Mauricare Limited

Dallington House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

At our last inspection on 10 December 2018 we found that the provider had made essential improvements to the home. They had improved the décor and cleanliness of the home. However, at this inspection we found that continued improvements were still required to ensure the design and layout of the home met people's needs, for example allowing people to make use of a conservatory when they wanted.

In six inspections since June 2015 the provider has been rated either Inadequate (twice) or Requires Improvement. The service has improved from an overall rating of Inadequate in June 2018 to Requires Improvement in December 2018 but failed to achieve Good rating. This demonstrates the provider has not been able make required and sustainable improvements.

What life is like for people using this service:

People told us they felt safe at Dallington House. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

People received care from enough staff that had received training and support to carry out their roles. People were supported to have enough to eat and drink to maintain their health and well-being.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood their responsibilities under the Mental Capacity Act, 2005 (MCA). They obtained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff.

Staff had a good understanding of people's needs and preferences. Staff involved people's relatives in decisions about their care and kept them informed about their family members.

Staff supported some people to follow their interests and hobbies. Some people were supported to visit places of interest. However, a minority of people had little by way of stimulation or interesting things to do.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Rating at last inspection: Requires improvement (published 9 January 2019).

About the service:
Dallington House Care Home provides accommodation and personal care for up to 16 older people, some of whom were living with dementia or learning disabilities. On the day of our visit, there were 13 people using the service.

Why we inspected:
We carried out this inspection to follow up from our inspection in December 2018 where we found the service required improvement.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.
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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 safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.□	**Requires Improvement**

Dallington House Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: An inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had cared for older people with a range of health needs.

Service and service type: Residential home for older people and people living with learning disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: Unannounced

What we did:
We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During this inspection we spoke with seven people using the service and two visiting relatives. We spent time observing people's care and how staff interacted with them. We also spoke with five members of staff including the provider, the registered manager and three care staff.

We looked at the care records of three people who used the service. We also looked at records relating to the management and running of the service. These included two staff recruitment files, training and supervision records and the registered manager's plan for continually improving the service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. They told us they felt safe because they were well cared for. A person told us, "I do feel very much safe. It's because of the staff and the way things are done." People told us they had their call alarms within easy reach if they needed to use them. A relative who told us they visited often said, "I have no concerns about safety."
- Staff knew how to recognise and report any concerns about poor care or ill treatment. They told us they were confident any concerns they raised would be taken seriously and acted upon by the registered manager.
- Staff knew how to raise concerns directly with CQC and the local safeguarding authority.
- The registered manager understood they had to report all safeguarding concerns to the relevant authorities including the local authority safeguarding team.

Assessing risk, safety monitoring and management

- The registered manager ensured all regular fire safety checks were carried out as planned including testing the fire alarms and practice evacuation.
- People had personal emergency evacuation plans to identify their needs in the event of a fire or evacuation. A person told us, "I know the fire drill."
- People were protected from risk of injury or harm from entering areas such as the kitchen and a medicines storage room because the doors to those rooms were made inaccessible to people.
- People's care plans included assessments of risks associated with their care and support. These were reviewed at least monthly.

Staffing and recruitment

- The registered manager ensured there were enough staff deployed daily, with the skills and experience to meet people's needs. Staff we spoke with told us they felt there were enough staff.
- People told us they felt there were enough staff, including at night. They told us they did not wait long for staff to respond to their call alarms. A person told us, "I pulled the call on Sunday and they came pretty quickly." We saw and heard that staff responded quickly when people used their call alarms.
- The registered manager followed safe recruitment procedures. All the necessary pre-employment checks were carried out before new staff began to support people.

Using medicines safely

- People received their medicines safely as staff followed the provider's policies and procedures. A person told us, "They bring me my pills and that's fine. I trust the staff." Only trained staff supported people with their medicines and their competences to do so were reassessed annually.

● The registered manager audited people's medicine records and acted where issues had been identified.
● Medicines were safely stored and there were effective arrangements for the disposal of medicines that were no longer required.

Preventing and controlling infection
● Staff had access to personal protective equipment they needed to waer when they supported people with personal care. People told us that staff wore gloves and aprons when they supported them.
● The provider employed domestic staff. The home looked clean and cleaning schedules were in place which were monitored. A person told us, "I see the cleaner each day and my room is alright, it's clean." Another person said, "We have a cleaner who does a wonderful job."

Learning lessons when things go wrong
● The registered manager and staff reviewed incidents and accidents and used this information to learn how to avoid future incidents. After people experienced a fall their risk assessments were reviewed and measures were taken to reduce the future risk of falls and injuries from falls. For example, staff made more observations of people and supported them with their mobility. Very few falls occurred at the service.

Requires Improvement

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met.

