

Aspenglade Limited

Dalling House

Inspection report

Dalling House
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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

This unannounced inspection took place on 2 September 2016. Dalling House provides personal care, support and accommodation to up to 19 people. At the time of our inspection 19 people were using the service.

The service has a registered manager. 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.

People received safe and appropriate care. The service had identified risks to people's health and had plans in place to protect them from the risk of harm. Staff followed guidance in place to manage the risks safely. People received appropriate support to take their medicines safely as prescribed. There were sufficient numbers of competent staff available to meet people's needs.

People received care that reflected their preferences and choices. People and their relatives were involved in planning for their care. Staff assessed people's needs and involved them in reviewing their support. People were able to make changes on how they wished to receive their support. Staff had guidance on how to deliver people's care and provided the support as planned.

Staff received support from their managers to undertake their duties to provide care and support to people. Staff were confident in their role and had regular supervision sessions to reflect on their performance. Staff attended regular training courses and had the knowledge and skills to support people.

People gave consent to the support they received. Staff supported people in line with the principles of the Mental Capacity Act 2005. The service met the legal requirements of the Deprivation of Liberty Safeguards.

People told us they enjoyed the choice of food that was available to them at the service. People were encouraged to participate in activities of their choice. People said staff were kind and caring and understood how to meet their needs. Staff respected people's privacy and dignity. People received the support they required to communicate their preferences and needs. Staff considered this when they planned and delivered people's individual support.

People accessed healthcare services when needed and staff supported them to receive healthcare screenings. People received appropriate support to access specialist advice and treatment in relation to their health needs.

The registered manager sought people and their relative's views and used their feedback to improve the service. Staff held meetings with people to get their views about the service. People and their relatives knew how to make a complaint.

The registered manager undertook checks on quality of the service to ensure each person received safe care and treatment. There was effective follow up action when necessary to ensure improvements were made.

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. Staff identified risks to people and managed these appropriately. Staff understood how to recognise abuse and take effective action to keep people safe.

Staff were employed through a robust recruitment process. There were enough staff to meet people's needs.

People received their medicines safely as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received training and support which enabled them to support people with their needs.

People were supported to understand information about their care. Staff provided the support in line with their wishes.

The service complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard.

People received food and drink suitable to their needs and had access to the healthcare they needed.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and caring. Staff understood people's background and their communication needs.

Staff respected people's privacy and dignity.

People received care and support which reflected their individual preferences.

Is the service responsive?

Good ●

The service was responsive. People's individual needs were assessed and people received support which met their needs.

People followed their interests and took part in activities of their choice.

People understood how to make a complaint.

Is the service well-led?

Good ●

The service was well-led. Staff felt well supported by the registered manager. Staff told us the registered manager was open to their ideas to improve service delivery.

The registered manager carried out checks on the way the service operated. Improvements were made when necessary.

The service asked people and their relatives about their views of the service and responded to their feedback.

Dalling House

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.

This unannounced inspection took place on 2 September 2016. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service including statutory notifications received. A notification is information about important events, which the service is required to send to us by law. We also reviewed feedback we had received about the service from people, their relatives and the local authority. We used the information to plan the inspection.

During our inspection we spoke with six people using the service and four people's relatives. We also spoke with two community nurses who were visiting people in the service. We spoke with the registered manager, kitchen chef and six members of the care team.

We undertook general observations and formal observations of how staff treated and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at eight care records and eight medicines administration record charts. We reviewed management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We viewed records relating to staff including training, supervision and appraisal records. We checked feedback the service had received from people and their relatives.

After the inspection we spoke with staff from the local authority that funded placements at the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "I feel safe here and trust the staff." Another person said, "I have nothing to worry about at all here." A relative told us, "Staff look after [relative's name] well. I am happy about their care."

Staff identified risks to people's health and safety and plans were in place to manage the known risks. A healthcare professional told us the service's arrangements for identifying and managing risk were effective. The registered manager reviewed risk assessments to ensure people received appropriate support. Records showed staff followed guidance in place and supported people safely.

