Aspenglade Limited

Dalling House

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

Summary of findings

Overall summary

About the service: Dalling House is a residential care home that was providing personal care to 19 people aged 65 and over at the time of the inspection. People living at the home had a range of care needs, including people living with dementia.

People's experience of using this service:
• Risks to people and the environment were effectively managed though robust assessments and people were appropriately protected from the risk of abuse and avoidable harm.

• People and relatives told us they were happy with the care and support provided.

• People were supported to receive personalised care to meet their needs and care records were person-centred to reflect people's likes, dislikes and preferences.

• People and relatives were involved in the planning and delivery of their care, and the registered manager sought regular feedback from people.

• People were supported to receive their medicines safely and in a timely manner by staff who were appropriately trained for their roles.

• We received positive feedback from people that they enjoyed the quality and choice of meals provided.

• The environment was suitable to meet people's needs living at Dalling House, and the provider had a redevelopment schedule to improve some areas of the homes décor and furnishings.

• People's rights and freedoms were upheld and staff treated people with dignity and respect.

• People were encouraged to make their own choices and decisions as appropriate, and where people required additional support with this staff followed best practice guidance and legislation to support them.

• People had access to a range of activities to meet their interests, which were flexible to meet their individual needs.

• The service met the characteristics of Good across all areas. More information can be found to evidence this in the full report.

Rating at last inspection: This service was previously rated as Good at the last comprehensive inspection. That report was published on 3 October 2016.

Why we inspected: This was a planned inspection based on the previous inspection rating.

Follow up: There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

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

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 effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Dalling 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector and an expert by experience with an area of expertise in dementia care. 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: Dalling House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 19 people, including people living with dementia in one adapted building. The home was laid out across three floors with lift access, and 17 of the 19 bedrooms offered en-suite facilities.

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. The registered manager had not changed since the last inspection.

Notice of inspection: This planned comprehensive inspection took place on 19 March 2019 and was unannounced.

What we did: Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

- 11 people using the service
- Two relatives
- The registered manager
- Three members of care staff
- The cook
- One visiting healthcare professional
- Observations of residents and staff interactions including meal times
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Environmental risk assessments and building maintenance certificates
- Medicine Administration Records (MARS)
- Health and Safety Records, including fire safety practices
- Three staff records including recruitment practices
- Five people's care records

After the inspection we gathered information from:

- The activities co-ordinator
- Feedback received by the provider from visitors and professionals who had visited the service
- Resident and staff meeting minutes

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:
• People we spoke with consistently told us they felt safe at Dalling House. One person told us, "I definitely feel safe here" and a relative we spoke with said, "I visit regularly and I always feel [relative] is safe and looked after."
• There were appropriate systems in place to protect people from abuse. We reviewed records completed by staff and the registered manager where concerns had been identified and saw appropriate steps were taken to keep people safe. This included contact with other organisations such as local authority safeguarding teams where this was appropriate.
• Staff we spoke with were confident in being able to identify, prevent and respond to people's needs to keep them safe. Staff also knew how to raise concerns with the registered manager and external agencies. One staff commented, "I know I could speak with our regional manager and we can whistle blow to CQC if things weren't right."

Assessing risk, safety monitoring and management:
• People's care plans had detailed risk assessments in relation to their care needs. Where people's needs had changed risk assessments were updated and supported staff to know what steps to take to identify and reduce risks to people when providing care.
• Where appropriate, people were involved in decisions around risk taking, for example where a person could go out independently care planning and risk assessments supported this.
• Environmental risks were assessed, monitored and reviewed regularly. These risk assessments included fire safety, COSHH, and water temperature monitoring and checks.
• In the event of a fire people had a personal emergency evacuation plan (PEEP) in place which was easily accessible.
• Where people were prescribed paraffin based creams, risk assessments were in place to identify and reduce risks around safe storage of these creams as these products are known to be flammable when exposed to a source of ignition.
• Where people required additional support to mobilise through use of aids and equipment such as hoists, we saw individual and detailed assessments were in place to support safe moving and handling practices.

Staffing and recruitment:
• People had access to appropriate levels of staff support to meet their needs. People's comments included, "There are enough staff and they come quickly enough" and "There are two staff at night so sometimes you may have to wait for staff if they are busy with someone on another floor. But usually they are very quick."
• The registered manager oversaw the provider's recruitment processes. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care

and support services. However, staff records we reviewed did not always contain a full employment history on their applications. Following feedback, the registered manager told us the provider's application form would be amended to address this and took immediate action.

