TAM Carehomes Ltd

Dalvey 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:
Dalvey House is a small residential care home, providing accommodation for up to 19 people, some of whom are living with dementia and who may require support with their personal care. There were 16 people living at the home during our inspection. It has a communal lounge, dining room and garden.

People's experience of using this service:
People told us they felt safe living at Dalvey House. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People were supported to maintain contact with those important to them including friends, family and their community. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals.

The management of the service were respected. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work and flexibility.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service could continually improve. Audits helped identify areas for improvement and this learning was shared with staff.

Rating at last inspection:
At the last comprehensive inspection, the service was rated as requires improvement overall (26 June 2018). We found shortfalls in staffing, recruitment and care planning. At this inspection we found that the shortfalls had been addressed and the rating had improved.

Why we inspected:
This inspection was scheduled and based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Dalvey 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:
The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had knowledge of dementia care and older people.

The service type:
Dalvey House 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 the inspection. The home accommodates up to 19 people and is split across two floors. Access to all floors was by lift and stairlift.

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:
This inspection was unannounced and took place on 9 and 10 May 2019.

What we did:
Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 14 people who used the service, to ask about their experience of the care provided and seven visiting relatives. We spoke with the registered manager, senior health care assistant, three health care assistants and the chef. We also met and received feedback from health care professionals who work with the service.

We reviewed a range of records which included: six people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, consent to care and quality audits. We looked at three staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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.

Staffing and recruitment

• The home had enough staff. This had improved since our last inspection. Staff told us they felt busy, but they had enough time with people. The home used agency staff to support shortages. The registered manager told us that they had mainly regular staff from the agency and they knew the home well. The registered manager and deputy manager worked within the home to support staff if needed. The registered manager used a dependency tool to determine how many staff were needed together with observing each day. A person told us, "If I ring my bell someone does come up quickly which is reassuring".

• Recruitment processes had improved, and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Systems and processes to safeguard people from the risk of abuse

• People told us they felt safe living at Dalvey House. One person said, "I feel safe here, I know there is someone around if I need help". A relative told us, "I know my loved one is safe here". A residents' and relatives' survey conducted in November 2018 found that 100% of people felt safe and protected when their care was provided. A health professional told us, "I feel that people are safe here".

• Staff has received safeguarding training and demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member told us, "If I was concerned I would report it to my manager and if needed I would speak to safeguarding".

• The home had effective arrangements in place for reviewing and referring safeguarding concerns. There was guidance with relevant telephone numbers and contacts for the local safeguarding teams displayed in the office and communal areas. Staff felt confident their concerns would be acted upon. A professional told us, "I do not have any safeguarding concerns about anyone living in the home".

Using medicines safely

• People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed by the registered manager. Staff who gave medicines to people had recently completed comprehensive medication training with an external training provider.

• Medicine Administration Records (MAR) had a photograph and information about when a person took their medicines. Prescribed creams had details of where to apply and how often. Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.

• Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

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

• Risk assessments were in place for each person for all aspects of their care and support. There were general risk assessments for the home. Risk assessments were reviewed regularly and if things needed to change.

• Assessments included clear instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed, what the risks were and the outcomes. The assessment then gave instructions to the staff of safe ways to work to keep the risks low or eliminate them. The registered manager told us the assessments supported people to take risks safely.

• Accidents and incidents were recorded and analysed by the registered manager. This meant that they could identify trends in events. An example of actions taken was where a person had a couple of falls in a short space of time. Changes were made to their furniture to try and minimise the risk to them.

• Learning was shared through staff meetings and daily handovers. Staff told us they felt they were kept up to date and communicated well together.

Preventing and controlling infection

• Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. Relatives told us they thought the home was clean and tidy.

• There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.

• The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

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.

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 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.

• Consent to care was sought by the home for different aspects of their care such as to receive medicines, personal care or for photographs. However, in some cases consent was given on the person's behalf by family members who did not possess the legal authority to do so. We spoke with the registered manager and they immediately sought to rectify this. People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines.

• MCA assessments had been carried out for people who lacked capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed.

• 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 authorisations and where there were conditions attached they were being met by the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. The registered manager went to see each person before they moved into the home.

