

Dairy Lane (St. Michael's) Limited

Dairy Lane Care Centre

Inspection report

Dairy Lane
Houghton Le Spring
Tyne And Wear
DH4 5EH

Tel: 01915843239

Date of inspection visit:
06 June 2018
13 June 2018
14 June 2018

Date of publication:
27 July 2018

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 inspection took place on 6, 13 and 14 June 2018. The first day of the inspection was unannounced.

Dairy Lane Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Dairy Lane Care Centre accommodates 22 people with personal care needs in one adapted building. Some of the people were living with dementia. At the time of our inspection, there were 21 people using the service.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in May 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

People told us they felt safe Dairy Lane Care Centre. There were sufficient numbers of staff on duty to keep people safe.

There was an effective recruitment and selection procedure in place and relevant vetting checks were carried out. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were appropriately recorded and risk assessments were in place. Safeguarding procedures had been correctly followed and staff had been trained in safeguarding vulnerable adults.

The home was clean, spacious and suitable for the people who used the service. Health and safety checks had been carried out however there was no evidence that the seated scales had been calibrated, which meant people's weight may not be accurately measured. The registered manager agreed to action this as soon as possible.

Appropriate arrangements were in place for the safe administration and storage of medicines.

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.

People were supported with their dietary needs and care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Dairy Lane Care Centre. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation.

The provider had a complaints policy and procedure in place, and people who used the service and family members were aware of how to make a complaint.

Staff said they felt supported by the management team. People who used the service and staff were regularly consulted about the quality of the service via meetings and surveys.

The registered manager conducted regular audits of the service.

We have made a recommendation that the registered manager formally records their daily walkarounds of the home.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Dairy Lane Care Centre

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.

Inspection site visit activity started on 6 June 2018 and ended on 14 June 2018. It included three visits to the care home to speak with the registered manager and staff, carry out observations, and to review care records and policies and procedures. One adult social care inspector and an inspection manager formed the inspection team.

During our inspection we spoke with six people who used the service, and 11 family members and visitors. In addition to the registered manager, we also spoke with three members of staff and two health and social care professionals. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. People who used the service told us, "I feel safe" and "Very safe." Family members told us, "I have peace of mind that I know [name] is safe", "It's a huge peace of mind [that family member was safe]". "I know [name] is safe. It's a huge weight off my shoulders" and "It is clear that the environment is safe and outstanding good practice is in place. We are kept fully informed and any medical needs are well catered for and discussed with us."

We discussed staffing with the registered manager and looked at staff rotas. The registered manager told us they did not use agency staff and any absences were covered by their own permanent staff. People, family members and staff we spoke with did not raise any concerns about staffing levels.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. One member of staff did not have a copy of photographic identification in their file however this was actioned by the registered manager on the first day of our inspection.

We found safeguarding procedures had been correctly followed. Investigations had been carried out as necessary and appropriate action taken. Staff had been trained in how to protect vulnerable people and were also aware of the provider's whistleblowing procedure.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. We saw examples of where lessons learned from accidents and incidents had been shared with staff and had resulted in changes to policies and procedures.

The home was clean and free from unpleasant odours, and regular infection control audits were carried out.

Regular health and safety checks were carried out, including fire safety checks, premises and equipment servicing, and maintenance checks. However, the seated scales had not been calibrated which meant people's weight may not be accurately measured. The registered manager told us they would action this as soon as possible and following the inspection they informed us the service and calibration of the scales had been booked.

We found appropriate arrangements continued to be in place for the safe administration and storage of medicines. Records were accurately maintained, staff had been appropriately trained and were observed every year to ensure they were competent in the role.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "I love it" and "The carers are wonderful." Family members told us, "They're really good in here, nice and friendly", "I just want to say how fantastic the staff are", "They've [staff] have always been extremely informative", "The staff are exceptional" and "[Name] is well looked after."

Staff were supported in their role and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. People were supported with their dietary needs where appropriate, and people and family members we spoke with were complimentary about the food at the home.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date.

Care records contained evidence of involvement from health and social care professionals such as community nursing teams, GPs, dentists, podiatrists and opticians. A visiting healthcare professional told us, "I couldn't fault it [Dairy Lane Care Centre]", "They contact GPs for reviews, very proactive" and "Dairy Lane is at the top of my list."

