TAM Carehomes Ltd

Dalvey House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced comprehensive inspection carried out by one inspector on 13 and 16 November 2015. We last inspected the home in January 2014 when we found the service was compliant with regulations and the standards required at that time.

The home had a registered manager who had been employed since December 2014 and registered in November 2015. 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.

The home is registered to accommodate 19 people and at the time of inspection 17 people were living at the home, the majority of whom were accommodated for frailty associated with old age.

Dalvey House provided a safe service to people. Staff had been trained in safeguarding adults and were knowledgeable about how to refer any concerns of abuse.

Summary of findings

Risks to people's health concerning delivery of their care or concerning the physical environment, had been assessed to make sure that people's care and the home ran as safely as possible .

Accidents and incidents were monitored and audited to see if there were any trends that could make systems and care delivery safer.

The home employed sufficient staff to meet people's needs.

Robust recruitment procedures were followed to make sure competent and suitable staff were employed to work at the home. The home had a full complement of staff at the time of inspection.

Medicines were managed safely in the home.

The staff team were well-trained and there were systems in place to make sure staff received update training when required.

The home was meeting the requirements of the Mental Capacity Act 2005, with appropriate applications made to the local authority for people at risk of being deprived of their liberty.

People's consent was gained for how they were cared for and supported.

Staff were supported through one to one supervision and annual appraisals.

People were provided with a good standard of food and their nutritional needs met.

People were positive about the staff team and the good standards of care provided in the home. People felt their privacy and dignity were respected.

Care planning was effective and up to date, making sure people's needs were met.

The home provided a full programme of activities to keep people meaningfully occupied.

The home had a well-publicised complaints policy and when a complaint was made, they were logged and responded to.

There were systems in place to monitor the quality of service provided to people.

There was good leadership of the home and a positive ethos and culture prevailing in the home.

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?
People received safe care in a safe environment where risks were identified and minimised through risk management.

There were sufficient well-trained staff employed to meet people's needs.

There were robust recruitment procedures followed to make sure suitable staff were recruited to work at the home.

Medicines were managed safely.

Good

Is the service effective?
Staff were well-trained and supported to fulfil their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's consent was obtained about the way they were cared for and their treatment choices.

People's dietary and nutritional needs were being met.

Good

Is the service caring?
People were very positive about the home and the quality of the care provided.

People's privacy and dignity was respected.

Good

Is the service responsive?
People received personalised care and up to date care plans were in place to inform the staff of people's needs.

A full programme of activities was provided in the home to keep people meaningfully occupied.

There was a well-publicised complaints procedure and complaints were responded to appropriately.

Good

Is the service well-led?
The new registered manager had made many changes and demonstrated good leadership of the home.

There was a positive, open culture with management seeking to improve the service where this was possible.

There were systems in place to monitor the safety of the service provided to people.

Good

Dalvey House

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 was 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.

The inspection took place on 13 and 16 November 2015 and was unannounced. One inspector carried out the inspection over both days. During the inspection we met with the majority of people and spoke with four people in depth about their care and experience of the home. We also observed interactions between the staff and people. The registered manager assisted us throughout the inspection. We spoke with four members of staff, two visiting relatives, a visitor from a local church and commissioners of 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.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also looked at records relating to the management of the service including; staffing rotas, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We also looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at Dalvey House.

Good

Is the service safe?

Our findings

People living at the home we spoke with had only positive things to say about the home and raised no concerns about their safety or welfare. One person told us, "Overall, it is excellent. I can't fault it. The staff are nice and kind and I feel safe". Two people commented on the homes cleanliness, one saying, "It's extremely clean" and the other saying, "They almost see cobwebs before they are made".

People were protected from abuse and avoidable harm as people's care and support was well managed and because staff had been trained in safeguarding adults. Records were in place to show that all staff had received this training and that they received update training each year. The staff we spoke with confirmed they had been trained in safeguarding adults and were aware of how to report any concerns. The staff had also been trained in how to whistle blow, should they have concerns about practice in the home.

There were well-developed systems in place to manage risks safely, both environmental and risks in the delivery of people's care. We were shown completed risk assessments carried out about the safety of the premises. Hazards had been identified and action taken to minimise any risks. For example, radiators had been covered to protect people from risk of burns, thermostatic mixer valves fitted to hot water outlets and the replacement of paving slabs in the garden to minimise the risk of people tripping and falling. The registered manager was able to show that the fire safety system had been tested and inspected to the required timescale and that a fire risk assessment had been carried out. We saw certificates for the testing of the home's boilers, wheelchairs and hoists, the lift, electrical wiring and water systems.

Concerning safe delivery of people's care, risk assessments had been completed in areas such as risks of malnutrition, development of pressure sores, risk of falls and risks of choking. We saw that where risks had been identified , action had been taken such as, the fortifying of people's food, referrals to the speech and language therapists and the provision of equipment to meet people's moving and handling needs. People who had bedrails in place, to prevent their falling from bed, had a risk assessment on file to make sure that the rails were fitted correctly. We saw that the risk assessments were regularly reviewed.

