

Dalemead Care Home Limited

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Inspection report

10-12 Riverdale Gardens
Twickenham
Middlesex
TW1 2DA

Website: www.dalemead.co.uk

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13 March 2017
14 March 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an inspection of Dalemead care home on 13 and 14 March 2017. The inspection was unannounced. At the previous inspection of 27 April 2015 the home had met all the standards.

Dalemead is a home for up to 49 older people, including people living with dementia. The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the registered manager was on leave and the inspection was supported by the deputy manager and her team.

At this inspection we found the service remained Good.

The service demonstrated they continued to meet the regulations and fundamental standards.

People and their relatives using the service felt safe living at Dalemead and spoke positively about the support provided to them. They said staff treated them with kindness and respect. People were supported to lead active lives and maintain relationships with those who matter to them. People and their relatives also spoke highly about the care and support provided at the home.

People received care and support from a stable group of staff who knew them well and understood their needs and preferences. Each person had an individualised support plan to make sure they received the support they required. Assessments completed by the service identified any risks to each person and helped to safely promote their independence.

People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

The staff attended training which gave them the knowledge and skills to support people effectively. People were supported to have 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 and their relatives spoke highly about the range of activities offered in the home and the respectful and friendly manner with which staff supported and assisted them. People's independence and privacy was respected and care was provided in a way that promoted people's dignity. There was a choice of nutritious food which took into account people's cultural and personal preferences.

Staff working at the home spoke positively about their philosophy of care and confirmed that they received regular support and training. People using the service felt able to speak to the registered manager or other

staff to raise any issues or concerns. Records, policies and procedures were in place and were up to date.

An experienced registered manager was in post who knew the service and the people living there very well. There were systems in place to help ensure the safety and quality of the service provided.

Further information is in the detailed findings below.

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 remains 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 remains Good.	Good ●

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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 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.

This comprehensive inspection took place on 13 March 2017 and concluded on 14 March 2017. The inspection was unannounced and carried out by one inspector and one 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. Our expert-by-experience had older people as their area of expertise.

During our visit we spent time with seven people and 4 relatives. We also spoke with the deputy manager, team leaders, activities manager, volunteers and care staff. We observed care and support in communal areas, and looked at the care records for five people, staff records for five people as well as a range of records, policies and procedures that related to how the home was managed.

We reviewed information received from the home such as the Provider Information Return (PIR) and notifications sent in accordance with the regulations.

Is the service safe?

Our findings

People using the service told us they felt safe and liked living at Dalemead. Other people demonstrated their feelings in non-verbal ways, such as body language, signs and sounds which communicated that they felt safe.

One person told us, "I feel very safe here. The staff are kind and always friendly." A relative said, "They're very careful about access and people wandering around."

People who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing.

Staff were supported with information to guide them in the event of a safeguarding concern being identified. For example we looked at the home's safeguarding policies and procedures and saw that they were reviewed and updated regularly. These included safeguarding, complaints and whistle blowing procedures.

Throughout the inspection we observed people interacting with staff in a confident manner and we saw that staff were aware of each person's method of communicating which enabled them to detect whether anyone was distressed or in need of support.

We saw that staff were recruited through a robust procedure which included criminal checks, references and interview. The staffing levels reflected the needs of people living there and staff spoken with said there were enough people on duty each day. We saw that people using the service knew all the staff very well and staff described working there as being part of a family. The home did not employ agency staff, and this contributed towards the sense of consistency and stability at the home. One relative told us, "They don't have any agency staff which I think is amazing."

We saw up to date assessments which identified any safety risks to people and which helped to safely promote their independence. For example, we saw risk assessments relating to people's mobility, nutrition and finance. Records confirmed that staff received training in safeguarding adults and knew how to recognise abuse. People received support to manage their own money and finances according to their different needs. There were systems to make sure that any money handled by staff was managed properly with full records kept.

