Daleside Nursing Home Limited

Daleside Nursing Home

Inspection report

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Date of inspection visit:
14 April 2016
19 April 2016

Date of publication:
20 July 2016

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

This inspection took place on 14 and 19 April 2016 and was unannounced.

Daleside Nursing Home provides people with nursing and personal care. The home can accommodate up to 40 people, at the time of our inspection 37 people were staying at the home. Daleside offered two different types of accommodation, 21 people lived at the home as permanent residents and 16 people were staying on a temporary basis for intermediate care (IMC).

IMC care is provided in conjunction with the local authority and NHS and is designed for people who are expecting to return back to their homes after a period of care and rehabilitation. A high percentage of people who received IMC care at Daleside Nursing Home achieved this and were able to return back to their homes. The manager told us that this figure was typically between 80 to 90%.

The people and their relatives who we spoke with told us they felt safe living at the home. We saw that there were adequate staff available to support people and staff responded quickly when needed. One relative told us they had observed that "The staff are very attentive". We observed the care, systems and the environment of the home to be safe.

We saw that staff were recruited and introduced to the home safely, with the relevant checks in place. New staff received induction training. One staff member told us, "I had an induction over three days, working alongside and shadowing senior staff, showing me the home's routines." New staff completed a six month probation period before they became permanent staff. All staff went through a training program and longer serving staff received refresher training as necessary. Staff were supported with periodic team meetings, regular updates and supervisions with a senior member of staff. Staff also had personal development reviews with the manager.

There was a culture of checking and auditing the health and safety and the main functions of the home; audits were assigned to the most appropriate person to undertake and were overseen by the manager. We looked at these audits and checks we saw that they took place regularly and when issues were identified actions had been taken in a timely manner.

We observed people being supported during one lunchtime. The dining room was bright with nicely laid out

tables and there was a lively atmosphere during the lunchtime. One person pointed at the others at their table and said they were "All good friends". There were light hearted conversations with good natured banter between the people living in the home and staff, which added to the atmosphere. People told us they enjoyed the food. We noted that people were well supported during the lunch time period and that people's preferences and choices were sought and acted upon.

Staff had a positive and caring approach. One staff member told us their job was, "Going good, I love it so much. Different people coming and going, building up new relationships, it keeps it all fresh". One visiting social worker told us that the staff at Daleside, "Create an environment that allows people to thrive". Another health professional told us, "Here is a happy home, because carers do care".

We looked at people's care files and noted that the care plans were in good order and had a person centred approach. We saw that these contained an assessment of a person's initial and ongoing care needs. Support needs of individuals were well documented and synchronised between the care home staff and health professionals showing a system that was effective in communicating, planning and documenting people's care.

We noticed that there was a very positive, respectful and cooperative relationship between the manager and staff at Daleside and external health and social work professionals involved in people's care. One health professional told us the staff at the home, "Work very closely with us, there is a really positive relationship".

There was a manager in place at the time of our inspection who was part way through their application to become the registered manager for the home. 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. Since our inspection the manager had completed their registration and has become the registered manager.

The manager had a relaxed, friendly and approachable manner. It was clear that she knew the people living at the home well and had good relationships with people. The manager listened to people and took feedback she had obtained from people in various ways seriously. The manager promoted people making choices and made sure people's support and the practice at the home was in line with the principles of the Mental Capacity Act (2005).

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 was safe.

People told us they felt safe.

There were adequate, knowledgeable and well trained staff on duty. New staff members were recruited and inducted safely.

The environment and equipment used by people was safe and regularly checked. Medication was administered safely.

All staff we spoke with were aware of their responsibility regarding safeguarding vulnerable adults.

Is the service effective?

Good

The service was effective.

People told us the staff had the necessary skills and were attentive to their needs. Care staff were trained and supported by senior members of staff.

The managers and staff at Daleside were knowledgeable of and operated in line with the principles of the Mental Capacity Act 2005.

The staff at Daleside worked closely with health professionals in supporting people with their health needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us they felt well cared for. Health and social care professionals highly praised the care offered to people at the home.

We observed that staff had a warm, positive and caring approach.

Staff members and health and social care professionals told us

they would choose Daleside if one of their relatives needed care.

There was attention paid to the details in how the manager, staff and organisation acted that may affect in even the smallest ways how a person may feel.

Is the service responsive?

Good

The service was responsive.

All aspects of a person's care planning was synchronised and showed a system that was effective in planning and documenting people's care.

