

Mauricare Limited

Dallington House Care Home

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

The provider had made essential improvements to the home to become compliant with fire safety and food hygiene regulations. They had improved the décor and cleanliness of the home. People were much happier; they had been involved and kept informed of the changes that were being made.

The provider and registered manager had implemented systems to monitor the safety and quality of the service they provided. The audits informed them of the actions required to improve the service. However, the quality monitoring was not robust enough to identify some areas that continued to require improvement. The provider had not embedded all the systems for health and safety as systems to protect people from accessing the kitchen and stairs were not reliable. We discussed our findings with the registered manager and they responded by implementing further checks and audits to help maintain people's safety.

The provider had not always implemented all the necessary employment checks, or ensured people were supported to engage in meaningful activities. Following our feedback, the provider took action to improve these areas.

People received care from enough staff that had received training and support to carry out their roles. People were supported to have enough to eat and drink to maintain their health and well-being.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

There was a positive culture within the service where staff communicated well and people's needs were met.

The improvements seen at this inspection were recently implemented; the provider had not had the opportunity to demonstrate these improvements had been embedded into practice or sustained over a period of time. For this reason, we have rated the service as requires improvement.

Rating at last inspection: Inadequate 26 June 2018.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

About the service:

Dallington House Care Home provides accommodation and personal care for up to 16 older people, some of whom were living with dementia or learning disabilities. On the day of our visit, there were 12 people using the service.

Why we inspected:

We carried out this inspection to follow up from our inspection in June 2018 where we found the service to be Inadequate. We had varied the conditions of their registration; this inspection was to assess the progress the provider had made in meeting the regulations.

Follow up:

We will continue to monitor the service in conjunction with other agencies such as the fire service, environmental health and the local authority. We will carry out a further inspection in the next six months.

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 caring

Details are in our Caring findings below.

Good ●

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 always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Dallington House Care Home

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: Two inspectors and an inspection manager.

Service and service type: Residential home for older people and people living with learning disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: Unannounced

What we did:

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During this inspection we spoke with five people using the service and one visiting relative. We spent time observing people's care and how staff interacted with them. We also spoke with six members of staff including the provider, the registered manager, two senior care staff, the cook and the cleaner.

We looked at the care records of people who used the service including daily records, medicines records and

the assessments and care plans for two people. We also examined other records relating to the management and running of the service. These included four staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. Regulations have been met.

At our last inspection on 26 June 2018 we rated the service as Inadequate. The provider continually failed to be compliant with Regulation 12, safe care and treatment, in four of the inspections since June 2015. They failed to make the necessary improvements and failed to ensure people were protected from risks, or taken sufficient action to mitigate all the risks. There were no systems or processes in place to ensure fire safety, infection prevention or food safety.

At this inspection we found people were safe as the provider had made significant improvements to all areas and were meeting the regulations. However, there were a few areas that continued to need improvement and be sustained over time.

Monitoring of risks and safety

Fire Safety

- The provider had completed all the requirements of their fire safety notice and were now compliant with the fire regulations.
- The provider continued to follow their extensive action plan to meet all the fire assessment recommendations. However, there were no clear deadlines for actions such as replacing the old fire alarm system, and lighting of fire exit signs. The system in place was still functioning but an old system.
- The registered manager ensured all regular fire safety checks were carried out as planned including testing the fire alarms, fire exits, emergency lighting, automatic door closures and practice evacuation.
- People had personal emergency evacuation plans to identify their needs in the event of a fire or evacuation.

Health and safety

- People living with dementia and reduced mobility had access to the staircase; the provider had not assessed this risk. However, staff were vigilant to people mobilising and escorted people to use the staircase or assisted people to use the stair-lift instead.
- People were at risk of accessing the kitchen where hot appliances and equipment put them at risk of harm. The registered manager had not carried out checks on the kitchen door to ensure it was kept locked when the kitchen was not in use. We observed the kitchen door was unlocked when the kitchen was empty and later saw a person living with dementia trying to access the kitchen. We brought this to the attention of the provider and registered manager who told us they would carry out regular checks of the kitchen door to keep people safe.