Medicines management in the service was safe. People told us that staff helped them take their prescribed medicines. We saw medicines were kept safely and securely in locked cabinets in each of the home's 4 wings. People using the service had medicines administration records (MAR) that were accurate and up to date. These were audited regularly. There were systems for the ordering, receipt and returning of medicines and records showed that staff received training to manage medicines safely. The deputy manager had overall responsibility for ensuring medicines were managed properly and she was able to demonstrate in a confident and positive manner all aspects of the medicines management procedures.

The house was clean and well maintained when we visited and there were appropriate infection control procedures. There was a separate, dedicated housekeeping team who worked well together to ensure that the home was clean, free of hazards and provided an attractive environment for people and their guests. There were regular audits and checks on environmental areas such as water temperatures, fire safety and emergency alarms.

Is the service effective?

Our findings

People spoken with were happy with the support provided by the staff working at Dalemead. One person told us, "I like it here. The staff know what they're doing." A relative said, "From what I've seen the staff are just brilliant. There is a lot going on, and a lot of people need so much help, but there is a calmness to it all that just gives you reassurance and confidence."

There was a consistent team of staff working at the service who were appropriately trained. Staff told us they had opportunities for on-going training and there was a system in place to make sure staff received relevant mandatory training and this was kept up to date. Records showed that staff had undertaken training across a number of areas including safeguarding adults, health and safety and nutrition. Staff confirmed they were supported by the registered manager both through formal one to one supervision meetings and more informal day to day contact.

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 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).

The manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. Staff had completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. Throughout our inspection staff offered people choices and supported them to make decisions about what they wanted to do.

People told us they enjoyed the meals provided to them and could choose what they wanted to eat. One person told us, "Whoever is the chef, they do very fine work I think. It's nice to experience someone else's cooking." We observed staff supporting people to choose and prepare their lunch as appropriate. The chef spoke passionately about how people were consulted about their meal preferences and how menus were planned with the aim of making the meals not only nutritiously balanced but presented in a way that encouraged people's appetites. We saw that people had a choice from the main menu, and those who did not wish anything from the menu would have a specific alternative meal provided. People could eat where they found it most comfortable and communal dining areas were designed to allow small groups of people to eat together.

People's health needs were met. Health action plans addressed people's past and current health needs and staff kept accurate records about people's healthcare appointments and any action required. There was information about each person which helped hospital and other clinic based staff understand how best to support a person, should they ever need to attend a hospital.

We saw that the home worked well with other agencies such as pharmacist, GPs, social services and health services and information was shared between staff at regular handovers and meetings.

Is the service caring?

Our findings

People told us they liked living at Dalemead and that staff were kind and caring. One person said, "They ask if you need anything. I do the crosswords and they bring me one extra sometimes. They were also quite tolerant of my grandchildren when they came to visit me. You know how little kids can be. But they were very good about it."

Another person told us, "The staff make it jolly." Another said, "There are a lot of people struggling here. The staff don't get cross, even with awkward patients."

Relatives we spoke with also had positive comments to make. One told us, "We like it here. It's a lovely room - nice and bright. It's a comfortable room and beautifully clean. The staff seem pretty attentive. Mum is a vegetarian and when she first came here she didn't used to have much choice in the food, but we talked to someone about that and now they have a lot of choice."

Staff we spoke with were familiar with the needs and preferred daily routines of each person. There was a relaxed and homely atmosphere in the service when we visited. Observed interactions between staff and people using the service were familiar and friendly and staff clearly knew how to work positively with people to help ensure their wellbeing.

The provider continued with the practice of having a clear Service User Guide which emphasised the rights of people to be treated with dignity, to have privacy and to be able to exercise choice. This was also reflected in the home's policies and procedures and formed the basis for staff training. Care records were up to date and individual to each person. They contained information about people's life history, their likes and dislikes, cultural and religious preferences. Care records included details such as personal achievements, places visited and family relationships. There was a section entitled 'All about Me' with printed photographs as well as a 'Daily Diary' and 'Things important to Me'. Care records explained to staff how people wished to be supported as well as including detailed interventions and outcomes when delivering care to people.

