The Dales Nursing Home Limited

The Dales Nursing 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?	Outstanding

Summary of findings

Overall summary

The Dales Nursing Home is a 31 bed nursing home in Exeter which provides long term, respite or recuperative care for adults over the age of 65. At the time of the inspection there were 29 people living at the service. This is the first inspection of this service since 'The Dales Nursing Home Limited' registered as the provider on 4 July 2016.

The service had 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.

There was a very high level of confidence in the leadership and management of the service expressed by people, relatives, staff and health and social care professionals. One health professional told us, "I think The Dales nursing home is outstanding. All my patients who have been looked after there have been cared for to the highest level. [Manager's name] is an outstanding manager and gels the whole team. They care enormously for their patients and their staff. The Dales is a well-run home and I encourage any of my patients to be there for its high level of professional care".

People told us staff were kind and caring and respected their privacy and dignity. One person said, "I love it here. Even when a new one (staff) comes in they are all very good." The service placed a strong emphasis on a 'person centred approach', and ensured people, and their advocates where appropriate, were fully consulted and involved in all decisions about their lives and support. This meant people's legal rights were protected. The registered manager played an active role in promoting this ethos of person centred care in their links with other providers and external health professionals. For example through delivering a presentation at a provider engagement meeting, and when student doctors and hospice care workers came to work at The Dales to learn about the service provided. These links also benefitted the people living at The Dales because they also created an opportunity for the staff working there to learn and keep up to date with best practice.

Many people at The Dales were receiving palliative care, and the service worked closely with the hospice and palliative care teams to provide the support they needed. A health professional told us, "In terms of end-of-life care, I feel The Dales far excels any of the other care homes in Exeter. They have a large number of short-stay palliative care patients who are well looked after with dignity and respect". The home was registered with 'The Gold Standards Framework', which is a practical, evidence based approach to providing the best care for people as they approach the end of their lives.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. The service was extremely proactive in supporting people to maintain their fluid and food intake, especially people identified as being at risk of malnutrition.

People were kept safe and free from harm. Comprehensive risk assessments identified individual risks to people's health and safety and there was information in each person's support plan showing how they should be supported to manage these risks. Systems were in place to ensure people received their prescribed medicines safely.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse. Where concerns had been bought to the registered manager's attention, they had worked in partnership with the relevant authorities to make sure issues were fully investigated and appropriate action taken to make sure people were protected. Staff were recruited carefully and appropriate checks had been completed to ensure they were safe to work with vulnerable people.

There was a committed staff team at the home which was well supported by the registered manager and provider. A comprehensive induction and staff training programme meant staff were knowledgeable about their roles and responsibilities, and people's individual needs. This enabled them to do their jobs effectively, and on-going professional development was encouraged for all staff members. They told us, "I am all up to date. Whenever we want training (registered manager's name) asks and they come here. It's quite good training."

There had been some problems with staffing in recent weeks due to high levels of staff sickness. Shifts were covered by agency staff if they were unable to provide cover from the permanent staff team. One person who remained in their room every day said staff came to see them "Quite often". If they needed assistance they used their call bell and told us "They are here within a minute or two. They are very good – even the cleaner. They can't do enough for you."

The provider had comprehensive and effective quality assurance systems in place to monitor safety and the quality of care. This included regular, documented observations of care delivery and staff interaction carried out by the provider. The service actively sought feedback from people using the service, their families and staff. Staff supported people to complete a bi-annual survey, and the results were published in the homes newsletter, with action that had been taken to address any concerns raised.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

A new activities organiser was in post, and the registered manager told us this was an opportunity to review the activities programme to ensure it continued to meet people's needs, as many were now unable to actively participate. The service had developed strong community links, for example with local schools, university and churches. The registered manager said, "The ladies and gents that live here have to feel they are part of this community. We have to involve people and have people coming from the outside in".

People's relatives said they were made welcome and encouraged to visit the home as often as they wished. They said the service was good at keeping them informed and involving them in decisions about their relatives care.

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.

People's needs were assessed to ensure risks were identified and the risks were safely managed.

There were effective systems in place to ensure people's medicines were managed safely.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training.

There were appropriate staffing levels to safely meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People received effective support from motivated, well trained staff who were knowledgeable about their needs and preferences.

People's rights were respected because the service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People were able to choose from a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were supported to maintain on-going relationships with

their families and could see them in private whenever they wished.

The service provided effective care and support to people at the end of their lives.

Is the service responsive?

Good

The service was responsive.

