Elder Homes Wellingborough Limited

Dale House Care Centre

Inspection report

125-129 Midland Road
Wellingborough
Northamptonshire
NN8 1NB

Tel: 01933445200
Website: www.elderhomes.co.uk

Date of inspection visit:
25 September 2017

Date of publication:
27 November 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 25 September 2017. At the last inspection in March 2017 the service was rated Inadequate and placed in 'special measures'. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, the service will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

At this inspection we found the provider had made the necessary improvements and the service was removed from being in 'special measures'. However at the time of this inspection these systems were still being embedded and the provider had not yet had the chance to demonstrate that the improvements would be sustained.

Dale House Care Centre is situated in Wellingborough in Northamptonshire. The service provides nursing and residential care for up to 66 older people, requiring nursing and dementia care. At the time of our inspection 22 people were using the service. The service was in administration, as the business was being sold to a new provider.

We were informed that the registered manager had recently resigned and the management of the service was being overseen by the deputy manager, supported by a representative from the administration company. 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.

Systems were in place to ensure that appropriate recruitment checks were carried out. However background checks requiring further investigation had not always been recorded.

All staff treated people with dignity and respect. However there was a need to further support and develop the staff to effectively support and enhance the well-being of people living with dementia.

The staffing levels were sufficient to meet people's needs. People felt safe and staff were aware of their responsibilities to protect people from harm. Systems were in place to ensure medicines were being managed safely and people received their medicines as prescribed.

Systems were in place to ensure staff received training and on-going support through one to one supervision to discuss their work, training and development needs.

The staff followed the principles of the Mental Capacity Act 2005 when caring for people that lacked the capacity to make their own decisions. Consent to arrangements for care, treatment and support was sought from people or other relevant people and best interests' decisions were in place where appropriate.

An activity person had been appointed and a programme of daily activities was in place, people had been consulted about the activities they wanted to have in place.

People received a varied and nutritious diet that met their likes and dislikes, food intolerances, allergies, medical and cultural needs. People's healthcare needs were met, and they were supported to access the advice and support of other healthcare professionals as and when required.

Care plans had been reviewed and updated to reflect people's current needs. A resident of the day programme had been implemented; each day one person's care was fully reviewed to ensure the care they received was relevant to their current needs. The provider had systems in place to receive and respond to any complaints or feedback brought to their attention and they took appropriate action to address complaints in line with their complaints policy.

The quality assurance procedures at the service had been fully reviewed, a range of scheduled audits were being carried out. Areas identified for further improvement had action plans in place with deadlines for the actions to be achieved.

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 not always safe.

Recruitment practices were suitable to ensure that all staff were suitable to work at the service. However background checks requiring further investigation had not always been recorded.

Staffing levels were sufficient to meet people's needs.

People felt safe and staff were aware of their responsibilities to protect people from harm.

Medicines administration and storage systems were appropriately managed.

Is the service effective?

Good

The service was effective.

People's consent to their care and treatment was sought by the service in accordance with the principles of the Mental Capacity Act 2005.

Systems were in place to ensure all staff received regular training and on-going support.

People received a balanced and nutritious diet that met their preferences, cultural and medical needs.

People had access to on-going support, care and treatment from other healthcare professionals.

Is the service caring?

Requires Improvement

The service was not always caring.

All staff treated people with dignity and respect. However there was a need to further support and develop the staff to effectively support and enhance the well-being of people living with dementia.

People using the service and their representatives were

consulted and involved in making decisions about care needs.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in activities; this is an area that could be further developed through greater awareness of people's abilities and preferences.

People or their representatives were involved in reviewing their care needs. The care plans provided staff with the information to ensure people's care and treatment needs were met.

Systems were in place to receive and act on complaints brought to the provider's attention.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were in place to continuously monitor the quality service to drive improvement. These systems were still being embedded and needed to be sustained.

People using the service, staff and relatives had confidence in the management of the service.

The provider kept the Care Quality Commission (CQC) informed of reportable incidents and events, through submitting statutory notifications.as required by law.

The provider reported safeguarding concerns to the local safeguarding authority and worked with the Clinical Commissioning Group and Local Authority Commissioners, quality monitoring teams, to address areas identified for further improvement.

Dale House Care Centre

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 25 September 2017 and was unannounced. The inspection was undertaken by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with commissioners from the Local Authority and Clinical Commissioning Group (CCG) to gain their feedback as to how the provider worked with them to improve the care and treatment of people using the service.

During our inspection we carried out general observations of staff interactions with people who used the service. We spoke with three people using the service, two relatives, five care staff, one domestic staff, one senior carer, one registered nurse, the activity person, the deputy manager and the area manager from the administration company.

