Elder Homes Wellingborough Limited

Dale House Care Centre

Inspection report

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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

Overall summary

The inspection of Dale House Care Centre took place on 22 December 2014. It was an unannounced inspection as a result of information the Care Quality Commission (CQC) had received.

Dale House Care Centre is registered to provide accommodation and support for up to 66 people who require nursing or personal care. At the time of the inspection there were 24 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.

Summary of findings

People who used the service felt safe. We found that the staff knew about the systems in place to protect people from the risk of harm and they knew how to recognise and respond to abuse correctly.

There were sufficient staff on duty to ensure the needs of people were met.

Effective recruitment processes were in place and followed by the service, and staff received on-going training to ensure they carried out their role effectively.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Some people who used the service did not have the ability to make decisions about aspects of their care and support. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Where people lacked the capacity to make decisions about something, best interest meetings were held and documented in people's care records.

We found that people had enough to eat and drink. Throughout our inspection we observed staff offering people drinks and snacks. Those people who were at risk of poor nourishment were regularly weighed and provided with food supplements and drinks. This meant that people's nutritional needs were closely monitored.

Staff were patient and friendly and knew people very well. Throughout the inspection we observed good interactions between people and staff.

The provider supported and encouraged learning and the staff team had the collective skills and knowledge to care for the diverse and complex needs of the people living at Dale House.

People's care and support needs were up to date and reviewed on a regular basis with the person or their relative's involvement to ensure staff were able to give appropriate assistance which was person centred.

People were aware of how to make a complaint if required and the manager had formal processes in place to respond.

The registered manager and the provider had systems in place to regularly check the quality the service provided and to ensure improvements to the service were well planned.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

Staff at the home knew how to recognise and report abuse and potential abuse.

There were sufficient staff on duty to meet the needs of the people living at the home.

The medication processes at Dale House were safe and people received their prescribed medication at the correct time.

Good

Is the service effective?
This service was effective.

Staff received training to ensure they carried out their role effectively and had good relationships with other professionals from whom they could request advice and support to help maintain people's well-being.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were provided with a choice of regular food and refreshments and were given support to eat and drink.

Good

Is the service caring?
This service was caring.

We observed that people's wishes were acted upon.

The staff team treated people with respect and dignity. They also took time to speak with people and understand their needs

Systems were in place to ensure staff had all the information they needed to meet people's assessed needs.

Good

Is the service responsive?
This service was responsive.

Where possible people were asked about their care and how they wished it to be provided. This ensured people received personalised care and support.

The staff responded promptly to any requests for assistance made by people who used the service.

People were aware of how to make complaints and voice concerns about the service.

Good

Is the service well-led?
This service was well-led.

The provider had systems in place to identify practices that could put people at risk or lead to unsafe care.

Good

Summary of findings

All staff felt confident to raise any concerns to the manager who we found to be open and transparent.

We saw that complaints or incidents were used by the manager to facilitate learning.

Dale House Care Centre

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 22 December 2014. It was an unannounced and conducted by two inspectors.

Prior to this inspection the Care Quality Commission (CQC) received information of concern relating to the provision of care at the service. We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We reviewed this information to help focus our planning and determine what areas we needed to look at during our inspection. We made contact with the local authority.

During our inspection we spoke with eight of the 24 people who lived in the home, four visitors and nine members of staff, including the registered manager, six care staff and the cook, a laundry assistant and a cleaner. We observed care and support in the communal areas of the home. We looked at the care records for six people and also looked at the records we asked the registered manager to provide that related to how the home was managed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Dale House. One visitor to the home said, "I know [name of relative] is in safe hands here. The staff all do their best."

