Dial House Care Limited

Dial House Nursing and Residential Home

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?	Requires Improvement

Summary of findings

Overall summary

This inspection of Dial House Nursing and Residential Home took place on 14 January 2019 and was unannounced. The service was last inspected in September 2016.

Dial House Nursing and Residential Care Home is a 'care home.' Dial house Residential and Nursing Home provides support to older people and younger adults who are living with dementia, mental health, a physical disability or a sensory impairment. The service is a large building split over two floors with communal areas people can use for activities. The service also has four 'respite beds' to support people who are transitioning from hospital. On the day of our inspection 41 people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The service was safe. Systems and processes were in place to protect people from harm and abuse. Staff had a good understanding of how to safeguard people from abuse. Risks to people were assessed to mitigate the likelihood of harm. There were enough numbers of staff on shift to support people and staff had necessary pre-employment checks before starting work at the service. People were supported to take their medicines safely. The home was clean and welcoming and systems were in place to promote good infection control.

The service was effective. Thorough assessments of people's needs were completed before they used the service. Staff had sufficient training and knowledge to support people effectively. People were supported to live healthy lives and had access to health professionals if they needed them. People were supported to eat and drink according to their preferences and support needs. The premises and equipment were designed to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was caring. People were treated with kindness, respect and compassion. People felt able to, and were supported, to make choices about the care they received. People's privacy, dignity and independence was promoted. Staff knew people they were supporting well and had built caring relationships with them.

The service was responsive. People received personalised care that met their individual support needs. People's preferences, likes and dislikes were taken in to account and actioned with regards to their care and support. Complaints were recorded and responded to appropriately. People were supported with privacy and dignity at the end of their lives.

The service was not always well-led. Systems, processes and audits needed further development to monitor the quality of the service. Audits of medication were not effective at finding potential errors. The level of supervision of staff needed to be more frequent to ensure that they remained competent in their job roles. There was a new manager employed by the service who had identified the need to improve governance systems. The manager had started to get feedback from people, relatives and staff to improve the service. The manager and nominated individual were committed to improving the service and had plans in place to achieve this. People and the staff team were positive about the impact the new manager was having on the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has improved to good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service requires improvement.	**Requires Improvement**

Dial House Nursing and Residential Home

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 comprehensive inspection took place on 14 January 2019 and was unannounced. This inspection was carried out by one adult social care inspection, an inspection manager 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 care service.

Before this inspection we reviewed the information, we held about the service such as notifications we had received from the registered provider. Notifications are when registered providers send us information about changes events or incidents that occur at the service. The registered manager also submitted a provider information return (PIR) prior to the inspection. We requested this document which the registered manager used to record information to evidence how they are meeting the five key questions which we inspect against and how they are supporting people who use the service.

On the day of the inspection we spoke to seven people who used the service, two relatives of people who use the service, the manager, the nominated individual, a senior nurse, three care assistants, the activities co-ordinator, a domestic staff member and a visiting professional (district nurse). We also completed a Short Observational Framework Inspection (SOFI) at key times of the inspection to observe interactions between people and staff members supporting them.

We also spent some time reviewing records at the service. We looked at care plans of three people who used the service, three staff files, staff rotas and policies and procedures at the service around safeguarding, medication, fire and health and safety. We looked at quality monitoring audits, minutes from team meetings

and meetings with other professionals and documents which supported the training which staff members had received.

Good

Is the service safe?

Our findings

People told us that they felt safe and protected from harm and abuse. People told us, "I feel safe because people are on hand to look after me.'' and, ''I most certainly feel safe. It is my home and if you cannot feel safe in your own home, well that would be no good.'' Staff had a good understanding of how to keep people safe. One staff member told us, ''If I thought there was a risk of abuse I would go to the manager or the senior. If it was not dealt with I would contact the Safeguarding team or CQC directly.'' We saw a safeguarding policy which directed staff on the procedure to follow if harm or abuse was suspected. Incidents and accidents were documented, monitored and shared with staff to ensure that people remained safe.

