

Dales Care Homes Limited

The Dales

Inspection report

Main Street
Ellenborough
Maryport
Cumbria
CA15 7DX

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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

About the service

The Dales is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

The care home is an older property which has been adapted and extended to provide suitable accommodation for older adults. There are suitable shared areas and outside seating. The home has a specialist wing for people living with dementia. The dementia care unit also has a secure garden area.

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

People told us they felt safe and well cared for. They were relaxed in the home and responded positively to staff. Staff had received suitable training about protecting vulnerable adults. Accidents, incidents, complaints and concerns were responded to appropriately.

Staffing levels ensured that people received suitable care and support. Recruitment was suitably managed. New members of staff had been suitably vetted and inducted. They understood individual needs of people in the home.

Staff were appropriately trained to give the best support possible. Staff knew people's needs and preferences and were skilled in working with people in the home. These included personal care skills, dementia care and moving and handling strategies.

People saw their GP and health specialists. The district nursing team visited regularly to undertake nursing tasks and give advice to staff. The staff team completed assessments of need with health professionals and social workers. Medicines were suitably managed and people had reviews of their medicines on a regular basis.

People told us the meals were of a high standard. One person said, "The food is very varied, well you can't please everyone, but they give it a good try". People were supported and encouraged to eat as healthily as possible.

Staff were kind and patient. They supported people in a respectful way. People said, "The girls are fine, I've no complaints" and "The staff are nice, the girls are very good to me".

Confidentiality, privacy and dignity were maintained when delivering personal care and when assessing and responding to need. People had the support of advocates if necessary. Relatives said, "It's excellent, we can't fault it" and "[My relative] is very comfortable, staff are so kind to them".

Risk assessments and care plans had been updated and developed in the service. They were now detailed and up to date. The plans reflected the person-centred care being delivered.

Staff could access specialists if people needed communication tools like sign languages.

The home provided a range of activities with entertainment and outings on offer. People told us they wanted a cinema room and this had been provided. The home also had a bar and a quiet room. People were encouraged to follow their own hobbies.

The management of the service good. An action plan had been developed to support improvement in the home. Quality monitoring was in place, with staff at all levels completing audits. People were consulted through meetings and individual reviews of their care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Dales on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

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 responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Dales

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.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Dales is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

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 and professionals who work with the service during quality improvement meetings organised by the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections.

During the inspection

We spoke with 17 people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, general manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff development. We reviewed a variety of records relating to the management of the service, including policies and procedures, quality audits and maintenance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received copies of training data and rosters after the visit.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure every person had a risk assessment or a care plan that would support the management of risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Suitable risk assessments and risk management plans were in place to ensure people received care and treatment in as safe a way as possible. Care plans included details of potential risk and guided staff on how to reduce any actual or potential risk.
- Risk assessments and management plans were in place for any matters which might impact on people's lives in the home. For example there had been work undertaken around the gas supply feeding the central heating system and this had been suitably managed.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust safeguarding systems and processes. Staff were aware of what might be abusive and they had a very good understanding of their responsibilities in reporting any concerns. No matters of concern had been reported.
- People told us, "Of course I'm safe, the girls are here" and a relative said, "[My relative] is very safe here with them, I've no worries, no worries at all".

Staffing and recruitment

- Staff confirmed the provider followed robust recruitment processes, made appropriate checks and ensured references were in place before staff were employed.
- The provider had systems in place to deal with matters of discipline and staff competence.
- Staff told us, and rosters confirmed, there were enough staff to support people's needs. People said, "Plenty of staff and they come quickly". A visitor said, "I've seen plenty of care homes and this one is good. Plenty of staff and very helpful".

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. Health care professionals reviewed medicines so people received appropriate treatment. No one was given medicines that would sedate them unduly. Antibiotics were given quickly and appropriately when necessary.

- Quality audits were well established to ensure errors in the administration of medicines were minimised. Staff received suitable training and their competence was checked. We observed staff giving medicines in a safe way.

Preventing and controlling infection

- Good systems and quality audits were in place to prevent and control infection. The home was orderly and protective equipment readily available to prevent cross infection. A relative said, "The home is very clean and tidy now".
- Management staff had completed an advanced course in infection control and had set up new systems to ensure people were protected from any risks. The new laundry and a new bathroom had been developed to ensure appropriate hygiene standards. This meant infection control measures were of a good standard.

Learning lessons when things go wrong

- The registered manager and the staff team had looked in depth at the issues highlighted at the last inspection. They had learned lessons from the previous inspection and had worked together to deal with risk, care planning and quality monitoring. Staff were now involved with assessing risk, planning care and undertaking quality audits. One team member said, "We have learned together and want to keep improving".