The service was proactive in ensuring people were able to express their views about with how they wanted their support to be provided.

A programme of meaningful activities was in place and being reviewed to ensure it remained responsive to people's needs.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Outstanding ☆

The service was very well led.

The registered manager was dedicated to promoting a person centred culture, at The Dales and through their links with other health and social care services.

People using the service and staff were well supported by the management team who were 'hands on' and very accessible.

The registered manager was committed to their own continued professional development and that of the staff working at the home. This meant staff training and learning about best practice was given a high priority and the quality of care provided was high.

The provider was committed to continual improvement, and had a range of effective monitoring systems in place to assess the quality and safety of the service.

The Dales Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2nd and 8th February 2017 and was unannounced. It was carried out by two adult social care inspectors and a pharmacist inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This form had been completed prior to the change of provider on 4 July 2016; however the provider and registered manager advised us that the information was still relevant. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This included information regarding significant events that the home had informed us about.

During this inspection we spoke with six people who lived at the home and two visitors. We saw other people resting in their rooms, participating in activities and eating lunch. We spoke with eight members of staff and the registered manager. We met the registered provider. Throughout the day we observed care practices and interactions between people and staff in communal areas and evaluated the safety and quality of the systems for managing and administering medicines.
After the inspection we spoke with two relatives on the telephone and received feedback from four health and social care professionals who regularly visited the home.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, four staff files, training records and quality assurance records.

Good

Is the service safe?

Our findings

People and their relatives told us people were safe at the home and with the staff who supported them. One person told us the staff were kind and gentle, saying, "They are all very good here". A relative told us they trusted the service implicitly, which had given them the confidence to move away from the area knowing their family member was safe and well cared for. They said, "I feel I'm lucky to have found a small, caring nursing home that provides a personal and responsive service to people as they approach the end of their lives. I feel strongly there should be more places like The Dales". Care records showed that the service recognised the importance of helping people to feel safe. For example the care plan of a person nursed in bed, unable to communicate verbally, stated, "Offer reassurance as appropriate to [person's name]. Staff to try and make them happy. They need to feel safe and secure at The Dales".

Staff completed comprehensive risk assessments within the first 24 hours of a person's arrival at The Dales. They assessed risk related to a range of areas including weight loss, pressure sores, choking and falls. The assessments identified the level of risk and actions needed to minimise them. For example, care plans contained risk assessments identifying the level of risk of the person developing pressure sores. Pressure relieving mattresses were provided where needed and staff checked the mattresses daily. One person who was receiving end of life care and remained in bed all day told us staff had checked their skin every day and there were no signs of soreness, "They put creams on. My skin has been brilliant since I have been here." At the time of this inspection staff told us there were no people suffering with pressure sores, demonstrating that the action taken was effective in minimising the risk. Where a person had been identified as being at risk of choking the staff had sought guidance and assessment from the speech and language therapy team (SALT). The care plan contained copies of the information received from the SALT team on suitable foods, and during our inspection we saw people receiving pureed foods in line with their care plan.

There were systems in place to protect people from the risk of abuse and avoidable harm. For example, staff recognised when behaviour could put the person and others at risk and took steps to minimise it. This was effective because they knew what people liked and what events could trigger behaviour which could be challenging, or raise people's distress levels. One person was at risk of becoming anxious and agitated if they were bored. We saw staff taking action to minimise this risk in line with the person's care plan, taking them for a short walk and engaging in conversation with them. The service referred people appropriately for specialist support when staff were no longer able to provide the skilled intervention needed, due to the increasing complexity of the person's needs.

Staff had received training on safeguarding vulnerable adults and knew how to identify possible abuse and who to report it to. The service had a whistleblowing policy and staff told us, "I would whistle blow if something wasn't right". Information on safeguarding was available for staff in the staff room and staff knew where to find contact numbers of agencies to report abuse. They told us if they had any concerns they would speak with the registered manager or the providers and they were confident they would take appropriate action. A member of staff told us "Yes, [the registered manager] is very good at that. They are very strict." Where concerns had been bought to the registered manager's attention, they had worked in partnership with the relevant authorities to make sure issues were fully investigated and appropriate action

taken to make sure people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

People told us they were happy with the way their medicines were managed. One person said, "They always ask if I want pain relief." People's medicines were safely administered by staff who had received specific training and supervision to carry out the task. There was a system in place for ordering, receipt and disposal of medicines, and records were completed of medicines that had been received into the service. Medicines that were in use were stored safely, and medicines awaiting disposal were stored separately with records made. There were suitable arrangements for the storage and recording of drugs requiring additional secure storage. Medicines needing cold storage were kept in a separate refrigerator, and records showed the temperature range was being recorded daily. There was a procedure in place for what to do if the refrigerator was outside the required temperature range, which meant action would be taken to ensure the medicines remained safe and effective for people.