Using medicines safely:
• People received their medicines in a timely manner. Delegated staff who were appropriately trained supported people to take their medicines as prescribed.
• People were supported to receive their medicines safely and there were clear systems in place to store, administer and dispose of medicines appropriately.
• Where people's medicines were prescribed on an 'as required' basis such as pain relief, protocols were in place to ensure people were offered and supported to take these when needed.

Preventing and controlling infection:
• The environment was clean and tidy and a person commented, "Everywhere is kept so clean".
• Some areas of the home were due for refurbishment, for example we observed some en-suite bathroom flooring had gaps around the basin and toilet base. The registered manager told us the home had a planned redevelopment programme being rolled out, which included flooring being updated to lino. We saw areas of the home where this had been complete.
• There was clear delegation of cleaning tasks between the house keeper and care staff, which was overseen by regular audits completed by the registered manager.
• Staff had access to personal protective equipment such as disposable gloves and aprons, and we observed staff used these consistently when providing care to people.
• Staff completed training in infection control and the registered manager used information sheets to support staff to keep updated with best practice guidance.

Learning lessons when things go wrong:
• The registered manager ensured all accident, incident and safeguarding records were monitored and reviewed. The registered manager maintained oversight of any actions required and evaluated information to identify any themes or triggers and took steps to prevent reoccurrences.
• Where patterns were identified, staff contacted external healthcare professionals. For example, where people required additional support to manage skin integrity and pressure care, contact was made with the local district nursing team. A visiting health care professional told us, "We work closely with the home and staff seek advice and support at the right times."

Good

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Comprehensive assessments of people's care and support needs were completed before people moved into the home, which included people receiving respite or short stays.
• People and their relatives were involved in their needs assessments. A relative told us "We were [relative's] carers for many years and they involved us in her care planning."
• Staff were encouraged to keep updated with best practice guidance. We saw people's care plans contained individualised fact sheets and information for specific conditions and diagnosis such as atrial fibrillation and diabetes. The registered manager told us, "Where residents have a known diagnosis, I search for best practice guidance so we can make sure we are aware and supporting them in the best way possible."
• We saw technology used to support people to meet their care needs. For example, there was a call bell system in place and where appropriate some people had pressure activating mats to allow them to have privacy in their rooms whilst maintaining their safety. People's comments included, "They come quickly to the call bell" and, "I have used the call bell, they come quickly enough."
• The registered manager discussed how the home had introduced daily electronic record keeping, for example people's food and fluid intake and general activities. They told us this had supported staff to keep accurate and timely records and allowed staff to spend more time with people.

Staff support: induction, training, skills and experience:
• Staff told us they felt supported by the registered manager and records reflected that staff received regular supervision and appraisals. The registered manager told us, "I always have an open-door policy so staff can come to me any time". A newer staff member told us, "There's always someone here to ask questions if I'm unsure of anything or hazards."
• When new staff were recruited, we saw records that confirmed they were supported through a planned induction programme. This included shadowing opportunities with more experienced staff and access to a range of training. A new staff member told us, "I have been really supported, I can ask questions and have completed my workbooks for training. Before my first shift I did shadowing and was shown how to use all the equipment I need."
• People were supported by staff who were appropriately trained for their role. Staff completed a range of workbooks and face to face learning opportunities, including manual handling, safeguarding and fire safety; records of staff training confirmed this.
• The registered manager told us each working shift had an identified lead senior staff member to ensure people and junior staff had access to experienced staff support and guidance. We reviewed rota's which confirmed this training had taken place.

Supporting people to eat and drink enough to maintain a balanced diet:

• People we spoke with consistently told us they enjoyed the food on offer. We received comments such as, "I just fancied something different for breakfast and had mushrooms on toast. They want to give people what they want to eat" and, "The meals are always nice."
• We observed meal times to be a relaxed and friendly experience for people living at Dalling House. People had the option to eat in the dining area's and conservatory or could choose to eat in their own rooms. People eating alone in their rooms appeared well positioned, comfortable and enjoyed their meals.
• People's care records reflected personal information such as preferences, allergies and support they required.
• Where people required additional monitoring of their food and fluid intake we saw daily records were completed. This supported staff to identify any concerns or changes to people's intake quickly so they could respond. For example, the cook also undertook an administration role at the home and reviewed monthly weight records to ensure people's diets could be modified if they required a higher or lower calorie intake to maintain their physical wellbeing.

