

Elder Homes Wellingborough Limited

Dale House Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 February and 01 March 2016, during which we identified breaches of legal requirements. We found that potential safeguarding incidents had not been identified and therefore had not been reported appropriately. In addition, there were no systems in place for the robust application of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and people's care plans were not person-centred or user-friendly. There was a lack of clear leadership at the service which had resulted in an absence of support for staff and poor systems in place for the monitoring and oversight of the service. We also found that the service was in administration during this visit.

We asked the provider to submit an action plan to tell us how they would meet these regulations in the future; they stated that they would have met them by 31 May 2016. During this inspection we returned to see if the service had made the improvements they stated in their action plan. We found that the provider was now meeting these regulations.

We undertook this focused inspection on 20 June 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Dale House Care Centre' on our website at www.cqc.org.uk.

Dale House Care Centre is located in Wellingborough in Northamptonshire and is registered to provide nursing and personal care for up to 66 older people, who may be living with dementia and have other associated care needs. At the time of our inspection, there were 36 people living at the service.

The service did not have a registered manager; however a new manager had been appointed and was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

The service was still in administration when we carried out this visit, therefore the care management company, appointed by the administrators, were still responsible for the oversight and management of the service.

The new manager and provider had implemented systems to review accidents and incidents appropriately. Incidents were now stored centrally and were analysed, to review what happened and to identify those incidents which needed to be reported externally. Where necessary, the manager had reported incidents of potential abuse to the local authority and CQC, and had put steps in place to ensure they were managed appropriately.

Systems had been introduced to ensure the service was following the principles of the MCA and DoLS. Capacity assessments were being carried out where it was suspected that people may lack mental capacity and DoLS applications were submitted where necessary. Systems were being devised to track and manage these and staff had been provided with training to improve their understanding.

Care plans had been fully reviewed and a new care plan template had been introduced. This new template was more streamlined and ensured people and staff were able to access the information they needed easily. The new care plans were also more person-centred and there were plans in place to review these care plans on a regular basis to ensure they were accurate and up-to-date.

The provider and manager had implemented a number of checks and audits to help them monitor the quality of care being delivered at the service. These were used to analyse the performance of the service and identify areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The provider had made improvements to the way safeguarding incidents were managed. Staff had been re-trained in this area and systems for recording accidents and incidents had improved. Where there was potential abuse or avoidable harm, the manager had ensured that external organisations had been notified.

We could not improve the rating for safe from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider had improved the systems for ensuring the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed at the service. Staff had received training in this area and processes had been developed to support them in applying this legislation.

We could not improve the rating for effective from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

There had been improvements to the records at the service to help ensure that people benefited from receiving person-centred care. Care plans had been completely re-written and were streamlined, so that essential information was easily accessible. People and their family members had been involved in reviewing care plans, and this process was planned to continue.

We could not improve the rating for responsive from requires

Requires Improvement ●

improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

The provider was not consistently well-led.

The provider had appointed a new manager who had implemented a number of changes to help improve the service. They had introduced new management systems to help oversee the service and identify areas for attention. In addition, they had provided staff with support and were working with them to help improve the service.

There were a range of checks and audits undertaken to provide oversight of the care being delivered at the service.

Requires Improvement 

Dale House Care Centre

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 undertook an unannounced inspection of Dale House Care Centre on 20 June 2016. This inspection was carried out to check that the provider had made improvements to meet legal requirements after our 26 February and 01 March 2016 inspection. We inspected the service against four of the five questions we ask about services; is the service safe, effective, responsive and well-led. This was because the service was not meeting some legal requirements.

The inspection team comprised of one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received. We also reviewed the report from our previous inspection.

During this inspection we spoke with four people about the care and support they received from the service, as well as one visiting family member. We also spoke with the manager, a team leader, two nurses, a senior care assistant and two care assistants.

We reviewed seven people's care records to corroborate what we found. In addition, we looked at records relating to the management of the service, including quality assurance records, to see if improvements had been made.

Is the service safe?

Our findings

During our inspection on 26 February and 01 March 2016, we found that safeguarding incidents were not always reported appropriately by the provider. The systems in place at the service for accident and incident reporting failed to ensure that potential safeguarding incidents were reported to the local authority safeguarding or Care Quality Commission (CQC). This meant that incidents of potential abuse or improper treatment were not investigated by independent, external bodies. We found that this was a breach of regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements to the systems for managing potential safeguarding concerns. The manager told us that they had arranged for staff members to receive safeguarding training to help them develop their skills and knowledge in this area. In addition, they had implemented an updated system for incident reporting, which involved them reviewing all incident reports to ensure potential abuse was identified and reported appropriately.