The pharmacy provided printed medicines administration record (MAR) charts for staff to complete when they had given people their medicines. We looked at the MAR charts in use at the time of the inspection for 29 residents. We found that where handwritten charts were in use, these were usually checked, signed and dated by two staff members. Creams and other external items were recorded on topical MAR charts. We checked three of the records and found all had instructions to guide staff when and where to apply the preparation. Body maps were in use for the application of medicine patches, which meant they were applied and used correctly. The opening dates of creams and eye drops were recorded to ensure that these were discarded within the required time range, and reduce the risk of infection. For medicines prescribed 'when required' there was sufficient information within people's care records about how or when these medicines were to be given. This helped to make sure people received them in the correct way.

Medicines checks and audits were completed regularly, to help make sure that medicines were managed safely. We saw that any issues with medicines were picked up, reported and handled appropriately.

People told us there were usually enough staff to meet people's needs. There had been some problems in recent weeks due to high levels of staff sickness but we were assured shifts were covered by agency staff if they were unable to provide cover from the permanent staff team. We asked a member of staff if there were enough staff and they answered "Yes, and if not we are allowed to book agency so the shift is covered. There are usually seven care staff, plus cleaners, kitchen staff, managers and other staff so we have enough." One person who remained in their room every day said staff came to see them "Quite often". If they needed assistance they used their call bell and told us "They are here within a minute or two. They are very good – even the cleaner. They can't do enough for you." They also said that occasionally the home was "a bit short staffed" but went on to say it was never a problem. During the inspection we heard call bells ringing and saw that staff responded quickly. Staff were busy but did not appear rushed, and had time to sit and talk with people.

Staff told us there was sufficient equipment to meet people's needs safely. There was a hoist on each floor, plus an additional hoist on the ground floor which meant people did not have to wait until a hoist was available before staff could assist them. Each person who required hoisting had their own slings in their bedrooms. These were checked regularly to ensure they were safe, and replaced when signs of fraying were

noticed. People had nursing beds with pressure relieving mattresses. The registered manager told us they were in the process of replacing all of the beds with profiling beds, which could be moved up and down and adjusted to help the person sit up in bed and change position. They said, "It's made a huge difference to service delivery as it allows people who are quite disabled to sit up more easily. It helps them with eating and drinking, and lessens the risk of falls".

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. These records were audited in order to identify any causes, wider risks and trends. The provider and registered manager could then take any preventative actions that might be necessary to keep people safe.

There were effective arrangements in place to manage the premises and equipment, and all relevant checks were up to date. There were plans for responding to emergencies or untoward events. Staff had received training in fire safety, and fire checks and drills were carried out in accordance with fire regulations. People had individual personal protection evacuation plans (PEEP's), which took account of their mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate them safely.

There was an effective cleaning programme which ensured that cleanliness was maintained. The home had been visited by an environmental health officer a few days before our inspection to check on standards of food hygiene and had been awarded the highest rating (five stars) which showed safe standards had been followed. There was a laundry person employed with responsibility for making sure personal washing was returned to the right person. Bed linen was stored in cupboards on each floor. We checked the supplies and found sheets, duvet covers and blankets were clean and fresh and in good order. The registered manager told us the provider checked stocks of towels, sheets and other linen regularly and any worn or stained items were discarded and replaced.

Good

Is the service effective?

Our findings

People received effective care and support from staff with the experience, skills and knowledge to meet their needs. A member of staff told us "Some people arrive looking so poorly. A few weeks later they look so much better." They told us some people had been admitted for end of life care, but with good care and attention they had gone on to live many more months than expected. This was confirmed by relatives who told us, ""The care of my relative is so good. My [Family member] is carrying on against the odds", and, "They are specialists in terminal care. People are better cared for there at the end of their life than in hospital". Health and social care professionals were also extremely positive about the quality of care provided. Comments included, "One of my patients was at death's door living at home with dementia. Since moving to The Dales they have gained weight, they chat to the staff and their family, and it is wonderful to see the care they have got has transformed their life", "I find The Dales to be an excellent care home. The nursing staff are very good, they know their patients very well and seek help appropriately" and, "The Dales is brilliant. It's the one we all turn to, especially when people are at the end of their lives or have complex needs".

