

HC-One Limited

Dale Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service:

Dale Park is purpose built and can accommodate 46 people who are living with dementia. It is managed by HC-One Limited. There were 26 people in residence at the time of the inspection.

People's experience of using this service

We spoke with relatives of people living with dementia at Dale Park. Most told us that the standards in the home had deteriorated since our last inspection at the home in June 2021. Lack of consistent staffing and lack of consistent leadership and management were the two main themes.

On our inspection we found major concerns with the management and oversight of the home which increased the risk to safe care for people living at Dale Park.

We were told by relatives and staff there was a lack of visible management and leadership in the home. At the time of our inspection the home was in the process of changing managers and was being supported by interim managers. One relative commented, "I don't know the name of the manager; interim now. The last manager went on holiday and never came back." Another relative said, "There's been a series of managers."

We found the inconsistencies in management had contributed to failings in record keeping and attention to dealing with complaints. People and their relatives had not been consulted effectively about the running of the home.

We were told there was poor staffing levels including nursing staff, care staff and ancillary staff with no chef and no maintenance person. There was an increased use of agency staff to cover shifts and this had meant care had become less personalised and more institutional. One relative commented, "Care has gone downhill and it's impacting on them physically. [Relative] gets a bath once a week. They can't offer more – they say they can't help as they are short staffed." Another relative told us, "There is not enough regular staff. Staff are fed up with Head Office turning their backs on them so leaving." These sentiments were also reiterated by all staff we spoke with.

Records such as care records, assessments and care plans, contained information that was possibly incomplete as the records had not been properly evaluated and updated. Other records such as complaints investigations were also incomplete. We could not fully assess whether complaints had been responded to appropriately.

We found that people were receiving their medicines as prescribe, however some medicines paperwork needed to be updated. We made a recommendation regarding this.

There was a lack of arrangements in place to help ensure the environment was safe for people. For example, on the day of the inspection the heating was faulty, and people were seen to be shivering and complaining

of cold. Managers organised a maintenance check on the day of the inspection and remedial action was taken; we were reassured the heating was satisfactory. However, we were concerned there was a failure of initial monitoring and awareness by managers and staff.

The environment has been adapted to meet the staffing shortages rather than the needs of people living with dementia. Most people had been moved to one floor of the home; some away from their initial bedroom surroundings.

There was a good standard of cleanliness in the home and the home was free of unpleasant odours. There was a lack of maintenance of décor and furnishings in some instances which meant some areas may have been difficult to clean.

People's dietary needs were managed with reference to dietary support when needed. Because of changes to meal time arrangements and staff shortages, mealtimes were observed to lack individual attention when staff supported people and did not make for a relaxed social occasion.

Rating at last inspection and update:

The last rating for this service was Good (published 3 July 2021)

Why we inspected:

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from 'Good' to 'Requires improvement'. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see all the key questions reported on in this report.

The provider took immediate action to mitigate some of the issues we identified and keep people safe.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing and the overall governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Details are in our Well led findings below.

Inadequate ●

Dale Park

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection was undertaken by two inspectors, a medicines inspector and two Experts 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.

Service and service type

Dale Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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. At the time of the inspection the registered manager had left the service three weeks prior.

Notice of inspection

This was an unannounced inspection which took place on 30 November 2021 with follow up calls to people's relatives on 1 December 2021.

What we did

Our planning considered information the provider sent us since the last inspection. We considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and other professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with six family members. We also spoke with two senior managers and seven members of staff.

We carried out a SOFI observation. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to provide feedback due to their cognitive or communication impairments. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

We looked at four people's care records, medication records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and Recruitment

- Prior to our inspection we received some feedback from visiting professionals that staffing was reported as being low and 'stretched' and this had caused concerns regarding safe care.
- Most relatives spoken with stated staffing in the home was poor. One relative commented, "There is not enough regular staff. Staff are fed up with Head Office turning their backs on them and so they are leaving."
- This feeling was reiterated by all the staff we spoke with. Staff felt the high use of agency staff was affecting care delivery and putting people at risk. There was a concern if more nurses and regular care staff left [this was reported imminent] the care would be further compromised. One staff told us, "It's never been as bad as this; moral is at rock bottom." Another staff commented, "Staff have left through stress."
- Duty rotas seen for the past three weeks showed a consistently high usage of agency staff cover and staff in other roles were used to help with care to cover staff vacancies.
- Observations of risk on the day of our inspection included inadequate monitoring of people living with dementia in one lounge area. People had no access to a call bell and were not checked by staff for long periods.
- Current attempts by the provider to rationalise care to mainly one floor had maintained some aspects of basic care such as ensuring nutritional needs and basic personal care, but the quality of care was compromised with a lack of positive social activity and some aspects of personal care such as bathing.
- We reported these findings to the managers and asked for some immediate reassurance and plan of action which was sent to CQC following the inspection.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines policies, audits and staff competency checks were all in place and completed.
- Medicines administration records were generally completed accurately, however some records and checks needed updating with the latest administration instruction and use of when required medicines.