People's preferences, likes and dislikes were learned and used to adapt their everyday care.

The facilities, equipment and support provided to people were flexible and changed according to a person's support needs.

Is the service well-led?

Good

The service was well-led.

People told us they though the manager was approachable and effective in their role.
The manager led a 'can do' positive culture amongst the staff team.

There was a current practice and history of consultation, learning, development and improving the care and support offered to people living in Daleside.

Daleside Nursing 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 was planned to check 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.

This inspection took place on 14 and 19 April 2016 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist professional advisor with a nursing background.

We spoke nine people who lived at the home. We also spoke with five relatives of people who lived at the home. We attended part of the multi-disciplinary meeting (MDT) between social work and health professionals and staff from Daleside Nursing Home.

We spoke with fifteen members of staff who worked at the home, four care staff members, one nurse, a student nurse, the cook, three members of the housekeeping team, activities coordinator, the maintenance person, the manager of the home, deputy manager and the Intermediate Care coordinator.

We spoke with four health and social work professionals who were based at Daleside and three health and social work professionals who visited the home during our inspection.

We looked at and case tracked the care files for four people and the staff records for three members of staff. We looked at the medication administration records and a sample of the stock control. We looked at the administration records for the home including records of audits and those records relating to health and safety and a selection of the home's policies and procedures.

We checked the records held by the CQC prior to our inspection and spoke with the local authority quality assurance team.

Good

Our findings

We asked people if they felt safe at the home. Everybody told us they did. One person said, "Of course". One person's relative we spoke with told us, "I couldn't be happier. I feel really secure that mum's in really good hands". Another family member told us they were confident because, "The staff are very attentive". A third said the security at the home was good, "They checked who I am before I came in".

One health professional described to us that each weekend the home had people coming for short term rehabilitation care (IMC) from hospitals. Sometimes the person arrived at the home and their care needs can be different to what was first expected. The team of health professionals who spoke with us praised the way the staff at Daleside responded to this telling us they were always, "Quick to relay information and made assessments in the interim period". One heath professional told us the staff at the home, "Do whatever is safest", stating they were "Passionate about the patient journey". Another health professional stated that the home kept people safe as they had, "Developed a good communication system". One social worker told us the staff at the home, "Help people to go home again safely".

The manager completed a monthly audit of staffing levels based upon people's needs. The information from this audit had been used by the manager in conjunction with feedback from people's questionnaires and feedback from staff. Staff had raised some concerns about there being enough staff on duty during busy periods in the day. Recently, in response to this information, the registered manager introduced two new staff shifts to cover the peak times when people needed more support. Staff we spoke with told us this had helped them meet people's needs effectively throughout the whole day. The manager took action based upon the feedback and adjusted staffing levels. During our inspection we observed and people told us that there were adequate numbers of staff to meet the needs of people staying at the home.

Because many people had a short stay at Daleside, we asked the manager about how they arrange cover when the needs of people at the home increase short term. They told us that the staff team cover most of the work, but they occasionally used a familiar agency for nursing cover. They added that they have never had to do this to cover people's support needs.

When we spoke with people that were sitting in their rooms we noticed they had a call bell to hand. During our visit we found this system was being responded to effectively by the staff and that people were able to quickly access a member of staff in their rooms when needed. One person told us the staff, "Come in a reasonable time, it's very good". We observed that rooms with an ensuite bathroom had a call bell on a cord in the bathrooms also.

We observed the environment of the home to be safe. The care and nursing staff followed best practice and used gloves, aprons and hand gel as appropriate throughout our visit. The environment of the home was clean, tidy and pleasant smelling. We noted that there was one housekeeping member of staff on each of the three floors for six hours each day. One health professional commented, "Cleaning staff are very hardworking and efficient, Daleside is always very clean".

Attention had been given to the safety of the environment; we observed heating radiators had covers, fire doors were in appropriate places along with firefighting equipment. We noted that the firefighting equipment had been recently checked. In the toilets appropriate personal protective equipment and hand cleaning facilities were available. The laundry room was clean, orderly and well equipped and had separate sluice facilities. There was easy access to first aid equipment at the home.

The corridors were well lit, clear and free of trip hazards. One of the corridors had been renovated and widened to remove narrow points in the original building. We saw that this improvement was underway in another corridor. There was further building work going on at the home creating an extension of three additional bedrooms. There was at times some noise, it was explained to us that this was being kept to a minimum. The manager had made sure that the building work didn't cause any hazards, the area of building work was screened off and there was no noticeable dust or items left in people's way. There had been other recent improvements at the home with new floors in the main lounge. Overall the home was well decorated in a homely and non-clinical style.