Staff working with other agencies to provide consistent, effective, timely care:
● The registered manager told us staff worked well with external professionals to ensure people had access to the appropriate health care services.
• An external healthcare professional spoke highly of their relationship with the home and told us, "We visit the home daily and work well as a team, we are happy to support staff and they always follow up advice".
• People were supported to maintain their physical wellbeing through a range of visiting professionals such as district nursing teams, GP visits and opticians. A person commented, "I have arrangements for going to chiropody appointments".
• People's care records detailed contact with health and social care professionals and contained information shared at visits to ensure staff were up to date with people's care and treatment needs.

Adapting service, design, decoration to meet people's needs:
• Bedrooms were observed to be personalised with people's furniture and photographs displayed and one person commented, "I have a lovely view from here and my room is spacious."
• Some areas of the home were due redecoration and the provider had a planned development programme to support this. Where changes were made or planned the registered manager told us residents were encouraged to contribute their ideas and preferences for colour schemes and furnishings and resident meeting minutes we reviewed confirmed this.
• People at the home had access to a lift and stair lift to support them to move between floors where appropriate.

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 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.
• We consistently observed staff seeking consent from people in daily interactions, for example knocking on doors and seeking permission to enter and before carrying out personal care tasks.
• The registered manager had a good understanding of best practice guidance and legislation.

Where people were identified to lacked capacity to make certain decisions they consistently followed the principles of the MCA to protect people's rights and freedoms. For example, care records had clear decision specific assessments of capacity in place for decisions such as medicine management, covert medicines administration and consent to share information where appropriate. Where people required action to be

undertaken in their best interest records reflected where families, professionals or people of importance had been involved in these decisions.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people had been assessed as lacking capacity to consent to their care and accommodation, we saw appropriate DoLS applications had been made.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported:
• We observed people were treated with kindness and consideration by staff. People seemed comfortable in their interactions with staff and each other and we received consistently positive feedback from residents such as, "All the staff are my favourites" and "I came in for a short time to see if I liked it, and I did. All the staff care for you. The staff catch on to people's moods and they know how to speak with us. The attitude of the carers is what makes all the difference."
• Staff had a good understanding of the people they supported. People we spoke with felt staff knew them and their care needs well, one person told us, "I have [medical condition] and the staff seem to understand what that means for me" and another person said, "The staff go out of their way to understand and look after people."
• Staff were committed to providing person centred care to people and demonstrated a good understanding of people's preferences, interests and dislikes. A staff member told us, "You get to know people as individuals and there is time to spend with them. Staff spend a lot of time in the afternoons in the lounge, to chat and just be with people."
• People's care records were holistic and included "My life story" which shared information about their childhood, previous employment and things that were important to them.

Supporting people to express their views and be involved in making decisions about their care:
• We observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked where people would like to sit.
• We reviewed records of residents' meetings which were held regularly. The registered manager told us these meetings provided an opportunity for people to be involved in planning future events, be consulted on any changes happening and discuss any concerns people may have.
• People were supported to be involved in the planning and delivery of their care as appropriate to meet their needs and a relative told us, "They asked my observations before offering [relative] a different room, which has enabled them to give her even more individualised care."
• The registered manager had a good understanding of equality, diversity and people's rights. The registered manager discussed how they supported people to continue to embrace their religious and cultural beliefs and welcomed and arranged for regular multi-faith visitors to support this.

Respecting and promoting people's privacy, dignity and independence:
• Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms. A person told us, "You've always got the privacy of your own room and they respect that."
• Care records ensured staff approaches continued to support people to have choice over their daily

routines. For example, one person's care record prompted staff to "encourage [person's name] to make full use of the house to create a greater sense of independence and wellbeing."
• A relative told us, "My relative needs prompting with things like choice of clothes and personal care and all the indications are that care is very good."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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's care records were reviewed regularly and staff were responsive to people's changing needs. For example, where people's weight recordings identified a higher risk of skin integrity breakdown, staff implemented a nationally recognised assessment tool to monitor this and take steps to reduce and prevent further deterioration.
• People were encouraged to remain independent and staff were proactive in providing personalised approaches to people's level of care to support this. A person told us, "Living here has helped me stay independent. I like the certainty of the day, and making choices within that."
• Where people could access the local community independently this was encouraged by staff and people's strengths and abilities were clearly recorded through personalised care planning records. A person we spoke with said, "The environment is very nice, I have visitors in and I go out when I choose."
• We observed where people had an interest in computing and use of the internet this was catered for and residents had access to the home's wi-fi internet connection.
• People living at Dalling House were encouraged to engage in a range of activities. The activities co-ordinator told us, "Residents can join in any of the activities, but it's always flexible, if they don't want to do the activity planned for that day I will ask them what else they would like to do."
• Residents were invited to participate in regular meetings to share their views on the care provided and activities they would like arranged. This included a Pimm's and pamper evening which the registered manager said was so successful and enjoyed by residents and staff that another evening was planned.
• Traditional holidays were celebrated such as Christmas and Easter and people and their families were invited to join in with parties. The registered manager confirmed that people's individual cultural and religious needs were considered and other celebrations would be arranged to meet any identified needs.
• The home worked in partnership with a local mobile library and books were replenished every three months. A person told us, "I enjoy the books and choosing new ones when they come."

