

Wellbeing Care Limited

The Dell Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Dell is a care home providing personal care to 35 older people at the time of inspection. The service can support up to 40 people.

People's experience of using this service and what we found

At the last inspection improvements were required to ensure care planning for risks was clear about how this was managed. At this inspection we found care planning and risk assessment was clear, concise and provided enough information for staff to care for people. This had been updated when people's needs had changed.

At the last inspection we found that an inconsistent management and high turnover of registered managers had impacted upon the quality of the service provided. At this inspection we found the quality of the service had improved, despite the most recent registered manager having left. This reassured us that appropriate measures were in place to maintain standards in the absence of a registered manager.

There was a comprehensive quality assurance system in place which was capable of identifying areas for improvement. We saw evidence that areas for improvement identified by the system had been acted upon, such as in care planning, as this had improved by the time of our inspection.

Medicines were stored safely within the home and administered in line with the instructions of the prescriber.

There were sufficient numbers of staff to meet people's needs in a timely manner. Staff were recruited safely.

The service was clean and there were appropriate procedures in place to minimise the risk of the transmission of COVID19.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'requires improvement' (30 July 2021).

Why we inspected

This inspection was planned to assess progress with shortfalls identified at our previous inspection on 7 June 2021.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Dell 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives to ask about their experience of the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Dell is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and 12 relatives. We spoke with five staff members including the regional manager, deputy manager and care staff. We reviewed five care records and two recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our inspection on 30 July 2021, we found the service needed to make improvements to ensure that risk assessments and care planning accurately reflected how people could be supported to remain safe.
- At this inspection we found that these improvements had been made. Care plans and risk assessments now clearly set out how risks were managed, and the care people required to remain safe. Where people's needs had changed, these had been updated promptly. Staff were aware of the risks to people and the measures in place to mitigate these.
- People and their relatives told us the service was safe. One person using the service told us, "Oh yes I feel safe. I can lock my bedroom door if I want but I don't, it is safe." One relative said, "Very safe. There are staff on site to keep [relative] safe."
- Appropriate measures were in place to reduce environmental risks, such as the risk of fire or of the presence of Legionella in the water system, this included regular flushes and testing. A member of maintenance staff carried out regular checks on equipment, fire detection and alert systems and the safety of the premises. Any issues were acted upon.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. One relative said, "[Person] has their freedom still."

Using medicines safely

- Medicines were managed, administered and stored safely. The service operated an electronic medicines administration system which staff had good knowledge of.
- The deputy manager had oversight of this system on a daily basis and identified any discrepancies promptly so these could be acted upon.
- A robust quality assurance system was in place to audit medicines and their administrations. Where

shortfalls had been identified, we saw evidence these had been addressed.

Staffing and recruitment

- There was mixed feedback about whether there were sufficient staff to meet people's needs. This was in part due to historic issues with staffing experienced during the COVID19 pandemic and thereafter. However, most relatives we spoke with said the current staffing level was sufficient and the person using the service who spoke with us agreed. They said, "Very good as well as the office staff." A relative told us, "They seem adequate and there is always somebody at hand and with [person]." Another relative commented, "It seems pretty good, they do have their problems from time to time."
- The service used a dependency tool to calculate the number of staff required to meet people's needs and this was reviewed regularly and the staffing level amended accordingly.
- Our observations concluded that on the day of visit there were sufficient numbers of staff to meet people's needs.
- There were robust recruitment procedures in place to ensure that prospective staff had the right character and background for the role. This involved carrying out criminal records checks (DBS) and obtaining references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Learning lessons when things go wrong

- Despite further inconsistencies in management, the service had been able to make improvements and sustain these with the support and oversight of the regional manager.
- Incidents and accidents were recorded. There was a system in place to oversee these on a monthly basis.
- Actions were taken as a result of the analysis of incidents and accidents. Action taken included referrals to mental health teams and falls specialists.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- At our last inspection on 30 July 2021 we found that a high turnover of registered managers had impacted upon the quality of the service provided.
- The registered manager had left in the weeks prior to this inspection. However, this had not impacted upon the quality of the service and improvements had been made to the management and oversight of quality since our previous inspection. We could see that audits undertaken by the regional manager had identified shortfalls in the registered managers oversight of quality and these were being addressed at the time they left.
- Despite there being no registered manager, the regional manager was overseeing the service and ensuring appropriate standards of quality and safety were maintained. They advised that they were recruiting for a new registered manager and had a number of interested applicants.
- Feedback about the management of the service was mixed because of the high turnover of registered managers. People felt there was a lack of continuity and hoped this would stabilise. One person using the service said, "It is well managed, I see the manager but I think it is one of the directors of the company who is standing in."
- Despite the changes in management, everyone we spoke with told us they knew how to make a complaint and felt this would be acted upon.
- The provider had opened a new day centre on the care home site which people could access for activities and other events. This was supported by younger people with a learning disability who lived in a supported living service at the rear of the care home site. We saw people being taken over to the day centre throughout the day. One person told us about the 'breakfast club' they went to every morning at the day centre and how it was nice a nice opportunity for a change of scenery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had the opportunity to attend regular meetings to give their views and participate in discussions about the future of the service. It was clear from the minutes of these meetings that people's views were sought and acted upon. For example, meetings had been held about the opening of a new day centre in a previously unused building on the site.
- People and their relatives were also given the opportunity to regularly participate in a survey of their

views. We saw that the responses to the last survey were largely positive and some comments around the quality of food had been acted upon.

- Staff were also involved in the ongoing improvement of the service. Staff were regularly asked for their views during team meetings and via surveys. We saw that the results of the last staff survey were mostly positive.

Continuous learning and improving care

- Despite management changes, the provider had brought about the necessary improvements to improve the services rating to good.
- The provider was committed to continuous improvement and had ensured appropriate measures were in place to maintain the quality of the service in the absence of a registered manager.

Working in partnership with others

- The service had positive working relationships with outside organisations such as external healthcare professionals.
- Positive comments were made by external healthcare professionals about the way the service engaged them for advice and support where needed.