Risks to people had been assessed. People had risk assessments in place for mobility, behaviours that may challenge, what to do in case of a fire, medication and specific individual needs such as diabetes. One risk assessment said, 'To reduce the risk of pressure sores prompt and encourage [person] to mobilise or move position in bed regularly.' A staff member told us, ''I have read and understand the risk assessments. They are updated regularly.'' We saw that risk assessments were updated frequently or when there were changes to people's needs. We saw staff supporting people with their mobility according to risk assessments in place.

People told us there were enough staff to support them. One person said, ''I would say there are enough staff on. I do not think I miss out on anything.'' Another person told us, ''I have always got someone at the end of that call bell.'' Staff told us that although the permanent staff team was not full, regular agency staff were being used and staffing levels had improved recently. The registered manager told us that they were continually recruiting for permanent staff. The staffing rota reflected that there were enough staff to support people safely. We saw that staff were available for people at all times throughout the day and call bells were answered promptly. Staff members were present in all areas of the home throughout the day.

We reviewed staff files and saw that safe recruitment practices had been followed. References had been obtained and all staff had a Disclosure and Barring Service (DBS) check in place.

People felt safe being supported with their medicines. One person told us, ''My medication is very thorough, and I can have pain relief whenever I want it.'' Medicines were only administered by trained staff members. One staff member said, ''If people refuse medication then we give them time or try another member of staff.'' We saw people being supported to take medicines discreetly and being asked whether they wanted as and when needed (PRN) medicines for pain relief. People had protocols in place to guide staff when using PRN medicines.

The service was clean and free of infection. One person told us, ''My room and toilet area are cleaned every day.'' A staff member told us, ''We wear gloves to support people and change these as soon as we are finished.'' We saw that staff kept the service clean throughout the day and used proper equipment. Checks and audits were completed on the cleanliness of the service.

Good

Is the service effective?

Our findings

The service was effective. People's care needs were assessed before they began using the service. We saw that these assessments were detailed and had information around the support people needed and their likes and dislikes. The service also had four 'respite' rooms for people coming out of hospital. The registered manager worked well with other professionals to ensure that these people could be supported effectively whilst using the service.

Staff had the training, skills and knowledge to support people. One person told us, ''I think staff are very skilled, and efficient. Let me put it this way, I feel confident in them looking after me.'' Staff told us that they received training in areas such as safeguarding, moving and handling and specific needs people had such as dementia. We saw that training was completed regularly on the staff training matrix and in staff files. We saw staff using their training, for example when supporting people with mobility equipment.

Staff told us that they received a thorough induction before starting their role. One staff member told us, ''The induction was good. We did lots of hands on shadowing which gave us confidence.'' Staff received supervision to discuss ongoing training and support needs, and found these useful. The manager acknowledged that supervisions had not been frequent and showed us that this was being rectified. Staff members who did not hold a qualification in health and social care were supported to complete the Care Certificate, a set of standards which taught necessary skills for their job role.

The service worked well with other organisations and people were supported to access healthcare services. People said, ''Doctors, nurses, they are all on hand if you need them.'' and, ''[Staff] always get the nurses to look at you for the slightest thing.'' One staff member who was a nurse said, ''I am supported to stay up to date with my PIN and receive training from outside professionals like district nurses.'' A district nurse told us, ''Staff are excellent. Any changes we make to people's care is documented and followed to the letter.'' We saw that when people received a visit from a health professional information was followed and care plans were updated. On the day of the inspection we saw people being supported by professionals such as district nurses, chiropodists and physiotherapists.

People were supported to eat and drink appropriately. People were very complimentary about the food. One person told us, ''The choices are good and there is always plenty to eat. If I do not like anything I can ask for something else, like a jacket potato, a salad, or an omelette. [Staff] will always accommodate.'' We observed people being supported at lunch time and the food looked appetising and was hot. People were offered second helpings and some people chose to have more which indicated they liked the food on offer. We saw staff members supporting people with special dietary needs in a safe manner as detailed in their care plans.

The premises and equipment provided to people met people's individual needs. One person told us, ''The caretaker is worth his weight in gold. He can fix things and hang things up for you.'' We saw that equipment for people was checked regularly and staff received training on how to use this. One staff member said, ''I always check the equipment before I use it to make sure it is safe to use.''