One staff member said, "We have training about recognising the signs of abuse. I would report anything to my senior." Another member of staff said, "I know about whistle-blowing and I would report anything I saw staff do wrong." All the staff we spoke with understood the signs of abuse to look out for, including marks, bruises and a change in people's personality, and were confident in how to escalate any concerns they had in respect of the safety of the people who used the service. The information we held about the service confirmed the staff reported any concerns of possible abuse correctly. The registered manager responded appropriately to information of concern and reported to the authorities when required. We found that the correct procedure had been completed in line with the providers policies and procedures. This demonstrated that the service had an effective safeguarding and whistleblowing process to support people safely.

During our inspection we observed staff using equipment to support and move people safely in accordance with their risk assessments. The staff were aware of their responsibility to keep people safe and risk assessments current and to report any changes and act upon them. Risk assessments had been completed and regularly updated for risks, including falls, manual handling and nutrition.

People told us that there were always enough staff, and we observed this to be the case. The registered manager explained that he used an aggregation tool to determine the number of different levels of staff required each shift depending on people's dependency levels. Staff told us that there were enough staff on duty, they covered for each other's absences and did not use agency staff. On the day of our inspection there was one nurse, three care staff. This was in addition to the registered manager, clinical lead and ancillary staff. Staff told us this was 'perfect.' One care staff told us, "If we are ever short [registered manager] will always work with us." This ensured people were cared for by staff with the right skills and who knew them well.

The manager and provider told us they were in the process of a disciplinary with a member of staff; this was following their own policy and procedures.

We spoke with a new member of staff who said, "I had to wait a good couple of weeks after I had the job offer for the manager to get all my checks and references back." The registered manager explained their recruitment process which included obtaining a minimum of two references, proof of identity and Disclosure and Barring Service (DBS) checks before anyone could be employed. Staff recruitment records we saw confirmed these checks had been undertaken. This meant that people were cared for by staff who were suitable for the position.

People told us they were happy with the way their medicines were managed. One person said, "I always get my medication on time." We observed staff administering medication to people. The staff member was wearing a red tabard stating 'do not disturb' to make people aware they were carrying out an important task. One person was prescribed pain relief on an 'as required' basis, we observed them being asked in a discreet way if they required any, which they did. This was administered and recorded correctly. We observed one person refusing their liquid medication, the staff member tried again but they still refused. The person was left for a few moments and when staff explained to them in their native language they then agreed to take it. This showed that staff had a good understanding of the person. Medication was administered correctly and as prescribed following policy and procedure.

Staff told us that only senior staff who had received training administered medication. We checked the medication for five people and found that medication and recording of the Medication Administration Records (MAR) tallied. We looked at the arrangements in place for safe storage. Medication trollies were kept locked and in a locked room, keys were only held by senior staff. This ensured the safety and security of medication.

Good

Is the service effective?

Our findings

We spoke with staff about their training. One member of the care staff said, “There are plenty of opportunities to learn. I have been supported to do National Vocational Qualification (NVQ) training.” They told us they felt well trained and supported to effectively carry out their role. We were told that there were a variety of different training methods available, for example e-learning or in house training and that the home encouraged the staff to learn and improve. The registered manager told us it was expected that at least 90% of staff would complete each training to ensure that at any time the staff on duty had the collective skills and qualifications to meet the needs of the people who used the service. The training records we looked at confirmed staff training was kept current and varied and reflected the needs of the people who used the service.

A new member of the care staff told us that they had undergone a four day induction period. They said, “It was a thorough training programme and I would not be expected to do anything I did not feel confident about doing.” We observed a senior member of staff working with this person to support them, particularly with moving and handling. The senior staff member said, “I don’t usually work on this floor but I train moving and handling and like to help new staff with the people they are used to caring for.” This meant that staff were trained to assist specific people using the correct equipment.

Staff told us they received supervision from the manager and had the opportunity to discuss learning needs at these sessions. One member of staff told us she had been able to discuss some personal issues which were impacting on her ability to manage her hours with the registered manager and he had been able to adjust the rotas to help her.

Staff told us that they considered the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) for people to ensure their human rights were protected should their liberty be restricted in any way. The manager told us that no one was being deprived of their liberty, but was able to explain the procedure if required. There was evidence of capacity assessments and consent to care documentation in peoples care records.