The maintenance person was responsible for health and safety checks at the home. We saw records showing that the fire alarm was checked on the same day each week. One fire alarm check had led to the finding of a fault which was reported and fixed, showing the checks were effective. The day before our first visit the home had completed an evacuation fire drill, including a check of self-closing doors and a roll call held at the assembly station. The maintenance person had completed training on fire safety, manual handling, health and safety, first aid and had been supported to complete a qualification (NVQ) in Building and Maintenance.

There was a maintenance log book at the home where staff wrote in anything that needs attention from the maintenance person. We looked at the log book and observed it was used effectively, there had been 18 minor jobs completed in April so far. The maintenance person told us they prioritise any request which has an impact on people's health and safety.

We saw up to date records that the maintenance person kept regarding health and safety checks on equipment people used at the home. Electrical appliances which people living in the home, owned, were tested annually for safety (PAT testing) and those belonging to temporary residents were checked visually soon after they arrived. We observed stickers on the plugs of electrical items confirming these checks. Bed rail and bumper safety checks were completed monthly. Pressure reliving mattresses were also checked for wear and tear, cleanliness, integrity of the structure and the correct setting being applied. The maintenance person also checked the safe temperatures of the hot water throughout the building. Outside professionals had recently been to the home to make safety checks of the bath hoist, stand aids and slings. The lift had been recently serviced and there were appropriate certificates in place for gas safety and electrical installations in the building.

We looked at the staff files for three staff members and found that new staff had been recruited safely. Candidates applied for roles within the home by application form and were invited to attend an interview. The home sought references, checked three forms of identification and applied for a criminal records check (DBS) for each new staff member. We also saw nurses working at the home had their registration to practice

(PIN) checked to ensure their qualification was up to date.

We saw on the staff files that new staff had an induction into their role. A recently recruited staff member told us, "I had an induction over three days, working alongside and shadowing senior staff, showing me the home's routines." New staff completed a six month probation period before they became permanent staff.

New staff received safeguarding vulnerable adults training. Existing staff had periodic refresher sessions of this training. Staff we spoke with were aware of the different forms abuse can take and were confident and clear in telling us the steps they would take if they suspected abuse was taking place. Staff had access to the homes safeguarding policy in the clinic room, the policy contained clear information and contacts of outside organisations for staff.

A personal log of any falls experienced by each person was kept by the home, these clearly detailed the nature of the fall. The logs had led to necessary referrals being made on behalf of people and any equipment a person may need being made available. We also noted on people's care files that they had emergency evacuation plans. Any incidents or accidents that happened at the home were documented and necessary actions had been taken.

Medication was administered safely at the home; this was done by the nurse on duty. The nurse had dedicated time to do this and wore a 'do not disturb' tabard whilst administering medication to cut down on possible distractions. Medication was stored in a locked trolley, secured to the wall in the clinic room or some people chose to have it stored in a locked cabinet in their bedroom. The clinic room was clean and well organised, with necessary information and contact numbers were on a notice board. There were stocks of sealed dressings and bandages for nurses to use. We saw that medication requiring controlled temperatures and food supplements were stored appropriately with regular checks on their temperature. The overall temperature of the clinic room was monitored.

The medication administration records (MAR) that we checked were up to date and kept an accurate record of medication that had been administered. At the time of our inspection there were no controlled drugs administered at the home and no medication was given to anybody covertly. When we asked the nurse on duty, they knew what appropriate actions to take if a person refused their medication. There was a 'homely remedies' folder documenting the safe use of homely remedies by people. We observed one lunchtime medication round, the nurse administered this with a student nurse observing. The nurse explained to people what the medication was and checked if people had any side effects, she did this in a calm, relaxed manner.

Good

Our findings

When we asked people what they thought about the care they received everybody gave a positive response. One person told us, "I couldn't fault the staff, they keep the place going". They added "I'd give them a big tick", making a 'tick movement' with their arm. Another person told us, "It's been very good, the girls are all helpful to you". A third person said, "I've found it very good, can't fault it at all, staff are very good. I'd recommend it to anyone". A fourth told us she thought, "The staff are very good". A fifth person told us, "I have been here a while, I am happy and well looked after".