Adapting service, design, decoration to meet people's needs

- The provider had continued to improve the decoration of communal areas and people's rooms to meet people's needs. For example, wall decorations were made to be interesting and to offer stimulation.
- However, a conservatory which potentially offered people another space where they could spend time was rarely used. It had old armchairs which had been removed from other communal areas after being replaced. The conservatory had begun to be used as a storage area for wheelchairs and walking frames.
- The conservatory had not been adapted to make it a place people could use in comfort. This meant people were deprived of using an area of their home when they wanted to. The conservatory had no means of reducing the effect of sunlight. On the day of our inspection it was very hot and the only means of reducing the temperature was to open a door.
- Wheelchair access into the garden from the conservatory was over a short and steep ramp which necessitated lifting the wheels of a wheelchair to manoeuvre over it. This limited the suitability of the conservatory for wheelchair users.
- The registered manager was aware of the limitations of the conservatory and they required the providers support to address these.
- Lack of storage space meant that products used in connection with people's personal care and hygiene were stored outdoors in a shed and two plastic storage boxes. None had locks, the shed doors did not close which meant vermin could access the shed and contaminate the equipment. The products were stored together with old tins of paint and garden equipment in a random and untidy manor. The shed and storage boxes were exposed to the elements and changes in temperature.
- After we discussed our concerns about the shed, storage boxes and garden the registered manager arranged to take action. They confirmed on 6 June that all areas had been cleared on 5 June 2019.
- People's rooms were decorated to their taste and were personalised. For example, people had photographs of their family members and memorabilia from home.
- The home had no dedicated area for the storage of equipment such as a hoist, wheelchairs and walking frames. That equipment was left in communal areas taking up space that could be used by people.
- People had access to an enclosed landscaped garden. We saw a person use it. An area of the garden had been used to dispose of old furniture and garden waste which made it an area people could not use. A relative whose family member enjoyed gardening told us, "[Person] potters about in the garden, but they [provider] could do more to tidy up the garden."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported with their nutritional needs. A relative told us, "They can have drinks and snacks at

any time." We saw staff bring people drinks throughout the day.
● People had a choice of meals. Relatives could have meals with their family members. A relative told us, "The food is always very nice. {Person)] likes it." A person told us they could have their meals when they wanted. They said, "I wanted my breakfast late and they made it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager had assessed people's needs before they moved into Dallington House Care Home. This ensured that only people whose needs could be met came to live at the home.
● People's care assessments included their choices about how they wanted to be cared for and supported. A person told us, "Choices? Yes, definitely I've got choices."
● Staff made daily records of how they supported people. The registered manager checked those records to ensure that care and support had been delivered in line with people's care plans.

Staff skills, knowledge and experience
● Staff received on-going training to carry out their roles competently. For example, in safe moving and handling; we observed staff using their knowledge to safely support people to stand and walk.
● People told us they felt staff were well trained. A person said, "There are some excellent carers" and another person said, "They look after me very well indeed."
● Staff told us that their training equipped them with the knowledge they needed about people's needs. A staff member said, "Some of the training was person specific" which meant that staff were supported to understand people's individual needs. Training records showed that staff had received relevant training.
● Staff told us they felt supported by the registered manager through regular supervision meetings where they discussed their performance, training needs and contribution towards improving the service.

Access to healthcare
● Staff were attentive to changes in people's health. They referred people to health professionals in a timely way.
● Staff worked together with GPs, practice nurses, specialist nurses and district nurses who visited the service regularly to provide health support and care.

Ensuring consent to care and treatment in line with law and guidance
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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

● Staff involved people and their relatives in decisions about their care; and ensured decisions were taken in people's best interests.
● Staff supported people who did not have capacity to make decisions, in the least restrictive way possible. People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice.

● Staff obtained people's consent before they provided care and support. A person told us, "The staff do not rush me or pressure me to do things." Another person said, "I make my own choices all day, even over the smallest things." A relative told us, "The carers do ask for [person's] consent."
● The registered manager worked with the local authority to seek authorisation for people who were deprived of their liberty, this was to ensure this was lawful.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
● People and relatives had opportunities to express their views because the registered manager talked with people daily. They and staff involved people in decisions about their care and support. A relative told us, "I reviewed [person's] care plan a couple of months ago with [the registered manager]. We went through all of it." They also told us that staff kept them informed if their family member was unwell which was something they appreciated.
● The registered manager and staff listened to people about their preferences. For example, some people preferred having a shower as opposed to a bath; others preferred it the other way around. Staff respected people's choices.
● A person told us they attended staff meetings which they enjoyed because "I like to keep abreast of what is going on." People attended resident's meetings where they made suggestions that were acted upon by staff, for example people requested that a wider range of puddings was made available at mealtimes.

Ensuring people are well treated and supported
● People told us they were happy living at Dallington House Care Home. People and relatives said it was "homely" and had a friendly atmosphere. A relative told us, "The atmosphere is good, and one reason for that is that it's a small place and more intimate with an extended family feel." A relative commented in a recent satisfaction survey, `Dallington may not be state of the art but it is very homely and [person] loves it here.'
● We observed staff talking to people with kindness and compassion. Staff listened to people and supported them in what they wanted to do. We also saw people participating in conversation with others and saw that people were friendly towards each other.
● Staff knew people's likes, dislikes and preferences and used this knowledge to care for them in the way they liked. A relative told us that staff supported their family with an aspect of personal care the way the person liked.
● Where people were unable to verbally communicate their needs and choices, staff understood their way of communicating. For example, staff observed body language and eye contact to recognise when a person wanted to participate in an activity.

