Dial House Care Limited

Dial House Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on the 24 and 26 May 2016.

Dial House Nursing and Residential Home provides nursing care and support for up to 50 people, some of whom were living with dementia.

At the time of our inspection 44 people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

Inconsistencies found with the recording and administration of medicines showed that people's medicines might not be managed safely. You can see what action we told the provider to take at the back of the full version of the report.

There were sufficient numbers of staff employed at the service; however, we found that they were not always appropriately deployed. As a result this had an impact on people's call bells not being answered within a reasonable timescale.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. There were risk management plans in place to protect and promote people's safety. Effective recruitment procedures were in place. This ensured only staff who were suitable were employed to work at the service.

Staff received appropriate training and support to enable them to carry out their roles and responsibilities effectively. People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation. People were supported to have food and drink of their choice. If required, staff supported people to access healthcare services.

People and their relatives commented positively about the overall standard of care provided. Staff ensured confidentiality was maintained and people's privacy and dignity was promoted.

People's needs were assessed prior to them coming to live at the service. Information gathered at the assessment process was used to develop their care plan, which was reviewed on a monthly basis or as and when needs changed.

People were encouraged to take part in a range of activities of their choice. There was a complaints procedure in place to enable people and their relatives to raise concerns if they wished to.

There was a culture of openness and inclusion at the service amongst staff and people who used the service. Quality monitoring systems were in place, which were used to drive improvements and to identify where action was needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People's medicines were not always managed safely and consistently.

Improvement was needed to ensure that staff were appropriately deployed.

Staff were aware of the processes in place to protect people from abuse and avoidable harm.

There were risk management plans in place to protect and promote people's safety.

Is the service effective?

Good

The service was effective

People were looked after by staff who had been trained to undertake their responsibilities.

People's consent to care and treatment was sought.

Staff supported people to have adequate amounts of food and drink

If required, staff supported people to access healthcare facilities.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

The care provided to people was based upon their individual preferences.

People's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive

Each person had a care plan to enable staff to meet their assessed needs.
People were supported to take part in a range of activities of their choice.

There was a complaints procedure in place to enable people and their relatives to raise concerns.

Is the service well-led?

Good

The service was well-led

There was a positive and open culture at the service.

The service had a registered manager in post.

Quality monitoring systems were in place, which were used to drive improvements.

Dial House Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We carried out an unannounced comprehensive inspection at Dial House Nursing and Residential Home on 24 and 26 May 2016.

The inspection was carried out by one 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 service.

We checked the information we held about the service and the provider. This included the notifications the provider had sent to us about incidents at the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with ten people who used the service and six relatives. In addition we spoke with three care workers, the activity coordinator, one domestic, the chef, two deputy matrons, the matron and the registered manager.

We reviewed the care records of five people who used the service to ensure they were reflective of people's current needs. We also examined five staff's files, medication administration record sheets and other records relating to the management of the service such as, staff rotas, training records and quality auditing records.

Requires Improvement

Is the service safe?

Our findings

People told us that staff supported them with their medicines. One relative said, "The deputy manager sorts out all of [name of person] medication. She always gets her medicines on time." The registered manager told us that there was no one on the day of the inspection who was self-administering. She commented further and said, "The nurses are responsible for administering medicines. Their knowledge and skills are updated yearly."

We saw that medicines were dispensed in monitored dosage systems and stored in trolleys within a locked room. There was an audit trail of all medicines entering and leaving the service. We checked the controlled medicines and found that the balance in stock corresponded with the record. (Some prescription medicines are controlled under the misuse of drugs legislation and are called controlled medicines). We checked the Medication Administration Record (MAR) sheets from the previous cycle. This was because the new medication cycle had started the day before our inspection. We found there were unexplained gaps on four people's MAR sheets. We were unable to ascertain if this was an administration error or a missed dosage. There were also inconsistencies with handwritten entries on the MAR sheets. For example, some handwritten entries did not have a second staff member's signature in line with best practice guidelines.

Inconsistencies found with the recording and administration of medicines showed that people's medicines might not be managed safely.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's comments on whether there were sufficient numbers of staff available to look after them were variable. One person said, "I wear hearing aids and they don't have the time or patience to put them in for me and I can't do it." One relative said, "Sometimes staffing can be stretched." Staff told us that there were sufficient numbers of staff available on the rota but staff did not always turn up for duty.