Another relative told us they, "Had to phone a couple of times, the staff have been very approachable and friendly".

The staff we spoke with told us they enjoyed their work. One staff member told us they, "Love it here, the residents are lovely". Another told us "I enjoy my job". One social work professional had written in their feedback to the home, 'The care staff are well trained and committed to the job and very person centred'.

Staff we spoke with told us they had received training from the provider. Most of this was computer and workbook based training. Staff were working towards completing the 'care certificate' and staff completed a workbook for each standard completed. Some training was of a practical nature and used the in house facilities, such as training in supporting people to move safely. One staff member told us they found this very interesting and learnt how important it was to make sure the equipment people used was the correct height for them.

We saw from staff files that staff had training appropriate to their role. Care staff training included, manual handling, safeguarding, health & safety, fire safety, first aid, food hygiene and infection control. Other staff had training in record keeping, administering medication, thickening of foods, handling hazardous substances safely (COSHH) and building maintenance as appropriate to their role. Some staff had been supported to obtain a NVQ level 2 or 3 qualification.

We saw that staff had personal development reviews with the manager which were recorded and comprehensive. We also saw on staff files that staff had update meetings with the manager. The staff member was updated on a subject relevant to their role and was given some printed information to read. This helped ensure the staff team were following best practice. Recent examples of this included; information about chest infections, dehydration and urinary tract infections. Staff received periodic supervision with a senior member of staff. One staff member thought this was supportive saying, "It's useful,

the manager asks if we have any problems and checks that all is ok". Staff meetings were held each quarter, minutes were kept at these meetings. We observed the notes of the previous two staff meetings; staff were free to submit items to the meeting agenda.

We observed people being supported during one lunchtime. The dining room was bright with attractively laid out tables. One person commented telling us they thought it was a "Nice dining room". People were served whilst sitting at tables but we noted that some people chose to eat their food served to them in their rooms. Lunch was served in a timely way, including to people in their rooms and was organised. People were assessed for their risk of malnutrition and if needed appropriate support and dietary supplements were provided.

There was a lively atmosphere on some of the tables during lunchtime. We observed that staff knew people well; they used people's first names and were friendly and respectful. We noticed that staff asked people questions about their lunch, waited for their answers and didn't assume things. When people had finished they were asked if they were ready to go back to the lounge and if they wanted assistance doing this. Some chose to sit in the dining and conservatory areas a little longer. Lunch service was not regimented.

Everybody we spoke with told us they liked their lunch. Some examples of the feedback were; "It's good, I wouldn't eat it otherwise". Another person told us "I always enjoy lunch". A third person said it's "All right, not bad". A fourth person said, "The food is excellent, I've enjoyed the food immensely". Another person told us, "We have something different every day".

We spoke with the cook and observed the kitchen and food storage areas. The cook told us that "I Love my role, like seeing people come in poorly and go home better, everybody contributes to this". We saw that the kitchen and storage areas were clean and the cook showed us the kitchen cleaning schedules that had been completed. The serving and storage temperatures of food were checked, were within the recommended ranges and were documented. Due to many people staying at Daleside short term there was a higher than usual turnover of people. The cook showed us how they were updated by the nurse on duty about each new admission and any dietary or cultural needs the person had. The cook told us they liked to provide a variety of food, such as toast, crumpets and teacakes for supper. On a service user questionnaire sent back to the manager one person had commented, "I must stress that both [cooks' names] will always cook something else for me when I cannot eat what is on the menu".

At the entrance to the home the manager had arranged for information to be made available to people and visitors. We saw the latest copy of the homes newsletter and information leaflets for services people may need. There were also a guide to residential and IMC care for people living at the home and announcements that were of interest to people and information on end of life care.

There was a health and safety notice board in the staff area, keeping staff up to date with recent issues and reminders they may need. There was a list for who each person's 'keyworker' was for clarity. There was information for staff on safeguarding and whistleblowing and relevant contact details people may need. There were also mail pigeon holes for each person living at the home, mail was sorted here and distributed to each person promptly.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of

this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

One person had a DoLS in place. An application for further DoLS had been made to the local authority. The care provided at Daleside operated within the principles of the Mental Capacity Act 2005. A DoLS application had been made for people for who it had been deemed necessary. Assessments of people's capacity had taken place. People at the home were supported to make as many decisions for themselves as possible.

