

# Community Integrated Care

# The Dell

## 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:

The Dell is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 40 older people, some of whom were living with dementia. At the time of this inspection there were 32 people using the service.

### People's experience of using this service:

- The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.
- People felt safe and well cared for by staff who knew their needs and preferences. People told us they were given choices about their day to day life.
- There were sufficient staff available to meet people's needs and to ensure they could go out when they wanted to. Recruitment procedures were robust and ensured prospective employees had values in line with the service's aims and objectives.
- Care plans were up to date and detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified.
- Appropriate referrals were being made to the safeguarding team when this had been necessary.
- There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.
- Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively.
- People told us staff were kind and caring. We observed that staff knew people well. People's likes, dislikes and social histories were recorded in their care records. This helped staff get to know people well and care for them in a personalised way.
- People were supported to manage their prescribed medicines. Staff had received training to ensure this was carried out safely.
- Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively.

### Rating at last inspection:

At the last inspection the service was rated requires improvement (published 23 February 2018). The overall rating has improved at this inspection.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found that improvements had been made to the environment and people's health care needs.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

# The Dell

## **Detailed findings**

## Background to this inspection

The inspection:

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

Inspection team:

One adult inspector, one assistant inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service; in this case they had experience of older people and people living with dementia.

Service and service type:

The Dell is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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.

We contacted social care commissioners who help arrange and monitor the care of people living at The Dell.

We also contacted Healthwatch (Manchester). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During this inspection we spoke with 11 people living at The Dell and two of their relatives and friends. We spoke with seven members of staff which included one care assistants, two team leaders, an activity coordinator, the deputy manager, the registered manager and a regional manager.

We looked at three people's care records. We checked 12 medication administration records and three staff files which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition, skin integrity and falls. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- Environmental risk assessments were in place to ensure the safety of people's living space. The premises and equipment were well maintained.

Systems and processes to safeguard people from the risk of abuse:

- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised. The registered manager made appropriate referrals to the local safeguarding authority when required.
- People told us staff kept them safe whilst living at the service. One person said, "I feel safe here." Two relatives also told us, "My relative is well looked and it gives me piece of mind that they are safe and well looked after" and "Its piece of mind for me as I know my relative is safe. I couldn't manage at home and I can rest assure my relative is well looked after and cared for."

Using medicines safely:

- Medicines were obtained, stored, administered and disposed of safely by staff.
- The provider had a comprehensive policy in place regarding the safe management of medicines. This provided detailed guidance to staff to help ensure people received their medicines safely.
- People were receiving their medicines as prescribed by their GP and staff kept accurate records about what medicines they had administered to people and when.
- Staff were trained in medicines management and their competency to administer medicines safely had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place which helped to ensure these medicines were administered appropriately and at safe intervals.

Staffing levels and recruitment:

- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. One person said, "The staff are patient and always available." One person's relative also told us, "I feel that they are safe as there are lots of people around who can help."
- Staff confirmed there were enough staff during the day to support people in a way they preferred. The registered manager provided support to staff in their care of people.
- Recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Learning lessons when things go wrong:

- Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager.
- The management team were keen to drive improvements throughout the service. Lessons had been learnt from analysis of accidents and incidents and measures put in place to prevent reoccurrences.

Preventing and controlling infection:

- The Dell was clean and there was an effective infection control system in place.
- Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons. We observed these being used during the inspection.



# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in January 2018 this key question was rated as "requires improvement. At this inspection improvements had been sustained in all these areas. Therefore, the rating for this key question has improved to "good."

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 Dell to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them.
- People could visit the service first to assess its suitability for themselves.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for a person living with diabetes, the signs and symptoms to look out for were included in their plan of care.

Staff support: induction, training, skills and experience:

- People told us staff had the right skills to meet their needs. New staff completed an induction and shadowed experienced staff until they were deemed competent to work alone.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- Staff were supported through regular supervisions and annual appraisals.

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

- People were served their choice of food and any dietary requirements were met. For example, people with diabetes were offered a low sugar dessert and people with swallowing difficulties a pureed diet.
- Staff regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.
- People we spoke with provided mixed comments about the quality and choice of the food on offer at the home. Comments included, "The food is nice", "The meals could be better", "Some days the meals are great, but this can vary" and "The food is awful I have complained several times I have complained others have too but nothing changes."
- The home was in a contract with an external food supplier who provided readymade frozen food that was heated up at the home by kitchen assistants. The registered manager told us they regularly met with the external food supplier to ensure the meals provided suited the needs of people. The registered manager also completed meal time experience audits to improve people's mealtime experience and provided evidence of the meals being changed to accommodate people's choices.

- During the inspection we discussed the International Dysphagia Diet Standardisation Initiative (IDDSI) framework which was due to be incorporated nationally for all care providers by the end of April 2019. IDDSI was implemented nationally to eliminate the use of the imprecise terms such as 'soft diet' and to assist providers with the safe transition to the IDDSI framework, which introduces standard terminology to describe texture modification for food and drink. The registered manager was not aware of this change but provided us with assurances IDDSI would be considered as a priority for the service. They also commented that they would engage with the local Speech and Language Therapist (SaLT) to see if they could arrange training for the staff.

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

- People were consulted when their care was reviewed and important people invited, such as relatives and advocates.
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.
- Staff arranged specialist health referrals when required.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they delivered care.

