

Dalmeny House Limited

Dalmeny House

Inspection report

Dalmeny House
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Sheringham
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Tel: 01263822355

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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 ●

Summary of findings

Overall summary

The inspection took place on 21 December 2016 and was unannounced.

Dalmeny House provides accommodation, care and support for up to 11 adults with mental health needs, some of whom may also have a learning difficulty. At the time of our inspection there were nine people living in the home.

There was a registered manager in post. 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.

There were enough staff working in the home to help ensure people's safety. Where there were unexpected staff shortages, staff worked well together, to ensure people's needs continued to be met safely and appropriately. Staff were recruited in a way that ensured proper checks were carried out, which helped ensure only staff who were suitable to work in care services were employed. Staff knew how to recognise different kinds of possible abuse and understood the importance of reporting any concerns or suspicions that people were at risk of harm appropriately. The registered manager also understood their role in addressing any issues.

Risks to people's safety were identified, recorded and reviewed on a regular basis. There was also written guidance for staff to know how to support people to manage these risks. Staff worked closely with healthcare professionals to promote people's welfare and safety. Staff also took prompt action to seek professional advice, and acted upon it, where there were concerns about people's mental or physical health and wellbeing.

People's medicines were stored and administered safely and as the prescriber intended and staff were trained and competent to support people in this area.

People enjoyed their meals and were provided with sufficient quantities of food and drink. People were also able to choose what they had. If people were identified as possibly being at risk of not eating or drinking enough, staff would follow guidance to help promote people's welfare and input would be sought from relevant healthcare professionals.

Staff were trained well and were competent in meeting people's needs. Staff understood people's backgrounds and preferences and supported people effectively. New staff were required to complete a probationary period and induction and all staff received supervisions and appraisals of their work.

Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, if people lacked

capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights.

Staff had developed respectful, trusting and caring relationships with the people they supported and consistently promoted people's dignity and privacy. People were able to choose what they wanted to do and when. People were also supported to develop and maintain relationships with their friends and families. People engaged in a number of activities both in and outside of the home and were supported to maintain and enhance their independence as much as possible.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective. People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were carried out in order to identify any areas that needed improvement, which were then acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were assessed and staff understood the action they needed to take to promote people's safety.

There were enough staff to support people safely and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People's medicines were managed safely and they received them as the prescriber intended.

Is the service effective?

Good ●

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

People were supported to maintain their mental and physical health and wellbeing and staff acted promptly to seek advice if people became unwell.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and promoted people's privacy and dignity.

People were able to make choices about their care and were encouraged and supported to be as independent as possible.

People were supported to develop and maintain relationships with their friends and families and visitors were welcome.

Is the service responsive?

Good ●

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do, how and where they wanted to spend their time.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good ●

The service was well-led.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Regular audits were also carried out to identify any areas that needed improving.

Dalmeny 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 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.

The inspection took place on 21 December 2016 by one inspector and was unannounced.

Before the inspection we looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law.

During our inspection visit, we observed how people were being supported and how staff interacted with them.

We met and spoke with six people living in the home, the registered manager, the two deputy managers, two members of support staff and the chef. We also received feedback from five healthcare professionals who had regular contact with the service.

We looked at assessments and plans of care for three people and checked how they were supported. We reviewed records associated with the employment of three staff, staff meeting minutes and staff training records. We also looked at the arrangements for storing, administering and auditing medicines and a sample of other records associated with the quality and safety of the service.

Is the service safe?

Our findings

The home had systems and processes to help protect people from the risk of harm and abuse, and people said they felt safe living in the home. One person told us, "They [staff] are good; they make sure we're safe. Another person said, "We can do what we like but we let staff know when we go out so they know we're okay."

Staff were aware of the importance of protecting people from the risk of harm or abuse and clear about their obligations to report any concerns or suspicions. Staff confirmed that they had completed training in safeguarding people and would not hesitate to report anything that they were concerned about. There was guidance available for staff and people living in the home on how to contact to local authority's safeguarding team if they needed to. We saw from the history of the service that staff and the manager had contacted and cooperated with the safeguarding team when they needed to.

Staff understood the risks to which people could be exposed and took action to minimise them. Risks were identified and there was clear guidance in place for staff, to help minimise the risks for individuals. The risk assessments we saw covered a wide range of situations including accessing the community, socialising, relationships, drinking alcohol, smoking, budgeting and managing finances. Risk assessments were reviewed regularly, to enable people's support to be provided in a way that helped them to live their lives as safely as possible.

The registered manager and deputies carried out regular checks on health and safety matters within the home. Any action needed to improve the safety of the home or equipment in use was incorporated into a rolling improvement plan, with details and timescales for addressing shortfalls based on priorities.

We saw that a number of physical and aesthetic improvements had been carried out within the home during the past year, many of which had helped to make the environment safer. Action had also been taken and improvements made to ensure the home met with the requirements of infection prevention and control. We noted that the home had achieved a five star food hygiene rating in November 2016, awarded by the Food Standards Agency.