Staff members confirmed that they had received safeguarding training in recent months. Staff were confident that incidents were being reported appropriately and were able to describe the different types of abuse and potential indicators that abuse had taken place. One staff member told us, "Safeguarding is much better now, we had training and are clearer in terms of what should be reported." Another staff member said, "Safeguarding is now being reported and staff know what safeguarding is."

The manager showed us that all incident forms were now reported directly to their office. This allowed them to review all incidents which took place at the service and ensure that appropriate action would be taken. This included ensuring that incidents were reported to the appropriate external body and that action had been taken to ensure people were kept safe. We saw that incidents were signed off by the manager and that, where appropriate, incidents had been referred to the local authority safeguarding team or CQC. In these circumstances the manager had worked with these external organisations to ensure that protection plans were put in place to keep people safe.

The manager also explained that there were plans to introduce a system to log and track all incidents, to show a summary of actions taken and make it easier to analyse trends and patterns which emerged. The provider had taken steps to ensure that incidents and accidents were recorded by staff and reported to appropriate external organisations, to safeguard people from harm or abuse.

Is the service effective?

Our findings

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).

During our inspection on 26 February and 01 March 2016, we found that the principles of the MCA and DoLS had not always been followed by the service. We found that mental capacity assessments were not completed on a regular basis and it was not clear if a best interests' process had been adhered to when making decisions on people's behalf. Applications to deprive people of their liberty had been made in some cases, however it was not clear if these had been authorised, or when DoLS which were in place were due to expire. We found that this was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had taken steps to address these concerns. The manager told us that they had initiated a full review of all care plans, which ensured that mental capacity assessments took place for each decision which people were unable to make for themselves. They also told us that they had developed a new assessment form, which was more user friendly and included a best interests' assessment. They also showed us that they were working with the local authority to determine which DoLS applications, which had been submitted previously, were still relevant and had submitted some applications themselves since coming to the role. In addition, the manager had ensured that all staff had training in the MCA and DoLS to help improve staff knowledge and awareness.

Staff members confirmed that they had received MCA and DoLS training since our previous inspection. They told us that this had helped them to realise what their responsibilities were in these areas and how they could seek support and advice if necessary. One staff member said, "Yes we have had training in the MCA recently." Another staff member told us, "Staff have a better awareness of the MCA now and there are plans to keep improving their skills and knowledge." Training records showed that this area had been covered and that there were plans to continue with this training, to ensure that all staff were trained in the MCA and DoLS, and have their knowledge refreshed on a regular basis.

The manager showed us that the MCA assessment form had been revised, to help guide staff through the process of assessing whether or not a person had mental capacity, and making a best interests' decision on their behalf if they did not. We checked people's care plans and found that there had been progress made in the application of MCA assessments. Staff had clearly considered people's ability to consent to their care, treatment and support and had used MCA assessments when they were not sure. In one case we saw that an

MCA assessment had been used to determine that the person did have capacity to make their own decisions. In other cases we saw that people had been found to lack mental capacity, therefore a best interests' decision had been made on their behalf, following the principles of the MCA.

The manager also showed us that they had a clear record of all DoLS applications which had been made by the service, including prior to when they started working at the service. They were in the process of reviewing each of these to ensure they were still valid and were in conversation with the local authority DoLS team regarding this. They also told us that they were planning to implement a tracker to help them keep on top of DoLS applications and ensure they were re-applied for if and when necessary.

The provider had implemented systems to help staff develop their skills and knowledge regarding the MCA and DoLS, and had introduced systems to manage their implementation.

Is the service responsive?

Our findings

During our 26 February and 01 March 2016 inspection, we found that people's care and treatment was not always planned in such a way as to ensure that their preferences and needs were met by the service. We found that people's care plans were difficult to follow and did not always present people or staff with the information they needed about their care needs and wishes. Daily notes were not always completed in full and did not demonstrate what people had done or achieved each day. We found that this was a breach of regulation 9 (1) (3) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had taken steps to initiate improvements in this area. The manager told us that they had carried out a full review of all care plans and had implemented a newer, more streamlined version of the care plan template, to help make information clearer and more accessible. They told us that staff members were in the process of working with people to complete these new care plans to ensure their views and preferences were being represented. In addition, they told us that staff members had been on training courses to help them promote person-centred care within the service.