Improving care quality in response to complaints or concerns:
• There was a complaints procedure in place and people told us they felt comfortable in raising concerns. Comments from people included, "If I was worried about anything I'd go and see [the registered manager]. We see each other a lot anyway. She listens to what people have to say." and, "You can have a good joke but when things have to be taken seriously, they are". A relative also told us, "I'm confident any complaint would be addressed, but we really haven't had any complaint so far and don't expect to have."
• The provider sought regular feedback from visitors and visiting professionals. People were invited to fill out a comment slip and their views were posted on the home's website.
• We reviewed the home's compliments and complaints recordings for the last twelve months and no complaints had been received, however the registered manager said, "If people have concerns I can't always solve it there and then, but I can put things into place."

End of life care and support:

• People's care records for end of life care were personalised and detailed individual needs, preferences and family wishes. Plans we reviewed included things that were important to people such as possessions, music and cultural needs.

• The registered manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life. An external healthcare professional told us, "People are well cared for and when people's needs have become more complex we have spoken with [the registered manager] and are happy to support people to stay here if it's possible."

• Staff had been supported to meet people's end of life care needs through access to training and support from the registered manager and external professionals.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• The home was well run and the registered manager had an extensive knowledge of the people using the service and their care and support needs.
• We saw the registered manager and people had built positive relationships and there was a high level of regular, comfortable interactions. People told us, "[Registered managers name] is the manager, we see her around a lot. She asks people if they are happy" and, "She's an angel."
• The registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent. We reviewed records of accidents and incidents for the service which documented where the registered manager had met their duty of candour requirements. The registered manager told us, "Were small so we all know each other, I get on the floor so we as a team talk to each other."
• Staff consistently told us they felt supported by the registered manager and were encouraged to develop their knowledge, skills and interests to provide high quality care. One staff member commented, "[The registered manager] is very good, you can always approach her and she's only a phone call away when she's not here" and, "She's brilliant you can always talk to her if you're not sure on something."
• The registered manager discussed her commitment to providing high quality care and the importance of the staff and residents feeling valued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• There was a clear management structure in place which included the registered manager, senior and junior staff members. Staff were aware of people's differing roles and delegation of tasks, for example additional responsibilities of shift leaders to complete medicine administration.
• The provider had effective and comprehensive quality assurance processes in place. The registered manager regularly completed a range of audits and daily observations and used electronic record management systems to support this.
• Management and staff communicated effectively to ensure people's needs were met and changes or concerns were shared. This included regular handover meetings to share information about residents' daily presentation or concerns which ensured consistency in the care provided.

Continuous learning and improving care:
• The registered manager told us they could access support from the provider's quality and compliance

director who completed regular service reviews and audits on their performance to drive improvement.
• To support consistency in care planning and recording the registered manager told us care planning was in the process of moving to an electronic record keeping system. This included the use of small personalised assessments and guidance to focus on areas of people's strengths or support needs to keep information concise and relevant to the individual.
• The registered manager encouraged feedback from people, relatives and professionals through annual surveys. At the time of inspection 16 surveys had recently been sent out and were pending return.
Working in partnership with others:
• A visiting healthcare professional told us, "We come anytime day or night and it's always running smooth, [registered managers name] works really hard and it's a good service."
• The registered manager encouraged partnership working and community networking. For example, people had the opportunity to engage with the local church or other religious networks.
• The registered manager expressed her passion for keeping up to date with best practice guidance and sharing knowledge with her staff team. This was supported through electronic subscriptions to a range or organisational and agency updates including health and safety, clinical commission group updates and training.
• Working collaboratively with people and their relatives was highly valued by the registered manager. Where people had previously attended for respite the registered manager told us, "We always invite people who have stayed for respite to come and join in events throughout the year as they make friendships and it's important to help people stay connected."