manager and deputy manager would review this and reflect on any additional learning or changes required.

- Each month the incidents that had occurred for each person were reviewed by their keyworker. Whilst it was clear individual incidents were reviewed and reflected on there was no evidence of detailed analysis of trends and themes both in relation to people's individual care or the service overall. Such analysis can help identify risks to people or within the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in adult safeguarding. A staff member told us there was good information and guidance, including how to report concerns, available to all staff in a safeguarding file.
- There had been no known adult safeguarding concerns or incidents in the last year at the service. Previous historic concerns had been reported appropriate to the relevant parties.

Using medicines safely

- People received their medicines as prescribed. Staff were knowledgeable regarding people's medicines and understood the importance of supporting people to keep their medicines under review.
- Staff had received training in medicine administration and had their competency assessed.
- Medicines were regularly audited to help ensure they were administered safely, and any errors identified.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively with people and professionals to develop assessments of people's needs and wishes.
- A recovery model was in place to help people to understand their progress and support this.
- Health and social care professionals told us they felt staff advocated strongly on behalf of the people living in the service. All spoken with praised the good communication and positive relationships that had been developed with the health and social care professionals working with the service.

Staff support: induction, training, skills and experience

- There was a clear focus on staff development and learning. The registered manager embedded learning and development within the service. For example, holding staff meetings that had a clear focus on discussion and reflection on various themes such as person-centred care.
- Staff had received a comprehensive range of training which was in line with the needs for people using the service. For example, strengths-based approach, mental health, and ligature awareness.
- Health and social care professionals spoken with told us staff were very knowledgeable and competent at supporting the people using the service. Several professionals gave us examples of how the staff approach and support had enabled positive outcomes for people.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff took a responsive and person-centred approach in how they supported people with eating and drinking. Some people in the service had been supported to move towards managing this need independently with little support. There was a clear plan in place on how staff supported this which included assessing any potential risks.
- Staff had a good understanding of people's individual nutritional needs and worked with people to help them develop their own understanding of this. One person told us how staff had worked with them to support their understanding of their dietary requirements. This had resulted in positive changes to the person's overall health.
- People's health care needs had been assessed and staff supported people to consider how to meet these needs. This included in relation to dental care, however people did not have detailed oral health assessments and care plans as recommended by NICE guidelines. We signposted the registered manager to this guidance.

Adapting service, design, decoration to meet people's needs

- The service had been designed to support a next step to recovery and independence. The self-contained accommodation helped foster people's sense of independence and provided their own personal space.
- Staff were careful to monitor if this environment was right for each person and took action if concerns were identified.
- In some areas the physical environment required some updating and decorating. The registered manager was aware of this and confirmed they were in discussions with the provider as to the work required.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- No one living in the service lacked the capacity to make decisions regarding their care and support.
- Staff had received training in the MCA and understood its key principles.
- Systems and processes regarding consent were in place. It was clear staff supported people to make their own decisions and respected these decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring, and compassionate. There was a strong relationship-based approach within the service. A staff member told us, "The residents have got to trust the support workers."
- Staff knew people well and the systems in place supported people and staff to build meaningful relationships which supported their well-being.
- Staff had received training in equality and diversity. It was clear from talking with staff, people, and professionals that staff respected people as individuals and the support provided took their diverse needs in to account.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to discuss and make decisions regarding their care. Each person had a key worker who reviewed with them each month, areas such as their physical health, mental health, goals, and any incidents that had occurred.
- During our inspection visit we observed staff supportively and carefully encouraging people to think about the support they required.
- Care plans showed people had been involved in creating and discussing them. Staff were equally respectful if people chose not to engage in this process.
- Health and social care professionals told us staff were good, when required, at advocating on behalf of the people they supported.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people's independence in a sensitive and thoughtful manner. Staff were aware that independence and progress could look different for each person. Staff took pride in, and supported people to be proud of, the steps they took towards independence, no matter how small.
- It was clear the support in place helped people develop independence and create a sense of self achievement. One person told us how much the support staff had given them in this area had meant to them. A relative told us that for their relative, "being there has made a real difference."
- Staff spoke about people in a respectful manner and we observed respectful interactions during our visit. The people we spoke with confirmed staff treated them with dignity and respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Whilst it was clear people were receiving person-centred care some of the care plans in place did not always support the delivery of this. This was because some aspects of the support required were not always considered within the care plans. We found this did not significantly impact on people's care as staff knew them well and were competent and knowledgeable.
- The registered manager had identified this was an area for further development prior to our inspection. They had already arranged additional support and training for staff in care planning which was due to take place in January 2022.
- Regular key worker reviews were in place which helped support people to discuss and plan the support required. There was a clear ethos of person-centred care. Health professionals told us they viewed the support provided as person-centred. One said, "What I am really impressed with is rather than one size fits all they fit it to the person."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- None of the people using the service had specific communication needs. Information regarding their individual needs and the service was provided to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People living in the service were largely able to independently engage in activities and access the community, at times they required additional support around this. Staff encouraged and supported people to consider areas of interest and activities within the monthly reviews.
- Staff had a good understanding of people's social histories and relationships. This was supported where required.