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

- General redecoration and refurbishment was on-going to make sure people were provided with a nice environment. Discussion with the registered and regional managers took place to establish if there were future plans to update areas of the home such as communal bathrooms. We were informed by both managers they hoped the building would be updated in the near future. We will continue to monitor the progress of this at our next inspection.
- Good signage for rooms was in place throughout the building to assist people who are living with dementia.

- Specialist equipment was available when needed to deliver better care and support.

# 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.

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

Ensuring people are well treated and supported:

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "All the staff are brilliant. They know me and are very good. They look after me. I can talk to them and I can go out when I want to" and "The staff call me by my first name. They are all friendly. I can ask any of them to help me and they do help."
- Staff were kind and spoke to people in friendly manner. It was clear that staff knew people well. Staff took time to explain things to people in a calm and patient way.
- Staff were caring and kind to people. We saw staff stopping and talking to people as they passed their rooms. We saw them checking on people who stayed in bed asking if they needed anything and were they all right.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why. One person told us, "The home always makes sure I am involved in decisions about my care."
- People and / or their relatives were involved in agreeing and reviewing people's care and support needs.
- Where people struggled to communicate verbally, the service accessed communication tools such as picture boards. This supported people to remain involved with decisions about their care as far as possible.

Respecting and promoting people's privacy, dignity and independence:

- People told us that staff respected their privacy and dignity. Their comments included, "The staff always knock on my door before entering" and "I can talk to them [care workers] and I can go out when I want to."
- People told us staff helped them to remain as independent as they could be. Staff encouraged people to eat independently by putting cutlery into their hands or serving finger foods.
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Ensuring people are well treated and supported; equality and diversity:

- People were supported by a dedicated and caring staff team who knew them well and treated them with respect.
- The service welcomed people's relatives and friends into the home to support people to maintain

important relationships. We observed staff at all levels had developed relationships with people's families.

- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care records were detailed, person-centred and accurately described what support they needed from staff. Care plans provided detail about each area of support people required, such as support with nutrition and hydration, mobility and medication. They described how staff should care for each person, to promote their physical and mental wellbeing.
- People were given information in a way they could understand. Where people had communication difficulties staff were aware to look for non-verbal signs. For example, the service communicated with one person using pictorial prompt cards to establish this person's choices. We found this approach was person-centred and was clearly recorded within the person's care plan of how the staff team needed to communicate with them.
- Activities were planned daily, and people were supported to interact. One person said, "There is plenty going on at the home. I cannot fault the staff, they keep us amused." Activities included pamper sessions, reminiscence work, arts and crafts, trips out, singing and external entertainers regularly visited.
- During the inspection we observed periods of time where people were engaged with staff in conversation or where they were taking part in activities arranged by the activity coordinator. During the inspection a craft table was set up in the lounge and people were observed engaging with this activity.

Improving care quality in response to complaints or concerns:

- The service had a robust complaints procedure which was accessible to people, their friends and families and others with an interest in the service.
- Staff were adept at identifying when an individual was unhappy or distressed and would investigate the reason.
- Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations and were used to make improvements to the service.

End of life care and support:

- The registered manager informed us no people were receiving end of life support at the time of our inspection.
- People were supported to make decisions about their preferences for end of life care where appropriate.
- Staff engaged with people and their families, where indicated, with developing care and treatment plans.
- Staff worked closely with the community palliative care team when people were at the end of their life. This supported staff to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in January 2018 this key question was rated as "requires improvement. At this inspection improvements had been sustained in all these areas. Therefore, the rating for this key question has improved to "good."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.
- The registered manager and senior staff created a culture of person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- There was a clear vision for the service which demonstrated a good understanding of openness and transparency, and which prioritised safe, high quality, compassionate care. The management team had the experience and capability to make the vision real in practice.
- There was an open, transparent and inclusive atmosphere with the registered manager operating an open-door policy. All required notifications were made to CQC in a timely manner.
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified action had been taken to improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- There was a clear management structure and lines of responsibility. The provider had clear expectations of the registered manager and met with him regularly to assess the running of the service.
- We received positive feedback from staff about the way the home was run. People told us the manager was approachable, supportive and proactive at dealing with any issues that arose. Comments included, "I can speak to the manager she is approachable and listens" and "I am happy here. I can speak to the staff the managers if I have any problems."
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

- The registered manager was also aware of their responsibility to display their rating when this report was published.

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

- Staff meetings took place, so the provider and registered manager could share information about the service and discuss any areas that required improvement with staff. We viewed minutes of staff meetings and saw the registered manager discussed areas for improvement with a view to improving the quality of care.
- People and their relatives participated in the running of the service and made suggestions to improve practice. For example, annual satisfaction surveys were distributed; informal chats with management were welcomed.

Continuous learning and improving care; Working in partnership with others:

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and commissioning group who commissioned the care of some people living in the service.
- The service had forged links for the benefit of the service with several organisations to support care provision. These included the falls team, social workers, infection control and a local sixth form college, who completed a work-based placement as an introduction into the Health and social care sector at the home.
- Audits and checks were carried out in relation to a range of areas including medicines, infection control and health and safety. The registered manager acted on any shortfalls identified. For example, when rooms were highlighted as needing to be redecorated, these had been addressed.