We looked at the care records and other associated records for four people using the service. We also looked at three staff recruitment records, medicines storage and administration records, and management quality assurance audit records.

Good

Is the service safe?

Our findings

At our previous inspection in March 2017 we found the provider was not meeting the legal requirements in relation to risk management and medicines safety. We asked the provider to make improvements and at this inspection we found the necessary improvements had been made.

The staff recruitment files evidence that full employment histories had been sought alongside background checks and written references. However decisions to employ staff following the receipt of background checks requiring further investigation had not always been recorded. This was discussed with the deputy manager and the area manager at the time of the inspection and the necessary information was produced following the inspection to address the shortfall identified.

At the last inspection we had observed staff using unsafe moving and handling techniques. Since the last inspection staff had received refresher moving and handling training that included observations to access their competency to move people safely. People's care records showed that moving and handling risk assessments were in place. We observed staff put their learning into practice when supporting people to move and they used the right equipment for each person. We heard staff explain what they were doing to reassure people when assisting them to move position. We also saw that appropriate pressure relieving equipment was used for people to reduce the risks of acquiring pressure sores due to frailty and lack of mobility.

Records relating to the administration of people's medicines were accurately completed and medicines were given in accordance with the prescriber's instructions. We observed people receiving their medicines; the staff took time to explain to people the medicines they were required to administer to them and respected people's wishes as to how they wished to take their medicines. A member of staff said, "We always stay with the person to make sure they have taken their medicines and explain to them what each tablet is for." We saw that a pharmacy audit had taken place in July 2017 and the service had achieved a satisfactory outcome with one action for staff to refresh their online medicines training, records showed this training had taken place.

We found that staffing levels were appropriate to the needs of people using the service. People and relatives told us they felt the staffing levels were sufficient to meet their needs. One member of staff said, "We have enough time to spend with people and don't feel rushed to provide care", another said, "There is enough staff working here."

Systems had been put in place to closely monitor people's changing needs and the level of staff assistance they required. The provider used staff from external care agencies to fill vacant posts; they said they always endeavoured to use the same agency staff to provide continuity of care for people using the service. During the inspection we observed that staff responded timely to people's requests for assistance.

People using the service told us they felt safe. One person said, "I feel very safe here, the staff are marvellous." A relative said, "I have never doubted the care my [family member] receives, I know when I

leave she will be well cared for and kept safe." The staff were aware of their responsibilities to keep people safe. One member of staff said, "If I had any concerns about someone's safety I would report is straight to the manager. If I was concerned the manager didn't do anything about it, I would tell the council safeguarding people." Records confirmed that staff had received safeguarding training that included how to recognise the signs of potential abuse and the safeguarding reporting procedures. This had included the contact details for reporting concerns and safeguarding matters to external organisations, such as the Local Safeguarding Authority (LSA) or the Care Quality Commission (CQC).

Systems were in place for the reporting of all accidents and incidents and these were reviewed during monthly quality assurance audits by the registered manager and a management representative from the administrators. One member of staff said, "If someone were to fall I would call a nurse. We would take their observations and make sure they were ok, administer first aid or call an ambulance if needed. Then we would fill out an incident form which goes to the manager. The management team review all of the incidents. I know because sometimes they will come to us with questions." We saw that a log was maintained of all referrals to the LSA and the CQC, as well as action they had taken within the service, such as reviewing a person's care plan. This helped the service to maintain a safe environment for people where any potential abuse was responded to in a timely manner.

Good

Is the service effective?

Our findings

At our previous inspection in March 2017 we found the provider was not meeting the legal requirements. This was in relation to working in line with the principles of the Mental Capacity Act (MCA) 2005. We asked the provider to make improvements and at this inspection we found the necessary improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us they had received training on the MCA and DoLS and they were able to demonstrate they understood the principles of working in accordance with the legislations. One relative said, "[Name of family member] is unable to comprehend some situations, for example, they wouldn't know what to do if they went outside of the home on their own, they would be totally lost. I am fully involved in making decision on [Name of family members] behalf. We have meetings to decide on best interests' decisions that have needed to be made." During the inspection we heard staff asking people for their consent to receive care and they respected people's choices. We saw within people's care records that capacity assessments were available for people that were assessed as lacking the capacity to make specific decisions and that 'best interests' decisions had been made on their behalf.

DoLS applications and authorisations had been submitted to the Local Authority for people that lacked capacity to consent to some aspects of their care and treatment. The interventions used to ensure people's safety and welfare followed the principles of following the least restrictive measures.

Systems were in place to ensure that staff received appropriate training and on-going support through planned supervision and appraisal meetings. A relative said, "The staff seem very competent, I feel they have the right attitude, my mother's care needs are fully met here." The staff confirmed they received regular training. One member of staff said, "The training here is good, I have completed my diploma level two in dementia care, I think I am up to date with all my training." New members of staff received induction training that covered the modules of the Care Certificate, to help ensure they had the essential skills needed to perform their roles. They also worked alongside experienced members of staff to observe care practice before working on shift. Records showed that staff completed refresher training on a regular basis.