We recommend the 'when required guidance' is regularly reviewed to make sure it is up to date.

Assessing risk, safety monitoring and management

- Clinical risk assessments were carried out routinely for people and these were consistent in detail. For example, assessments for people who had risks associated with challenging behaviour, falls and diet and fluid intake; all had appropriate risks assessed and care plans in place to mitigate any risk. We were

concerned that assessments had not been updated/evaluated however in the past few months. Staff reported they lacked time to complete assessments and reviews of care because of immediate staff shortages. Because of this we were not sure whether care records always reflected current care needs for people.

- There were systems in place to ensure the environment was safe and secure, but these were not being carried out effectively. We found a lack of heating in the home on the day of our inspection and this had not been picked up by managers or staff. People were seen to be shivering and complaining of cold. Managers organised a maintenance check on the day of the inspection and remedial action was taken with the heating system as well as room thermometers being placed in all areas; we were reassured the heating was satisfactory.
- Some people who had been moved to the ground floor recently had not had their personal emergency evacuation plans [PEEP's] updated.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and COVID19 and had access to relevant guidance and information. Routine cleaning was carried out and people's accommodation was seen to be clean and hygienic.
- We were not fully assured that the provider was preventing visitors from catching and spreading infections. CQC inspectors were not asked for their vaccination status when entering the building.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse

- Regular staff told us they had received safeguarding training, although they reported this was some time ago. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.

Learning lessons when things go wrong

- The service had reporting systems in place for and recorded incidents and accidents that occurred. We asked for examples of accidents and incidents recorded but these were not supplied on the day of the inspection or sent to us after the inspection. Therefore, we could not fully assess if there were good management processes to identify any patterns or trends if incidents occurred.
- The outcome of a recent safeguarding investigation highlighted some lack of recording in one person's care file; we found similar lack of updating of care files on our inspection so the service did not evidence they had learnt from previous feedback from stakeholders.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Most people and family members told us that regular care staff had the skills and knowledge to provide the right support. One relative told us, "I'm totally confident that regular staff are well trained. My heroes all of them. There are no support staff though; chefs or maintenance."
- Care staff reported lack of regular training and time to complete this. Records produced of staff training showed this had been completed online for most staff although some training remained out of date.
- All care staff spoken with felt unsupported by the managers and not listened to. Staff could not tell us when they had received one to one supervision and managers could not produce records of supervision of staff. All nursing and care staff reported low levels of morale and some were visibly upset when speaking about the current staffing situation.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was mixed opinions from relatives regarding the support people received at mealtimes due to inconsistent staffing. One relative commented, "They are so short staffed. I did go in daily to feed (relative)."
- The mealtime we saw was not a very sociable occasion. Staff did not spend time with individuals supporting them but went from person to person; the feeling was rather institutional. Some people were not starting to have their meal for 45 minutes after the start of the mealtime period.
- People were assessed for nutritional needs and appropriate referrals made to health professionals if needed.
- Daily records completed by care staff showed people were receiving adequate fluid and nutrition.

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

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals, and this was recorded within their care records.
- People's care records supported a good standard of clinical care. We were able to see people who had clinical care needs such as challenging behaviour had suitable care plans in place. Clinical risks and supporting care plans had not been reviewed for some months however and therefore may not have reflected current need.
- A relative told us, "They can get a GP in quite quickly; organised. They let me know the outcome."

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

- Relatives told us the general environment of the home was run down and not always maintained, although this had been an issue only over the past six months or so.
- The environment had been adapted to meet the staffing shortages rather than the needs of people living with dementia. This had contributed to more institutional care and feel to the home.
- Some snagging environmental issues noted such as a bath out of order, door protectors split, and general décor looking tired and worn. There was a lack of a regular maintenance person at the time of the inspection.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use.

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.

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.

