

The Dell Care Home Limited

The Dell

Inspection report

30 Monument Avenue, Wollescote,
Stourbridge, DY9 8XS.
Tel: 01384 826050
Website:

Date of inspection visit: 11 November 2015
Date of publication: 07/01/2016

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 

Overall summary

The Dell is registered to provide accommodation for up to seven people who require accommodation and personal care. People who live there may include younger adults who have a range of needs which include learning disability, autism or physical disability. At the time of our inspection six people were using the service. Our inspection was unannounced and took place on 11 November 2015. The last inspection took place on 02 July 2014 and all the regulations were met.

The manager was registered with us as is required by law. 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.

People told us they felt confident that the service provided to them was safe and protected them from harm. Staff we spoke with were clear about how they could access and utilise the provider's whistle blowing policy and that they knew how to keep people safe.

Medicines were given appropriately with audits carried out regularly. Medicines that were refused or not given were recorded and disposed of appropriately.

Summary of findings

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that they were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to access a range of health and social care professionals to ensure their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People were involved in the planning of care as far as possible and staff delivered care in line with people's preferences and wishes.

The complaints procedure was displayed in a clear and understandable format to maximise people's knowledge and understanding of how to make a complaint.

People, relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly. The registered manager had also ensured that checks on staff were undertaken periodically.

Summary of findings

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.

A suitable amount of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe.

Medicines were given and recorded in a safe manner.

Good



Is the service effective?

The service was effective.

Staff knew people's care needs.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs. This included knowledge of the Mental Capacity Act and Deprivation Of Liberty Safeguards.

People were supported with their requirements related to healthcare, diet and hydration.

Good



Is the service caring?

The service was caring.

We observed staff knew people well and interacted with them in a kind and compassionate manner.

Information about the home was available for people and their relatives in an easily understandable format.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in devising care plans.

Staff were aware of people's likes, dislikes and abilities and supported them to be involved in activities and to stay as independent as possible.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Good



Is the service well-led?

The service was well-led.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager.

The registered manager and the provider carried out quality assurance checks regularly and acted upon any findings wherever needed.

Good



Summary of findings

We saw the provider actively promoted an open culture amongst staff and made information available to them to raise concerns or whistle blow.

The Dell

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 11 November 2015 and was unannounced. The inspection was carried out by one Inspector.

We reviewed the information we held about the home including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that

have happened at the home, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with two people who used the service, two relatives, three staff members and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records about people's care and how the home was managed. This included looking closely at the care provided to three people by reviewing their care records. We reviewed three staff recruitment records, the staff training matrix, two medication records and a variety of quality assurance audits.

Is the service safe?

Our findings

People told us that they felt safe. One person said, “Staff look after me, I like them and I can tell them if I am worried about anything”. Another person told us, “They keep me safe, I am not scared”. A relative told us, “Yes they keep [person’s name] safe, on a day to day basis [person’s name] is safe here”. A staff member told us, “I keep people safe. If I didn’t then I shouldn’t be in this job”. We saw that one person living in the home found it difficult to get around without assistance. We observed staff supporting the person to move around the home safely and we saw that their presence gave the person confidence to walk to other parts of the building knowing they were safe.

Staff were knowledgeable about how to protect people from abuse and they were able to tell us about the different kinds of abuse that people may experience and the signs to observe, such as people having bruises or being nervous around others. They knew what their responsibilities were, to help keep people safe from potential harm and how to report any concerns. A staff member told us, “I understand how people can experience different types of abuse and I think that I could spot the signs. I observe how other staff speak to residents and that gives me an understanding of their relationship”

Family members told us that they felt accidents and incidents were dealt with appropriately in the home. One relative told us, “We don’t really have any concerns, but if someone was to get upset about something or taken unwell we would be notified”. Staff told us that they were aware of a policy related to accidents and that they knew what action to take. A staff member told us, “We record everything and in the case of more serious issues the manager would notify the local authority and the Care Quality Commission (CQC), so that they are aware of the incident. It would also be investigated within the home to ensure it didn’t happen again”. We saw that incidents had been reported to the relevant agencies.

