

Dalemain House Residential Home Ltd

Dalemain House

Inspection report

19 Westcliffe Road
Southport
Merseyside
PR8 2BL

Tel: 01704568651
Website: www.dalemainhouse.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dalemain House provides accommodation and personal care for up to 24 older people. There were 17 people living at the home during this inspection. The home is located in a residential area, close to the town of Southport, which can be reached by the local transport services. The home is a large converted house and all areas are accessible by a passenger lift and there is ramped access to the front garden. Accommodation includes 11 single rooms and five double rooms which are situated over three floors.

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

Governance systems were not robust enough to highlight some of the concerns we raised with regards to care records. We have received assurances from the provider and the manager that all of our feedback has been actioned. The manager understood their role and they were honest and transparent with us on the days of our inspection regarding some improvements to systems and processes. Some notifications had not been sent to CQC.

People told us they felt safe, and there was enough staff to support people safely. Staff were recruited safely, following robust checks on their character and suitability for the role.

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.

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 good (published 8 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We received concerns in relation to staffing and oversight at the home from a recent review of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have found evidence that the provider needs to make improvements.

Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has been responsive since our inspection and sent us an action plan of how they plan to address some of the issues found at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dalemain House on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dalemain House

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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector.

Service and service type

Dalemain House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dalemain House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We contacted four relatives by telephone and spoke to them. We spoke with four members of staff including housekeeping staff, the deputy manager the owner and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We continued to seek clarification from the provider to validate evidence found. We looked at training data, maintenance records and other information the service sent. We contacted some staff to talk about their experience of working at the home.



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 good. At this inspection the rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and their care plans mostly incorporated how to mitigate the risk of harm occurring. There were some example's which we highlight to the registered manager where risk assessments lacked some detail.
- Some people's risk assessments contained conflicting information, which made them confusing in parts. We have reported on this more in the well-led section of this report.
- There was an incident and analysis log in place which was routinely checked to ensure accidents or near misses were reported. However, some records in relation to accidents and incidents required further scrutiny and evaluation. We highlighted this at the time to the manager, as we could not always be sure lessons had been learnt from the information recorded and this needed to be improved.
- Each person had a personal evacuation plan (PEEP). They had been reviewed to ensure they were up to date, however some information was missing from the PEEPs, such as what equipment people would need to evacuate the building.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes for safeguarding people from the risk of abuse were used effectively.
- Staff completed safeguarding training and had access to guidance on how to report any allegations of abuse. They knew the different types of abuse and told us they would not hesitate to report any concerns.
- People and their relatives told us staff treated them well and that they felt safe with them. Their comments included; "Absolutely fantastic, magical, cannot praise them enough for making us feel so assured and safe," "The home was recommended, the staff make me feel [relative] is safe" and "Nothing is too much trouble, I know they would contact me if there was any problems."

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.

Staffing and recruitment

- There was enough staff on duty to be able to support people safely.
Most people we spoke with said there were enough staff. One person said, "I feel there is enough staff." One relative told us, "Sometimes there could be more staff, but I don't think it's the home's fault."
- Staff were safely recruited following a robust recruitment process, which included references and Disclose and Barring Service Checks. 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.

Using medicines safely

- Medicines were stored and managed safely. Medication was administered by staff who were trained and competent to do so.
 - Staff took time with people and were respectful in how they supported them to take their medicines.
- Medications were stored and disposed of correctly.

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 using PPE effectively and safely.
- 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.
- The provider had safe systems in place to facilitate and support visiting at the home in line with the national guidance.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some gaps in governance and quality assurance measures meant that people's records were not always consistent and some information was missing from risk assessments. For example, in one section of one person's care plan, it stated they were at risk of skin breakdown and therefore high risk. Their skin care risk assessment did not highlight this risk. Also, another person was supposed to be given a high fibre diet. However, this was not recorded in their care notes, and their risk assessment was not updated to reflect this change.
- We checked other sources of information to ensure this person was getting the correct diet and found they were. However, this had not been recorded by staff.
- Oversight around incidents and accidents required improving. Our assessment of incident forms highlighted that one incident had not been reported to CQC when it should have been.
- The deputy manager and nominated individual were honest about some of these issues, and took immediate action to improve these areas by sending us a detailed action plan at the end of our inspection.

There was no evidence people had been harmed, however the provider had failed to ensure there were effective governance, records, and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to receive safe care from staff who knew them well.
- When we spoke to staff regarding the culture of the home, we received positive responses. One staff member said, "It is a nice home, needs some decorating, but the staff are lovely." Another staff member said, "The deputy manager is very supportive. It is a nice place to work."
- Staff meetings and resident meetings took place.

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

- Feedback from staff and relatives evidenced they felt engaged and well supported by the manager and provider. Some relatives had not spent lots of time in the home due to the impact of the COVID-19 pandemic.
- One relative told us "The staff always make us feel so welcome and relaxed." Someone else said, "We like

the fact they were recommended to us, and we would have no problem recommending them."

- People and visitors told us they were not routinely asked for feedback, however feedback surveys had been sent out before the pandemic, and there was a plan in place to send these out again.

Continuous learning and improving care; 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

- The deputy manager, nominated individual and owner of the home understood their role with regards to being open and transparent regarding issues at the service and had clear plans in place to address any concerns.
- We felt assured following our feedback the deputy manager would continue to make positive changes within the home. There has now also been a new manager appointed who will register with CQC.

Working in partnership with others

- The home worked in partnership with other external agencies and professionals.
- People received care and support from external professionals such as speech and language therapists, dieticians, district nurses and local GP's.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust enough to highlight some of the concerns we found during our inspection.</p> <p>Records in relation to people's care and support were not always completed accurately.</p> |