- There were examples of people having been assessed as lacking the capacity to make specific decisions. Good practice was followed in making decisions in people's 'best interest'. Staff we spoke with understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent.
- People and their relatives told us they were always offered choice and control over the care they received. One relative told us, "Staff try to get permission to care. Sometimes they try to explain. They are not always successful. If not, they ring us."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Relatives spoken with felt that the regular staff they knew were caring and supported their loved ones as best they could. One relative told us, "[Staff] are always, kind and caring. Privacy and dignity are always respected."
- The issues identified on the inspection, with lack of consistent staffing and failings in management oversight, evidenced basic care standards provided with little time for staff to provide quality care and support for people living with dementia.
- Individual interactions were seen to be supportive although limited in time and tended to be task orientated only; for example, attending to people only when they became distressed [in one example].
- Regular staff spoken with displayed a genuine positive regard for the people they cared for and expressed frustration at the current limitations in the care they were able to provide.

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

- Family members could share their views about the care in the home with meetings and surveys; these had been carried on over the period of COVID19 and the lockdown periods; the last one being in November 2020. There had been only a limited response to this survey [six respondents in total].
- Family members and staff told us they had raised the issues of concern in the home on quite a few occasions with managers but felt there had been limited or ineffective response.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints records showed inconsistencies in how they were being managed. There was a lack of records to show robust review and oversight of complaints; this did not follow the provider's policy.
- Staff, people and family members were given information about how to make a complaint but were not always confident that any complaints they made would be listened to and acted upon in an open and transparent way. One relative told us, "I did email the overarching company through an online form but had no reply." Another relative commented, "I'd go to the managers. They say they're going to sort things out, but things are a lot worse."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Activity organisers were not currently carrying out their role as they were covering for care staff and engaged in kitchen duties. There was, therefore, no planned quality activity or input for people. People were observed to be left for long periods without social contact. A relative commented, "There's nothing going on. I've asked time and time again. [people] just sit in the chair all day bored."
- Care records contained good detail and evidenced an individualised approach to care provided. However, care plans had not been reviewed for the last two – three months. All the relatives we spoke with, told us they had not seen their loved one's care plan and had not been consulted on reviews for some time.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care planning documentation contained information about how people liked to communicate, and any preferences were recorded.

End of life care and support

- We did not review anyone who was receiving support at the end of their life. Care records included reference to end of life wishes and nursing staff advised good liaison with community support from relevant health care professionals.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

- We found failings in some key areas of the running of the home evidencing a lack of management oversight and contingency planning.
- There was an inconsistency in the management of the home. The area director supporting the home previously had left, the current registered manager had not been in the home for the previous three weeks. The management of the home was on a senior manager rota basis.
- The overall drop in standards in the home reflected the current lack of leadership and direction. All staff spoken with cited lack of consistent leadership as a key issue. One staff told us, "It's never been this bad. We've not had any consistent or effective management for some time now." Another staff member commented, "We seem to manage on a day to day basis."
- Managers were not fully aware of the urgency of the staffing issues we found on the inspection. There was a lack of appropriate action plans in place to keep people warm and comfortable as the heating was not on in most of the areas used by people.
- All the care records we saw had not been updated or reviewed as per the providers policy. Audits carried out by the provider had highlighted this, but the situation had not been addressed.
- All staff, and most relatives advised us there had been a change in the running and culture of the home since our last inspection and even before this. One relative said, "The manager has left. I'm not aware of a replacement. It's the third or fourth manager since I've been here." Another commented, "It's not a well-managed home."

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Managers and staff were unclear about their roles, and there was an inconsistent approach to quality performance and risk.
- There was a manager registered with The Commission [CQC] but they had not been present in the home for three weeks and were moving elsewhere.
- Following our initial feedback, the senior managers covering the home produced an action plan and sent this to CQC to provide reassurance regarding the current risks in the home. The plan included engaging with the current regular staff and including them in both short terms and longer-term plans to improve the situation in the home.

- The provider was aware and ensured regulatory notifications were sent CQC to update on any incidents or issues affecting the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.

- There had been a lack of positive engagement with both staff and relatives of people living at Dale Park. Staff told us they had continually raised concern about the running of the home but had had little feedback or support. Relatives felt communication had been poor of late and they were unsure as to the management of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had policies and procedures which involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. These policies had not been carried out effectively since our last inspection.
- Staff understood the service's vision but felt this was no longer being achieved because of current difficulties. Regular staff did not feel valued. They understood the present difficulties with staffing the home but felt disengaged in terms of being consulted about any forward planning.

Working in partnership with others

- The senior managers and senior nurses were aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a breakdown in the providers systems and processes to effectively assess, monitor and improve the quality of care. There was a failure to maintain accurate records of care and treatment and other records used to run the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There was a lack of suitable and consistent staffing to ensure a good quality of care for people living in the home and meet their individual care needs consistently.