One to one supervision sessions were planned for staff to discuss their work performance and training needs with the manager or delegated senior staff. One member of staff said, "I find the supervision meetings very useful, it's very important we [staff] have time to look at our needs and discuss work issues." Another said, "I have regular supervision from the deputy manager, she is great; if anything needs doing she does it straight

away. For example, I felt one person needed to be hoisted rather than using a moving and handling belt; she did the assessment straight away and updated the care plan." A third member of staff said, "The deputy manager does reflective sessions in my one to one meetings, we talk about what hasn't gone well and what I could do differently next time, I find it useful." Records showed the supervision sessions were planned in advance and had taken place as scheduled.

People received a balanced and nutritious diet. A relative said, "The meals always look very nice here, [Name of person] says she really enjoys the meals." We observed people having lunch, which was served by the kitchen assistant. The kitchen assistant told us people chose their meals the day before and they followed the list of what people had chosen when serving up the meals. People's dietary needs were catered for to meet likes and dislikes, food intolerances, allergies, medical and cultural needs. The kitchen assistant said, "We know what people like because the staff always keep us informed. We show people the choices plated up, so people can fully understand what we are offering and make a choice. During the mealtime we observed that staff sat beside people that required more support to eat and drink. This was carried out discreetly on a one to one basis. We heard the staff explain to people what was for the meal and observed they gently encouraged and prompted people to eat and drink sufficient amounts.

People's care plans contained information on their dietary needs and preferences and the staff ensured people received the food and drink they needed. People with swallowing difficulties that required a soft or pureed diet, had their meals presented in a way that was visually appealing. The staff completed a Malnutrition Universal Screening Tool (MUST), which is a screening tool used to identify people who are underweight and at risk of malnutrition. People assessed at risk of malnutrition had their food and drink and weights closely monitored. One member of staff said, "We also make fortified milkshakes for people." Records showed that staff had promptly contacted the relevant healthcare professionals, such as, the GP, dietician or speech or language therapist in response to any concerns regarding nutritional intake and followed the health professional's recommendations and advice.

People had access to on-going support, care and treatment from other healthcare professionals. A relative said, "They [Staff] always keep me informed, day or night if [Name of person] is ill, I have every confidence in them, if in doubt they always call the GP." A member of staff said, "We have weekly visits from the GP, its better because things get sorted quickly, say for instance someone has a cough that might turn into a chest infection; the GP will see them and if needed will prescribe antibiotics straight away." Records within people's care plans confirmed that people were supported to see healthcare professionals when they needed to and their advice was followed by staff to consistently meet people's needs.

Requires Improvement

Is the service caring?

Our findings

At the previous inspection in March 2017 we found that improvements were required. This was because people were not always involved in planning their care. We also found that staff had not always communicated in a meaningful manner with people in line with their preferred needs. At this inspection we found improvements had taken place, however further work was needed in developing the staffs knowledge and skills in caring for people living with dementia.

All staff were observed to treat people with dignity and respect and most communicated well with people, using humour and sensitivity, engaging people in conversation. However there was a need to further support and develop the staff to effectively support and enhance the well-being of people living with dementia. We observed that some staff had very little engagement with people, as they went about their day to day duties. Some people sat for long periods without any social interaction from staff other than being given food and drinks, and some people spent long periods of time asleep. Within one lounge all of the people in the room were asleep apart from one person; this person was quietly watching staff in the corridor going about their day to day duties. We asked a member of staff how the person communicated, they said, [Name of person] has only recently moved onto this floor, I don't think she can communicate very well." We sat beside the person and spoke to them; they responded with a smile, leaning forward holding their hand out to us. We responded with a smile taking hold of their hand, the person gave eye contact, smiling at us and attempted to speak to us. Their actions demonstrated the person was responsive and there was scope for staff to be more aware of how they can engage with people with limited verbal communication.

We also observed a situation where a person was shouting at staff and other people in the lounge. The television was on playing music from a radio channel; the volume was high increasing the intensity of background noise within the room. Two staff attempted to speak with the person to try and calm them down, but their efforts had little effect and the person's anger was escalating. We intervened by suggesting the staff turn the sound on the television down, soon after the staff were able to gain the person's attention and calm the person down. One member of staff said the person liked listening to classical music; however they also said they did not know whether the person ever had the opportunity to listen to their kind of music. This demonstrated there was scope for staff to be more aware on how to support people to engage in their choice of leisure activities for enjoyment and relaxation.