People were protected against the risk of harm and abuse. People in the service told us staff treated them well. Staff understood the types of abuse and neglect and how to report any concerns about people's safety. The provider had taken steps to ensure staff understood their responsibility to identify and report abuse. Staff knew they could 'whistle blow' to an external organisation about poor practice and abuse if the provider did not take effective action to safeguard people. The service had worked with local authority staff on investigations on safeguarding concerns in the service and had put plans in place where necessary to protect people from harm.

People's money was securely stored and managed well at the service. Some people received support to manage their money from staff. The registered manager ensured staff understood and followed the service's financial procedures when they supported people to manage their money. Records showed the service carried out regular checks of people's cash transactions and financial records to protect people from the risk of people experiencing financial abuse. We checked a person's finance and the balance was as expected.

People received the support they required to manage their medicines safely. The service undertook risk assessments on people's support needs in regards to medicine management. Staff supported those people that were unable to safely manage their medicines. People's medicines were reviewed annually by their GP and changes made as necessary. Staff followed specific guidance to ensure people received their medicines safely. For example, people who took 'Warfarin' or had diabetes had their blood regularly checked and monitored and any changes discussed with healthcare professionals for guidance. Staff followed the service's protocols in supporting people with their 'when required' medicines. We checked the stocks of medicines kept at the service for eight people and these tallied with the balance recorded on the Medication Administration Records (MAR).

People received their medicines as prescribed. Medicines were safely stored and kept securely at the service. Records showed staff had accurately completed MAR charts when they supported people with their medicines. Senior staff carried out checks on MAR charts and medicines stocks at end of each shift and addressed any concerns immediately. We saw people had consistently received all their medicines at the right dosage and at prescribed times.

Staff knew what to do in case of emergency to keep people safe. The service had adequate procedures in

place to deal with foreseeable emergencies to protect people from harm. The registered manager ensured people's Personal Emergency Evacuation Plans (PEEP) were in place for their safe evacuation when required. The PEEPs records contained up to date information relevant to safe evacuation such as people with dementia or physical disability. We saw this information was available and displayed in appropriate places at the service.

The service undertook health and safety checks to ensure there was a safe and suitable environment for people. Staff carried out weekly checks on fire alarms and emergency lighting at the service. Records showed the service carried out regular checks on equipment to ensure it was safe and appropriate for people's needs. We saw the service carried out routine maintenance checks on beds, call bells, hoists and mobility aids and records showed these were up to date and safe for people to use safely. The equipment was well maintained and safe for people to use. The provider ensured the service took appropriate action if there were any areas which required maintenance.

People received safe care and support from suitably qualified and competent staff who were recruited through a robust recruitment process. The service had carried out checks which included references, employment history and criminal records check. Staff and records confirmed the provider ensured staff started work at the service after they obtained all checks.

There were sufficient staff on duty to meet people's needs as required. However, people had at times experienced delays in receiving care. People told us they received the support they required although they sometimes had to wait for not too long in the morning before receiving the support they required. On the day of inspection, staff told us they felt 'overwhelmed' with the work particularly in the mornings when most people requested support with their personal care. We spoke to the registered manager about this. They explained the service regularly reviewed people's needs and any changes to their health and the support they required. After our inspection, the registered manager informed us they had held a meeting with staff and discussed their concern. The registered manager told us they had reviewed people's dependency levels and took into account staff's views on how they were managing their work. They had agreed that the service put an extra member of staff in the morning to provide extra support to meet people's needs. Staff rotas showed both planned and sickness absences were covered adequately.

The registered manager monitored and analysed accidents and incidents and ensured staff took appropriate action to reduce the risk of recurrence. Staff understood their responsibility to report incidents as they happened to the senior member of staff on duty. The service maintained a log of all incidents and accidents such as falls. We saw there had been an increase in the number of falls and incidents involving people using the service in the six months before our inspection. Each incident record included information on the action taken immediately after and any future action that was required to prevent a recurrence. We saw the registered manager had discussed incidents and accidents which ensured staff learnt from those events and protected people from the risk of harm.

Is the service effective?

Our findings

People told us staff were competent and understood their needs. One person told us, "Staff look after us properly." A relative told us, "My relative is well cared for. I have no worries about that."

