

Amicis Care Limited

# Dalkeith

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

We inspected Dalkeith on the 20 and 22 April 2016. This was an unannounced inspection. Dalkeith is a residential home for up to 20 older people. 17 people were living at the home at the time of our inspection. Some of the people living at the home had been diagnosed with dementia.

We last inspected in July 2015. At the July 2015 inspection we found that the provider was not meeting all of the requirements of the regulations at that time. People were not always protected from the risks associated with their care as appropriate steps to mitigate these risks were not always taken. There was not always suitably skilled staff deployed to meet people's needs. People's care plans were not always personalised and did not provide guidance for care staff to follow to meet people's needs. The service's quality assurance systems did not always enable them to identify and improve on concerns raised at the service. At the July 2015 we also made recommendations to the service regarding activities, ensuring people's legal rights were protected, safeguarding and the management of people's medicines. At this inspection we found the provider had made significant improvements to the service.

There wasn't registered manager in post on the day of our inspection. The last registered manager deregistered from the service in August 2015. The two providers of the service had taken responsibilities for the day to day management of the service. They had submitted applications to become registered managers for Dalkeith. 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 provider did not always ensure the premises were safe. Fire drills were not carried out at the home. Fire extinguishers had not been checked by a relevant professional for over two years and fire exits were not always clear.

The provider had assessed people's capacity to make specific decisions but had not always documented the outcome. The provider was working with external healthcare professionals to ensure people's legal rights were being protected and staff knowledge in this area is improved.

People and their relatives were positive about the home, the staff and management. People told us they were safe and looked after well in the home. Staff managed the risks of people's care and understood their responsibilities to protect people from harm. People received their medicines as prescribed, and the service had made improvements.

People had access to plenty of food and drink and received a diet which met their needs. Staff ensured their on-going healthcare needs were met. Where people stayed at the home for respite, staff ensured they had the emotional and physical support to promote their independence and move into alternative accommodation

People told us they enjoyed living at Dalkeith. There was a friendly, pleasant and lively atmosphere within the home. People enjoyed the time they spent with each other and staff. People were offered choices about their day. They told us they felt listened to and able to raise concerns or make suggestions.

Staff were supported by a committed management team and had access to training, supervision and professional development. They could request further training and development as required. There were enough staff with appropriate skills deployed to meet the needs of people living at the home. Staff spoke positively about the home, the managers and the improvements which had been made at the home.

People and their relatives spoke positively about the management and the service. The managers ensured people; their relatives and external healthcare professional's views were listened to and acted upon. The managers involved staff were involved in decisions regarding the home, and respected their views. The managers had systems to assess, monitor and improve the quality of service people received at Dalkeith.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 always safe. The premises were not always safe as fire equipment had not been routinely maintained and fire routes were not always clear.

People were safe from the risk of abuse because staff knew their responsibility around protecting people from harm. Staff knew the risks associated with people's care and had guidance to manage them. People received their medicines as prescribed.

There were enough suitable skilled and qualified staff deployed to meet people's needs. The registered manager ensured staff employed were of good character.

**Requires Improvement**



### Is the service effective?

The service was not always effective. People were supported to make choices, and however their legal rights to make decisions were not always documented.

People were supported by staff who were skilled, trained and had access to professional development.

People received support to meet their nutritional needs and had access to plenty of food and drink. People had access to external healthcare. Where staff had sought the advice of external healthcare professionals to meet people's needs they followed this advice.

**Requires Improvement**



### Is the service caring?

The service was caring. People were at the centre of their care, and were supported to spend their days as they choose. Staff respected people and treated them as equals.

Staff provided people with emotional support which helped them to regain their independence.

Staff knew people well and understood what was important to them such as their likes and dislikes.

**Good**



### Is the service responsive?

**Good**



The service was responsive. People were supported with activities within the home and were engaged throughout the day by staff.

People's care plans were detailed and were personalised to them and their needs.

People and their relatives were confident their comments and concerns were listened to and acted upon by the managers.

**Is the service well-led?**

**Good** ●

The service was well-led. The managers carried out audits and had systems in place which enabled them to identify concerns. Where concerns were identified, action was taken to improve the service. Concerns identified at this inspection had been identified by the management.