Staff told us, “Risk assessments help us identify where help is needed, so that we can put a plan in action”. We saw that risk assessments were carried out on all activities that people living in the home were involved in. Risks of trips and falls were updated regularly and a staff member told us, “It is my responsibility if someone falls over and gets hurt, so a risk assessment gives me the knowledge I need to pre-empt a fall wherever possible”. We saw that there

were detailed risk assessments within care plans and that people and their families had been included in devising them. We saw that a fire plan was in place and that staff could tell us about the routes that they would take to evacuate people. All of the staff that we spoke with said that they would call the emergency services in the first instance, should any form of emergency arise, with one staff member saying, “I would ring 999, but if it wasn’t a major emergency I would speak with the senior on shift or the on call, who are always available to help”.

We observed sufficient numbers of staff working within the home and that they were all very enthusiastic when supporting people. One person told us, “Of course there are enough staff here, it’s only a small place, so they are everywhere”. A relative told us, “There are enough staff here to keep people safe”. A member of staff told us, “There are always enough of us available and the manager helps out too if we need her”.

We looked at staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of two references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. A member of staff told us that they had not been able to begin working until their DBS had been received. We saw that as part of the interview process people who lived in the home had been assisted to formulate questions that they would like posed to prospective new employees. We saw that disciplinary procedures were in place and that they were used appropriately.

A person told us, “I have my medicine”. Staff told us that two people distribute medicines, one records what has been given and the other assists the person to take the medicine and we observed this practice. We saw that medicines were managed effectively and that there were clear records of when people had taken their medicines. Staff were knowledgeable on people’s medicines and medicine administration records sheets were up to date with no gaps or omissions seen. There was a written protocol available where people had taken medicines “as needed”. Staff told us that medicines were disposed of safely where they had been refused or not given and we saw audits to corroborate this.

Is the service effective?

Our findings

Staff told us that they had received an in-depth induction when they commenced in post, with one staff member telling us, “During my induction I was shown around during the first week and I just shadowed people until I felt ready. I had time to adapt to the job”. Another staff member told us, “I was able to learn a lot about the people here during my first weeks, I was given time to get to know people”. We saw that training needs for staff were met and that they were able to access a variety of training courses to enhance their skills and knowledge. A staff member told us, “I have recently completed first aid training, health and safety and I complete e-learning all of the time”. Another member of staff told us, I have done all of the mandatory training this year and am now doing add-ons”. The registered manager also told us that all staff were in the process of receiving training, so that they were able to drive the mini-bus, which would offer people more opportunities to go out into the community. Staff corroborated this.

We saw that supervision for staff happened on a regular basis, with one staff member telling us, “I haven’t been here long, but I have already had two supervisions”. Another staff member said, “During supervision I learn by asking for advice and it helps me to do my job”. Staff received an annual appraisal where their progress in the role was discussed.

A staff member told us, “We have had training on mental health and understand if someone lacks capacity to make decisions on their own wellbeing”. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had a

basic understanding of how some people have to be deprived of their liberty in order to keep them safe and one member of staff told us, “It is because we have to protect people that we have to limit what they are able to do”. We saw that not all staff had wide knowledge on DoLS and that the MCA and DoLS policies had not been signed to say that they had been read by staff, we raised this with the registered manager and she said that staff would have their training updated as soon as possible.

We observed that staff gained people’s consent before carrying out any personal care or assisting them. A relative told us, “They speak with people calmly, so that they understand what is being explained to them”. A member of staff said, “We explain everything to people, but they can refuse to do things, so we just encourage them where we can. We get to know people and what is best for them. What they can do for themselves”.

People told us that they enjoyed the food and that there was plenty to eat and drink. One person told us, “I can choose what I want, I enjoy the food, in particular the breakfast cereals”. Another person told us, “I can have a cup of tea when I want one”. We observed lunchtime and saw that people were given finger food that they ate without requiring any assistance. There wasn’t a choice of meal given, but staff told us that they knew what people would eat and if they refused it an alternative would be given. “One person told us, “I can ask for something else if I don’t fancy it”. There was a picture menu on the wall that people could view to see what meals were planned.

We saw that care plans noted any specific needs, such as a diet for people with diabetes and that preferences were also recorded. Staff told us that they were aware of people’s preferences and gave an example of someone who didn’t want their food cut up unless they were asked first. Staff shared the cooking duties and all had good knowledge of people’s nutritional needs. A relative told us, “[person’s name] eats well, but doesn’t put on much weight, we are all aware of this and he receives a healthy diet”. Another relative told us, “Staff work really hard to support people with challenging needs especially at mealtimes and we see [person’s name] having numerous drinks during our visits”. One staff member told us that they had planned on sharing during their next supervision with the registered manager

Is the service effective?

that specific people may benefit from a beaker to drink from rather than a cup. This was because they spill a large amount of liquid whilst using a cup and it makes it difficult to measure the intake.