Respecting and promoting people's privacy, dignity and independence
● Staff respected people's dignity. A person told us, "They definitely treat me with dignity and respect." Staff referred to people by their preferred name and spoke politely with them.
● People received their personal care in private. Staff asked people discreetly if they required personal care and supported them to the bathroom.
● Relatives and friends were able to visit when people wanted. This supported people to maintain contact

with family members and friends which they said was important to them.

● Staff supported people's independence. They encouraged people to do as much as they wanted for themselves but made themselves available to support people. A person told us, "I choose independently to wash but they are there for me if I need their support."

● Staff ensured that a person's mobility scooter was always charged so that they could go out when they wanted to. People told us they got up or went to bed when they wanted and that they could spend their time the way they wanted.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People had opportunities to take part in activities that provided meaning or structure to their day. Some people were supported to attend a day centre where they followed their interests. A person told us, "I go to a day centre, I like it."
● Staff supported people to follow their hobbies, including sporting activities such as bowling. We saw a person knitting, another reading a book and a third person constructing things with model bricks. The registered manager arranged for a person who liked gardening to have a flowerbed outside the window to their room.
● Some people went out with their family members. Others told us they were happy to be left to spend time how they wanted. A person told us, "I don't need outings. I'm happy in the house. I wouldn't say I get bored."

● A minority of people told us they were bored by the activities provided and they preferred to have conversations with people. A person told us that our conversation with them "was the best thing that's happened today." Another person told us they spent their time walking around the home to relieve their boredom. We discussed this with the registered manager who told us that they would speak with people individually to find out what kinds of activities they would find to be interesting and stimulating.
● People, and where appropriate their relatives, were involved in developing their care plans. For example, they discussed what meals they preferred, and additions were made to the meals that were made.
● People's assessments and care plans considered people's values, beliefs, preferences and communication needs. For example, a person preferred to make all their decisions about how they spent their time and when and where they went out. Staff supported the person to be as independent as they wanted to be.
● People's care plans included information for staff about how people wanted to be supported.

Improving care quality in response to complaints or concerns
● People had information about how to make a complaint. The complaints procedure was available in an easy read format. The registered manager explained the complaints procedure to people when they reviewed their care plans.
● The registered manager had the systems in place to respond to complaints. There had not been any complaints made since our last inspection.

End of life care and support
● People were supported to make decisions about their preferences for end of life care.
● The registered manager had supported people to discuss what was important to them including people's religious beliefs and cultural needs.

● People were assessed and received care and treatment from staff who were supported by health professionals.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

● In the last six inspections since June 2015 the service had been rated overall Inadequate twice and requires improvement four times. In that time only all key questions Caring (in July 2017 and December 2018) and Responsive (in July 2017) were rated Good. This demonstrates the provider was slow to make required, sustainable improvements.

●This was most evident in not ensuring that all of the premises were suitably adapted to meet people's needs so that people had access to and full use of communal areas such as the conservatory and garden. The conservatory was untidy and not suitable for use during warm weather; and was used as a storage area. The registered manager had made the provider aware of the issues with the conservatory but other priorities concerning the premises meant action had been delayed.

Leadership and management

●The registered manager involved staff to make the changes and improvements necessary to the service. The registered manager shared our last inspection report with staff and sought their ideas and suggestions for improving the service. A staff member told us, "It is easy to make suggestions. I made suggestions about how care plans were arranged to make them easier to follow and this was adopted."

●The provider was continuing with a programme of decoration and upgrade of the service. Staff told us that their moral was better because of the improvements, but they also said more needed to be done to improve the environment for people.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

●The provider and registered manager understood the time and resources required to improve the quality of the service. The age and original design of the premises was an inhibiting factor. Communal space sometimes had to be used for storing equipment because there were no bespoke storage areas.

● The registered manager carried out audits to monitor the safety and quality of the service. They reported their findings to the provider.

● The registered manager understood their role and ensured the statutory notifications were submitted to CQC in a timely way.

● It is a legal requirement that a provider's latest CQC inspection is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We saw that the rating from the previous inspection was displayed at the service and relatives and staff told us they had seen the report.

Engaging and involving people using the service, the public and staff

● The registered manager sought the views of people and relatives and acted upon them, for example making additions to the choice of meals that were available and increasing the types of activities for people to participate in.

● Staff told us the registered manager had worked hard to make improvements to the décor of the premises, for example new carpets, wall coverings. People and staff had been involved in choosing new décor.

● Staff meetings were held every three months to involve staff in improvements and to keep them informed of progress.

Working in partnership with others

● The provider and registered manager had implemented recommendations made by other bodies such as the fire safety officers and environmental health officers to improve the service.