Adaptations had been made to the home for people with dementia type conditions. Appropriate signage was in place and walls were decorated to provide people with visual stimulation. Corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People who used the service told us, "It's not home but it's as close as you can get" and "I like being here." Family members told us, "They are really, really caring people, with families as well as residents", "I don't feel like I'm in a care home. I feel like I've come into my [family member]'s home to visit his extended family", "The staff are [name]'s friends", "The care from the staff is second to none" and "[Registered manager] and her staff treat [name] with great respect and understanding and never forget the man he was."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. We saw staff knocking on bedroom doors and asking permission before entering people's rooms. We observed one person had a stain on their clothing. A member of staff politely suggested the person changed into clean clothes and supported them to do this. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People were supported to be as independent as possible, such as with personal care needs, mobility, and eating and drinking. Care records described what people could do for themselves and what they required support with. For example, "Staff to assist [name] to clean their teeth by putting toothpaste on the brush and giving [name] instructions to brush them", "Staff will try to encourage [name] by explaining step by step what is happening" and "[Name] needs full assistance with two staff members for hygiene, dressing and undressing." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

Communication support plans were in place that documented people's needs in this area and how staff were to support them. For example, "Approach in a friendly manner", "Sometimes I may not speak to you when you have spoken to me" and "Ensure have glasses on and they are clean."

We saw that records were kept securely in the registered manager's office. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options, and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us some of the people using the service at the time of our inspection used an independent advocacy service.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Family members told us staff were responsive to people's needs. They told us, "Very responsive. I know [name] is getting the care" and "They [staff] are very responsive to needs."

People's care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each person's care record included important information about the person, such as religious needs, family history, school life and past employment, interests, and friendships. We saw these had been written in consultation with the person who used the service and their family members. People and family members told us they had been involved in care planning.

People's preferences and choices were clearly documented. For example, times of waking and going to bed, where they preferred to sit and spend the day, and preferred overnight routine.

Support plans were in place and described each person's individual needs, what the preferred outcomes were and what actions were required from staff. For example, one person's support plan described how there were at risk of skin breakdown due to immobility and incontinence. The support plan clearly described the actions staff were to take, including regular skin checks to be carried out, use of pressure relieving equipment and cream, and regular positional changes.

Care records we looked at were regularly reviewed, evaluated and up to date. These included risk assessments, charts and other tools such as pressure monitoring, malnutrition screening and risk of falls. Daily notes were maintained for each person and included updates on the person's health, personal care and continence, diet and nutrition, and visits from health care professionals.

People had 'My final choices' support plans in place that provided information on people's wishes regarding end of life care, cultural or religious arrangements, and funeral planning. A family member told us the service supported their relative with their religious needs.

We found the provider protected people from social isolation. The home had a dedicated activities room and we observed many activities taking place during our inspection visit. We spoke with the activities coordinator who told us about people's individual interests and preferences. They showed us people's individual activity plans and examples of arts and crafts that people had taken part in. They told us they received a lot of support from family members. Family members we spoke with told us they enjoyed visiting the home and taking part in the activities, such as an Easter fayre, a Royal wedding party and St George's Day.

The provider had a complaints policy and procedure in place. For one complaint, we found it was recorded but the complainant had not been responded to directly. Details of the complaint had been forwarded to

the local authority as they had dealt with the incidents the complaint referred to. Family members we spoke with told us that where complaints or concerns had been raised, they had been responded to and actioned in a timely manner.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since February 2014.

The provider had submitted all their statutory notifications in a timely manner except for one. A notification is information about important events which the service is required to send to the Commission by law. One notification had not been submitted to CQC until 12 days after the incident took place. We found this notification, and one other relating to the same person, had not been correctly completed. The registered manager told us they were on annual leave at the time of the incident and the deputy manager had found they were unable to submit the notification to CQC until the registered manager's return. We found the incident report had been correctly completed and the local authority safeguarding team had been informed in a timely manner.

We discussed with the registered manager the importance of governance arrangements when they were on annual leave and that notifications were submitted in a timely manner. We advised that if there were any further problems submitting a notification, they should contact CQC to inform us.

We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us maintenance and refurbishment plans were ongoing for the home. They told us about the good links they had with the local community, such as visits by local schools and church groups, their involvement in a local community group for older people, and providing placements for health and social care students.

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly. Staff we spoke with told us they felt supported by the registered manager.

The registered manager carried out a variety of audits that recorded whether any issues or actions had been identified. They told us they conducted daily walkarounds of the home but these were not recorded. They showed us their diary where any issues or identified actions from these walkarounds had been documented, but they did not record what had been checked.

We recommend the registered manager records their daily walkarounds in a more formal manner.

Annual surveys were carried out where people, family members and visitors could provide feedback on the quality of the service. We saw a food survey had taken place in March 2018 where the registered manager had asked for suggestions for meals to be added to the menu.

Family members told us there was a positive and open culture at the home. They told us, "You can go to [registered manager] with anything", "They [staff] are fantastic. So is the manager", "I am made so welcome

whenever I arrive" and "[Registered manager] is, in my opinion, an outstanding leader and manager of people. She has earned and rightly receives the respect and liking of those who are in her care and who work for her."