The people we spoke with told us they enjoyed the food. One person said, “I always look forward to mealtimes.” Another said, “There is always plenty to eat.”

We observed lunchtime and saw that where people were either unable to eat in the dining room or chose not to, they were offered timely meals and refreshments in their bedrooms. We observed that the meals served were well presented and appeared appetising. One person had a vegetarian diet and this was catered for. People were offered choices and when one person did not want either, they were offered alternatives. Where people required assistance at meal times we saw staff sensitively and respectfully assisting people in an unhurried and calm manner.

People had access to support regarding their nutrition. Staff demonstrated through our discussions that they had a good understanding of the nutritional needs of the people they cared for. Those people who were at risk of poor nourishment were regularly weighed and provided with high protein food and drinks. One person’s records showed they had been referred to and seen by a nutritionist. This meant that people’s nutritional needs were closely monitored.

People told us the staff would call a GP for them if they needed it. We observed a health care professional visit the home to provide district nursing services. Within care records we found evidence that a variety of support had been sought including, dietician, nutritionist and continence advisor.

Good

Is the service caring?

Our findings

People told us the care provided to them was good. One person said, "I am looked after very well. The staff know what I need and do everything possible for me." Staff we spoke with told us about the care they provided, one said, "We look after people as though they were our own family." This was confirmed by one member of the care staff who introduced us to her grandmother who was living at the home.

All of the people we spoke with had positive things to say about the staff. One person said, "They are all so kind I could not fault them." Another person said, "They have time for me which is important." We confirmed this by seeing a care worker tell a person with limited vision what was on their dinner plate and asking if they were ready to start eating before offering them the food. Staff spent time with people and did not appear rushed. We observed staff responding to call bells immediately and assisting people with their required needs, which meant people did not have to wait for assistance and were attended promptly.

It was obvious from our observations that staff knew people very well. Interactions between the staff and people living in the home on the day of our visit were relaxed and we saw staff showing kindness and compassion. One member of staff had learnt some phrases in another language to help with communication with one person to make sure that they could be understood and to assist with them when they were distressed. This meant that the particular person could be calmed and reassured in a language they understood.

One person living with dementia appeared a little unsettled by our presence, we observed a member of staff explaining who we were and walked around the unit with them holding hands and comforting them. Another staff member explained that they liked to do this and it would settle them.

We saw that each person living at Dale House had their own bedroom and could personalise it how they wanted, for example, with family photographs, ornaments and their own furniture. Some people chose to spend time in their room rather than in communal areas. Staff respected this but regularly checked that they were ok and were able to call for assistance if required.

Outside each bedroom we saw a photo of the occupant and some basic information about them their family and their family history to enable anyone to start a conversation with them. This was also pictorial to assist people with their understanding. This helped staff or visitors make the person feel at ease when starting conversations.

We observed that visitors were welcomed and made to feel at home. There were quiet private areas where people and their visitors could go, other than the persons own room, to enable them to have conversations without being overheard.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff told us they discussed dignity frequently and were encouraged to consider how they would like care provided to them or a family member. When staff entered the lounge area, they would always enquire after people and make sure they had everything they needed. Before entering a person's bedroom, they would knock and wait to be given consent to enter. We observed that any personal care was provided in the privacy of a person bedroom and not in communal areas.

Good

Is the service responsive?

Our findings

We spoke with one person who had only recently been admitted to Dale House. They told us that someone had been to see them before they came in and when they got to Dale House they helped staff fill in forms about what they could do, what they needed help with and what they liked to do. This person's care record showed that pre admission assessments and admission assessments had been completed with their input. One relative we spoke with told us they were involved in the annual reviews for their mother. This showed that people themselves and their relatives were involved in the completion and reviewing of their care and support plans.