The views of people and their relatives were regularly sought. Staff told us they could raise ideas and were involved with decisions made within the home.

# Dalkeith

## **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.

This inspection took place on 20 and 22 April 2016 and was unannounced. The inspection was carried out by one inspector.

At the time of the inspection there were 17 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with a local authority commissioner and a healthcare professional about the service.

We spoke with 10 people who were using the service and with two people's relatives. We spoke with seven staff which included three care staff, a member of agency staff and the home's cook as well as the two managers of the home who were representatives from the provider but were also managing the service on a day to day basis. 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 six people's care files, care staff training and recruitment records and records relating to the general management of the service.

# Is the service safe?

## Our findings

People were at risk in the event of an emergency because the premises and equipment of Dalkeith were not always safely maintained. For example, fire extinguishers had not been checked annually as required. They were last checked in March 2014. This meant the equipment may no longer be fit for purpose as scheduled checks had not been carried out. We discussed this with the manager who informed us that all fire extinguishers were due to be serviced in May 2016.

Access to fire exits and fire extinguishers were not always kept clear. On both days of our inspection, we found one fire exit which was not always kept clear. This meant people with reduced mobility or requiring wheelchairs would not be able to safely exit the home in the event of an emergency. Additionally a fire extinguisher was surrounded by equipment, including moving and handling equipment and a kitchen trolley. We discussed this concern with the manager who told us they would address these concerns immediately.

Staff received theory training regarding the safe evacuation of people from Dalkeith in the event of a fire. The service had no record that any fire drills had been carried out in 2015 and 2016. We discussed this concern with one of the managers, who confirmed to us they had not carried out fire drills during this period, however they would arrange for these to be carried out in the immediate future.

These issues were a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines as prescribed. People told us they received the medicines they needed. While care staff did not always keep a record of people's prescribed medicines, they consistently recorded when they had assisted people with their prescribed medicines. We observed care staff assist people with their prescribed medicines. For example, staff assisted one person at their own pace and ensured they were happy to take their medicine and understood what it was for. The person enjoyed the staff member taking the time to talk with them.

At our last inspection in July 2015, we found that people were not always protected from the risks associated with their care as actions had not been taken to mitigate these risks. This was breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notices to the provider. They gave us an action plan which informed us that all actions would be completed by the end of January 2016. At this inspection (April 2016) we found action had been taken to meet the fundamental standards. At this inspection we found that the provider had taken action to ensure people were protected from the risks associated with their care.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included risks associated with moving and handling, mobility, agitation and nutrition and hydration. Risk assessments enabled staff to keep people safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, staff had identified one person had been at risk

of falling, as they were unsteady and did not have the right footwear they needed when they moved to the home. Care staff had clear guidance to assist this person and ensured the person had new footwear to help mitigate the risk. Staff supported the person to use the garden during our inspection and were aware of the support the person required. The person had had no falls whilst living at the home.

People were involved in discussing their personal safety and the risks associated with their care. For example, one person was registered blind, and liked to maintain their independence. The person liked to use the home's stairs. Care staff and the manager discussed the risks of using the stairs with the person. This gave the person the information they needed to know about the positives and negatives of using the stairs. The person was clearly involved in their care plans and spoke positively about their ability to take risks. They told us, "I'm quite independent. I'm blind, but I find my way around. However they're [staff] always on call."

Where care staff had identified bruises or identified any concerns regarding people's skin, they had recorded and reported their concerns to the manager. People who were at risk of pressure wounds had been assessed and issued appropriate equipment to help reduce the risk. For example one person had a pressure cushion for their heels. The person told us why they had the cushion and spoke positively about the support they received from staff. They said, "They know what to do and make sure I'm comfortable."

People told us they felt safe in the home. Comments included: "Oh yes, It would be awful not to feel safe"; "I feel safe here, very protected. I haven't got worries that someone I don't know will knock on the door"; "I feel safe, the managers, the staff, help you and make you feel safe" and "I feel safe."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the managers or the senior staff member in charge. One staff member said, "I would go to the seniors (senior carers) and the managers." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding team. They said, "I'd go straight to the adult helpdesk (contact line for local authority safeguarding)." All staff told us they had received safeguarding training and were aware of their responsibility to report safeguarding concerns.