People were supported with their health needs and the staff at Daleside worked closely with health professionals in supporting people with their health. We observed nursing and care staff support a person who had become unwell and noted that this was done in a timely and effective way. The nurse made the decision to call an ambulance and informed the home manager immediately. We also saw plans in place and referrals made for a person who had started to lose weight. The staff worked closely with local GPs and people who were newly admitted to the home were seen within 48 hours by GP and had regular medication reviews. One relative had written on a feedback questionnaire, "At 91, she can't be cured of old age, but her health is much better".

One health professional wrote on their feedback questionnaire that the 'Décor is very nice and well thought out'. Another visiting professional wrote, 'A very warm, friendly and comfortable environment, continuously improving on an older building'. There was access to all floors via a lift and there was ramped access to the front of the home. There were adapted facilities available for people living at the home, for example we saw one bathroom had an adapted bath with a hoist chair and we also observed that some bathrooms had been converted into wet rooms. One corridor had been widened and others were in progress of being altered. There were handrails along corridors to help people get around the home.

Good

Our findings

One person who had lived at Daleside for 18 years told us, "I like it very much, I think it's outstanding. I'm very happy here; they look after me very well". Another person having a short stay at the home told us, "All staff have been friendly; they can't do enough for you. It's been a good experience". One person who had just returned from hospital told us, "I've been looking forward to coming back here".

We spoke to visiting relatives who were also positive about the atmosphere at the home and the caring approach of all the staff. One relative told us about Daleside, "It's very good, staff are very friendly. I was so surprised, it's my first nursing home experience". Another visiting relative told us they felt comfortable visiting telling us, "You can visit anytime, they make you feel welcome". One person's relative told us they thought their family member was, "Very well looked after" and the staff are "Very attentive". They also gave us an example of a time when a member of the housekeeping staff had spotted something and went straight away to sort it out and inform the relevant people. They told us that this gave them reassurance that there was a caring culture and all staff cared for and looked out for people living at the home.

A visiting health professional told us they thought "The home is lovely, with friendly staff". Another health professional told us they, "Would be happy for my mother to be at Daleside". A third health professional wrote in feedback about the home, 'Ambience is Daleside's strongest point, it's very homely'. One visiting social worker told us, "It's the staff that make a difference, when compared to other homes, warmth and friendliness runs right through the entire team". They added, "If I had to choose a home for my dad, it would be here".

Staff had a positive and caring attitude and approach to the people living in the home. One staff member told us what they thought about their role, "I love it so much. Different people coming and going, building up new relationships, it keeps it all fresh". All the staff we saw shared this enthusiasm. The registered manager enthusiastically led this approach to people telling us they, "Loved the challenge of supporting a person to be in a position to go back to their own homes". One visiting social worker told us the staff at Daleside, "Create an environment that allows people to thrive". We saw that one person had become disheartened about coming to a care home from hospital as they wanted to return home. The manager wanted to motivate the person in their rehabilitation efforts, she went and took a picture of the person's own front door and gave it to them, promising the person they would do everything possible to help the person get back home.

Throughout our visit we observed people being treated with dignity, kindness, respect and where

appropriate humour. On one occasion we witnessed a person being comforted with empathy, patience and kindness by a carer as the person had become upset. We were also able to observe a new person arriving at the home. The manager and staff quickly greeted the person and introduced themselves. They gave their names and asked the person their name and how they would like to be addressed. There was lots of reassurance given to the person as they arrived at the home, they were offered a cup of tea, shown their room, introduced to other people at the home and asked their preferences for the upcoming meal. It was visible that the person started relaxing as staff supported the person in this way. One person told us about their experience coming to Daleside, they said; "From coming through the door, they made you so welcome, they all seem really genuine. I'm pleasantly surprised". A visiting social worker told us that what made a difference was that "Staff speak about people in a warm and personable way".

One health professional told us staff at the home "Supported people to make their own choices and made sure relevant risks are pointed out to people". Another social worker told us about the staff, "They respect people's decisions. They may highlight to a person what may be in the person's best interests. This is always in a respectful way". The manager told us they would encourage people to make bold decisions, push the boundaries and try new things whilst at the home to prepear themselves to go back to being as independent as possible. The home was the place to do this as there are staff around to help if needed. One person at the home had a different opinion on some things to the opinion their family members, the person had capacity to make their own decisions. The manager and staff at Daleside supported the person with their decisions tactfully, in a potentially difficult situation.