Staff and the manager told us that people or their relatives were involved in writing and reviewing their care and support plans. The care plans that we looked at accurately reflected people's care needs and we saw that as their needs had changed the plans had been altered. One person had specific health needs and this was fully documented on how staff would identify any deterioration and what to do in the event of a fit. This documentation had been completed with the person themselves.

Staff told us they completed daily progress notes for each person, this included how the person had been, what activities they had been involved in and when required, food and fluid intake. This enabled staff to have up to date accurate information to use to handover to the next shift. We observed staff completing these throughout the inspection.

Throughout the building pictorial signs were used, for example on doors such as the toilets and dining rooms. At the staff desk there was a group of picture signs and statements such as; 'I would like to go to the dining room' and an appropriate picture to accompany the phrase. These could be used for people with limited communication to assist with understanding. This showed staff used a variety of communication methods to assist people.

We saw staff involving people in discussions about their care. For example, if they were interested in a joining a planned activity. On the day of our inspection people had the opportunity to play bingo; another was receiving a hand massage. Staff explained this kept them calm if they were getting upset. People were encouraged to make decisions about their everyday activities, with staff support when required, for example, where they wanted to eat and what they wanted to do.

People and their relatives told us they knew how to make a complaint and were confident they would be listened to. A relative said, "If I had any concerns I would speak to someone about them." The registered manager told us he was always available for people to discuss issues and used complaints to learn from if required. We saw a record was kept about any complaints raised and there was documented evidence to support the investigation process which had been followed in line with the providers policy.

We saw feedback from a recent family meeting, comments included, 'Very informative meeting,' 'very pleased to see the home is progressing,' and 'glad to hear of the changes planned.' This showed that relatives of people who used the service were involved. A staff member told us, "We have monthly clinical meetings and some element of training is included. These are very useful." The manager explained they had weekly meetings with the heads of departments and a monthly staff meeting. Records of all meeting were seen.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. He had been in post since August 2013 and had supported the recent take-over of the service by the current providers. People told us they knew and liked the registered manager. One person said, "Although he is in charge he sometimes works during the night." This was a reference to the out of hours visit the registered manager made and his willingness to cover for an unexpected staff absence. The registered manager told us he worked closely with the deputy manager who took responsibility for some of the clinical decisions. Following the inspection we spoke with the deputy manager who told us, "I work well with [managers name], we complement each other."

All of the nine staff we spoke with about the management of the home told us the manager was supportive. One member of staff said, "There is nobody more supportive than [managers name], I could ask him anything." Another person said, "He is very supportive, he will work with us or we can sit down together and discuss things." We observed as the registered manager walked around the home that he knew and had time to speak with staff and people using the service.

We looked at the processes in place for responding to incidents, accidents and complaints. There had been no formal complaints over the last year. However the manager spoke positively about learning from incidents and described how any complaints would be used to learn from. We confirmed that the provider had ensured that any incidents were correctly reported as required under the Health and Social Care Act 2008 to CQC, and to the local authority.

One staff member said, "I would not hesitate to raise a concern with the manager." They went on to discuss some personal problems they had and how the registered manager had supported them. They also told us that when they had concerns with a work colleague the manager had facilitated a meeting of all the parties involved and sorted the issue.

There were a variety of systems in place to assess the quality of the home, including audits and out of hour checks carried out by the registered manager. We looked at audits for the environment, the care planning processes, the administration of medication and health and safety. These had been completed regularly and the audit tool clearly identified what was needed to improve the quality of the service provided and who would be responsible for any actions. We saw that checks were undertaken to ensure actions had been completed. Heads of departments also carried out regular audits which were checked by the manager.

The registered manager facilitated a range of staff meetings including full staff meetings and heads of department meetings. We saw that the staff meetings were recorded and that staff who were unable to attend had the opportunity to read the minutes.

Relatives we spoke with told us that they would speak to the manager if they had any concerns. One person told us that there had been improvements since the new providers had taken over, if they mentioned anything it was immediately dealt with. This ensured that improvements were made in a timely manner to ensure a quality service was being delivered.