Food hygiene

- The provider had made improvements to the food safety procedures in the kitchens. They had implemented a 'kitchen open and close down' procedure to help ensure food hygiene practices were maintained. However, we saw the dirty sponge and tea towel had not been removed at the close-down of the kitchen as required. We brought this to the attention of the registered manager and the provider who told us they would monitor the close-down procedure to prevent a reoccurrence.
- The provider had arranged for a deep clean of the kitchen extractor hood and fans. The cook carried out regular cleaning in the kitchen. However, the gas hob remained greasy and dirty. We brought this to the attention of the registered manager and the provider who told us they would arrange for the hob to be deep cleaned.
- The provider was now compliant with food safety regulations. They had purchased essential equipment such as thermometers and ensured food, fridge and freezer temperatures were recorded daily. Food was stored in fridges in accordance with food safety guidelines, including labelling of opened foods. Fly netting had been installed at windows and a pest control contract was in place.

People's risk assessments

- People's needs were assessed and care plans provided staff with guidance on how to mitigate these risks. Risks were regularly reviewed or as people's needs changed. It was evident throughout the inspection that staff knew and were knowledgeable about people and their needs.

Staff recruitment

- The provider had not ensured that all existing staff had a satisfactory enhanced Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We brought this to the attention of the registered manager and provider who told us they would ensure this DBS would be carried out immediately.
- New staff had been recruited using safe recruitment procedures. Previous employment history and character checks had been made.

Staffing levels

- The registered manager ensured there were enough staff deployed daily, with the skills and experience to meet people's needs. Staff told us the staffing levels were good, and they had enough staff to provide people's care.

Safeguarding systems and processes

- Staff knew how to recognise and report any concerns about poor care or ill treatment. One member of staff told us, "I would report anything I was concerned about, I wouldn't stand for any poor care."
- The registered manager reported all safeguarding concerns to the relevant authorities including the local safeguarding team.

Using medicines safely

- People received their medicines safely as staff followed the provider's policies and procedures.
- Staff received training in safe medicines management and understood their responsibilities.
- The registered manager audited people's medicine records and acted where issues had been identified.
- People were supported to be independent with their medicines where they chose to. Staff and district nurses supported people to manage their diabetes.
- The registered manager ensured that senior care staff were assessed as competent to give and manage medicines for people.

Preventing and controlling infection

- Staff had access to all the equipment and facilities to prevent the spread of infection such as personal protective equipment and hand washing facilities in all key areas.
- The provider had employed domestic staff. The home looked clean and cleaning schedules were in place which were monitored.
- Soft furnishings, flooring and radiator covers had been cleaned or replaced to ensure people remained safe from the risk of infection.

Learning lessons when things go wrong

- The registered manager and provider reviewed incidents and accidents and used this information to learn how to avoid future incidents. For example, one person had experienced frequent falls earlier in the year, due to staff vigilance and the implementation of sensors, the number of falls had reduced.
- The registered manager shared the outcomes of inspections from the local authority, fire service, environmental health and CQC with staff, residents and relative's. They had used the experience as a learning opportunity. They displayed posters in reception showing the journey from a rating of Inadequate to improving the service. These showed the actions they had taken and future plans by the provider to make further improvements.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met.

At our last inspection in June 2018 we found the provider was in breach of two regulations relating to the adaptation, design and decoration of the premises and people's nutrition and hydration needs. During this inspection we found the provider had made improvements and were meeting the regulations.

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

- People living with dementia did not have sufficient adaptations to the service to help them to orientate themselves, such as clear signage of doors and use of colours in areas to prevent falls. There continued to be areas of the service that did not meet people's needs and required improvement.
- The provider had decorated the communal lounge and four of the bedrooms. They had on-going plans to continue to update the decoration of the service. New armchairs had been ordered. One member of staff commented, "It looks a lot nicer."
- The provider had removed excess equipment and rubbish from the service and garden creating clear areas for people to use. One member of staff told us, "It feels more homely."
- Staff used technology and equipment to meet people's care and support needs. For example, sensor mats and movement sensors to alert staff when people needed support.