There were enough staff to meet people's needs safely. One person told us, "Yes, I think there's enough staff about; they're always around when you want them." Another person said, "Sometimes there's more staff than others but it depends on what's happening; when we need more staff; they just come in extra." The manager explained to us that they constantly reviewed the staffing levels, in line with people's needs and increased the numbers of staff on duty as needed.

Staff said that their colleagues were good at working additional shifts when necessary. They told us that it was only when there was sickness at short notice that shifts might run a bit short. However, staff also confirmed to us that staffing never fell to a level which presented a risk to people's safety. We noted that the home had a consistent and stable team of staff and had not needed to use agency staff for well over a year.

Robust recruitment processes helped to protect people from the appointment of staff who were unsuitable to work in care. The records we looked at showed that applicants provided employment histories and proof of their identity. References were obtained and enhanced criminal records checks were carried out with the Disclosure and Barring Service (DBS). This helped ensure that appointed staff had nothing of concern in their backgrounds, regarding their suitability to work in care services. The records we looked at showed that this information was obtained before staff took up their appointments.

People told us they were happy with the way that staff supported them with their medicines and we saw that people's medicines were stored, administered and managed in a safe way. Staff who were responsible for administering medicines explained the process and the checks that they made. They also confirmed that their competence to administer medicines safely was regularly assessed. We saw there was appropriate guidance for staff to follow regarding about medicines prescribed for occasional use when people needed them (PRN).

We found the medicines storage room was well organised and saw that regular audits of medicines management took place to ensure that records were complete and to account for medicines kept in the home. We checked a sample of medicines administration records (MAR) and these were accurate. We noted that appropriate action was taken by the management team in the event of any errors or omissions regarding the management and administration of people's medicines.

Is the service effective?

Our findings

People received effective care because staff were knowledgeable and well trained. People felt confident that they received support from staff that had the skills and experience to meet their needs. New staff completed an induction programme, which included working alongside and shadowing more experienced staff to begin with.

Training records showed that staff had received training that was relevant to their role and that mandatory training was up to date. We saw that staff had completed training in areas such as safeguarding people, fire safety, understanding mental health and de-escalating anxieties and behaviours that could challenge. Staff were encouraged to develop their skills and knowledge and told us they felt supported by the management team to identify and access further relevant training opportunities.

Staff also told us they received regular supervisions and appraisals, during which they received feedback on their performance and were able to discuss any concerns they had.

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 are called the Deprivation of Liberty Safeguards.

During this inspection we found that people's consent was sought and nobody was being unlawfully deprived of their liberty. People told us they were involved in making decisions regarding their care and support and could express their preferences to staff. Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, if people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

People said they enjoyed their meals, were provided with sufficient quantities of food and drink and were able to choose what they had. One person told us, "I really like the food here; it's always really nice." We saw that there was a three week rotating menu and people said that the meals and menus were planned in accordance with their choices and preferences. For example, we noted that people had recently opted for a take-away night once a week, which was enjoyed by all concerned.

We noted that people were supported to follow a balanced and appetising diet. However, if people were identified as possibly being at risk of not eating or drinking enough, staff would seek guidance and input from relevant healthcare professionals, to help promote people's health and wellbeing.

People were supported to maintain good health and we saw that each person's care plan contained detailed information on their individual healthcare history and support needs. It was evident that a wide range of healthcare professionals were regularly involved to support people in maintaining good health such as, mental health nurses, psychiatrists and the GP. Routine appointments were also scheduled with other professionals such as opticians and dentists.

Is the service caring?

Our findings

Staff had developed respectful, trusting and caring relationships with the people they supported. One person told us, "I don't know where I'd be without them [staff]. Let me tell you; I was in a bad place before I came here. I trust them here and I can talk to them when I've got stuff on my mind I'm worried about."

Health professionals in regular contact with the service also said that they felt staff were caring and kind in their approaches. One person told us that staff provided good care and were very motivated. Another person commented that the home was very efficient and provided excellent care for people living there.

Throughout this inspection we observed positive and caring interactions between staff and people living in the home. We noted that people were actively encouraged to express their views and to make choices.

There was detailed information in people's support plans about their preferences and choices, regarding how they wanted to be supported by staff, and we saw that these were respected. People told us that they were comfortable making decisions and choices about their care and support. One person told us how they had been involved in developing and reviewing their care plan. This person explained how they spent time with staff talking about how they were, what they had been doing, what had gone well and what hadn't gone so well.

Another person told us how staff always treated them with respect and that the person was able to make their own decisions about their life. We heard staff using people's preferred names when speaking with them. We also heard staff using humour appropriately and the people in the home interacted with staff in a relaxed way.

It was evident that most of the staff knew people very well as individuals. Staff demonstrated good knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and what was important to them.