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider had ensured thorough and ongoing assessment of need so the care delivery was of a good standard. The team had taken advice from health and social care professionals and had completed joint assessments where appropriate.
- Staff were supported by the specialist team for people living with dementia, the district nursing service and other specialists to ensure they understood people's unique needs.

Staff support: induction, training, skills and experience

- Staff were suitably inducted, trained and skilled to deliver care and support to people. Many of the staff were very experienced. Staff had good understanding of people's needs, preferences and wishes.
- Staff told us they had attended updates to their training in the year prior to this inspection. Training needs had been reassessed and suitable training had been provided. Further training had been identified. The senior team were all now involved with formal supervision and staff skills were monitored through observation and mentoring.

Supporting people to eat and drink enough to maintain a balanced diet

- People received suitable levels of support through planning and monitoring to ensure they were getting appropriate nutrition and hydration. The care and catering staff understood individual needs and the preparation of special diets.
- People told us, "The food is very good, it's all fresh and home cooked and if you don't want what they offer, they go and get you something else".
- We observed well prepared and presented meals and people ate well. Records of food and fluid intake were in place and plans in place to ensure these were as detailed as possible when people had problems getting the right nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care

- The provider had maintained and developed good working relationships with health and social care professionals. The home had been supported by the local authority through Cumbria County Council's quality improvement processes. The local authority quality team confirmed the registered manager and team had worked well with them.
- People had good access to social work and health care professionals. This included community nurses, dieticians and occupational therapists. Staff had followed advice about physical health, moving and handling and nutritional needs.

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

- The home was suitably adapted and decorated to meet the needs of older people and people living with dementia. The dementia care unit had been designed in line with research and good practice. The home was more orderly than previously, with all areas tidy and clean.
- A new laundry room had been built and a bathroom refurbished to a good standard. A lounge area had been made into a bar area and several people said they enjoyed socialising there. The home also had a new cinema room. Shared areas had been decorated and new floor covering purchased. Individual bedrooms were being up dated on the day we visited. There were plans to tidy some of the outside areas.
- There had been a problem with the gas supply to the home but this had been dealt with appropriately. We checked risk assessments related to this. We also looked at maintenance records and quality audits. These were in order.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care and make the kind of choices that would maintain and improve good health. G.Ps, nurses and other specialists visited the home and people went out to appointments. Good support was given when people needed planned or emergency admissions to hospital
- We spoke with people who told us, "We see the doctor or nurse and they try to keep us right on what to eat. We get checks on blood pressure and get flu jabs. These girls look after us."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was in line with legislation and good practice. People told us they were always asked for consent and had signed their care plans and consented to have photographs taken. People had been asked about resuscitation and appropriate forms were on file. We heard staff asking for consent and giving people options.
- The staff team understood they had to deprive some people of their liberty to ensure they were safe. DoLS authorities were in place when people lacked capacity. When complex decisions were needed this had been done through what is known as 'best interest' meetings. Family members, clinicians and social workers were involved in these meetings, when appropriate. Advocates were used when people could not make their own 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 trained in matters of equality and diversity and treated people with respect. Differences were identified in the home and attention paid to matters of culture, gender, age and disability.
- One person said, "I am very comfortable and the girls are very nice. I am much better off here than I was at home". Another person said, "It's very good here, they look after you nicely, they chat to you and the company is good".
- The Expert by Experience judged the atmosphere to be good in the home and people were treated properly. Caring and affectionate interactions were the norm in the home, with people and staff showing genuine care and respect for each other.

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

- People were assertive and expressed their views. They told us that they were "always" asked their opinion and could express their wishes. These were recorded in care plans. People attended residents' meetings and individual reviews of care and support. The views of people were taken into consideration and their rights and wishes acted upon. Where people lacked capacity advocates and relatives, where appropriate, were consulted.
- One person said, "I can say what I want...no fear about speaking up. I am listened to...we all are".

Respecting and promoting people's privacy, dignity and independence

- People were given privacy and supported to be as independent as possible. Staff treated people with dignity. The interactions we observed were respectful. People spent time in the privacy of their own rooms and were encouraged to maintain their independence.
- A visitor confirmed that staff helped people retain their dignity, "We know she is happy here...always spotlessly turned out and her hair has just been done this morning. They are so careful about that here".
- People went out locally, told us they made their own decisions about their daily lives and were treated with respect. People living with dementia were given the right levels of support to maintain their independence. For example, one person was helped to continue to walk their dog three times a day with support from staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to maintain and update care plans for people in the home. This was a breach of Regulation 9 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Person-centred care was provided and people's needs and wishes were met, wherever possible. Care plans had been updated and gave good guidance on personal care, health, psychological and emotional needs of the individual. Assessments and care plans were reviewed at least monthly to ensure this continued.
- One person told us, "I sat down with the staff and I told them what I wanted in my plan, then I signed it...they check that things are going Ok ". A relative said, "I sat down with them and with mum and we talked about what needed to go into the care plan. It's working well and she is happy".