Supporting people to eat and drink enough with choice in a balanced diet

- The registered manager had ensured kitchen staff had all the information they required to meet people's nutritional needs. Information about people's diets such as vegetarian were displayed in the kitchen for staff to refer to. The cook made individual meals to meet people's cultural needs.
- People were supported to have nutritious meals that met their individual needs; staff promoted independence where possible with the use of adapted cutlery and plate guards.
- People were encouraged to drink enough to maintain their well-being. One person told us, "I haven't been drinking as much as I should. Staff know I like cold fizzy drinks so they keep them in the fridge and keep at me to drink plenty."
- People's weights were closely monitored; where people lost weight, they were referred to their GP and dietitian. Staff followed health professionals' advice to help maintain people's weight by ensuring people received their supplements. Where a person's medical condition meant their weight had to be monitored, this was done and action taken when referral to GP was required.
- People who were assessed as at risk of choking received their recommended soft moist diet and thickened fluids.

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

- The provider had systems in place to assess people's needs before moving into Dallington House Care

Home. There had not been any admissions to the service due to a condition on the provider's registration preventing new admissions. These conditions can be removed at a later date when the provider has made sustained improvements.

Staff skills, knowledge and experience

- New staff had an induction and training which included shadowing experienced staff.
- Staff had received on-going training to carry out their roles competently. For example, in safe moving and handling; we observed staff using their knowledge to safely transfer people using a hoist.
- The registered manager provided regular supervision and yearly appraisals for staff.

Access to healthcare

- Staff knew people well and recognised when people were unwell or behaved differently which could indicate ill-health. Staff referred people to health professionals in a timely way. One person told us, "Staff were really quick to get the GP when I was not well last week."
- Staff worked together with GPs, practice nurses, specialist nurses and district nurses who visited the service regularly to provide health support and care.

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 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 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.

- Staff involved people in decisions about their care; and ensured decisions were taken in people's best interests.
- Staff supported people who did not have capacity to make decisions, in the least restrictive way possible. People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- The registered manager worked with the local authority to seek authorisation for people who were deprived of their liberty, this was to ensure this was lawful.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in June 2018 the provider had not always treated people with respect as they had failed to provide a service that was well maintained, hygienic and upgraded when needed. The service had gone into disrepair, leaving people to live in a service that looked shabby and uncared for. At this inspection the provider had made improvements to the environment.

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

- People's views had been sought and considered. One person said, "I am very happy here." One member of staff told us, "[The provider] has listened to us and the residents to find out what we needed to improve the home." One relative had responded to a survey by saying, "[Dallington House Care Home] is a small friendly home."
- The provider had improved the environment and safety of the service. They involved people in their plans to continually upgrade it. One person described how they had advised staff how to hang the curtains properly as they had the experience and knowledge from their work in the past.

Ensuring people are well treated and supported

- People told us they were happy living at Dallington House Care Home. One person told us, "Everybody here makes me happy, we all know each other well. They [staff] would do anything for you." Another person told us, "I like it here."
- We observed people talking to each other and staff with kindness and compassion. Staff listened to people and supported them in what they wanted to do.
- Staff knew people's likes, dislikes and preferences and used this knowledge to care for them in the way they liked. One person said, "I prefer to stay in my room, I like to sit and watch what's happening."
- Where people were unable to verbally communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and used pictures or simple sign language to interpret what people needed.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained when receiving support to mobilise. For example, we saw people were asked for their consent before being supported to use a hoist to transfer between chairs; staff maintained their dignity and provided reassurance throughout.
- People received their personal care in private; staff asked people discreetly if they required personal care

and respected their privacy in the bathroom.

Maintaining important relationships

- People's relatives and friends were made to feel welcome in the service, there were no restrictions on visiting times. One relative told us, "I visit every other day, I always feel welcome and staff let me know if there are any changes to [name's] care."
- Staff supported people to celebrate events that were important to them, such as Diwali and birthdays. Families were invited to join people in celebrations.
- People with learning disabilities were supported to prepare for family home visits and talked with people about their families.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

RI: ☐ People's needs were not always met. Regulations have been met.

At our last inspection in June 2018 people did not have all the information they required to make a complaint or have the opportunity to express their wishes or preferences or planned for end of life care. During this inspection the registered manager had made improvements in these areas.