The managers fully understood their responsibility to raise and respond to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC.

People told us there were enough staff to meet their needs. Comments included: "If the bell goes, they're there. Staff have time for me"; "The staff come and have a chat with me" and "The staff come and talk to me, and if I call my bell, they come very quickly."

There was a friendly and lively atmosphere in the home on both days of our inspection. Care staff were not rushed and had time to support people in a calm and dignified way. Staff had time to spend talking and engaging with people throughout the day, including supporting them with group activities and taking them out into the homes gardens.

Staff told us there were enough staff deployed on a day to day basis to meet people's needs. Comments included: "We have enough staff. Two on the floor and one doing medicines. It is working; we have time now to chat with residents. We always try and get people out and engage with them" and "There have always been enough staff on when I'm here, if we're short they bring in an agency (staff member). Everything is very well rota'd. Never feel rushed and under pressure." The managers had identified the number of care staff



who needed to be deployed to meet people's daily and social needs. They told us that since our inspection in July 2015, the number of staff they deployed on each day had increased. Staff spoke positively about this change.

People were protected from the risk of being cared for by unsuitable staff. Records relating to the recruitment of new nursing and care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included disclosure and barring checks (criminal record checks) to ensure all staff were of good character. The service had ensured references were sought for staff member's to ensure they were of good character.

# Is the service effective?

## Our findings

At our last inspection in July 2015 we made a recommendation to the service to take advice and guidance from an appropriate source to ensure that mental capacity assessments were completed correctly. 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.

Some people living at the home were living with dementia and had varying mental capacity to make specific decisions. The managers had started to seek the advice of a healthcare professional regarding the documentation to be used when assessing people's mental capacity to make specific decisions as, where relevant, the service had not always documented people's mental capacity to make specific decisions.

People's capacity to consent and make decisions was not being assessed and documented appropriately. We discussed this with the manager who had started to identify people's mental capacity to make specific decisions. The manager was also waiting to meet with healthcare professional and hoped to ensure that people's mental capacity assessments were completed effectively.

The service could not always ensure people had been supported lawfully. These issues were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice. However staff felt it was an area that they would like more insight into. Comments included: "I know the basics, we can't assume someone can't make a decision"; "We can never assume. They can make other decisions, even if they can't decide where to live" and "Support and promote choices. Provide one or two options, too much can be confusing."

People told us they were always offered choice and were never forced to do things they did not want to do. Comments included: "They always ask me what I like"; "Staff always ask you, they don't push things on you, if you don't want it, they won't push you" and "I get lots of choice."

The managers were aware of the Deprivation of Liberty Safeguards (DoLS). Where someone was under constant supervision or did not have the capacity to understand the risks to their safety if they left the service, the manager would apply for DoLS. 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 managers were confident the support they received in relation to both MCA and DoLS would enable them to ensure people's legal rights were protected.

The management and staff supported people to reduce their anxieties. For example, one person who was living with dementia had recently moved to the home. The person could get agitated when waiting for their

visitor to arrive. We observed one staff member responding to their needs and supported them whilst they waited for their visitor. They provided them with reassurance and ensured they were comfortable. The staff told us how they and one of the managers had used their training in dementia to understand the emotional needs of the person, and how they could support the person to reduce their anxieties. They had arranged systems to support the person to maintain contact with their visitor. They had also arranged for items important to the person, such as their art work be hung in the person's room.

At our last inspection in July 2015, we found that staff had not always received appropriate support, development and training to enable them to carry out the duties they are employed to perform. This was breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notices to the provider. They gave us an action plan which informed us all actions would be completed by the end of January 2016. At this inspection (April 2016) we found action had been taken to meet the fundamental standards.

People and their relatives were positive about care staff and felt they were skilled to meet their needs. Comments included: "The staff do the right things"; "They're all very nice"; "The staff are very good, they come and chat with me" and "They're very attentive. Very kind and caring."

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "We have really good training. They [management] encourage development here" and "Yes. Definitely have the skills I need to meet people's needs." Staff told us they had the training required to meet people's needs. They were supported to undertake additional training as required, for example when people's needs changed. One staff member said, "We can request training. There will be more training around dementia soon."