A person told us, “The doctor comes when I am poorly and the staff will call for him”. Another person told us, “Staff ask how I am feeling and they listen when I am ill”. A relative told us, “Staff contact us whenever [person’s name] has a

medical appointment and they give us an update”. We saw that staff had assisted people by arranging medical appointments and ensuring that they were kept. Where medical tests and results were required these had been followed up. We saw that people had regular appointments with professionals such as, the dentist, optician and podiatrist.

Is the service caring?

Our findings

We saw staff showing people kindness and one person told us, “I like them [staff], they are kind”. We observed a person asking for a drink and it being brought out straight away. The staff member ensured that the person could see where the drink was on the table, as they had some difficulty seeing it. We saw that staff listened to people, an example being a person who talked about a much loved family member. Staff joined in the conversation and listened as the person spoke, agreeing and reinforcing what the person had said.

We observed people in the home were happy and we saw them singing and humming whilst sitting at the table. One person loved to clap their hands, so staff did it with them, which made them happy. We saw that staff cared about ensuring that people were included and we observed staff invite people to sit with them to have a chat. We viewed that they always made sure that they were in the person’s line of sight. Staff told us that they wanted people to have a sense of self worth and achievement and we saw that they praised and encouraged people, an example being taking a photograph of something the person had made during an activity and telling them how good their effort had been.

People living in the home told us that staff knew them well. One person told us, “They [staff] know what they are doing here”. A relative told us, “The staff work hard and they are dedicated”. We observed positive interactions and saw that staff communicated well with people living in the home. We saw an example of how staff knew how to support people, when one person became agitated and didn’t want to engage. Staff recognised this immediately and they moved away in order to give the person some space. A staff member told us, “We know that [person’s name] often needs time to themselves, so we respect that”. Communication with people was at a level they understood, such as pronounced speech or gestures and we saw that this was effective.

We saw that the ‘Service Users Guide’ was easily accessible in the reception area and was in an easy to read picture format. The registered manager told us, “This place is home to people and it has to be right for them, so the guides and paperwork aren’t in small print with big words, they are suited to our residents”.

One person told us, “I am going out with my [relative] today I can choose when I go and staff help me to get ready”. We saw staff offering people choices, from what they wanted to do during an activity to what they wanted to drink or where they would like to go out to. We saw staff encourage people to maintain their independence by doing chores for themselves with some assistance. Staff spoke to people in a way that they could understand and explained things to them clearly. We saw staff tell people step by step how they would be assisting them.

Relatives told us that they were welcomed at any time and we observed a positive relationship between staff and a visiting relative. People were able to treat The Dell as their own home and could walk from communal room to room if they so wished and we saw people socialising with each other throughout the home.

People told us that their privacy and dignity was observed, with one person telling us, “They cover me up when I have a wash”. Staff told us that keeping people’s privacy was important to them and one staff member told us, “It’s only right people have their dignity”. We saw that people could have their privacy when they wanted and that they would find quiet areas to sit.

Staff told us that they would be able to signpost people to advocacy services, should they require them. One staff member told us, “We will always speak up for people and get them what they want if we can, but we can also contact an advocate to come in for them”. A relative told us, “We haven’t had to use an official advocate, but this home does everything for people and will be their voice when they need outside services”.

Is the service responsive?

Our findings

People told us that their care was personalised, one person told us, “Yes, they ask me about what I want and write it down”. A relative told us, “[person’s name] was involved in the care plan, recently it was reviewed but not changed”. A staff member told us, “We add to and update care plans with help of people living in the home. It’s their care, so they should be involved”. Another member of staff told us, “We try to include people’s likes and dislikes and we feel that we know them well enough to add to the plan”

We observed that people’s requests were acknowledged and one person told us, “If I want to go to Blackpool for a trip they listen and we can go”. A relative told us, “[person’s name] likes to go into the garden and when he asks they help him to access it”. We saw people enjoying activities alongside staff and we observed them singing and laughing whilst completing craft work. People told us that they had lots of opportunities to get involved with activities, with people saying that they enjoyed bingo, bowling, day trips and cooking. A relative told us, “When I visit to pick [person’s name] up staff tell me where he has been and what he has done”. Another relative told us, “I have no worries at all, the activities are arranged to suit him. Staff put their focus on him and do the best they can for him”.