How people's needs are met

- People who did not visit day centres did not have the opportunity to take part in activities that provided meaning or structure to their day. Although the provider had arranged for one of the care staff to provide time for activities three afternoons a week; staff did not actively seek ways to help people pursue their hobbies, interests and pastimes. We observed where people did pursue their interests, the time and resources were provided by their families.
- People chose where they spent their time; staff respected their choices. One person told us, "I like to be alone, I sit in my room and staff bring my food to me." Another person told us, "I am comfortable sitting in my chair, I can see what is happening in the world."
- People, and where appropriate their relatives, were involved in developing their care plans.
- People's assessments and care plans considered people's values, beliefs, preferences and communication needs.
- People's care plans gave clear instructions to staff on how to provide people's care. Staff recorded how they ensured people's safety. One member of staff gave an example, "[Name] uses furniture to lean on when walking around, we remind them to use their frame."
- Staff documented the care they provided which demonstrated they carried out their care as planned.

Improving care quality in response to complaints or concerns

- People had information about how to make a complaint. Where required people had the complaints procedure in an easy read format and the registered manager explained the process to them verbally at reviews.
- The registered manager had the systems in place to respond to complaints and take action to; there had not been any complaints made since the last inspection.

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- The registered manager had supported people to discuss what was important to them including people's religious beliefs and cultural needs.

- People were assessed and received care and treatment from staff who were supported by health professionals.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection in June 2018 the well led domain was rated Inadequate as the provider failed to demonstrate they had the skills and knowledge to implement governance systems which would assess, monitor and improve the safety and quality of the service. People continued to be at risk of harm due to outstanding issues relating to their environment, fire safety and infection prevention measures. The provider failed to be compliant with Regulation 17 Good governance, in any of the previous six inspections carried out since their registration with CQC in December 2014. From our inspection in January 2017 we rated the service inadequate, we placed a condition on their registration to prevent the provider admitting anyone into the home without the permission of CQC; this condition remains in place.

At this inspection the provider and registered manager had made improvements to the governance of the service and were meeting the regulations.

Leadership and management

- The provider and registered manager had worked closely together to make the changes necessary to become compliant with the regulations.
- The provider used action plans to plan and complete essential works within the service to improve fire safety.
- The provider had improved the cleanliness of the kitchen and food safety management.
- The provider had begun a programme of decoration and upgrade of the service. They told us, "We want to build on what we have achieved so far."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider had demonstrated they understood the time and resources required to improve the quality of the service.
- The provider had supported the registered manager by being responsive to their requests for resources, including the employment of maintenance staff. The registered manager told us, "I'm much happier. Now if I ask the provider for what the home needs, the provider responds. We've been able to get the kitchen equipment and training."
- The registered manager had implemented some audits to monitor the safety and quality of the service, such as call bells, wheelchairs, medicines management, health and safety and the environment. The

registered manager collated the findings from the audits to create and follow action plans to improve the service. However, the audits did not identify some ongoing issues including the effectiveness of the kitchen close-down procedures, risk assessments for people accessing the stairs, employment checks of existing staff or the lack of meaningful activities.

- The registered manager understood their role and ensured the statutory notifications were submitted to CQC in a timely way.

Engaging and involving people using the service, the public and staff

- The provider and registered manager had met with people using the service to discuss the impact of the enforcement from the fire service and CQC and what it meant for them.
- The provider has responded to people's feedback, improved decoration of the service, tidied garden and provided storage for mobility scooters. The registered manager told us, "The residents can see things are getting done, we are hearing praise."
- Staff had one meeting in August 2018 where they could discuss issues relating to the improvement plans. We reiterated the importance of staff being involved with the improvement plan; the registered manager told us they would hold more regular staff meetings.
- Staff told us the provider was now listening to staff and the registered manager and any requests for work or equipment was more forthcoming. One member of staff told us, "The home has really improved in a lot of ways since last time. When we approach the management, things get passed on and suggestions are taken up and things get done."

Working in partnership with others

- The provider and registered manager had worked with the fire safety officers and environmental health officers to improve the fire and food safety within the service.
- The provider and registered manager had worked closely with the local authority to improve the assessments, care and the environment for people.