New staff were given time, support and training to meet people's needs. One staff member spoke positively about the support they had during their induction to the service. They told us, "I could always approach staff during induction. They were brilliant."

Care staff told us they had been supported by the managers to develop professionally. One staff member was in the process of completing a Dementia Leadership Award (a local authority commissioned training course) alongside one of the managers. They told us, "I wanted to learn more about dementia and carry on my studies." Another staff member told us how they had been supported to complete a level 3 qualification in health and social care at the service. They said, "I've done everything here."

People were supported by care staff who had access to supervision (one to one meeting) with their line manager. All staff told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. One staff member told us, "I recently had supervision. We discussed how I was getting on. I was able to discuss training I've asked to do such as palliative care and first aid training."

People spoke positively about the food and drinks they received in the home. They told us they always had plenty to eat and drink. Comments included: "Always plenty to eat and drink, and it's always good"; "There's always plenty, I never go without"; "I really enjoy the food" and "I'm a bit of a fussy eater, however the food is very good. If you don't like something, they will get you something else."

People's dietary needs and preferences were documented and known by care and catering staff within the home. The home's chef knew what food people liked and which foods were required to meet people's nutritional needs. The chef and care staff were informed when people had lost weight or if there needs had changed. People's care plans documented their dietary needs, such as a pureed or soft diet. Each month the

manager produced a nutritional profile where people had a specific need, this gave all staff clear knowledge of the support people needed. For example, one person had been diagnosed with pre-diabetes. Staff were given clear instructions of how to encourage this person to have a balanced diet. Where the person's diagnosis had changed, updated information was provided to staff.

Food was generally well presented. However one person required a soft blended diet, and their food on one of the days of our inspection was not presented in a way that would enable the person to recognise or taste individual flavours on their plate. We raised this concern with the manager. They showed us information from a meeting they had held with catering staff the week before our inspection. This meeting clearly discussed presenting food separately. The manager told us they had also agreed to a Gloucestershire clinical commissioning group pilot around nutrition and dementia within the service. The manager ensured us immediate action would be taken to stop this concern being repeated.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, speech and language therapists, podiatrists and speech and language therapists. For example, the manager sought the advice of the GP who provides healthcare for a number of people living at the home around medicines. We spoke with this GP, who spoke positively about the home. They told us, "I'm delighted by how things are at the moment. The managers are very hot on weights. Alerting me to things. They follow my guidance."

## Is the service caring?

### Our findings

People had positive views on the caring nature of the service. Comments included: "It's pleasant here. All very nice"; "The staff are very good to me, so far I'm enjoying it here"; "The girls they've got are absolutely marvellous, they go above what they need to do" and "I feel grateful to be here. It's lovely."

When required, some people were supported to regain their independence and move into their own homes. For example, one person was admitted from hospital to the home for a short period of respite care. This person was leaving the home during our inspection and spoke positively about the support they received from staff and the management of the service. They told us how staff had referred and supported them to attend a help centre in Cheltenham which could help them identify a place to live. They also spoke highly of the physical and emotional support they received. They told us, "It's been absolutely brilliant. Coming to Dalkeith was the best thing that's ever happened to me. I've been made so welcome. They [staff member] got me sorted with one stop. I'm happy to move on. I wouldn't have been able to do it if I hadn't had been her." One of the managers provided transport and support for the person and assisted them to settle into their new home. The person also told us, "I'll come back occasionally and they said they'll check on me. They do all these little touches and they want for nothing."

People enjoyed positive relationships with nursing and care staff and the managers. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff who asked them if they would like to talk to us. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, there was a religious service due to be carried out in the home's main lounge. One person was not religious and did not wish to attend. This decision was respected and a staff member spent time with them in the home's garden, along with another person who had made the decision to go outside. This person told us, "I like going out in the garden and getting fresh air."

People engaged with staff and were comfortable in their presence. They enjoyed friendly and humorous discussions. For example, one person enjoyed a friendly joke with two care staff about the presence of the inspector. Another person who was not always able to communicate verbally enjoyed spending time with one staff member and enjoyed laughing with them. This staff member told us, "We know what they like, and they can have a joke, they know everything that's going on and we respect them."

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us about one person and the support they needed at night. They said, "They always have the same thing, they love a bit of Weetabix." This person told us, "I don't have a hot drink at night. I have Weetabix. I really like it, around nine. Ice cold milk and a bit of sugar" and "I have everything I need."