New staff had a comprehensive induction, which gave them the basic skills they needed to care for people safely. They were supported by a mentor while they got to know people and about their care and support needs. The induction programme included person centred care, good communication and promoting independence and choice, and training was provided in a range of essential topics like first aid, dementia awareness and infection control. New staff were also undertaking the national skills for care certificate. This is a more detailed national training programme and qualification for newly recruited staff. Any agency staff were given a handover on arrival to inform them about people's needs and then worked alongside a permanent member of staff. This meant people were always supported by staff they knew.

Staff told us they received good on-going training including annual updates on essential topics such as manual handling. The provider information return (PIR) stated, "The Manager (registered general nurse) is a trained and approved Devon County Council safeguarding adults trainer, and an accredited trainer of the overseas nursing programme with the university of London". This meant the registered manager was able to deliver much of the training themselves. They had developed a training programme for 2017 which included adult safeguarding, swallowing workshops, the mental capacity act (MCA) and deprivation of liberty safeguards (DoLS), moving and handling and 'understanding your role as a support worker'. Some specialist training had been provided by health specialists either at the local hospital, or by specialists visiting the home, for example syringe driver training and percutaneous endoscopic gastrostomy (PEG) feeding. This was confirmed by a health professional who told us, "The registered manager is very keen on training. They have booked in some training with us for the staff." Staff told us "I am all up to date. Whenever we want training (registered manager's name) asks and they come here. It's quite good training." Another member of staff told us they had been worried about using a hoist when they started working in the home, but said they had received very good induction on all aspects of the job including using the hoist. They said "The training is good".

Staff told us they received individual supervision sessions approximately every three months. They also received annual appraisals. Supervision was an opportunity for them to receive feedback about their

performance and discuss any problems and areas where they need to improve. The registered manager used supervision to ensure staff had the knowledge and skills they needed to support people safely. They told us, "I will do a supervision session on swallowing before they even go on the floor". We saw from supervision records that the registered manager was offering additional support to one member of staff around the administration of medicines until they were competent to do this task independently.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. More than half of the people living at The Dales needed a pureed or soft diet. Some people needed support to maintain their fluid and food intake, or had been identified as being at risk of malnutrition. People were weighed regularly, and where concerns were identified, their food and fluid intake levels were monitored closely and totalled each day. A member of staff said "Staff know to encourage people to eat. If we have any worries about them not eating enough we keep an eye on them for three days, and then we ring the GP. They will prescribe supplements if necessary." Another member of staff told us people were encouraged to drink plenty of fluids. They told us jugs of water or squash were taken around to bedrooms and communal rooms every morning. "They are very hot on drinks. Quite a good routine."

Actions were taken to encourage people to eat and drink more if required. For example, care was taken to prepare meals according to people's individual preferences, and to make them look appetising. Staff spoke with each person the day before the meal and again on the day, to let them know what was on the menu and to ask them what they wanted. If the person was unable to express their food preferences, staff consulted their family. Records of meals chosen showed that people were also offered an alternative of their choice if they did not like the meals offered. This meant the chef cooked a lot of food to order, in response to people's individual requests.

One person told us the food was, "Very good. Plenty of choice" but another person said they felt the meals could sometimes be a bit repetitive. We spoke with the chef who told us the menus were on a two week rota and were changed twice a year. They said staff knew people's likes and dislikes and they adjusted the menus accordingly. Menus were displayed on the wall in the dining room, and were to be written in a large print in response to feedback given during the inspection. People were offered two options with meat or fish plus a vegetarian option. In the evenings there was a choice of sandwiches, soup or light meals such as pasties and sausage rolls.

We observed practice during the lunch time period. Lunch time was a sociable experience. People chatted with each other and with the staff. Equipment was provided to help people to eat independently, like plate guards. Staff provided calm reassurance and support to people who needed it. However, in the dining room we saw two people being assisted by one member of staff between them even though the member of staff was attentive and encouraged each person to eat. We discussed this with the registered manager who undertook to address this concern immediately with staff to ensure people received the support they had been assessed as needing at mealtimes.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA).The 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. Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received. They gave us clear examples and we observed them asking for people's consent throughout the inspection. If people had been assessed as having the capacity to make a decision which put them at risk, for example making food choices which increased the risk of choking, the service worked with other

agencies to ensure the person was making an informed decision and had a clear understanding of the risks. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests. Records showed that people's ability to consent to certain decisions had been assessed and best interest decisions made involving the relevant individuals such as the person's family or a healthcare professional, for example relating to the use of bedrails to keep the person from falling out of bed.