People had personal evacuation plans recorded within their care plans and the registered manager also showed us some emergency contingency plans that had been developed.

Another system for minimising potential risk of harm was the monitoring and reviewing of accidents and incidents that occurred in the home. The registered manager showed us that at the end of each month accidents and incidents were reviewed overall, to look for any trend or hazard where action could be taken to reduce further such occurrences.

Everyone we spoke with was satisfied that the staffing levels were sufficient to meet the needs of people accommodated. People told us that if they needed to ring their call bell, it was always responded to within a reasonable period of time. There was a full complement of staff in post so that people received care from the consistent and well trained staff team. Since the new manager had been in post the staffing levels had been increased with the following levels in place.

Between 8.00am and 2.00pm, four care workers and between 2.00pm and 8.00pm three care workers. During the night time period there were two awake members of staff on duty. The registered manager told us that they worked for three days 'on the floor' and had two days in which to devote their time to the management of the home. In addition, the home employed two chefs providing cover for seven days a week, a cleaner and a maintenance person. The registered manager told us that although dependency tools were not used to determine staffing levels, staffing needs were reviewed on a day to day basis as well as continually being reviewed with the provider.

We discussed how staff were recruited to work at the home and found robust procedures in place. We looked at recruitment files for three staff who had been employed since the last inspection. All the required records and checks required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place as required. Prospective members of staff completed an application form, were subject to interview and references taken up. Checks had also been made against the register of people barred from working in positions of care.

There were organised and audited systems in place for managing medicines in the home, ensuring people had the

Good

Is the service safe?

medicines administered as prescribed by their GP. Suitable storage facilities for storing medicines were in place with a trolley, a small fridge for storing medicines requiring refrigeration, and a lockable cupboard for storing other medicines and dressings. Medicines were stored safely and correctly and there were regularly audits to make sure that unused medicines were destroyed and storage areas not overstocked. Records were maintained of the temperature of the small fridge ensuring that medicines were stored at the correct temperature. Medicines with a shelf life had the date of opening recorded to make sure that they were not used by beyond their shelf life.

We looked at medication administration records and found that these were well recorded with no gaps in the records. There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. In cases where hand entries had been made to medication administration records, a second member of staff had signed the record to verify its accuracy. Where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose. The registered manager had introduced a 'red tabard' system so that the member of staff administering medication should not be disturbed or taken away from their duties when administering medicines.

Where people had been prescribed creams there were body maps to inform the staff of where to administer the creams together with a signed and dated record of their administration.

Good

Is the service effective?

Our findings

People told us that their care and support achieved positive outcomes, promoting a good quality of life. One person said to us, "You couldn't go anywhere better. Nothing is left unattended".

All of the staff we spoke with said the training had improved under the new registered manager, with core and update training in place. We looked at a sample of staff records as well as a training analysis completed by the registered manager, which showed there was effective monitoring of people's training needs. Core training included safeguarding adults, infection control, health and safety, moving and handling, and medication administration for those staff who administered medicines. Staff were also required to have competency assessments for medication administration. On the first day of the inspection a training course was being held for staff about the control of substances hazardous to health, COSHH. The registered manager told us of plans to introduce better training for Parkinson's disease and diabetes.

The registered manager told us that all new staff received induction, undertaking the Care Certificate, the industry standard for inducting new staff. This was confirmed by staff we spoke with.

Staff said that they felt well supported by the registered manager and also by the providers of the service. They also told us that they received regular one to one support and supervision sessions and an annual appraisal to review their knowledge and skills. Records we looked at confirmed that staff received 1 to 1 supervision at least six times a year in line with the home's policy. The staff told us that because the registered manager worked on the floor, they ensured good supervision and oversight about how people's care was managed.

The registered manager was aware of their responsibilities concerning the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. The registered manager had made applications to the local authority for people they believed were at risk of being deprived of their liberty.

People told us that their consent was always obtained in the relation to how they were looked after. During the inspection we observed many interactions between staff and people living at the home and staff always talked with people about how they wish to be supported before assisting them. For example, we saw the staff asking people about their menu choices for the following day, whether they wished to take part in activities and if they needed support in going to their rooms. We also saw that people had signed consent forms; for instance consent for the use of photographs and signing that their care plan had been agreed with them. People had already chosen their Christmas and New Year's Day menu and arrangements for Christmas festivities.

Where people lacked the mental capacity to make a specific decision, their records showed that a mental capacity assessment had been completed. We also saw examples of 'best interests' decisions made with those people who had been involved in coming to the decision.

People were very complimentary about the chefs and also about the standards of food provided in the home. One person told us, "I am very well fed, I don't eat fish or poultry and that is no problem, the chef always makes me something I like instead." Another person's said, "The food is not bad, and it's always nicely presented". One person was not served pork to meet their religious needs.