Care staff were supported to spend time with people and they spoke positively about this. Comments

included: "We're definitely encouraged to spend time with people"; "In the afternoon we're always doing things and spending time with people" and "People definitely come first." People told us staff took the time to chat with them and take them out into the home's garden. One person said, "They come up to my room and talk to me. They take me out to the garden, I love being in the garden."

People told us their dignity was respected by all staff at the home. Comments included: "The staff treat me with respect" and "The staff respect me and my space." Care staff told us how they ensured people's dignity was respected. Two staff members told us they would always ensure people received personal care in private and would ensure they were never exposed.

People were able to personalise their bedrooms. For example, people had decorations in their bedroom which were important to them or showed their interests. One person told us they had been supported to move into their room and arrange their furniture as they wished. They said, "I was able to put everything where I wanted it."

People were possible were supported to make decisions around their care and treatment. People's care plans and risk assessments were written by nursing and care staff with people. For example, one person's care plan clearly documents their views and also their wants and wishes regarding end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

## Is the service responsive?

### Our findings

At our last inspection in July 2015 we found that people were at risk of receiving inappropriate and unsafe care as their care had not been planned and recorded appropriately. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us all actions would be completed by the end of January 2016. At this inspection (April 2016) we found action had been taken to meet the fundamental standards and the provider had taken action to ensure people's care plans reflected their needs and staff had the information they needed. Care staff spoke positively about these changes. Comments included: "They are good. We have a key worker system so both people and staff are involved. It's good because we know people so well" and "I think they've really improved." An agency member of staff told us the care plans were useful and gave them the information they needed. They said, "I know where the care plans are, they're good, and give me what I need."

People's care plans included information relating to their social and health care needs. They were written with clear instructions for care staff about how people's care should be delivered. People's care plans and risk assessments were reviewed monthly to reflect their needs and where changes had been identified. For example, when healthcare professionals had been consulted and made recommendations regarding people's healthcare needs.

People's life histories, likes and dislikes were clearly recorded in their care plans. Care staff told us the care plans were useful in giving them the information they needed about people. Care staff also kept detailed records of the care and support people received on a daily basis. This information clearly informed people's care plans and enabled care staff to identify changes in people's daily care needs.

People's relatives told us they were informed of any changes in their relative's needs. For example, one relative spoke confidently that staff would contact them if their relative was unwell. They said, "They tell me if anything changes. They're good at communicating things."

Family members were invited when people's care was being reviewed. Relatives confirmed that their views were always sought and respected. For example the managers informed us that relatives had been invited to discuss their relative's medicines with the GP during the course of our inspection. The home had arranged this to ensure everyone was involved in the discussion and the decision which needed to be made.

Staff responded well when people's needs changed. Care staff told us one person had recently exhibited behaviours which may challenge others, such as verbal and physical aggression. Staff had sought the advice of healthcare professionals. They provided staff with clear guidance and recommended staff should record any behaviour which may challenge and provide a consistent response to these challenges. Staff all knew how to respond in these events. One member of staff said, "It's not related to dementia, and we need a consistent approach to ensure the person's needs are met, as well as the other residents." Where people exhibited certain behaviours, care plans were implemented, which identified different behaviours, and the triggers to these behaviours. These plans were reviewed to ensure care staff had the information they

needed to meet people's needs.

People spoke positively about life in the home and told us there was always something to do. Comments included: "There is always a lot to do. There was a dancing couple last week. It was absolutely marvellous. Also, when it's anyone's birthday they have a party"; "They ask what we like to do. We had Tickled Pink (a travelling entertainment group), we all enjoyed it. We've asked for them back" and "There is plenty to do and you do what you want to do, no-one will force you." People enjoyed having discussions between themselves and reading newspapers throughout the day. People also told us they enjoyed time spent with the care staff and their relatives. Some people in the home enjoyed their own company. Care staff ensured they protected people from the risk of isolation by regularly visiting people in their bedrooms to make sure they were safe and have a friendly chat. People's relatives were able to visit people at any time and could enjoy private time with their loved ones.