The registered manager told us that staffing numbers when the service was fully occupied were nine care workers and two nurses throughout the morning. On the day of the inspection the service was not fully occupied therefore, there were eight care workers on duty and two nurses. The numbers were reduced in the afternoon to six care workers and two nurses. These were further reduced at night to three care workers and two nurses. In addition to care and nursing staff we found there were sufficient numbers of domestic, kitchen and laundry staff available. We saw evidence that there was a staff member allocated daily on the rota to cover in the event of absenteeism. On the day of our inspection two care workers phoned in sick and the registered manager was able to implement the emergency cover plan. Throughout the inspection we observed that call bells were not being answered promptly. This was particularly noticeable prior to lunch being served when staff were assisting people to the dining area; and with personal care. We observed one person's call bell took approximately six minutes to be answered. Staff used special hand held equipment to communicate with each other; however, there were times when help was requested and it was ignored. It was evident that improvement was needed to ensure that staff were effectively deployed over the lunch

period.

People told us they felt safe living at the service. One person said, "I do feel safe here. I could not manage anymore at home on my own. There is always someone around here especially at night; they look in on you, which is reassuring." Another person said, "Yes, I do feel safe here." Other people and relatives made similar comments.

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. The registered manager told us that safeguarding was a regular agenda item at staff meetings and during one to one supervision. We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy were displayed on the notice board at the service. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated; and recommendations made had been acted on

There were risk management plans in place to protect and promote people's safety. The registered manager described the processes used to manage identifiable risks to individuals within the service. People had risk assessments in relation to moving and handling, falls, nutrition and pressure damage. We found that people who were at risk of pressure damage had been provided with special cushions and mattresses to reduce the risk of damage to their skin. People who required the use of a hoist to assist with transfers, were assisted by two staff members to ensure their safety was promoted.

We saw evidence that staff checked people's pressure relieving mattresses daily. This was to ensure that the settings were correct in line with their body weight. If required they were adjusted to promote people's skin integrity and safety. We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

There was an emergency plan in place to respond to emergencies such as fire, loss of gas, electricity and water. Each person had an individual fire evacuation assessment plan in place. We saw clear information was on display regarding fire safety and the arrangements to follow in the event of a fire. We saw evidence that staff had been provided with fire awareness training and regularly participated in fire drills. This demonstrated a positive attitude in promoting people's safety. We saw evidence that the registered manager or a senior member of staff was on call to provide advice and support to the staff team in an emergency situation or in adverse weather conditions.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us that all staff had to complete an application form and have a face to face interview. We saw evidence that confirmed new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the required documentation was in place.

The registered manager told us when staff were identified for being responsible for unsafe practices they were dealt with in line with the service's disciplinary procedures. We saw evidence to substantiate this.

Good

Is the service effective?

Our findings

People received care from staff who had been trained to carry out their roles and responsibilities. One person said, "Yes, they are trained no problems." People and relatives made similar comments and said that some staff who had been working at the service for a long time were excellent in their roles. Staff told us that they had received training to enable them to meet the needs of the people they were supporting. One staff member said, "Training is good, I have just done infection control training. They put notices on the board to remind us of the training we need to go to and chase us if we miss any." We saw evidence that staff had been provided with health and safety, moving and handling, first aid, safeguarding, food hygiene, fire awareness, dementia awareness, mental capacity and deprivation of liberty and infection control training.

The registered manager told us that staff were provided with two days induction training. During this period staff were supernumerary to the rota. They were expected to work alongside an experienced staff member for at least a week or until they felt confident. We saw that each staff member had a development plan, which included all the training they had undertaken. We saw staff who had no experience of working in care were undertaking the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers). Some staff had acquired a nationally recognised qualification in health and social care.

There was a supervision and appraisal framework in place. Staff told us they received bi-monthly supervision as well as yearly appraisals. This provided them with additional support to carry out their roles and responsibilities appropriately. One staff member said, "We get all the support we need to help us do our job properly." We saw a supervision and appraisal planner, which confirmed that staff were provided with regular supervision.

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 interest 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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that 30 people had authorisations to deprive them of their liberty. Documentation seen confirmed that decisions had been made in their best interests and the appropriate process had been followed in line with the current legislation.

The registered manager told us that some people had Do not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in place. We saw evidence that they had been authorised by the GP with family members' involvement.

Staff told us people's consent was gained before assisting them with care and support. One staff member said, "I explain to the resident why I have come to their room, then if they agree to me carrying out care I go ahead, if they refuse, I go away and try again later." Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and they had a good understanding of the DoLS procedure. During our inspection, we observed staff gaining people's consent to support them. For example, during the lunch time activity staff made people aware of what was happening before carrying out tasks.