People using the service and their representatives had been consulted about their care needs. One relative said, "I am fully involved in all decisions about [Name of person] care, any changes and the staff tell me straight away." The staff said they were kept up to date on a day to day basis about any changing needs in people's care. They said they had verbal staff handovers at the beginning and end of each shift at which information was communicated to them. The care plans had been signed by the person or those involved in making best interests decisions on their behalf. Information was available for people using the service on advocacy services; the deputy manager told us that no people were currently using an advocacy service.

Good

Is the service responsive?

Our findings

At our previous inspection in March 2017 the provider was not meeting the legal requirements. This was in relation to care planning and activity provision. We asked the provider to make improvements and at this inspection we found the necessary improvements had been made.

The assessment procedures and care planning systems had been improved to ensure people or their representatives were fully involved in on-going reviews of their care. The care plans provided staff with sufficient information to ensure people's care and treatment needs were met.

A 'resident of the day' system had been introduced, which meant each day one person's care plan and other documents in relation to their care were fully reviewed. A relative said they attended the care reviews of their family member living at the home. They said, "I feel very involved in [Name of person's] care, the staff keep me fully informed of any changes and I am involved in making decisions about their care." Records showed that people's care plans were being reviewed on a regular basis and the information contained within them was current to the needs of the person.

An activity person had been appointed and they had spent time consulting with people, and their family members to obtain information regarding hobbies, interests, life events and previous occupations. This was so that activities could be geared towards meeting people's preference and meaningful to each person.

A programme of activities had been put in place for people to engage in if they chose to do so. The activity person told us they were keen to further develop the range of activities to include one to one and group activities. A relative said, "I have seen a big difference in [Name of person] since the activities person came on board, [Name of person] has always been a very sociable person, they enjoy joining in the activities. [Name of person] is also sleeping much better at night, I think it's because they have had more stimulation."

During the inspection we observed a group of people engaged in a game of bingo with the activity person. People interacted well with each other; there was laughter and enjoyment shown by the people that took part in the activity. The member of staff interacted well with each person taking time to support them in keeping motivated to participate in the game. When it had finished one person said out loud, "Do you know I really did enjoy that?" The other people in the group also agreed with the person, saying how much they had enjoyed it too.

Systems were in place to receive and respond to complaints. People told us that they could always approach the manager or the deputy manager with any complaints and they were confident their complaints would be taken seriously and acted upon. A relative said, [Name of person] has lived here for several years, I have had one or two occasions when I have needed to speak with the manager, my concerns were dealt with there and then." Records showed that complaints had been responded to in accordance with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in March 2017 the provider was not meeting the legal requirements. This was because robust quality assurance management systems were not in place to continually monitor the service and drive improvement. We asked the provider to make improvements and at this inspection we found the necessary improvements had been made. However as the service had previously been rated inadequate and placed in special measures, we needed to see that the changes were fully embedded.

The service had a registered manager; however they had recently handed in their resignation and the provider was in the process of selling the business. At the time of the inspection the service was being managed by the deputy manager and the area manager from the administration company.

There was a need to further support and develop the staff to effectively support and enhance the well-being of people living with dementia. This was discussed with the provider at the time of the inspection; they said they would address this through providing further staff training.

People and their relatives were positive about the deputy manager and felt they were friendly and approachable. Staff members were also positive about the deputy manager and the support they received. One member of staff said, "[Name of deputy manager] is very supportive, they know their job well, they are always willing to offer help and advice." The deputy manager told us they had worked closely with the registered manager to make improvements to the service following the last inspection of the service.

Routine quality assurance audits covered checks to medicines systems and records, care plans, risk assessments, accidents and incidents, the safety of the environment and infection control systems. Based upon the audit findings action plans with timescales had been put in place to address areas identified as requiring further improvement. At the time of this inspection these systems were still being embedded and the provider had not yet had the chance to demonstrate that the improvements would be sustained. Relatives told us they were pleased with the quality of care their family members received at the service. One relative said, "They have had a tough time putting things right, I am very happy with the care [Name of relative] receives, she always seems happy and content, she's well looked after here." Another relative said they were apprehensive about what was going to happen with the service as they were aware the provider was in the process of selling the business to another provider. They said, "I can see things have improved, they have an activity person now that makes all the difference to [Name of person], and she likes joining in the activities." We saw that meetings had been held with people using the service and relatives to discuss the future of the service.

The rating from the previous inspection was on display within the service and also on the providers website. The provider had kept the Care Quality Commission (CQC) informed of reportable incidents and events, through submitting statutory notifications.as required by law. They had also reported safeguarding concerns to the local safeguarding authority and worked with the Clinical Commissioning Group and Local Authority Commissioners, quality monitoring teams, to address areas identified for further improvement from their visits.