People were supported with their decisions in relation to end of life care and if appropriate people's families were involved. We saw evidence that the manager had challenged one advanced care decision that had been made outside the home, to ascertain if the person themselves had been fully involved in the decision. This showed the manager put the person at the centre of their end of life care and put the principles of the mental Capacity Act 2005 into practice. A 'do not resuscitate' instruction (DNA CPR) was in place for a number of people living at the home. We looked at a sample of these and saw that these were reviewed annually and involved the person and other relevant people. We saw a thank you card which had recently been written to the staff at Daleside. The message concluded by saying, 'Because of your support a very difficult time for him was made easier due to the attention and understanding he received at Daleside. Thank you for being so patient'.

We found the staff to be caring and show empathy in their approach to people and their feelings. One staff member we spoke with said it was unavoidable at times that staff may offer personal care to people they don't know too well, due to some people staying at the home short term. However they told us they feel "Good relationships are very important so people feel comfortable. When offering personal care, I try and find out something the person is interested in, it gives us something to talk about which can help make it less uncomfortable for both of us".

We found the staff paid attention to small details. One person told us the home was very accommodating as they had wanted to have their hair done by their usual hairdresser and this was arranged for them. The person told us they really appreciated this. We were also told by people that if they had an appointment or for any other reason were out of the home at lunchtime the staff arranged for them to take a packed lunch or have something saved for their return.

One of the activities people told us they enjoyed was poetry. We saw that when a person was about to leave Daleside to return to their own home a personal poem was written about them highlighting their qualities and to say what everybody would miss about a person. The poem was read out to them and a copy given to them to wish them luck going back home. We looked at some people's poems, the manager told us that

people had been really touched by this.

We observed a room which had been prepared for a person expected to shortly move into the home. The room had been thoroughly cleaned, there was a hygiene seal on the en suite toilet. There were fresh towels on the bed along with a welcome sign. The room looked pleasant, inviting, clean and fresh.

We asked staff members if they would be happy if one of their relatives was cared for at the home. They all told us they would and when we asked staff why they felt this way some answers staff gave us were; "The staff are lovely and it's always clean and tidy", "Because everybody is so nice. People get well treated here", "I like it, I've seen both sides of this nursing home, my [relative] lived in here, I've been a relative and a staff member" and "My [relative] was in here, I couldn't fault it. The care is superb, the staff are brilliant. From when they first walked through the door, they were greeted with a friendly face".

We looked through some of the other thank you cards in the office. One card had written in it, "Thanks for all your help and getting mum back on her feet'. Another card simply stated, 'For all the care I received, thank you'. After a meeting one health professional made a point of telling us, "Here is a happy home, because carers do care".

Good

Our findings

We spoke with people living at the home, both short term and permanent residents and asked them what they thought about the care they had received. One person told us, "I thought it would go slow and drag, but it hasn't". Another person told us, "I've made a lot of friends here, I couldn't go anywhere else". A third person told us how when she came to the home she was unable to weight-bear, she now feels confident using a zimmer frame. She told us she was well supported by the home staff and the physiotherapist.

One family member wrote to the staff at Daleside and told them, 'Thank you for the wonderful care which has produced such a great improvement in his health'.

We spoke with the local authority quality assurance team before our visit to the home. They told us that the staff and managers "Work very closely with us, there is a really positive relationship". They gave an example of a problem that arose and how the staff had been very proactive and were, "On top of the problem now".

One social work professional commented that, "Staff are always able to provide information that is detailed and accurate". Another told us, "This is the most flexible of the IMC providers, there is a solution to every problem, they are very flexible".

On one of the corridors in the home, was a quote, 'Tell me I forget, teach me and I will remember, Invite me and I learn'. We found that people had been 'invited' and involved in the planning and day to day implementation of their care. People's individual care plans were stored in the clinic room and there was an area where care staff could make entries into people's care plans without distraction. We also saw these plans being accessed by care staff and being updated with people in the lounge. We noted that night staff documented any checks they had made during the night.

We looked at the care plans and case tracked the care of four people. The care plans were in good order and we saw they were person centred. They contained a photo of the person, a brief history of them and documented their likes, dislikes and preferences. We saw that pre admission assessments had been completed. When a person came to the home, admission checklists and a body map were also completed. Assessments of a person's needs were completed including skin integrity, risk of malnutrition and risk of falls. One person at the home had a pressure sore that they had when being admitted and we noted that there was a treatment plan in place for this.