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 are called the Deprivation of Liberty Safeguards (DoLS). The manager was very clear about the procedures and systems they needed to adhere to in relation to DoLS and people had been referred appropriately for assessment.

While the environment was comfortable and homely, and rooms furnished according to people's individual wishes, we found that people's orientation and independence could be better promoted with clear signage to indicate where the bathrooms and toilets were. We discussed this with the registered manager and provider who advised that this had been overlooked because very few people were able to use the toilet independently. However they agreed that it would be good practice put signage into place and said they would do so immediately.

Where required advice was sought from an appropriate healthcare professional such as the GP, dietician, speech and language therapist, diabetic specialist nurse or community psychiatric nurse. Healthcare professionals commented, "We go to see them quite regularly; they refer the most out of all the homes", and, "The registered manager has always kept me in the loop regarding my patients. They are highly professional and call me when in need to review them". Records showed that any suggestions made by these professionals had been incorporated into care plans and followed by the staff. For example, a speech and language therapist had made recommendations to support one person's communication by using real objects, to encourage them to make meaningful choices. We saw staff following this guidance. The registered manager told us that strong links with health care professionals was, "really good for the ladies and gents. It means they can be 100% sure they will get the right kind of treatment really quickly".

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One person said, if they were feeling poorly, "They don't pull me around too much." They added, "I love it here. Even when a new one (staff) comes in they are all very good." Written feedback from a relative said, "We are grateful for the way the staff showed compassion, offering dignity to my relative and their needs. They also enjoyed the gaiety and laughter at the Dales. They appreciated the lightness of the atmosphere and it was uplifting for them. While this was going on there was a great sense of care and professionalism".

The service worked to ensure staff supported people in a respectful and person centred way. The registered manager talked about how the needs of people moving into The Dales had become increasingly complex over recent years. They told us, "As well as being able to deliver really good nursing care, social interaction is now more of a priority. We need to make people feel valued and very important". The 'Code of Conduct' given to staff stated, "Remember you work here, the residents live here, therefore you work in their home".

Throughout the inspection there were kind and patient interactions between staff and people living in the home. People were never rushed and were assisted with gentleness and good humour. Staff worked purposefully, but there was a relaxed and happy atmosphere. There was often laughter and banter between people and staff, for example we heard one member of staff complementing one person saying, "I like your nail varnish, it's very pretty!"

Staff encouraged people to be as independent as they could be. For example they described how they helped people to choose what they were going to wear, by opening their wardrobe and showing them options. They talked with fondness about the people living in the home, and their commitment to providing the best care possible. One member of staff told us how they frequently sat and spent time chatting with a person who was unable to communicate verbally. The person's family had commented, "You've done wonders with [person's name]! Lots of progress!" The member of staff told us that one person liked to have their hair done, but was unable to express how they wanted it. They had therefore consulted the person's family to make sure the style would reflect the persons taste.

Staff treated people with dignity and respect and we observed them asking for consent before providing support. However a relative told us some staff did not explain what they were doing when they were supporting people, and felt their interaction could be better. We discussed this with the registered manager who told us that staff could sometimes be a bit reserved if English was not their first language. They also questioned whether new staff from other cultures might need some support to understand the culture and expectations of the people living at The Dales. They planned to develop a workshop on this issue and discuss with staff in supervision, with the aim of increasing their confidence and awareness and improving their understanding and interaction with the people living at The Dales.

Care plans provided staff with the information they needed to understand and respect people's preferences, for example," [Person's name] likes to be well presented. They have their own hairdresser. [Person's name] and their spouse like to have some private time together daily". A health professional told us, "When I visit, I

find all the residents to be happy and the staff very attentive. Last time I visited one of the patients was incontinent, within seconds the nurse noticed and arranged for the patient to be cleaned up, maintaining dignity and respect. I was very impressed". People were addressed by the staff using their preferred names and the staff knocked on people's doors before entering into their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed to ensure privacy and dignity was maintained.

People were supported to maintain on-going relationships with their families and could see them in private whenever they wished. One visitor we spoke with said they visited the home every day and were always made to feel welcome. A relative told us the registered manager had said, "We not only look after the residents, we look after the families too". They had been a carer for their family member and they told us they were able to continue to help with their care, saying, "I'm happy to do it". We saw they stayed for lunch with their family member, sitting at their own table in the dining room. Written feedback from another relative said, "When visiting my relative we were always made welcome by the team on duty and also by those who are behind the scenes. Whether the people cleaned the floors, did the laundry, worked in the office they all played their part in making us feel at home and enhanced my relatives life".