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DOLS). We saw appropriate DOLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

Consent was obtained before supporting people. We observed staff knocking on people's doors and waiting for a response before entering. One person told us, ''[Staff] are very respectful. They will always ask permission to do things even if it is just to move something.'' Staff had a good understanding of the principles of the Mental Capacity Act. One staff member said, ''If people refuse to do things that is fine. We do capacity assessments if we have concerns.'' We saw that people's capacity was assessed and decisions made in people's best interest.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People told us, 'I think [staff] do care for us in a genuine way. I do feel cared for and respected.'' and, ''They really do care, they know I can get fed up, then the door will open, [staff] will come in and have a little chat with me. It makes me feel so much better.'' One person was becoming distressed about a loved one missing a visit. Staff members reassured this person in a kind manner and the person was visibly less distressed afterwards.

People told us that they were supported to make choices. People said, ''[Staff] totally support any decisions I make, like where I eat and when I have personal care.'' and, ''I can go to bed when I want. If I fancy a lie in I can. There's no restrictions like that.'' When we looked around the service we saw that people could choose when to wake up and when to eat their meals. We saw staff members offering choices to people throughout the day. People were offered choices of what to eat and drink and what to do in the day. Staff understood how to involve people in their care. One staff member told us, ''I always ask what people want even if it is already in the care plan in case the person has changed their mind.''

People's care plans were detailed and had information about how a person liked to be cared for. People's likes and dislikes in all areas were recorded. We saw that staff knew what people's likes and dislikes were and what people liked to talk about. We saw one staff member supporting a person to have a drink that was made how they liked it and the person told us, ''See that is what I mean. [Staff] know us on a personal level.'' We saw that people had access to advocacy information and could choose to use this if they wished to.

People's privacy and dignity was respected. One person told us, ''They always support my privacy, and I suspect they do that for everyone.'' Staff had a good understanding of how to promote privacy and dignity. One staff member said, ''I always make sure I explain what I am doing as I support a person. I make sure the person is happy and comfortable.'' We saw that staff supported people discreetly and quietly with tasks such as taking medicines or needing personal care. People's care plans detailed what people could do themselves to maintain their independence. We saw staff supporting people to complete tasks by themselves as much as possible and be on hand to offer support when necessary.

People's preferences with regards to the care they received were recorded in care plans. We saw that these preferences were adhered to. We also saw policies focusing on people's 'rights' which included the right to change their care plan, the right to refuse care and the right to remain independent. We observed these being followed by staff members throughout the day.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. People's care plans were detailed around specific needs such as dementia, diabetes and mobility. One relative of a person told us, ''I was involved in my [relative's] care-plan when they first came here. I feel very involved.'' We saw that people's care plans were reviewed regularly when there were changes to people's care needs. Detailed instructions were given showing how to support people with these needs. Family members and other professionals were involved in care plan reviews where necessary.

People were positive about the activities on offer at the service. People told us ''I do go to the entertainment if it's something musical or I like the church services, I look forward to that.'' and, ''I like to read, and have books from the library trolley." We saw people enjoying a hairdressing and a bingo activity during our inspection. We saw several examples of care practice being adapted depending on people's needs. For example, one person did not speak English as a primary language. The registered manager had ensured that this person's television was adapted to be in the person's preferred language. Another person had recently moved rooms so that they could have their television playing at a loud volume. This meant that they could do this without impacting on other people.

There was an activity co-ordinator at the service. They told us, ''I try and balance group activities with 1:1 activities for people who might not want to take part.'' Activities provided included, bingo, one to one chats, massages and nail care, arts and crafts, and a weekly church service. Professional entertainers also visited the home regularly. A library system was in place whereby a trolley was taken round to people for them to choose books. The activity co-ordinator told us that new activities such as pizza making was introduced. We saw photographs of people in a group setting and those who chose to stay in their bedrooms, enjoying this activity. The activity co-ordinator told us that the plan was to support people with community activities in the future.

There was a system in place for dealing with complaints. We saw that there had been several complaints made in the past. These had all been recorded and responded to promptly. Actions resulting from complaints were also recorded. The number of complaints received had decreased in recent months.