Staff told us that people were supported to eat and drink. One staff member said, "The residents are involved in the food menu. They have a choice on what they wish to eat and drink." Staff were able to describe how they supported people to eat and drink and to maintain a balanced diet. They told us that meal times were flexible and some people chose to have their meals in their bedrooms. The chef told us that there was good communication between him and the staff team in relation to people's special diets. We observed lunch and this was an unrushed activity. People were provided with clothes protectors to promote their dignity. They were offered a glass of sherry or juice of their choice.

Staff told us people who were at risk of poor nutrition were closely monitored and records we looked at confirmed this. People were provided with fortified drinks and meals and their weights were monitored regularly. Professional advice was sought in the event of unexplained or sudden weight loss. If people were experiencing difficulty with swallowing staff were able to access support and advice from the speech and language therapist. We saw that the service liaised closely with the dietician and was part of a special project promoting healthy eating.

People told us they were registered with a GP and were supported to access healthcare services such as dental, optical and chiropody to maintain good health. The registered manager told us that people were able to access support from the local complex care team. This was a nurse led service that contacted care homes daily. The aim of this service was to prevent unnecessary hospital admissions and GP call outs.

Good

Is the service caring?

Our findings

People and their relatives commented positively about the standard of care provided. One person said, "They are marvellous, kind, and good to me." Another person said, "The carers are quite good, we have some fun around cold hands and things like that." One relative said, "My [name of person] is well cared for she is washed and dressed in clean clothes every day. I know she would rather not be here and be in her own place but the care is good here and she is safe." We observed staff interacting with people, sharing a laugh and a joke. They looked at ease in staff's company.

The registered manager told us that people were supported to promote their religious needs. A weekly church service was held and the vicar provided holy communion to people who wished to participate. People were made to feel that they mattered. For example, people's birthdays were celebrated. We saw that people had been allocated named staff to see to their needs and to liaise with family members to ensure consistency. Staff contacted family members to keep them updated on people's well-being and to request toiletries when supplies were running low.

The service had arrangements in place for people to be involved in their care. For example, residents and relatives' meetings were held and people were enabled to give their opinions on the choice of food and the activities they wished to be provided. On the day of the inspection there was a singer performing. Some people chose not to participate in this activity and staff respected their wishes. This showed that decisions made by people were respected.

Staff told us there were times when people were unable to communicate their needs but required care and support. For example, people living with dementia or at the end of their life. They told us they would find alternative methods to support people to express their wishes. For example, the use of picture cards. This showed that staff cared about people and ensured that appropriate care was given, despite there being potential barriers.

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how people were enabled to uphold their dignity. One staff member said, "I treat people the way I would like to be treated." Staff told us that people received personal care in private; and chose what clothes they wished to wear and how they preferred to be addressed. We saw people's bedrooms were personalised to reflect their individual characteristics. Staff were observed using portable screens when providing care to people in shared bedrooms or using the hoist to assist with transfers.

The service had systems in place to ensure that people's confidentiality and independence was upheld. We saw that staff were provided with training on confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected. Handovers took place in private and staff spoke about people in a respectful manner. Activities to support people to maintain their independence were arranged, which included baking, cooking and making cups of tea.

The registered manager told us that there was no one using the service of an advocate. We saw there was information on how to access the services of an advocate displayed in the service. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.

Relatives told us they were able to visit their family members whenever they wished. The registered manager confirmed there were no restrictions on visiting. We saw that visitors could visit people in their bedrooms or in the lounge areas. There were facilities provided for visitors to make hot or cold drinks if they wished. This ensured that visitors were made to feel welcome.

Good

Is the service responsive?

Our findings

The registered manager told us that people's needs were assessed before they moved in to the service. She explained that information was obtained from people, their relatives and health and social care professionals involved in their care. Information gathered at the assessment process was used to inform the care plan. We were told if people wished to, they could visit the service for lunch or tea to get a feel of the place before moving in. We saw as part of the pre-admission process people were provided with information about the service.

The care plans we reviewed contained detailed information about people's care needs. One staff member said, "The care plans are well written, they give us enough information on how to care for the residents." We found that the care plans provided detailed information relating to people's continence needs, diet, personal care and physical well -being and any equipment required to support them to maintain their independence. Within the care plans there was a getting to know you sheet, which contained information on people's history, background and preferences. This ensured that the care provided focussed on people's individual needs. We saw evidence that the care plans were reviewed monthly or as and when people's needs changed. The care plans were signed by people or their relatives to confirm their involvement in their development.

The registered manager told us that any changes in people's needs were passed on to staff through daily handovers. This ensured that information on people's needs was current. We observed the afternoon handover and found that information relating to changes on people's needs was passed on to staff; and they were allocated responsibilities. This ensured they were accountable to the people they were caring for.