• People's outcomes were identified and guidance on how staff met them was detailed. Records and staff

knowledge demonstrated plans had been created using evidence-based practices. This was in relation to medicines, moving and handling and pressure area care.

Staff support: induction, training, skills and experience

• The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.

• Staff received the training and support needed to carry out their role effectively. They told us they felt confident. Staff received training on subjects such as safeguarding, dementia, end of life care and medication administration. A staff member told us, "All of our training is face to face, we do not do online training. It is better as we discuss the subjects".

• Staff told us they had regular supervisions and contact with the registered manager. The home was supported by a small staff team and they communicated together each day through handovers. Staff told us they felt supported, they could ask for help if needed and felt confident to speak with the registered manager when required. A staff member told us, "The registered manager [name] always says thank you, every day".

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

• People were supported to have enough to eat and drink. We received positive comments about the food including; "The lunch today was very good", "The food is good and we get a choice. They will make us something else if we don't fancy the choices", "I clean my plate!" and, "Everything is cooked so fresh".

• People could choose an alternative if they didn't want what was on the menu. The chef told us that they have a four-week rolling menu, but people can choose whatever they want. We observed the chef asking people what they wanted for lunch and evening meal. Records showed input from dieticians and speech and language therapists (SALT) where required. The chef told us they regularly took requests from people and had no restrictions and preferred to use fresh produce.

• We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. The dining room had tables laid with drinks and condiments. Most people used the dining room to have their meal. Food looked appetising and plentiful. People were encouraged by staff to eat their meals and have plenty of drinks. Where people were supported by staff to eat we observed this to be in a respectful manner; staff were sat and were communicating well with people during their meal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

• People were supported to receive health care services when they needed them. Records showed referrals made from the home to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists. The registered manager said they worked well with medical professionals and were comfortable seeking their input when needed. We observed the registered manager seeking medical advice for a person who did not feel well. A health professional told us, "They contact us appropriately".

• Records showed that instructions from health professionals were carried out. A health professional told us, "The staff always follow our treatment plans, I have no concerns". Instructions from medical professionals were recorded in their care plan and they communicated to staff during handover. This meant that people were receiving the most up to date support to meet their health needs.

• People had 'hospital passports' which were documents that contained a person's personal information, medical conditions and needs so this could be used when the person transferred between services.

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

The home was accessed by people across two floors and had been adapted to ensure people could use different areas of the home safely and as independently as possible. The home had a large lounge and dining area with a garden for people to enjoy. We saw people enjoying the outside spaces which all had level access.

• There were signs on the doors to assist people to access certain rooms. People were encouraged to bring their own belongings into the home. The home had a redecoration and refurbishment action plan which it was working through.

• Notice boards displayed the date and the day's activities. However, these were in the main entrance. Following a meeting with people and their relatives the registered manager told us the board would be moved into the main lounge. This meant that people could clearly see the events of the day.

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.

Supporting people to express their views and be involved in making decisions about their care

• People and their relatives were involved in their care. Reviews were held regularly or as things changed. The registered manager completed the care plans and staff were involved in these. This staff involvement helped ensure they had a good understanding of the person's needs. A relative told us, "I have seen my loved one's [name] care plan and I have input into it".

• Staff told us it was important for them to support people with choices. One staff member said, "We must offer people choices as it is their right". We observed staff supporting people with choices for different aspects of the day and their care.

Ensuring people are well treated and supported; equality and diversity

• People and their relatives told us staff were kind and caring. Comments included: "The staff seem very caring and they look after her well", "The girls here are lovely" and, "The staff are lovely and caring".

• People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their care assessment. These were recorded in their care plans. People were escorted to places of worship as required. The home had a religious service every month for people to enjoy. We observed a service and it was well attended.

• Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

• The home had received many compliments about the care it provided. Some of the compliments included: "Everyone is welcoming and there is a very friendly, calm and tranquil atmosphere", "We all have fun together", "It's a homely place, overall we are happy", "The place seems very nice" and, "Thank you for the love and care you gave our relative". The registered manager told us, "We are a very good care home, our staff are proud".

Respecting and promoting people's privacy, dignity and independence

• Staff treated people with dignity and respect. A recent residents survey showed that 100% rated the home good or excellent at treating them with dignity and respect. One staff member said, "I always ask what people want and I respect their choices".

