

Sanctuary Care (Geffen) Limited

# Dalby Court Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dalby Court Residential Care Home is a care home which provides care for up to 68 people. The service does not provide nursing care. Care is primarily provided to older people, some of whom are living with a dementia. At the time of the inspection there were 41 people using the service.

The service accommodates people across two floors. There are communal lounges, dining rooms and bathing facilities. There is an enclosed garden for people to use.

### People's experience of using this service and what we found

People and relatives were positive about the caring nature of staff and the service they received. There were enough staff employed and on duty at any one time to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant checks when they employed staff.

Accidents and incidents were recorded and analysed, and most risk assessments were in place. However, we did find some risk assessments for some clinical areas such as diabetes, glaucoma and Parkinson's disease were not in place. This was pointed out to the registered manager who took immediate action to address this.

Medicines were managed safely. We identified some minor improvements were needed in relation to the recording of medicines. We received confirmation after our inspection that these records had been reviewed and updated.

Ongoing improvements were being made to the decoration and facilities in the building. Careful thought had been given to the redecoration of the unit where people who had dementia were accommodated.

Staff had the skills and knowledge to deliver care and support in a person-centred way. 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 told us their privacy and dignity were respected and their independence encouraged. People were able to participate in a range of activities if they chose to do so. Care plans were person centred.

The provider was open and approachable which enabled people to share their views and raise concerns. People and relatives told us if they were worried about anything they would be comfortable to talk with staff or the registered manager.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 June 2018) and there was one breach in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Dalby Court Residential 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an inspector, a specialist advisor who was a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Dalby Court Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. The registered manager 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and five relatives. We also spoke with the registered manager, deputy manager, regional manager, activities co-ordinator and four care staff.

We looked at a selection of records. This included four people's care records and seven people's medicine records, three staff recruitment records and other records related to the building, and the management of the service.

#### After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at training data, surveys and a variety of policies and procedures.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse.

At our last inspection the provider had failed to ensure adequate staffing levels. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 18.

- Good recruitment procedures were in place to ensure suitable staff were employed and people were safe.
- People confirmed there were enough staff on duty to meet their needs. One person told us, "I've got my buzzer. They [staff] are here in no time."
- Staff received training in safeguarding. Staff were able to tell us what they would do if they were concerned about the treatment of people.
- People told us they felt safe. One person told us, "Yes I feel safe here."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks. However, we did find some risk assessments were not in place for some clinical areas such as diabetes, glaucoma and Parkinson's disease. This was pointed out to the registered manager. We received confirmation after the inspection that immediate action had taken place to address this and risk assessments were now in place.
- Checks on the environment and equipment took place, for example checks on nurse call systems. Plans were in place to ensure people were supported to leave the building in an emergency. Checks on mattresses were made to make sure they were clean and fit for use.
- The registered manager monitored and analysed accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

Using medicines safely

- There were arrangements in place to ensure people received medicines in a safe way.
- We identified some minor improvements were needed in relation to the recording of medicines. For example, one medicine should be administered on an empty stomach and 30 minutes before food. However, there were no specific instructions on the medicine administration record about this. Immediate action was taken by the management team to rectify this and the other recording short falls.
- Staff responsible for administering medicines were trained to manage medicines safely.

## Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.



# 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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- Care records included copies of initial assessments and information from health and social care professionals. Care and support was reviewed on a regular basis.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. One person told us, " They [staff] are going to training things all the time. They can do anything."
- Staff had completed an induction and training programme. They had opportunities for supervision and appraisal. Staff told us they felt well supported by the registered manager and other senior staff. One staff member told us, "We are always doing some kind of training."

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

- People were supported to eat and drink enough food to maintain a balanced diet.
- Records of fluid intake were recorded for some people who were at risk of dehydration. The amount of fluid people should take varied according to their weight. However, the target fluid amount for people was not always recorded on this fluid balance. We pointed this out to the registered manager who told us they would take immediate action to address this.
- People spoke positively about the food provided. Comments included, "They[staff] always give me something different to eat if I ask for it. I have trouble with meat, so they give me an egg on my vegetables sometimes, or they give me corned beef instead, which I love. They are very good" and "The food is excellent, couldn't be better."
- Timely and proactive referrals to dieticians were made for those at risk of malnutrition. People's nutritional health was assessed and supported to ensure they were eating and drinking enough. This included ensuring any specialist dietary needs were met.