Improving care quality in response to complaints or concerns

- People told us they could raise any concerns they had with staff, including the management team.
- The registered manager collected feedback from people via a survey which they had reviewed and acted in response to any issues raised.
- Where complaints had been made the registered manager had looked into these, met with people, and

provided a written response including any actions they had taken in response.

End of life care and support

- At the time of the inspection no one using the service required support at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. The governance framework in place did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were no provider level audits in place regarding the service. Whilst the registered manager submitted monthly reports to the nominated individual no other measures were in place by the provider to assure themselves the service was providing good quality care.
- The reliance on the registered manager to monitor and report on the service did not support a wider more robust governance framework.
- The audit system in place was not fully effective at identifying and improving areas for improvement within the service. For example, the issues we noted regarding fire and water safety had not been identified prior to our inspection.
- Further work was required to build a framework around the service that was responsive, and met, legislation. For example, systems had not been changed in advance to support staff to check and evidence that they were meeting COVID-19 legislation regarding visitors to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong person-centred and empowering culture. The registered manager had clear values which were embedded in the service. They told us the approach at the service was, "About trying to engage and build a rapport and trust with that person. Not giving up on them. When you have that trust you can be honest, you can have that conversation about the choices they are considering and could they do something different."
- Meeting minutes showed that the culture and ethos of the service was discussed with staff. From our discussions with staff and observations of the support it was clear staff took an open, empowering approach. This was confirmed by the people we spoke with.
- Health and social care professionals told us they were impressed with the service and the outcomes it delivered for people. One said, "Since [name] has moved there they have been the most settled I have known them." A relative told us, "I think they have done a really good job, best [my relative] has been in decades."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had an open and honest approach, which we saw demonstrated in how they responded to people's concerns and complaints.

- We discussed their legal responsibilities for duty of candour. The registered manager demonstrated that they understood what this was and how to meet it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A system was in place which supported people to engage and discuss their care through their key workers as well as any concerns they had.
- The registered manager would also meet with people individually to review and discuss their care and support needs.
- A recent survey had been carried out with people living in the service on how they felt the service supported them and any concerns they might have. Following this we saw the registered manager took action to discuss any concerns in further detail where possible and address these.
- Staff told us they felt well supported by the management team and could raise concerns with them. A staff member told us, "[Registered manager] in my opinion is a really good manager."
- We noted during our visit that the staff office had poor seating and the designated workstation for staff was not comfortable to work at for any more than very short periods and was in use for more than this. This had the potential to create or exacerbate some health conditions. The registered manager told us they would review this with the provider.

Continuous learning and improving care; Working in partnership with others

- The registered manager was open and responsive to feedback and developing the service. Where issues had been raised during the inspection, they took a reflective and proactive approach to address these.
- The registered manager had made links with registered managers of other similar care homes to help share learning and contribute to the development of the service.
- A development plan for the service had been put in place by the registered manager. This had been discussed and shared with staff and set out the individual actions staff could also take to help improve the care provided.
- Staff worked closely with health and social care professionals. Staff understood the importance of good communication. Health and social care professionals praised the proactive approach of staff in communicating with them.