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.

- The staff team ensured they understood people's communication needs and could use different forms of communication, if necessary.
- There were dementia friendly signs in the dementia care unit and staff could use pictorial signs to communicate with people. No one used sign language but staff told us they had previously supported people with different ways of communication. They had access to suitable tools to help with this.

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

- The provider ensured people in the home were given support to maintain relationships and to feel they were part of the local community.
- People and their visitors said, "There is always something going on. Lots of visitors, people just pop-in. We have parties and entertainers. Family get invited too." People also told us about bingo sessions, dominoes

and crafts.

- The home had a cinema room, a room set up as a bar and a quiet room that looked like a vintage tea room. Social activities were arranged in these areas. Two people had their pet dogs with them in the home.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure given to people and their families. Complaints and concerns were dealt with promptly by the registered manager.
- People told us, "No complaints because the staff listen to us". Another person said, "[The management team] are around all the time and you can just tell them...it is soon sorted."

End of life care and support

- Suitable arrangements were in place to support people at the end of life. The team did their best to ensure people could die peacefully in the home and they were supported in this by the local G.Ps and district nurses.
- A visitor said "My relative passed away in here a few weeks ago. They looked after them so beautifully, the end of life care was wonderful. They could not have done more for [my relative] or for us".
- Staff had attended end of life care training and could talk about how they worked with the local health care providers to ensure people were kept comfortable and pain free at the end of life. Religious and cultural needs were recorded along with wishes for end of life care. People had made their wishes known about treatment and resuscitation and suitable documents were in place.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that the staff were clear about their roles and quality performance, risks and regulatory requirements were not fully understood. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- Managers and staff were now clear about their roles and were ensuring quality performance, risk and regulatory requirements were given appropriate consideration.
- The Dales is a family owned company. One member of the family is the registered manager and is suitably qualified and experienced to manage a care home. He is supported in this by a general manager and a deputy. They had developed a new scheme of delegation and the team were now clear about roles and responsibilities. The registered manager delegated tasks to managers, senior carers and the kitchen manager.
- A senior care assistant told us, "I have a new role and I am keen to get things right. We have all pulled together after the last inspection. Everyone is really clear about what needs doing and where we are going". Quality monitoring was in place and an action plan had been developed with the local authority and staff were working through the changes.

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

- The provider had ensured the culture in the home was person-centred and included everyone who lived there and their relatives in any consultations. People were well supported and good outcomes were seen for individuals.
- One person told us, "The staff are very kind and always about. I am better off here than I was at home... There are a lot of us better off in here really". A staff member said "[The registered manager] and everyone are so good and easy to talk to. It makes it nice to work here".

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 provider ensured the team was open and honest with people and the duty of candour responsibility

was met.

- A relative told us, "I am kept fully informed about anything with my [relative] and what's happening in the home". Staff told us, "Nothing has been hidden. [The registered manager] is very open with us and with residents and relatives."
- People told us, "We know what's going on. I know they were in a spot of bother [with CQC] and that they were busy sorting it out. We want a good report this time." One person said, "Never needed an apology but I know they do explain and would give one if something went wrong".

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

- People in the home, their visitors, professionals and local people had all been involved and consulted in the processes used to improve the home. The registered manager had made sure the home's website identified changes had been needed and invited the wider public to become involved.
- An improved and updated quality monitoring system was in place with the team being involved in audits and reviews. People were consulted individually, through meetings and in surveys. All of these were used to ensure quality continued to be high on the agenda.

Continuous learning and improving care

- Care delivery had been strengthened and the team had taken advantage of the support given by health and social care professionals. Specialists had been involved in planning for care delivery and in changes to the environment. Staff told us, "I have learned a lot in the past year and feel we are all pulling together to make sure we keep on improving".

Working in partnership with others

- The local authority and health professionals had all given the team support through the local quality improvement agenda. This meant professionals came into the home and had helped the registered manager to work on the action plan. Professionals told us the team had worked well with them and had been willing to take advice and act upon suggestions. They were satisfied with the improvements made. They also told us that the direct care had continued to be of a good standard.