Dairy Lane (St. Michael's) Limited

Dairy Lane Care Centre

Inspection report

Dairy Lane
Houghton Le Spring
Tyne And Wear
DH4 5EH

Tel: 01915843239

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Dairy Lane Care Centre is a residential care home providing personal care to up to 22 older people, including people who may live with dementia, or a dementia related condition. At the time of our inspection there were 21 people using the service accommodated in one adapted building.

People's experience of using this service and what we found
A quality assurance system was in place, but it needed to become more robust to assess the standards of care in the service. Improvements were needed to the running of the service to ensure all people received person-centred care.

There were sufficient staff who were appropriately deployed to support people safely, but people did not all receive person-centred care. Some systems needed to be improved to promote people's privacy and dignity. Improvements were needed to people's dining experience, including the provision of accessible information to promote people's involvement and support with daily decision making.

An infection control system was in place. However, not all areas of the home were well-maintained and there were signs of wear and tear. The provider was monitoring the use of Personal Protective Equipment (PPE) for effectiveness and people's safely.

Records provided guidance to ensure people received safe care and support from all staff members. Staff spoke very positively about working at the home and the people they cared for. They said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs.

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe. Staff contacted health professionals when people's health needs changed.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

There was evidence of collaborative working and communication with other professionals to help meet people's needs. People and relatives had some opportunities to give feedback about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Recommendations
We have made recommendations about staff deployment and person-centred care, refurbishment of the environment, accessible information and people's dining experience.

Rating at last inspection
The last rating for this service was good (published 27 July 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dairy Lane Care Centre on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Dairy Lane Care Centre

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 1 inspector and 1 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
Dairy Lane Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dairy Lane Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with 13 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the Nominated Individual, who is also the registered manager, deputy manager, two support workers, 1 cook and 1 activities coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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.

We reviewed a range of records. This included 3 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● There were sufficient staff and staff were appropriately deployed to support people safely,however person-centred care was not always provided.

● We observed people were kept engaged by the activities coordinator, if they chose to become involved. However, we observed other staff did not always engage with people, including at lunchtime, except when they provided support. One person commented, "The staff are very good, very kind but we do not have much time to chat. Only when they are doing things in my room." This was also observed during lunch, when some staff served people's food, without interacting with them or informing them what they were being served. We discussed our observations with the registered manager who told us they would be addressed.

● We also discussed with the registered manager ensuring people's privacy and dignity was respected by providing more frequent personal care support to people so they did not become incontinent. Also to ensure people were provided with personal care in the privacy of their own room to promote people's dignity. The registered manager told us this would be addressed.

We recommend the provider continues to keep staff deployment under review to ensure people receive timely and person-centred care.

● There was a long-standing staff team, but any new staff were recruited safely with all appropriate pre-employment checks carried out before they started work.

Assessing risk, safety monitoring and management

● Systems to manage risks to people's health, safety and well-being were mostly well-managed. A person told us, "Staff come when I need them. I've got this buzzer here near my bed and they always leave it where I can reach it."

● Records were available that provided guidance, including advice from relevant professionals, so all staff understood where people required support to reduce the risk of avoidable harm. We advised the registered manager that all advice, information about identified risks to people be captured in the person's risk assessments.

● Risk assessments were regularly reviewed to reflect people's changing needs. We discussed with the registered manager that Personal Evacuation plans should also be reviewed regularly to capture any changing need of the person. We were informed by the registered manager that this would be addressed immediately.

● Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. We discussed with the registered manager the length of time it took for us, or visitors, to gain

entry to the building as the doorbell could not be heard. The registered manager told us this would be addressed.

Preventing and controlling infection
● An infection control system was in place. However, not all areas of the home were well-maintained and there were some signs of wear and tear to the premises.

We recommend the provider continues with a timely programme of refurbishment to maintain the environment and an appropriate level of hygiene.

Visiting in care homes
● There were no restrictions to visiting and the provider followed guidance if an outbreak was to occur.

Learning lessons when things go wrong
● People received safe care because staff learned from safety alerts and incidents.
● Staff recognised incidents and reported them appropriately, and the management team investigated them, and shared lessons learned.
● The registered manager analysed incidents and near misses on a regular basis so that any trends could be identified, and appropriate action taken to minimise any future risk.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
● Staff were trained about how to safeguard people. They said they would raise any concerns and were confident the registered manager would respond appropriately.
● People and relatives said people were kept safe. A person commented, "I do feel safer living here, than when I was at home on my own."

Using medicines safely
● Medicines were managed safely. Staff followed systems and processes to prescribe, administer, record and store medicines safely.
● People received supported from staff to make their own decisions about medicines wherever possible. A person commented, "I get painkillers, and staff give me one, when I need it."
● Medicines risk assessments and associated care plans were in place, including guidance to follow where a person may experience pain, agitation or distress. We advised the registered manager, to include the protocols for 'when required' medicines, where prescribed, in people's care plans, so staff had guidance about when to administer them as a last resort.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Records showed mental capacity assessments and best interest decisions were appropriately made and documented.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Not all systems promoted a positive, person-centred culture to benefit people living at the service.
- Some improvements were needed to people's dining experience and to ensure people were supported with making choices in everyday living and to promote their involvement in the running of their lives. We discussed with the registered manager that information should be made accessible, in a way to promote people's involvement in decision making, where they no longer understood written or verbal information.

We recommend improvements are made to people's dining experience, to provide a more sociable dining experience, including promoting their involvement in decision making with the provision of accessible information.

- Records provided guidance for staff about people's care and support needs, to promote person-centred care.
- People and relatives were mostly positive about staff kindness and support. A person commented, "Staff are very good to me. They let me do my own thing", and "I am well-looked after."

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

- Quality assurance within the service was not always effective.
- Management made regular checks on the quality of the service using a range of audits. However, the audit and governance processes had failed to identify the deficits identified at inspection. These included: timely refurbishment of the environment, person-centred care, people's dining experience, accessible information to keep people informed and involved and good governance,
- The registered manager understood the duty of candour and the need to be open and honest. They reported incidents to CQC and other stakeholders where appropriate.

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

- Improvements were required to further engage and involve people using the service, relatives and staff. People and staff were asked individually for their feedback to allow the provider to find ways to improve the

level of support provided to people. We discussed with the registered manager that meetings, that had stopped, due to the pandemic, should resume to gather collective views from people, relatives and staff, as part of their quality assurance. The registered manager addressed this immediately.

● Staff and most relatives told us communication was mostly effective to ensure they were kept up-to date about people's changing needs. A relative told us, "Staff rang and said [Name] was going to see the Doctor on Monday. Come to think of it, I didn't get any feedback about the visit."

● Staff said they were supported and received opportunities for training and development. People, relatives and staff said the registered manager was approachable.

Continuous learning and improving care; Working in partnership with others

● There was a programme of staff training to ensure staff were skilled and competent.

● Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.