One area of development which the senior care team was exploring was in end of life care. Already a good working and training relationship had been built up between the home and a hospice with regard to end of life care and the home's practical arrangements for people at end of life were based on individual preferences and support for relatives. The home also had dementia "champions" who had the role of continuously developing the care approach towards people with dementia.

The home was now considering the implementation of other tools and good practice for those people with advanced dementia and end of life, for example, Namaste Care. The deputy manager and other senior members of the team were taking the lead in this and were cautiously exploring how best to introduce this as part of their overall care practice in the home, as it was an holistic approach to care which would require all staff to be engaged with it.

Is the service responsive?

Our findings

People and their relatives spoke very positively about how Dalemead supported them to do things and how well the staff responded to individual needs and preferences. One person said, "The staff can't do enough for us. They are always asking how we are and if I need anything like help getting back to my room they are there." One relative told us, "I am very happy with the home and the range of opportunities for people is amazing."

Throughout the day we observed staff interaction with people. Staff always ensured that they would greet people and enquire after them, even if just passing through. If someone asked a question we saw that staff listened attentively and supported the person to make themselves understood in order that staff could respond appropriately.

Staff talked knowledgeably about people and how they supported people to be active and occupied. Care records included personal profiles of people's preferences, risk assessments, care plans and reviews. Relatives we spoke with confirmed that they had attended reviews and felt involved and consulted on their relatives' care.

The home had an activities manager who was a member of the senior care team. A comprehensive range of activities was in place all year round which catered for all tastes and abilities. Some activities took place weekly, such as music, quizzes and art. Others took place at monthly or 3 monthly intervals, such as special outings or entertainment from booked artists.

There was very good use of volunteers in the home. In addition to regular volunteers such as weekly singers and guitarists, the home had a bank of eight volunteers who would spend personal time with individuals. Volunteers we spoke with had positive feedback about the home and the support they received from staff.

We saw people were supported to keep in touch with people who were important to them such as family and friends. We saw that care documentation was kept under review and updated regularly. Care support plans seen were detailed and person centred, addressing people's abilities, routines and personal preferences.

Information was shared by staff through daily notes, verbal handovers and team meetings. Daily notes were completed for each person including their personal care, health and leisure activities.

The service had a procedure in place to manage any concerns or complaints which was accessible to people using the service, their relatives and other involved stakeholders. This set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. In addition to six-weekly meetings for people and their relatives, people told us they felt able to talk to a member of staff or the registered manager if they had a concern or complaint. We saw there had been no recent complaints about the service. The service had records of a wide range of compliments and praise for the service.

Is the service well-led?

Our findings

An experienced registered manager was in post. He and his staff team made sure that people using the service were valued and at the heart of the service. People and their relatives spoke positively about the registered manager, saying that he was visible and approachable. Staff were confident about the quality of care provided and felt supported by the management team. They said that the registered manager was available and they could talk to him or other organisational senior staff any time they wanted to.

Regular staff meetings were held that enabled staff to discuss issues and keep up to date with current practice. Care records reflected people's views and preferences. Information was easy to read and people's care and support needs were documented. The staff reviewed and updated these records regularly and kept an accurate and appropriately detailed record of the support they had provided.

There was a strong team culture in the home, which was evident as the registered manager was on leave at the time of inspection. Staff knew their respective roles and responsibilities which meant that in the manager's absence the home ran smoothly and to consistent standards.

Relatives felt involved because the manager and key staff updated them on events and any changes to people's routines or health. The service provider carried out regular audits of the service, which included health and safety audits as well as audits against the care provided by the service. Policies and procedures were written in clear English and described the rationale for the policy or procedure in the context of compliance with CQC standards

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.