• People were supported to be as independent as they could be. The registered manager told us that it was important that people did not lose their identity or their independence. We observed staff supporting people to keep independent. One person said, "I need to keep walking otherwise I will lose it".

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 received personalised care that was responsive to their needs. The home had made improvements in care planning since the last inspection. The registered manager was in the process of reviewing all care plans to develop them further. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.

• Care plans and information was available to staff. This included people's life history plans which helped staff understand people's backgrounds. This information was being expanded further as part of individual activities for people. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.

• At our last inspection people told us there were not enough activities within the home. At this inspection they told us this has improved but they wanted more. The home had planned activities inside and outside of the home. The registered manager told us this was continually being improved and added to. The home had a variety of activities for people to enjoy and each person had an individual activity record.

• The home had recently employed a member of staff for activities and an activities co-ordinator was starting with the service the following week. They had external professionals to provide activities for the home such as musicians and singers. Some staff members did provide activities for people such as nail care and nail painting. People and relatives' comments about the activities included: "There are trips out and relatives can go along too", "My relative went out to have tea at a local café and out on a day trip, everyone that went along said they enjoyed it", "We had exercises in the lounge yesterday" and, "There is stuff to do here, it's got a bit better recently".

• The home arranged both group and individual one to one activity sessions for people. Some people preferred to spend their time in their rooms and this was respected by staff. Some activities, such as the religious services, visited people in their rooms if they wished. There was a music man event in the lounge area with people encouraged to join in. It was well attended, and people seemed to enjoy it as there was lots of singing and laughter.

• Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were

shared with others including professionals. People's communication needs were met by staff. We observed the registered manager communicating with a person using a whiteboard. They wrote their questions on this and the person answered with ease.

Improving care quality in response to complaints or concerns

• People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction.

• People were confident that their concerns would be dealt with. Comments we received about this from people included: "If I need anything I would speak to the registered manager [name]", "I spoke to the registered manager [name] about my problem and they sorted it out" and, "I would speak to the staff straight away".

End of life care and support

• At the time of inspection, the service was not providing end of life care for anyone. The registered manager told us they worked with the district nurses and GP when a person requires end of life support. Each person had an end of life care plan, some were more detailed than others depending on what information people wished to share. All aspects of care had been considered including where people wanted to be in their last days and who they wanted to spend time with.

• The home had received many compliments about its end of life care. An example was, "Thank you for the love, care and compassion towards our loved one. They couldn't have been in a better place".

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

• Staff felt proud to work at Dalvey House. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "I am very happy here, we are a good team", "I am really happy the senior carer is great", "It's a small homely place, I love it", and, "I am happy working here".

• Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "The manager here is very nice", "[Name] is a good manager, I like it that they interact with the residents", "If there is something that needs doing they [registered manager] are straight on it" and, "The registered manager [name] is very, very good if I have a problem they understand me". A health professional told us they thought the home had improved and was well-led and said, "The registered manager [name] really makes an effort for people".

• The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

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

• The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team and the provider.

• Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place to support learning and reflection. The registered manager had completed various audits, such as medication, accidents, incidents and care records. The registered manager completed additional checks by observing staff providing care to people.

• The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

• The service sought people's feedback through questionnaires. The results of those were positive. The registered manager told us they send these out to people and their relatives once a year. Records showed good attendance at resident and relative meetings which are held every six months.

• The home had regular staff meetings. Minutes showed discussions about people, updates, ideas, training and good practice reminders. Records showed good attendance by staff. The registered manager told us that if staff could not attend they were directed to read the minutes.

• The service had some links to the local community. The registered manager told us they wanted to increase these links in the future. Some examples of supporting people to link with their community were, inviting neighbours to events and people using local cafes and shops. The home had a mutual link with a local nursing home. The registered manager told us they shared good practices and ideas.

• Learning and development was important to the registered manager. They attended regular provider meetings, learning hubs and had used online guidance and publications. The registered manager told us, "We learn from everything". The registered manager had the support of the deputy manager in the management of the home. The deputy manager kept up to date with changes to legislation.

• The service had good working partnerships with health and social care professionals. A health professional told us, "Communication has improved, we have a pretty good working relationship".