Many people at The Dales were receiving palliative care, and the service worked closely with the hospice and palliative care teams to provide the support they needed. A health professional told us, "In terms of end-of-life care, I feel The Dales far excels any of the other care homes in Exeter. They have a large number of short-stay palliative care patients who are well looked after with dignity and respect. The nursing team ensures all end of life paperwork (ie Treatment Escalation Plan (TEP) and 'do not attempt resuscitation' (DNAR) forms) and end of life medications are available and have a great knowledge around symptom control". This meant people's wishes for how they wanted to be cared for at the end of their lives were documented and available to the staff caring for them, and people received any medicines they needed for a comfortable and pain free death. The registered manager told us the TEP forms and end of life decisions were regularly reviewed with the person and their families, "because people can change their mind when they feel better".

The home was registered with 'The Gold Standards Framework', which is a practical, evidence based approach to providing the best care for people as they approach the end of their lives. The registered manager told us, "We're aiming for Gold Standard. It's the recognition that we are participating in a national framework that's important. We use the same pathways. People have their own end of life care plan". The registered manager ensured staff maintained the skills and knowledge they needed to care for people effectively at the end of their lives. For example the home had its own syringe drivers, and all the registered nurses received ongoing training and updates in their safe use. In addition the registered manager was due to attend a Gold Standard Framework end of life training programme to further develop their knowledge and skills and share their learning with the staff team.

The registered manager told us of the importance of ensuring families were well supported as their relative approached the end their lives, saying, "The families are the people who are left behind [when a person dies]. If it's been done well and smoothly it can make a huge difference to them. I am still very keen on improving". A health professional commented, "Relatives will speak to the registered manager. They are kind and experienced and the relatives feel they are in safe hands". Written feedback from relatives demonstrated that staff at The Dales had effectively supported people and their families during this time, for example, "We have no doubt that you made our relative's last few months as comfortable, peaceful and happy as they could have asked for, whilst at the same time tending to their nursing needs with professionalism and compassion".

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The PIR stated, "The home seeks residents' views in regard to their care, preferences, wishes and their changing needs… The home endeavours to help residents express their views personally, especially where an individual may have communication difficulty, for instance we have created spell boards for two residents". The spell boards had been developed following guidance from the speech and language therapist (SALT). It supported people who were unable to communicate verbally to express how they were feeling, what they needed or if they were in pain. Another person was supported to express their views and preferences using a whiteboard.

The registered manager visited people prior to their admission to The Dales, to complete an initial assessment of their support needs, and gain an understanding of their background, likes and dislikes. This information would be used to develop a care plan and shared with staff in preparation for the person's arrival. Risk assessments were completed within the first 24 hours and care plans within the first week. The registered manager told us, "We actively encourage people to come and have a look, ask questions and get a feel for the place. It's good for them to see other places and compare".

Care plans were comprehensive and included detailed information about people's physical and mental health needs, communication and background, including their personal and medical history, important relationships and interests and end of life wishes. For example one person's care plan described them as being sociable and enjoying singing on their own and with others. Care plans contained clear instructions for staff to allow them to meet people's needs effectively, for example, "If giving direction to [person's name], it is important to give one short instruction at a time...They can get confused and frustrated if things are too complex". Another person, who was no longer able to communicate verbally, reacted to a particular song which staff were encouraged to sing with them. Staff told us that all the information they needed to support people was in the care plans, and they ensured that they read them so they were well informed about people's needs.

The care plans were reviewed at least every month, more frequently if the person's support needs changed. Every day a different care plan was reviewed. For example, on the first day of the month the care plan for the person in room one, was reviewed, and on the second of the month the care plan for room two, and so on. A member of staff told us they were confident the care plans were up-to-date and contained enough information about each person's needs. They said all staff were instructed to read the care plan of any new person when they moved in. They also told us they received updates on any changes in people's health or personal care needs during handover sessions at the start of each shift. They told us the senior care staff were very good at keeping staff updated.

The registered manager told us that people were involved in developing and reviewing their care plans wherever possible. They also said, "I will personally ring relatives who are involved to make sure they are still happy". This was confirmed by a relative who told us they had been involved in reviews once a year or more often if necessary. "We will sit down and go through the care plan". All the relatives we spoke to told us staff

made sure they were kept informed of any changes in the health of their family member.