People received support from staff who had appropriate skills and knowledge to meet their needs. New staff underwent an induction programme which included mandatory training, practical training and their practice observed at work. The registered manager paired a new member of staff with experienced staff in the service which enabled them to get to know people and understand their role and responsibilities. The registered manager checked and monitored new staff's performance during their probationary period and permanently employed them when they were assessed as competent to support and care for people.

Staff told us their training needs were met. Staff had attended courses which included moving and handling, infection control, safeguarding and fire safety. Staff told us the training made them understand how to support people effectively. The service had provided specific training such as end of life, diet and nutrition and managing diabetes which ensured staff developed relevant skills to meet people's needs. The registered manager kept training records and booked staff on to courses when they were due to ensure they were competent to meet people's needs.

Staff received support which enabled them to carry out their responsibilities. The registered manager ensured staff had supervision to establish if they had any further training needs to improve the quality of care and support provided to people. Records confirmed supervision was held regularly and staff were able to discuss their training needs and how best to support people. Staff had performance appraisal where they discussed the skills and knowledge they needed and covered any areas for development and put learning plans in place. Staff said they were supported to develop and progress in their career and had attended in-house training and received external training.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to make decisions about their day to day care and gave consent to the support and treatment they received. Staff had received training and were knowledgeable about the principles of the Mental Capacity Act 2005 (MCA). People were supported in line with the MCA. Records showed where people lacked mental capacity and were unable to make certain decisions 'best interests' meetings were held. Staff

told us they had received training to promote and respect people's rights and understood the requirements of Deprivation of Liberty Safeguards (DoLS). Staff knew how to support people without unlawfully depriving them of their liberty. Records confirmed the registered manager had made DoLS applications to the local authority regarding people's safety and well-being and these were approved. The service maintained a record of people subject to DoLS. People's records showed staff supported them in line with the DoLS authorisation.

People told us they enjoyed the meals offered at the service and were able to have food and drink of their choice. One person told us, "I like my full English breakfast. Staff never forget my mushrooms." We spoke with the chef who told us about people's food preferences and choices and ensured they received the food they wanted. Care records confirmed staff had asked people about their food preferences and knew any health needs which might have implications for their diet. We saw lunch being served and observed people had received appropriately prepared and presented food. Staff assisted people with their meal if required. Staff monitored people's nutrition and hydration were appropriate and supported them eat healthily. Staff understood how to meet people's nutritional needs and when to seek guidance from health professionals in relation to a person's diet if they had any concerns.

People received appropriate care and support to maintain their health. One person told us, "The GP visits often. When I was really unwell, staff sent me to hospital." Staff assessed and reviewed people's needs and made referrals to relevant healthcare professionals to ensure they received appropriate support with their mental and physical needs. People's care plans contained advice staff had received about a person's specific needs to enhance their knowledge on how to support them. A community nurse who was visiting a person at the service told us staff effectively liaised with them to ensure people received the healthcare they needed. Staff maintained records of appointments attended and visits made by professionals including social workers, dieticians, speech and language therapists, tissue viability nurses and chiropodists. People received the support they required to attend routine health screening appointments to reduce their anxiety about them and to ensure they avoided a preventable worsening of their health.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "Staff are patient and very nice to me." Another person said, "I am very well looked after. It couldn't be kinder." A relative told us, "Staff are wonderful and good with people. I am happy with the care here." During the inspection we observed staff spoke to people respectfully and afforded them choices about the care and support they received. For example, we heard a member of staff asking a person in a friendly manner, "Shall we get our lunch orders now?"

People and their relatives were happy with the service. We saw written compliments sent by email, cards and letters from relatives and visitors to the service. Some of the comments read, "Thank you for making mum comfortable and seeing to her needs," "Thanks for your care and consideration in everything" and "Thank you for making my dad's last days so comfortable and happy." People were encouraged to maintain relationships with their relatives and friends if they wished to do so.