People in the home had forged positive friendships and one person told us, “I have friends and one is sitting next to me now”. Another person told us, “This place is great, we all

get on well”. We saw people sitting together and talking between themselves whilst relaxing in the lounge/ conservatory and that the atmosphere was calm and peaceful. People spoke to us of their family members and we saw that they were encouraged to maintain relationships with them and that staff also spoke to people about their family.

People told us that they had not had any need to make a complaint about the home, but that they would know how to should the need arise. One person told us, “If I am not happy I will tell them”. A relative told us, “I have never had any complaints but I know they would listen if I did”. The registered manager explained the complaints procedure to us and we saw that there had been none since the last inspection.

We saw that people were able to provide feedback on the care that they received in the form of a picture questionnaire that asked how people were feeling. They were assisted by their keyworkers on a monthly basis to provide a response in the form of a picture. This was kept on file to assess positives and negatives in people’s lives that could inform how they were cared for or any changes required, such as activities planned or new items on menus. A relative told us, “I haven’t been asked to provide any feedback, but can have discussions whenever I want to with staff and if I have some ideas to change things for the better, they will listen”. Staff told us that relatives preferred to discuss issues privately rather than attend meetings.

Is the service well-led?

Our findings

We saw that the home had been developed around people's needs. The registered manager and staff knew people well and had a good understanding of how the service could be adapted to suit people's changing requirements. A staff member told us, "We work together and discuss what may assist people in the coming weeks and months and put plans in place". An example given was more people being trained to use the minibus so that a greater number of journeys into the community could be arranged.

Healthcare professionals visited regularly and a relative told us, "There are good links between the home and the mental health services locally". We were told by staff that they had good working relationships with a local day centre and that this service offered people the opportunity to forge links with other people in the wider community.

Staff members told us that The Dell was a good place to work and one staff member said, "This place is well led we can share how we feel with the manager, she understands when the job gets tough". Another staff member told us, "It's a good staff team who work well together". We were told that the manager listened and one person said, "There is an open door policy for guidance from both the manager and the deputy".

Staff told us that they had regular team meetings, where they were able to ask questions and air their views. A staff member told us, "We have team meetings, there have been two since May. We can discuss anything that we like and it will be dealt with effectively". The registered manager told us that staff are notified in advance of the meetings and that they are also asked to contribute to the agenda. Staff also told us that the registered manager informed them of any developments planned for the home and that their views were taken on board.

We saw that people knew the manager well and that there was open and positive interaction between her and people who lived in the home. One person told us, "I know the manager, I like her". A relative told us, "The manager is a

very caring person who wants the best for the people here". We saw the registered manager out in the lounges talking to people, people asked for a hug and had a big smile on their face when they saw her.

CQC registration documentation was displayed centrally and also the contact details for CQC and the local authority. A member of staff told us, "We are encouraged to whistle blow as it makes us a good service where we tackle difficult issues. We all know that it is the right thing to do and we would know how to do it, if needed".

Staff told us that they were aware of who was available in the absence of the manager and one member of staff told us, "We have senior staff always on duty, and a deputy will be on if the manager isn't on shift. The on-call is available during the night, so whatever happens someone is available". We saw that emergency and non emergency telephone numbers for staff were located where staff could see them easily.

The registered manager informed us that the provider was in regular contact with the home and that supervision was provided by their line manager. The registered manager told us that she felt supported by the provider and that she could speak to them whenever she needed to.

We observed that quality assurance checks were carried out. The registered manager told us how records were audited to track positive and negative themes in the home and what worked better for people and what wasn't as effective. The registered manager told us how she had been able to learn from people's experiences and gave an example of how this had influenced the changes implemented the garden, as it became apparent that people needed an outdoor area to relax in.

Spot checks were carried out on staff during the day by the registered manager in the form of observations of their practice and checks on staff during the night were completed by the registered manager reviewing if directed work had been completed.

The registered manager told us that they understood the importance of notifying the local authority and CQC of any incidents or accidents that took place in the home, so that any concerns may be investigated and acted upon. Notifications were received by CQC following any incidents.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.