Staff told us there were plenty of activities offered to people, and this was confirmed by a relative who told us, "They do a good social programme, and do a range of things. They make an effort in that respect". The PIR stated, "The activities reflect, as much as practicable, resident's
individual interests and which are gained through the personal profile that is created on admission". On the week of this inspection the home was without an activities organiser, and had been for a month. During this period other staff had supported with activities, and this was confirmed by relatives we spoke to. A new activities organiser was due to start the following week who would be working from Monday to Friday. The registered manager told us the activities programme was going to be reviewed as many people were no longer able to actively participate. They were therefore rethinking the approach to ensure that it continued to meet people's needs.

The notice board in the entrance hall showed that a variety of activities were normally available, including musical entertainments, games, quizzes and arts and crafts. In the lounge area there was a supply of books, jigsaws and reminiscence equipment. Monthly church services and communion were held at the home and a roman catholic priest visited regularly. The registered manager was proactive in finding out about people's spiritual needs, making links with relevant religious groups if requested, in preparation for the person's arrival at The Dales. On the first day of our inspection we saw staff sitting chatting with people, for example one member of staff was sitting with a person to look at books. The person was reminiscing about silent movies. There was friendly conversation between them and the person was laughing and smiling. Records showed that people cared for in their rooms had been visited regularly by the activities organiser. The registered manager told us some people enjoyed having their nails done, or reading through the newspaper with a member of staff.

The home had an effective complaints process, which we saw had been used effectively. Any complaints had been recorded, responded to and the outcomes documented. People and their relatives told us they would feel confident in raising any concerns and that they would be addressed. One person told us they had raised a concern that their clothes had not been ironed. They spoke with the registered manager who took action to address the problem. They were happy with the outcome and showed us the top they were wearing that had been ironed neatly. A relative commented, "You would be able to tell the registered manager if there was a problem. They are approachable and easy to talk to".

Outstanding ☆

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. People, relatives, staff, and health and social care professionals were very complimentary about them and the way they managed the service. Comments from health care professionals included, "I think The Dales nursing home is outstanding. All my patients who have been looked after there have been cared for to the highest level. [Manager's name] is an outstanding manager and gels the whole team. They care enormously for their patients and their staff. The Dales is a well-run home and I encourage any of my patients to be there for its high level of professional care" and, "The manager is excellent. They have exceptionally high standards for their staff (and for us!). They always act in the patient's best interest and are not afraid to be the patients advocate if they feel we are over or under investigating a patient. They make helpful, practical suggestions regarding patient management, taking into account their bio-psycho-social needs. They provide an excellent link between me as a GP and the patient's family." One person living at the home said, "(Registered manager's name) is strict. They tell the staff every day what they have to do. The owners come in every day too. They are keeping an eye on the home." Another person said "Yes, Matron (registered manager) comes up in the mornings just to say 'Hello' and 'How are you?' and checks everything has been done that we have asked for." A relative told us, "The Dales is a very good nursing home. It's small and friendly. I really rate the matron (registered manager).

The registered manager was an intensive care trained nurse, and told us they were the "longest serving nurse manager in Exeter". They said, "I am committed and passionate…I'm proud of the way I look after people. I'm proud of the way I teach and train my staff, even when times are tough. I like to think I lead by example. If a place isn't well led I don't think everything else would follow". They were dedicated to promoting a person centred culture, not just at The Dales, but throughout other health and social care services. We saw a copy of a presentation they had given at the Devon Care Kite Mark group for independent providers of care, where they had talked about the fact that people living in care homes weren't always seen as individuals but a 'job that had to be done.' They had stated, "How we change attitudes is difficult. By looking at alternative styles of leadership and management we will eventually enable staff to think about our elderly clients differently. The culture change movement is transforming the way we think; it is about looking at how we can enable our clients to thrive not simply decline".

The registered manager played an active role in promoting the ethos of person centred care in their links with external health professionals. These links also benefitted the people living at The Dales because they provided an opportunity for staff to learn and keep up to date with best practice. For example, care workers from the local hospice worked in a supportive role alongside trained staff at The Dales to learn a new mouth care regime. In return, staff at The Dales were able to access the hospice's training programme. Student doctors came to work at The Dales to learn about the service provided. The registered manager told us, "Once they understand how much we do and how closely we work with GP's they need to go away and reflect. Just because someone's old it doesn't mean they're not still a person. They got their sleeves rolled up and helped with personal care. They spoke to the ladies and gents like they were people. They do a full 12 hour shift a couple of days at a time. We remind them they are bound by confidentiality, and of the safeguarding process, and put them to it". In addition the registered manager was part of a group of health