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

- The home environment met the needs of the people it supported.
- Ongoing improvements were being made to the decoration and facilities in the building. Careful thought had been given to the redecoration of the unit where people who had dementia were accommodated. Doors had been painted different colours as a contrast to stand out more for people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service made timely referrals and followed advice from relevant healthcare professionals. One person told us, "Anything medical they [staff] are on to it."
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care and treatment was provided in line with law and guidance.
- People using the service, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interests' decisions where needed.
- Staff were knowledgeable about the principles of the MCA, and we saw them supporting people living with a dementia to make as many decisions as possible for themselves.

# 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 remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and the good relationships they had with staff impacted positively on their feelings of wellbeing. One person told us, "It's like a five-star hotel here. The staff are lovely, kind and pleasant."
- We saw many examples of kind and caring interactions between people and staff. These included sharing jokes and staff offering reassurance when people were anxious.
- People were valued as individuals and staff supported them to live the lives they wanted. This included supporting people to practise their faith and maintain relationships of importance to them.

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

- People were given choices about their care. Staff had time to talk with and listen to people. We observed staff offering choices, enabling people to make their own decisions and responding to their preferences. The provider was committed to valuing people as individuals.
- Where needed staff sought external professional help to support decision making for people, such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. One person told us, "If they [staff] knock on the door, and I say can you give me five minutes, they always say yes, and they come back later." People were encouraged to remain as independent as possible.
- Staff engaged with people in a dignified way and were observed knocking and entering people's room for general interaction and conversation.

# 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 remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recognised, acted upon and recorded appropriately. Care plans showed people and their relatives were involved in planning their care.
- People's assessments and care plans were person-centred and contained details of people's choices and preferences. However, we found some care plans needed updating to ensure they contained the most updated information to reflect people's current needs. We received confirmation after the inspection that this had been addressed. People's cultural and spiritual needs were considered as part of their initial assessment.
- Staff had a good understanding of people's lifestyle, preferences and needs.

Meeting people's communication needs

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.

- Information could be provided in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices. People and relatives confirmed that staff communicated well with them. A relative said, "My father was having a bad day. They stopped me on my way up and told me he was not good that day. That was really good and much appreciated."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities and outings of their choice. Family and friends made regular visits to the service.
- A variety of meaningful activities took place such as arts and crafts, a knitting club and reminiscence sessions. Staff had recently started a dementia choir which had proved to be a huge success.

Improving care quality in response to complaints or concerns

- People could share any concerns with staff who supported them. People and relatives knew how to make a complaint and told us they would be listened to by the management team. The registered manager acted upon complaints in an open and transparent way. One person told us, "If I wanted to moan, I would go to a senior, but if it was serious, I would go straight to [registered manager]."

- One relative raised concern with us during the inspection about the personal care their family member received. We spoke to the registered manager about this who told us they would arrange a meeting with them to discuss their concerns.

#### End of life care and support

- Compassionate care was provided at the end of people's lives. People were asked how they would like to be supported at the end of their lives and wherever possible these preferences were met. Staff worked closely with other healthcare professionals, so people could stay in the home rather than being admitted to a hospital if that was their wish. We saw many cards and compliments from relatives of people who had died who praised the staff for their care and attention.
- At the time of the inspection there was no one in receipt of end of life care.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had an effective quality assurance system to review areas of the service and to drive improvement.
- Staff spoke positively about the culture and values of the service, and the leadership of the registered manager. One member of staff said, "[Registered manager] is very very approachable. I have approached [her] with a personal problem and with work. She is very supportive."
- The registered manager was visible about the service and was responsive to the needs of people, relatives and staff.
- Staff spoke positively about their roles and responsibilities. They were enthusiastic about ensuring people received good care and support.
- The registered manager submitted notifications of significant events such as incidents and accidents that had occurred in a timely manner.
- The principles of the duty of candour were embedded within the registered managers practice. They were open and honest in response to any complaints and worked in partnership to make improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and the culture they created effectively supported the delivery of person-centred care.
- People and their relatives were invited to meetings to discuss the quality of the service and care delivered. The registered manager acted upon feedback from meetings. One person told us, "They are an outstanding staff team and they seem happy and are very friendly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted on their experiences of the service and could influence improvements. The service held regular resident's meetings, to involve people in discussions and making shared decisions.
- Regular staff meetings were held, and staff said they could voice their opinions and make suggestions for improvement.
- The provider carried out an annual quality assurance survey with people. The results of previous surveys

had been collated and shared. The responses were acted upon and used to influence forward planning.

- The service had good links with the local community. People regularly visited the local shopping centre and cathedral.
- The service worked in partnership with other agencies.