People were encouraged to develop and maintain their independence as much as possible and staff told us how they encouraged people to do as much as they could for themselves. Staff supported people with daily living tasks and people were encouraged to take an active part in the running of their home. For example, we noted that people helped with cleaning their own rooms as well as helping around the communal areas. Some people were also being supported to follow 'money plans' to help them manage their finances independently.

People were also supported to develop and maintain relationships with their friends and families.

Is the service responsive?

Our findings

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care. People were also supported to follow their own interests and hobbies and they told us about places they had visited and activities they had taken part in. One person told us how much they enjoyed having a pool table in the lounge and said they often had a game with staff or other people living in the home. During our inspection we observed one member of staff playing pool with people, whilst another was helping a person sort out their Christmas cards and shopping.

The support plans we looked at were up to date, reviewed regularly and contained information about people and their preferences. We saw that the plans were individualised and person centred and included information about a range of each person's needs and support requirements. The information we saw included people's mental and physical wellbeing, social skills, community living, finances, hobbies and interests, work placements, education and people's aims and aspirations. Staff told us how they knew if a person's needs changed and explained certain signs that could indicate when a person's support plan needed to be reviewed and updated.

We saw how the service was responsive to people's individual needs and wishes. For example, one person told us how important it was to them to be able one day to live independently in the community and have their own flat. This person told us how staff listened to them about this and were supporting them to achieve their goal. The person also said, "I talk to the manager and the other staff and I'm working on a plan to be independent. [Manager's name] says I'm doing really well and I'm proud of what I've achieved since I've lived here."

Staff said they were proud of the work they did and the support they provided people with. Staff also spoke with pride about people's accomplishments. Support staff and the management team also told us about the approaches they used to support people in achieving their full potential.

We noted that information was shared verbally between staff each time they came on shift. There was also a 'purple communication book', which staff used to record and share relevant information with each other. This helped ensure staff were able to respond to people's changing needs

Activities and community access were an important part of people's lives. People were supported to engage in a variety of activities and spent time in the local community and going to specific places of interest. For example, during our inspection we observed how some people went out shopping and others met up with friends in the town. We noted that some people had been supported with work placements and others took part in educational courses. One person told us they enjoyed going swimming and another person said they enjoyed going for a walk and sometimes went to the pub or out for a meal. People also told us that they enjoyed doing things at home such as watching television and films, listening to music, reading and playing computer games.

One person offered to show us around their home during our inspection and enjoyed telling us all about

their home. We saw that people decorated their rooms according to their individual choices, such as with music and pop posters and sports memorabilia.

There was a clear complaints procedure in place. People we spoke with told us that they knew how to make a complaint and would talk to the staff or the manager if they were not happy with anything. People also told us that they felt that staff listened to them and took action to resolve any issues appropriately. The manager explained the procedure they followed for dealing with complaints and told us that any complaints would be recorded and investigated.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection, who fully understood their responsibilities and reported notifiable incidents to CQC as required.

People we spoke with told us that they saw the manager a lot and that they were approachable. One person said, "[Manager's name] is very nice, I can talk to her about anything and she listens and helps." Staff also told us they felt supported well by the manager and management team.

We asked staff about the culture and values of the service. Staff told us that they worked well as a team. One staff member said, "We want people to achieve and make the most of their lives. I think we work well together here; it's about empowering people and helping them be as independent as possible."

Staff spoke positively about communication in the home and told us they were kept up to date and aware of any changes. A member of staff told us that there was a communication book and a diary for reminders and appointments, as well as daily handovers.

Staff told us that staff meetings took place and records we looked at confirmed this. Minutes from staff meetings showed that a range of topics and issues were discussed that related to the running of the service. For example, recruitment, training, key-working, people's care plans and the 'recovery star' approach for supporting people.

There were a number of systems in place to identify and rectify any issues with the quality of the service when they arose. For example, we saw how medicines administration and management was monitored and a member of staff told us that they checked the medicines regularly and recorded this information formally. Our checks of the medicines showed they were well managed.

There were also processes in place for regularly auditing areas such as support plans, infection control and the overall maintenance of the service. The support plans and other records we looked at were all well maintained, up to date, secure and kept confidential. We saw that the manager completed a monthly report, which covered all aspects of the home. The manager maintained regular contact with the provider and we could see that there was a good level of oversight at this level. The manager, together with the staff team, consistently ensured that the quality of service that people received was good.

People were able to give feedback and discuss their thoughts and feelings regarding the service at monthly house meetings. We saw that these meetings gave people an opportunity to discuss aspects such as their activities, health and safety, any maintenance issues that they needed addressing and things they were happy with or unhappy with.

We also saw that there was a formal process in place for gathering feedback from people through the use of questionnaires. These gave people further opportunities to put forward their views and opinions about the service and be part of its development.

The manager told us they were supported well by the provider, who visited the home regularly and also spent time talking to staff and people living in the home. Overall, an open and inclusive culture was demonstrated in Dalmeny House, with clear and positive leadership at all levels.