We saw good records kept of any additional support needs a person may have. One person needed support with nutrition via a PEG (a percutaneous endoscopic gastrostomy), another person needed support with managing pain and another person had a mobility plan in place. There were clear care plans and monitoring charts in place for staff providing this care and clear up to date records kept of the care received by people.

A person's communication style and their support needed with mobility and continence were documented for care staff. A personal emergency evacuation plan was completed and kept in each person's care file. We observed that the staff sought people's consent for the use of any specialised equipment, such as air flow mattresses.

We observed part of a weekly meeting attended by senior staff from the home and the IMC team from NHS and social services. During this meeting the attendees were updated on the people receiving IMC care person by person. We noted that these discussions accurately reflected what we had observed in individual people's care plans. The care plans and other documents were up to date and effective; this enabled the senior staff at Daleside to keep the health and social work professionals up to date on people's care. We saw this had enabled timely actions to be taken in making referrals for people for other services, for example speech and language therapy. During the meeting we also observed evidence of innovative and practical solutions to problems people may face in going back to their home. These problems were tackled though exploring assistive technology and finding was to reassure people and build their confidence.

We saw that people expecting a short stay at the home had the main points from their care plan documented on a board in their room in a discreet place. For example we were shown in one person's room main points from their mobility care plan. It was explained to us that because staff might support unfamiliar people due to the short term nature of some people's stay, it was important to make information immediately available to staff, to refresh them of important information when caring for a person.

We case tracked four people's care to check the system used to plan people's care. We noted that people's initial assessment of their needs, the immediate learning about a person by staff at the home, the information shared with health and social work professionals on the IMC team, outside referrals made and the information immediately to hand for staff in people's bedrooms was all synchronised and showed a system that was effective in planning and documenting people's care.

Care staff told us they quickly got to know people's preferences when they arrived at the home. The care staff described to us how they get to know the "Early birds who want to be downstairs early and others who want a sleep in". The staff also get to know those who like an afternoon nap or may require bed rest. One staff member told us that on the first couple of days it can be a little trial and error as it's a new environment for people, but the staff learn about people's routines then adjust their work pattern to offer personalised care for people.

One person who was receiving IMC care told us, "I could never have gone home straight from the hospital, this has been a good stepping stone. It's been a good experience". One health professional commented on their questionnaire, 'Daleside combines excellent care with a warm, friendly, homely atmosphere – this is evident in feedback from residents who are very often reluctant to leave when they are ready to be discharged'.

For the past 18 months a team of professionals from health and social services have worked alongside the staff Daleside nursing home based in a purpose built office within the home. Facilities at Daleside available to these health professionals and staff for peoples' rehabilitation purposes included a large therapy room,

containing a domestic kitchen, a reconstruction of a staircase, a profiling bed, walking rails and other rehabilitation equipment. The manager told us they had tried to mirror the homes that people were planning on going back to as closely as possible, so rehabilitation exercises could be more effective. One of the health care professionals told us they were "Very lucky to have this room here". The health professional also told us they use the kitchen to enable people to practise making simple meals and to warm food up. One social worker we spoke with told us the support given at the home, they said it, "Helps people to go home again safely".

A health professional from the IMC team told us they thought teamwork within Daleside was excellent and felt part of this was because the staff were keen to learn and "Valued the advice and support" given by their team. The IMC team and the staff team at the home had shared learning opportunities and participated in awareness sessions together. Recently care staff leant about the role of an Occupational Therapist. The trainer told us they felt the care staff enjoyed and appreciated the awareness session. A social worker told us, "The staff are second to none, we always go to each other for advice, people are kept up to date". Another commented, even though we work for different organisations we "Feel part of the same team".

One staff member told us they "Like seeing people who come in poorly, going home much better. Everybody contributes to this". We spoke to some health professionals who were planning for a person to move out of Daleside and go back home. They told us the person had made "Amazing process, well beyond his families wildest dreams".

One social work professional told us that some people have been unable to go home and have chosen to remain in Daleside as a permanent resident. They told us they thought this was a good sign that people liked the home.

There was a part time activities co-ordinator working at the home. They showed us the home's activities programme; we also saw that activities were evaluated each week to ensure the activities were not becoming repetitive. On one afternoon we observed a lively music based quiz which ten people joined in on. We were also told that some people had some individual activity time. For example, one person who was visually impaired had articles about their favourite sport read to them. We saw that the home had books called 'The Way We Were' with old photographs of the local area that people found interesting. The activity scheduled for each day was on the notice board in the dining room. On the second day of our inspection it was "Singing this afternoon".