People were involved in planning their care and support. Records showed the service had involved people and their relatives where appropriate to develop their care plans and make decisions in relation to their care. Staff supported people to make choices about how they wished to receive their care. Staff understood people's communication needs and told us how they involved them in planning for their care and support. For example, there was information on how staff were to interpret a person's behavioural changes and body language to understand their needs. Staff told us they encouraged people to be open about their needs as they said this helped them to understand their needs and the support they required.

Staff showed patience when providing support to people. For example, one person wanted to discuss their plans for the day with a member of staff. We saw staff support the person in an unhurried manner and checked the person was comfortable and had sufficient time to talk about their plans. We observed staff spoke with people politely and addressed them by name. People told us staff spent time interacting with them. During our inspection we saw staff regularly check on people who were in their own rooms to ensure they had the assistance they needed.

People said their privacy and dignity was respected. Staff respected people's privacy and supported them to maintain their dignity. For example, a member of staff explained they shut doors and drew curtains when providing people with personal care. We observed staff knock on people's rooms before entering. People told us staff asked for their consent before supporting them with care. One person told us, "Staff ask me what I would like to do. I get to choose." Care records showed staff asked people for their permission to support them with care and treatment. People had signed their support plans to show their consent. Care records showed staff respected and followed people's wishes on how they wanted to receive their support and care. We saw people's information about their health and support needs was kept confidential and secure.

People received support to make day to day decisions about their life. For example, a member of staff said to a person, "Would you like me to put on your cardigan?" The person had accepted the offer and the member of staff had supported them as wished. Staff told us they offered people choices on what activities

they wanted to do or what they wanted to wear.

People were encouraged to be as independent as possible. One person told us, "Staff encourage me to do the things I can for myself." Another person told us, "There are things I do well for myself. The others I am learning and still get a bit of help with." Staff knew what support people required in relation to their personal care, eating and drinking and following their interests. Care records showed people had clear plans on how they wanted to be supported to maintain or become more independent. For example, a person's records included guidelines for staff on supporting them to retain their confidence in going out in the community on their own. Staff told us they encouraged and supported a person to clean their own room as they liked to maintain their skill and sense of autonomy.

Is the service responsive?

Our findings

People received care and support that met their individual needs. People and their relatives told us staff had met with them to assess people's needs and levels of independence so they could plan how best to support them. One person told us, "Staff took on board what we said when we met them. Things are going well." Care records showed staff had undertaken a detailed assessment of people's needs before they began to use the service. Staff knew people's needs and the support they required. The service had put support plans in place to ensure staff understood how to provide people's support and care in line with their wishes. Care records contained information about people's backgrounds, preferences, their medical conditions and how they affected them and their needs.

People received care and support appropriate to their current level of needs. The registered manager ensured the service regularly reviewed people's care in line with the provider's policy. Care records were up to date and showed staff had involved people, their relatives and healthcare professionals in the review of their support. This ensured that care to be provided to people was agreed and met their needs. Records were up to date in relation to areas such as people's skin care and eating and drinking and reflected changes to their health and the support they required. Staff told us they received updates of people's conditions during handover meetings at the beginning of each shift and through reading notes in the communication book. Staff understood they had to review people's care plans regularly to show changes to people's health and well-being and the support they required.

People were involved in planning of activities of their choice. People told us staff supported them to socialise with each other and participate in the activities at the service. Records showed people had individual activity and social interaction care plans and the support they required to undertake such interests. An activity coordinator prepared and circulated a monthly newsletter to people, their relatives and visitors on activities at the service and significant events. We saw a newsletter with a programme for Christmas celebrations and how people and their relatives could be involved in the planning and an invitation to a wine and cheese afternoon. We read notable events that had occurred at the service such as the delivery of new garden furniture which people had requested.

People took part in activities of their choice and were supported to follow their interests. Staff had gathered information from people and those who knew them well about their individual life stories, experiences and interests and what was important to them. For example, a person's support plan noted it was important they attend church regularly and contained information on how they were supported to practise their faith. The person told us, "I enjoy going to church and like the singing. I remember most of the hymns from my school days." Records showed the person was supported to attend church services as recorded in their care plan. The service worked with religious organisations and had lay church ministers regularly visit the home to offer communion to people. The service worked with volunteers one of which worked with people on clay modelling, an activity people said they found stimulating and enjoyable.