People were supported by staff to follow their interests and to take part in social activities of their choice. The activity coordinator told us that people chose the activities they wished to participate in. She further commented, "They are not set in stone and the residents can always change their mind and do something else if they want to." If people did not wish to participate in group activities the activity coordinator spent time with them on a one to one either talking or reading to them. We saw there was a range of activities provided, which included a hairdresser visiting the service weekly and a manicurist monthly. Other activities included shopping trips, pub lunches, entertainers, and visits to the theatre, canal trips and steam engine rides. Summer parties and barbecues were arranged; and in addition themed parties were held around times of the year such as, Valentines, Christmas and Easter. On the afternoon of our inspection people were entertained by a singer. They looked happy and content participating in this activity and sang along and danced to the music.

The registered manager told us about the arrangements that were in place to avoid people from becoming socially isolated. She told us people were encouraged to continue with their interests and hobbies they may have had before coming to live at the service. For example, one person was attending a music therapy class before they came to live at the service and the person was being supported to continue with their interest. If people did not have any family members or friends to visit them arrangements would be made with a local voluntary group for one of their volunteers to visit individuals providing they were in agreement.

The service had a complaints procedure however, not all the people we spoke with were aware of it; although a copy was displayed within the service. People told us if they had a concern they would tell a member of staff. We saw from the records that action had been taken to investigate and respond to complaints made and these had been investigated to the satisfaction of the complainants.

The registered manager told us that arrangements were in place for people and their relatives to provide feedback. We looked at the comments received from the latest service satisfaction survey and saw that 95.6% of people felt that the standard of care was very good; 95.8% felt that the environment was very good; and 75% felt that the food was very good. We saw an action plan had been created to address the areas that had been identified as requiring improvement.

Good

Is the service well-led?

Our findings

Staff told us there was a positive and open culture at the service. One staff member said, "I feel supported. The manager has an open door policy" Another staff member said, "I enjoy working here. [Name of manager] is the best manager I have ever had." Other staff made similar comments. We found that regular staff meetings took place and suggestions made by staff were acted on. For example, a suggestion was made for the television to be moved to a different area in the lounge and this had been acted on. During the inspection we observed people and staff approaching the registered manager for a chat and she was available to give them the time they needed to talk.

Staff and the registered manager told us that the service had links with the local community. For example, students from the local schools and university undertook work placements at the service. This was to support their professional and personal development. The local vicar visited the service on a weekly basis to support people who wished to promote their religious beliefs. As part of the planned activity programme people visited the local pubs, shops and cafes on a regular basis.

Staff told us they understood their responsibilities to report any care concerns or poor practice through the whistleblowing procedure. They were confident that the registered manager would take the appropriate action to ensure they were dealt with. The registered manager told us that the service's mission statement was to ensure that people's dignity was promoted and that they were supported to live an active life as their physical and mental condition allowed them to. We saw that this was underpinned with best practice and staff supported people to promote their dignity and to maintain their independence. For example, people were enabled to go out on their own if they were able to; and were encouraged and supported to eat independently.

The registered manager told us that accidents and incidents were recorded and analysed for identified trends. Where trends had been identified measures had been put in place to minimise further occurrence. For example, in some instances people had been referred to the falls clinic. We were told that a falls champion had been identified at the service and work was in progress to review people's fall's risk assessment. This was to promote their safety and well-being.

The registered manager told us that she was committed to providing high quality care. We saw that the service had a five star Food Standards Agency (FSA) hygiene rating. This was the highest rating awarded by the FSA and showed that the service had demonstrated very good hygiene standards. The service was a member of the Registered Nursing Home Association and had been provided with the Skills For Care accreditation. These organisations support their members and provide advice on how to create a better led skilled and valued adult social care workforce. It was evident that the service worked effectively with external agencies to provide quality care.

The registered manager told us that she was fully aware of her responsibilities and regularly attended training to keep her knowledge and skills up to date. She told us that she net worked with other managers in the local area and arranged regular forums. This was to discuss any new initiatives and how best to improve

on the quality of the care provided to the people they were supporting. She told us that she had good relationships with the local safeguarding and care standards team and acted on any advice they provided.

The registered manager told us that she understood her responsibilities of her registration. We saw that she reported significant events to us, in accordance with the requirements of her registration.

The service had systems in place to monitor the quality of the care provided. We saw regular audits were undertaken. These included medicines, infection control, health and safety, care records, accidents and incidents, night checks, pressure care and well-being. Where areas were identified as requiring improvement they were supported by action plans outlining how they would be met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Inconsistencies found with the recording and administration of medicines showed that people's medicines might not be managed safely.