People knew how to complain. Everyone we spoke with told us they had not needed to make a complaint however knew who to speak to if they had any concerns. They felt the managers were very approachable regarding any concerns. Comments included: "I think I could talk to anyone. I've talked to [one of the managers] too"; "I can go to [the managers] they are both alright" and "If I needed to I'll go to the manager."

The managers had received two complaints during 2015 and 2016. They had clearly investigated these complaints and discussed outcomes with people and their relatives. The managers used people's concerns and complaints to improve the service people received regardless if the complaint was upheld. For example, where someone exhibited behaviours which challenged others, clear guidelines had been given to staff to ensure the person and other people living at Dalkeith were protected from harm.



## Is the service well-led?

### Our findings

At our last inspection in July 2015 we found that the provider did not always have effective systems to sufficiently assess, monitor and continually improve the quality and safety of the services provided. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us all actions would be completed by the end of January 2016. At this inspection (April 2016) we found action had been taken to meet the fundamental standards and found the provider had taken action to ensure the quality of the service was monitored and that care staff had effective day to day management. Care staff spoke positively about the changes the provider had implemented. Comments included: "Since [the managers] took over it's been more balanced. Communication is better, They're both approachable" and "There is more routine, we're more organised. There is so much more going on, they're approachable and offer stability." An agency member of staff told us, "They're lovely. If I lived local, I'd apply to work here."

Dalkeith did not have a registered manager; however two providers of the service were managing the service on a day to day basis, and were in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Everyone we spoke with was complimentary about the management. When asked people knew who the managers were and felt they were approachable. One person told us, "They do come and talk with me, they're always around." Another person said, "They're approachable, and come have chats to make sure we're okay." The home's GP told us, "There is more stability within the home. The managers are very clued on."

The managers had a clear vision for the service, which included providing high quality dementia care. One of the managers was completing a local authority dementia learning course with a member of staff with the aim to improve dementia care at the home. This training was already having a positive impact at Dalkeith. For example, the manager had implemented specific care plans around challenging behaviour, and was challenging staff to understand why incidents happened. Staff had worked with people's families and healthcare professionals to understand triggers which may make them anxious and had implemented systems to reduce these incidents. Staff spoke positively about the changes. One staff member said, "There is great awareness of dementia. We are realising where people are in their lives and we are challenging language such as wandering."

People's views were sought regularly through 'residents meetings'. These meetings allowed staff and people to discuss any concerns or make suggestions they had regarding Dalkeith. At a meeting in April 2016, the managers discussed if everyone knew who their key worker was. They also discussed meal times, activities and staff recruitment. People's views were clearly sought and respected. For example, people discussed that they would like to listen to the radio more in the day, rather than watch tv. People told us this change had happened. The meeting also discussed how people wished to vote in the May 2016 local elections. The managers asked if people wished to have a postal vote, or would prefer to go to the polling station. They recorded people's responses and staff and the managers knew who wanted to go to the polling station on

the day. The managers also used the meeting for people to discuss their views. People stated there were no concerns; however they wanted to praise the care staff.

The managers had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as medicine audits and scheduled checks within the home. The majority of shortfalls we had identified at this inspection were already known by the managers, and action was being taken to address these concerns. For example, the managers were working with external healthcare professionals around people's mental capacity needs, as well as nutrition and dementia. The managers used cleaning audits to ensure the home was kept clean. One audit identified the kitchen was not always kept clean, and the managers had implemented a cleaning checklist which was carried out daily.

People were protected from risk as the managers ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents.

The provider ensured the quality of the service was discussed with care staff and all staff felt they were able to suggest ideas about the day to day running of the home. Staff meetings were used to discuss key points such as communications, CQC inspections and training. This ensured the managers were able to discuss key information with staff at the home. One staff member told us, "They take on board our suggestions. They happily listen to any ideas we take to them." One staff explained how they discussed using red plates at meal times as the colour contrast is beneficial for people living with dementia to identify their food. They told us, "They acted on the advice immediately. They went on got red plates and it's been really good."

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service had not always documented people's mental capacity to consent to care. People did not always receive their prescribed medicines. Regulation 11 (1) (3).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Equipment needed in the event of a fire had not always been maintained. Fire exit routes and fire extinguishers were not always accessible. Regulation 15 (1)(e).</p>