professionals considering how the discharge process from hospital to a nursing home could be speeded up. They told us, "There should be something in place, especially when people are at the end of their lives. That's not the time to be arguing over funding".
The provider and registered manager had a range of effective monitoring systems in place to assess the quality and safety of the service and plan on-going improvements. The manager completed monthly audits and checks to monitor people's safety and the quality of the care they received. Where shortfalls in the service had been identified action had been taken to improve practice. Staff supported people to complete a customer quality survey twice a year. People were asked for their views on topics such as the quality of care at night, the politeness and appearance of the staff, the environment and the accessibility and approachability of the management and providers. The results of the survey were published in the homes newsletter, with action that had been taken to address any concerns raised. For example, the winter newsletter showed that the majority of areas had been rated 'good' or 'excellent' and uniforms had been reintroduced for staff based on feedback from the previous survey.

The provider supported the manager and assured the quality of care provided in the home through personal visits. As part of their quality assurance programme they carried out regular, documented observations of care delivery and staff interaction. This allowed them to identify good practice and any areas for improvement. They told us, "This is an excellent, well led service. I know the residents and why they are here. I do what I can to help, and value the importance of needing to react promptly to things". The registered manager told us they were well supported by the provider, "We have a good working relationship. If they aren't here I can pick up the phone. We are lucky to have a relationship between the owner and the manager as close as we have. We both have the same ethos. We're not perfect. We strive for perfection, and to keep the standards up. We both work really hard".

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager arrived at 7.15am to see the night staff and "do a quick recce of everyone to make sure they are all where they should be". During the day they did regular 'walkabouts', to check on the running of the home and the welfare of the people living there. The combination of trained nurses and experienced senior care staff ensured there were always senior staff available to lead the staff team and to provide support to people living in the home and their relatives. A senior member of staff told us they "ensured the smooth running of the home, that staff are properly placed. I will delegate the different tasks, and get stuck in and roll my sleeves up as needed".

Staff took pride in the home and were positive about the staff team and the support provided by the registered manager. One member of staff told us they had recently begun working in the home on a permanent basis. They had previously worked for an agency and had always enjoyed any shifts worked at The Dales. They told us "I liked it here – that's why I came back. It's busy but the people are nice." They also told us "(Registered manager's name) is very good. The seniors run the service well. They are all brilliant." Other staff comments included, "We've worked very hard to keep the standards up. The staff are friendly and welcoming. You can rely on the trained nurses if you have any queries. They are really helpful", and, "The staff are really wonderful. I can't fault them. [Managers name] is very understanding."

There were monthly staff meetings where information was shared and any concerns could be raised. Staff told us their views and suggestions were valued by the providers, saying, "[Provider's name] asks staff to speak out. I am confident I could speak with them if I had any concerns. They are very nice. They want to keep staff". One member of staff told us they had made some suggestions about how the information provided to new and agency staff could be improved, and this was going to be put into place.

The registered manager was committed to their own continued professional development and that of the

staff working at the home. They supported staff to continue to learn through their practice, and told us, "I use the reflective process with staff. It's a good learning tool". For example, while staff were completing the care certificate during their induction, the registered manager met with them to check their understanding and encourage them to reflect on what they were learning.
Staff were encouraged to undertake further vocational qualifications to expand their skills and knowledge. The registered manager supported nursing staff with the revalidation process as well as completing it themselves. Revalidation is necessary for nurses to maintain their registration with the nursing and midwifery council (NMC) and to demonstrate that they practice safely and effectively.

The registered manager told us they used a variety of methods to keep themselves and their staff informed about best practice in order to continually improve the support provided to people. For example, the provider was one of the founding members of the Devon Care Kite Mark group, and the provider and manager attended regular events throughout the year to share information and ideas. In addition the home was part of the Caring for Care Homes group, and received bulletins and best practice guidance from the NHS. Information from organisations such Skills for Care, the Social Care Institute for Excellence (SCIE) and The National Institute for Health and Care Excellence (NICE) was used to inform training and develop staff knowledge. The Manager also kept themselves informed about developments through reading relevant care publications, attending study days and talking with other professionals working in health and social care.

The service was proactive in developing strong community links. For example, local school children visited and sang at Christmas and Easter, and the home held a party for them. Students who were starting courses in health and social care at a local college did voluntary work to gain experience, and art and drama groups visited from the university. The registered manager told us, "The ladies and gents that live here have to feel they are part of this community. We have to involve people and have people coming from the outside in".

The provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.