A nutritional assessment had been completed with each person and people's care plans detailed any assistance a person required. We saw that everyone's weight was monitored each month and action was taken if people lost weight, such as the fortifying of meals and drinks or a referral to their GP. Some people had difficulty in swallowing with a risk of choking and had been referred to the speech and language therapists. We saw that where people had been prescribed a drink thickener, these people were only served drinks of the required consistency.

We saw that people could choose what they wanted for breakfast with some people choosing to have a cooked breakfast of eggs and bacon. Lunch was served at about 12:30pm, with the menu choices for the day displayed in the dining room. An evening meal was provided at about 5:30pm and people could choose to have a snack later on if they were hungry. Throughout the day we saw that drinks and snacks were also served to people.

Everyone was registered with a GP and within people's records we saw that appointments were made when people needed to see a doctor. There were arrangements were in place for people to receive chiropody, dentistry and

Good

Is the service effective?

other health care services. The registered manager told us that the home had good links with district nurses. Should the person be required to go into hospital, a 'hospital passport' had been developed, providing information about a person's medical conditions and other important information including their current medication.

Good

Is the service caring?

Our findings

Everyone we spoke with felt the staff involved and treated people with compassion and kindness. People and relatives made remarks such as such, “Nice people”, “They anticipate my mother’s needs as they know her so well”, “The staff are excellent”, and “Everybody is so kind”.

One person told us about how their preferred routines were respected with regards to the times they wished to go to bed and get up in the morning. They told us, “I can get up at 10.30 if that’s what I choose”.

Throughout the inspection we observed interactions between people and staff. It was clear that staff had very good relationships with people living at the home with people laughing and joking together. Whenever people needed assistance staff were there to assist them.

People told us that their privacy and dignity was respected with staff always knocking on doors before entering. They also told us that personal care was carried out in the privacy of their own room.

Within people’s care records was information about people’s life histories so the staff could better understand people. We found that the staff were knowledgeable about people’s needs, their life histories and personal preferences.

Good

Is the service responsive?

Our findings

People received the care that they needed and the service provided was well organised. For example, people told us there was a good laundry service that ensured they always had their own clothes returned to them. One person told us, “If I want anything I only have to ask”.

Before people were admitted to the home, preadmission assessment of their needs had been carried out and recorded within their care file. This procedure was in place to make sure that people’s needs could be met at the home.

On admission for the more in-depth assessments were completed in the areas such as, people’s personal care needs, skin care, nutrition, falls risk assessment and a moving and handling assessment. Additional assessments were put in place if people had higher care needs, such as the use of bed rails or fluid monitoring.

From these assessments care plans had been developed with the person concerned or involving their relatives if the person was not able to contribute. The care plans we looked at were up to date and accurate.

We tracked the care of one person who had high care needs and visited them in their bedroom. They looked well cared for, being clean and comfortably supported in bed with cushions to support them. Bed rails were in place and a risk assessment had been completed for their safe use.

The person also had an air mattress and this was at the setting corresponding to their weight. The person was having their fluid intake monitored and records showed that they were having enough to drink. The person was also being turned as part of a regime to maintain their skin integrity and turns were being carried out to the required timescale.

People told us that there was plenty to do to occupy them. There was a full daily programme as activities displayed in the from reception area. One person told us how much they enjoyed visits from the ‘caring canines’ as they were dog lover. A relative told us how the provision of a portable DVD player had made such a difference to the care of their relatives. On the day of inspection a local church was visiting to hold a songs of praise service. Records were maintained of all activities undertaken with people.

The home had a well-publicised complaints procedure, this being detailed on the notice board in the reception area also a copy held in each person’s care plan. No one we spoke with had any complaints about the service they received. One person told us that if the registered manager was not available they had confidence to speak with the provider. People told us that they had confidence their concerns or complaints would be taken seriously. We looked at the complaints book and found that there had been very few complaints. Those that were recorded had been responded to appropriately.

Good

Is the service well-led?

Our findings

One person told us, “The home is quietly and efficiently run”. A relative told us, “The home is fantastic; and the leadership is excellent”. Another relative told us, “I couldn’t have chosen anywhere better”; and a church visitor told us, “It is probably one of the best homes I go into”. One member of staff told us, “I feel proud to work here”.

There was good leadership, management and governance of Dalvey House resulting in well-organised, person centred care provided to people living at the home. There was also an open and positive culture. The staff told us about many positive changes of registered manager had made since they have started working at the home.

Everyone spoke highly of the registered manager and the leadership skills that they had brought to the home. The registered manager told us that they had good relationships with the provider who regularly visited the home and met with people.

A quality assurance survey was carried out in the made in June 2015 involving relatives, people living at home and stakeholders. The return surveys had been analysed, however there were no actions to take forward as all the results had been positive.

Regular staff meetings were held so that staff could contribute to the running of the home and to receive feedback from management.

The registered manager showed us a range of audits regularly carried out for the purpose of monitoring quality of service provided. These included audits of medication, care plans and a dignity audit.

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.