People told us they enjoyed parties and events hosted for them at the service. For example, people had enjoyed a themed event of 'Wimbledon tea' during the tennis tournament. People celebrated special

occasions such as birthdays and significant events with their relatives and friends. The service supported people to maintain contact with their relatives and friends. One person told us, "I enjoy the fuss made around public events and seeing friends and relatives join in the celebrations." Volunteers visited the service and supported people with activities of their choice. People responded positively and told us they were happy about this. People's rooms had their photographs with family and personal items. People told us staff supported them to decorate and furnish their rooms as they liked and made it homely.

People and their relatives told us they knew how to make a complaint. They had received the information when they started using the service. People we spoke with said they were happy with the service and told us they would raise a complaint if they needed to. People were confident the registered manager would address any concern they had. One person told us, "Yes I would complain if I had to." Another person said, "If something arises I talk to staff or the manager and it's sorted." A relative told us, "I am confident to approach the manager but have never had the need to do so as generally staff have been able to resolve my concerns." The registered manager told us the service had not received any complaints in the last year.

The service regularly obtained people's views of the service at regular meetings to improve the service. Minutes showed the registered manager took action to address areas of improvement identified from the feedback. For example, we saw a record of a meeting held with people which showed they were asked for their views on the menu at the service. People told us the registered manager had considered their views and they were happy with the changes made to the menu.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the service. One person told us, "I think the manager and staff do a good job." Another person said, "This place is good." A relative told us, "I visit the service at different times of the day. I would say people always seem well cared for." A member of staff told us, "It is a pleasure to work here." The service had good links with the local community. For example, people told us they spent time at 'Young @ Heart', which is a social and spiritual club hosted by a local church. People regularly attended the club and they said they enjoyed their experience of being part of the community.

People and their relatives told us the service had a positive and open culture and they had been involved in the development of the service. The service used people's views and feedback to develop the service. The registered manager operated an open door policy which meant people, their relatives could meet with the registered manager at a time that was convenient to them. A relative told us, "We discuss any concerns with the manager when we visit [person's name] or make a call or send an email." Another relative told us the meetings with the registered manager enabled them to 'voice their opinions' which were always considered. They told us the registered manager responded to their concerns. For example, the registered manager had made improvements to the way staff managed people's laundry to minimise the risk of people's clothing being misplaced in the service.

The service adhered to the requirements of their registration with the CQC. There was a registered manager in post. The registered manager had informed local authority on safeguarding concerns and submitted relevant notifications to CQC as required by law in relation to incidents and accidents at the service.

Staff told us the registered manager listened to them and responded to their views. Records of team meetings showed staff were given the opportunity to discuss team work, people's support and any proposed changes and improvements in the service. One member of staff told us, "We are a good team. We support each other." Staff meetings enabled staff to give their ideas on how to improve the service. Staff told us they were aware of the service's policies and procedures and how they should implement them when supporting people. The provider had the service's vision and values displayed in the entrance to the service and easily accessible to people, their relatives, staff and visitors. Staff told us they shared the vision of the service which aimed to provide safe and person centred care to people at the service. Staff said the management team was approachable and felt they could request support to meet people's needs.

The service carried out checks to improve on the quality of support and care people received. The registered manager used audit findings to effectively manage identified risks to people and improve the quality of the service. The service ensured people's care records were regularly reviewed and updated. This meant the registered manager accurately evaluated and monitored the quality of service provided to people and ensured staff took appropriate action when required. We saw reports which included an assessment of the quality of the planning and delivery of people's support and detailed evidence of good practice. The audits had checked that the guidance and outcome of visits by health care professionals was fully documented and ensured staff had sufficient information about how to support people to manage their health condition. The registered manager made regular checks of medicines administration record charts and stocks of

medicines to ensure staff were following the correct procedures. The registered manager identified areas for improvement and monitored staff's performance through one to one supervision meetings and on the job observations. We saw records which confirmed this and demonstrated improvements were made to people's support and the operation of the service.