People told us that staff had spoken with them about their care and that they felt involved in how they were looked after at the service. Family members also told us that they had been kept informed of recent developments and were asked about how their relatives would like to be cared for. One family member said, "Yes I have been involved, they keep me updated and ask me things."

Staff members confirmed that they were in the process of reviewing people's care plans to ensure they were in the new format and provided more person-centred information. They told us that they felt the new care plans were much clearer than the previous ones, which meant they could access important information about people's care more quickly. In addition, they told us that they could ensure people's views and wishes were well represented in the new care plans. One staff member told us, "The care plans are smaller now, but better. All the information you need is there." Another said, "Yes the new care plans are better. People and their families are involved as much as possible."

We looked at people's care plans and saw that they had been changed to reduce the amount of information and repetition which had been a feature of the previous plans. We were able to get specific information more easily and saw that care plans were written in a person-centred way. As they were new they had not been reviewed, however there were plans to carry out monthly reviews, to ensure the information within care plans was accurate and up-to-date. The provider had implemented steps to review people's care and ensure their care plans were person-centred and provided people and staff with easy access to the information they needed.

Is the service well-led?

Our findings

During our inspection on 26 February and 01 March 2016, we found that there was a lack of oversight and monitoring systems in place at the service. Checks and audits were not carried out on a regular basis to assess and monitor the quality of care being delivered and there was nothing to demonstrate that areas of poor performance had been identified or actions put in place to address them. In addition, there was no registered manager at the service and we found that there was a general lack of leadership or direction. We found that this was a breach of regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made in this area. The provider had appointed a new manager to the service, who had experience of managing care services previously. They had also applied to the Care Quality Commission to register as the manager of the service, and were awaiting the processing of their application.

The new manager told us that they had implemented a number of changes since coming to the service, to help ensure that people received the care and support that they needed. This included reviewing all care plans in the service and implementing a complete change in the structure and layout of care plans, to ensure they were user friendly and robust. They also told us that they had spent time getting to know the service and the people living there, as well as putting steps in to help stabilise the staff team and work with them to build their confidence and skills.

Staff members told us that the new manager had a positive impact at the service. They explained that they had implemented changes, such as moving the manager's office, which helped to make them more visible and accessible to people, visitors and members of staff. Staff told us that they felt more supported in their roles now and were encouraged to come forward and seek advice or guidance if they needed to. One staff member said, "The new manager is very good. If you go and ask her something she will answer straight away. I feel supported now." Staff went on to tell us that there was an improved atmosphere and culture at the service, which had helped to drive improvements in a number of different areas. One staff member said, "It is all positive now, it's a lot better. Staff are positive in their roles and are happy to learn." Another staff member said, "I think the service is improving and people are happier now."

The manager told us that the administration company had carried out a full audit of the service when they took over its running. This included looking physical parts of the service as well as the care delivery. As a result of this, they were able to show us evidence that equipment had been serviced or replaced, to ensure the maintenance of the service was well managed. For example, we saw that boilers and water systems had been serviced and new equipment installed where necessary, to ensure that the service could meet people's needs. The manager showed us records of these works, as well as regular maintenance checks which were carried out, to ensure everything was in full working order.

Staff members told us that they were aware of a range of other checks and audits that the new manager had implemented, to provide oversight of the care being delivered at the service. They explained that senior staff

had some tasks delegated to them, such as medication checks on each floor of the service and reviewing a selection of people's care plan's, and that the manager also completed audits to monitor the service. The manager confirmed that they had delegated tasks where appropriate, but they maintained their own checks to have full oversight of this. They showed us that they had implemented systems to audit and monitor areas such as medication, care plans, incidents and accidents, falls and hospital admissions, and used this information to help improve the care the service provided. In addition, they had introduced electronic tracking documents which they used to help monitor certain areas and provide them with useful statistics. For example, there was a tool used to track people's weights which automatically calculated their BMI. This allowed them to quickly spot potential problems and make arrangements, such as referrals to dieticians, to help improve people's care.

The manager also showed us that the area manager conducted regular visits to the service. During these visits they provided the manager and senior staff with support, as well as conducting independent audits of the service. They told us that they checked a range of different areas, such as medication, care plans or staff training, and provided the manager with feedback on areas to work on.

The provider and manager had taken steps to improve the management systems and processes at the service. They had ensured the manager was a more visible presence and could provide staff with the support they needed. They had also implemented a number of changes to help improve the service and had set up systems to help monitor and manage these changes, as well as to identify areas for improvement.