Some people had telephones in their rooms that they could use. One person we spoke with told us one of their family members called them to catch up about rugby games, which they enjoyed. They also told us they had been supported to place a postal vote as politics was important to them. One person told us "I go to church on a Sunday". Another person told us they attended a church luncheon club one afternoon per week.

From recent residents, relatives and staff questionnaires changes had been made prompted by people's comments. One person had commented that they would like to be 'More informed about my stay'. This had led to improvements in the time taken when people were admitted to the home and a different breakdown of information for people. The manager had produced a separate guide for people receiving short term IMC care and staff spent time with people speaking about the persons goals and what they can expect from the staff at Daleside.

Good

Our findings

One person staying in the home commented on their questionnaire, 'The staff and management are supportive and creative in meeting resident's needs'. One health professional wrote on their feedback, 'Daleside is always quick to make changes when needs are identified'. A relative of a person who had recently moved into Daleside told us they thought "The staff are engaging, particularly the manager".

One staff member told us the "Office door is always open". Another said they "Think things are dealt with the way they are supposed to be". A third told us "It's a nice atmosphere, a good team, everybody gets on with everybody". Health and social work professionals we spoke with made particular comments about the manager. One health professional told us they thought "[name] is an excellent home manager, who is very passionate about the care given to people". Another social work professional wrote, 'Daleside is a service always prepared to go the extra mile and always looking to listen and improve'.

We asked the manager what she thought her team did particularly well. She told us they encouraged people to take positive risks and they provided a coaching approach for people who were at the home for rehabilitation. They also tried to make it a seamless a process as possible for people to go home, they put a lot of effort into supporting people with this transaction. For example people who may not wish to cook all their meals when returning home, could try different food delivery companies whilst still at the home and set this up so it was ready for them when they went home.

We saw that the manager was approachable and we observed people being comfortable to approach her throughout our visit. She had a warm and reassuring manner when interacting with people and often stopped to check how people were and chat when going about her duties. One of the staff we spoke with told us the manager "Works well together with other staff". From our interactions it was clear that the manager had a clear vision for Daleside as a place where people were well supported and everything possible was done to help people achieve their goal of returning back to their homes. Other people who were permanent residents in the home knew the manager well this was evident from the conversations between people living at the home and the manage.

We found the organisational structure of the home to be clear, with people aware of their roles and responsibilities. With a high amount of admissions due to the temporary nature of some people's stay at the home there was a person with the lead responsibility on making sure people were admitted safely and information was available to nursing and care staff. We observed good working relationships between the staff working at the home. One staff member told us, "The atmosphere here is good, we have good

relationships with each other and all work well together".

There was also a team of people working for NHS and the local authority who were based at the home. The registered manager had made arrangements for this team to have purpose built facilities and office space in which to work. The feedback was that this team of people and the team at Daleside worked very effectively and closely together. One of the health professionals said about the manager, "If you raise something she will investigate". Another told us, "We do work well together, management, nurses, carers, domestic and maintenance staff. Everybody is a key part of the team".

There was a culture of teamwork and learning. There was a student nurse who was on a placement at Daleside, observing the practice of the nurse. We looked at the student nurse folder, there was a history of having student nurses learning at the home from a local education establishment, both at the home and on home visits. One student nurse had wrote to the manager, 'I have been made welcome by the staff and learnt a lot'.

The manager had arranged for questionnaires to be given to people living at the home, their relatives, staff and professionals they worked with. There was a long standing history or gathering feedback in this way. We saw that feedback was responded to, for example the increase in staff levels during certain times of the day which was prompted by feedback from people living at Daleside and staff comments.

There was a culture of checking and auditing the main functions of the home, there audits were assigned to the most appropriate person to undertake and were overseen by the manager. When we looked at these audits we saw that when things were noted actions had been taken. For example we looked at the quarterly infection control audits which over the past year had led to improvements in some flooring, improvements in the sluice room and a new washing machine being purchased. Audits of nurse's duties had picked up on some missing fridge temperature recordings and this had been addressed. In addition we saw a history of audits relating to first aid boxes, staff files, care files, medication, laundry, the kitchen and an audit of domestic duties. These had been meaningful audits often with remedial actions identified.

The home had a set of policies which were available to staff, copies of these were kept in the nurses station and staff we asked were able to show us where they were kept. Policies had been reviewed in Nov 2015, there were appropriate safeguarding and whistleblowing policies in pace.