People were supported with dignity and respect at the end of their lives. One staff member told us, ''We make people as comfortable as possible and make sure that they have everything they need.'' We saw that people's preferences regarding end of life care was detailed in their care plans. There was a detailed end of life policy in place which told staff how to care for people who were nearing the end of their life.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led. There was a manager in post at the service who had not yet registered with the Care Quality Commission. The manager had only just started working at the service and was implementing systems to monitor the quality of the service. Although we could see that the manager was having a positive impact at the service there were several areas that needed improvement.

We saw that audits had been completed in areas such as staffing, record keeping, the home environment, people's capacity and the dining experience for people. Audits had not been completed in recent months and were last completed in June 2018. The manager told us, ''I am aware that I have not had time to physically pick these audits up yet. People's care and getting staffing level's correct has been my priority.'' This meant that some audits to monitor the quality of the service were not being completed.

We saw that medicine audits were completed, however these were not always effective. When we reviewed people's medicines and Medication Administration Records (MAR) charts we found several errors. For two people there were more medicines left in the boxes than what the records evidenced and this meant that staff signed for the medicines indicating they had administered them, however these were left in the box. We also saw two occasions where MAR charts had not been signed by staff members administering medication. Again, this had not been picked up in audits. This meant that there was a risk that people had not always received their medicines correctly.

The auditing system of medicines was looked at by the manager and nominated individual. The errors that we found were rectified and explained. The nominated individual and the manager then changed the system for auditing medicines to ensure that the risk of future errors was reduced.

Before this inspection we reviewed notifications sent to us by the service. We saw that though safeguarding incidents had been reported correctly to the local authority, on occasion, we had not been notified of this.

We saw that there were plans in place for how to run the service if the manager was not at the service. This included an on-call system which staff could use when management were unavailable. We saw from staff rota's that a senior member of staff was available at all times. We saw that the service had plans in place if there was an emergency at the service.

Systems and processes to monitor staff members performance were not being completed in line with the provider's policies and procedures. The manager acknowledged that the frequency of staff supervisions and competency checks needed to be improved. We saw in staff's files that not all staff received regular supervision. The manager was putting a plan in place to rectify this. The manager told us that they were promoting some experienced staff to team leaders who would then be able to take on more senior responsibilities. This would allow supervisor's more time to complete supervisions. We saw that staff members were receiving induction in to this new role on the day of our inspection.

We saw that people who used the service were being supported to give feedback to the manager. A recent

'resident's and relatives' meeting had been completed and there were actions developed from this. Plans to develop the service had been shared with people and received positively. Regular meetings were held with the staff team. One staff member told us, ''The meetings are a good opportunity to feed back and get things off of your chest.'' The manager also told us about meetings between the heads of other departments at the home such as the domestic team and maintenance team. We saw minutes of staff meetings that included discussions about the service and gave staff member's a chance to feedback their ideas.

The manager and nominated individual spoke to us about the plans they had to continue to improve the service. The nominated individual told us that they were having WIFI installed at the service in the very near future. This would enable the nominated individual to explore electronic care planning to improve the effectiveness of the service. The manager spoke to us about plans to improve the premises. This included turning two underused areas of the service in to an alternative dining room and another activities room.

We saw that the manager engaged with other agencies to keep up to date with best practice and legislation. For example, we saw that the service worked with 'trusted assessors' when supporting people to start using the respite beds at the service. The nominated individual attended meetings with other providers in the area to discuss best practice and how to keep up to date with legislation.

The manager and nominated individual told us about the values at the service. The nominated individual told us, ''It is all about how you respond to people and having a positive approach.'' We saw that the service had a policy in place explaining the values of privacy, dignity, people's rights and independence. The staff team shared these values. Staff members told us, ''You work here because you want to make a difference.'' and, ''Everyone deserves to get the support they deserve and need.''

People and the staff team were positive about the manager and the impact they were having at the service. One person told us, ''This new manger seems to know what they are doing. They have got things more organised and are very visible around the home.'' A relative said, ''They are always about and very approachable. I feel confident in this manager.'' Staff told us, ''The manager is great. I have no problems.'' and, ''It is great that the manager is so involved and speaks to people.'' The manager told us that they were looking forward to 'making an impact' at the service. We observed throughout the inspection that the new manager had a positive impact on the culture of the service, and was committed to further improvements.