Dales Care Homes Limited

The Dales

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection took place on 27 June 2017 and we returned on 3 July 2017 to complete the inspection. At our last inspection in 2015 we rated the service as good. At this inspection we found that there had been changes to how the service was managed and our rating is now requires improvement.

The Dales is an older property which has been extended and adapted to provide care for up to forty older adults. The home also has a specialist unit for people living with dementia. At this visit there were twenty nine people in residence. The home had suitable shared areas and facilities. The home is situated in the centre of the village of Ellenborough which is a suburb of Maryport. The home is served by good public transport links.

The home had a suitably qualified and experienced 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.

At this visit we judged that some areas of the home needed to be upgraded to ensure they remained safe for vulnerable people. We judged the home to be in breach of Regulation15 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because some attention was needed to ensure the environment was safe. You can see what action we told the provider to take at the back of the full version of the report.

We also noted that there were some problems related to infection control. The home is in breach of Regulation12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because arrangements for good infection control needed to be improved. You can see what action we told the provider to take at the back of the full version of the report.

The staff team were aware of their responsibilities in keeping vulnerable people free from harm and abuse. Suitable training had been given and management staff were aware of how to manage any potential abuse. Accidents and incidents were monitored appropriately.

Staff recruitment and disciplinary matters were well managed. Staff received training and were given supervision and appraisal. The home had sufficient staff to give people good levels of support.

Medicines were ordered, administered, stored and disposed of correctly.

The staff team understood their responsibilities under the Mental Capacity Act 2005. Where people were judged to be deprived of their liberty the registered manager ensured that there were appropriate steps taken to authorise this. People were asked for consent to all interactions. Restraint was not used in the service.

People told us they enjoyed the food provided and people were well nourished.

The home had good support from the local primary health team and supported people with any health care needs. Health care professionals were happy with the support people received and were complimentary about end of life care in the home.

The building had been suitably adapted and designed to meet the needs of older adults and people living with dementia.

We met a caring team of staff. People were positive about the way they supported them. We saw that staff treated people with dignity and respect and helped maintain their independence where possible.

The management team were updating the care plans for people in the home. People received good levels of personal care support.

We recommended that care planning be reviewed and that some areas were improved to ensure that high quality care continued to be delivered.

People told us they were happy with the entertainments and activities on offer. People were supported to follow their own chosen lifestyle.

Complaints were suitably managed by the registered manager. The home had complaints policies and procedures in place.

The home had a person centred culture and the staff team displayed appropriate values that met the vision of the management team.

The home had a new management team in place who were updating all aspects of the home. The home had a quality monitoring system but this had not been operating effectively for some time.

This was a breach of Regulation15, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not yet safe.

Improvements were needed to some areas of the building and to infection control measures.

Recruitment was done appropriately with all relevant checks in place.

Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supervised.

Food was of a high standard.

The home worked well with the local GPs and nurses.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

End of life care was suitably managed.

Is the service responsive?

Good

The service was not always responsive.

People received good levels of care and support.

Care plans needed to be made more robust so that they reflected the good levels of care provided.

People were happy with the activities and entertainments on offer.

Is the service well-led?

Requires Improvement

The service was not yet well-led.

The home was going through some changes and we made a recommendation about quality monitoring and governance issues.

The person centred ethos of the home was evident in the values displayed by everyone in the team.

The Dales

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 27 June 2017 and was unannounced. We returned on 3 July 2017 to give feedback, by arrangement with the registered manager.

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both members of the team had experience in supporting older adults and people living with dementia.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the provider for completion. 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. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the local social work team, the local authority commissioners and with health professionals about the delivery of care and services. On the day of the inspection we met four health care professionals.

We walked around all areas of the home including the kitchen, laundry and communal areas. We looked at arrangements for food and fire safety. We checked on infection control around the home. We were also invited into bedrooms.

We met all twenty nine people in residence during the inspection. We spoke with people in groups and also spoke in depth with sixteen people. We met four relatives, friends and other visitors. We spoke with nine members of staff and we spoke with the registered manager, his deputy and the newly appointed general manager.

We read eight care files in depth and we checked on the associated daily notes. We looked at other care plans and daily records to verify what was said to us by staff and people in the home. We reviewed the records for the management of medicines. We looked at records kept in the kitchen and we looked at the fire log book. We read some of the policies and procedures of the home and we reviewed the quality monitoring documents.

Requires Improvement

Is the service safe?

Our findings

People who lived in The Dales told us they felt, "Very safe here," and "I am very safe here and very well looked after." Other people said, "They make me feel safe" and "It's nice to think there is someone here if something happens." Yet another person said, "I do feel safe, they look after me fine."

We walked around the building and we found some doors which should have been locked were not. These included some cupboards that had equipment in them which might have posed a hazard to a vulnerable person. We also noted that some of the exits to the building and to different parts of the building may have posed a trip hazard to both people and staff. We noted that some bedroom doors and some fire doors had gaps which might pose a hazard in a fire situation. Some areas were not as orderly as they might be and we judged that this might also pose a hazard, especially to people living with dementia or those with problems related to sight or perception.

This is a breach of Regulation15 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We went into two lavatories adjacent to the main dining room. These were used regularly by people in the home during the days of our visits. We noted that the sinks in these lavatories had an outlet which expelled onto the floor and into a drain. Both drains needed to be cleaned out. These areas had been designed as a wet room/lavatory but were not used as such. Running the taps left the floor wet, and dislodged matter from the drain. This posed a slip and an infection control hazard. One of these toilets had no soap. Staff said they supported people to use wipes or wet flannels but did not use the sinks. Other bathrooms and toilets needed to be upgraded to prevent infection control. Staff had received training on health and safety matters but there were times when staff did not follow good infection control processes. For example we noted that some staff did not always use gloves and aprons when supporting personal care and then assisted people with meals.

This is a breach of Regulation12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff training and spoke to staff about safeguarding vulnerable adults. We learned that staff had a good understanding of what was abusive and were able to talk to management staff about any concerns. We spoke to the management team who understood how to make a referral to external agencies. We had evidence to show that the staff team had taken appropriate steps when they felt that a vulnerable person was at risk of harm.

We had an example of a staff member 'whistle blowing' when they judged that a member of the team was not making the safety of vulnerable people a priority. A member of the management team was dealing with this matter.

We looked at the accident book and found that there had been no reported accidents related to the hazards

we found. We spoke with senior staff who understood the need to analyse any accidents and incidents. Falls were recorded and there had been no recent falls with lasting injuries. Care plans did show that staff put actions into place to lessen risk. Every person had a risk assessment in place.

We asked for copies of the last four weeks' worth of rosters. We judged that the home was suitably staffed by day and night. On the days of our inspection there were suitable numbers of care, housekeeping and catering staff on duty. The home had one staff member who dealt with maintenance and repair. We judged that the tasks to be completed were more than one person could deal with but we learned that a second maintenance person was due to commence work in the home in the next week. We learned that there were three staff on at night and the registered manager, who lived next door to the home, was on call for any emergencies or for advice and support.

Staff in the specialist unit for people living with dementia did not leave them unsupervised and we judged that they ensured people were safe in the unit. We also noted that staff were around in the downstairs lounges for most of the day. The management team were aware that sometimes vulnerable people could be left alone and they were balancing people's needs for time on their own and safety. This was being dealt with through some of the changes to rosters and deployment of the team. New team leader roles were being introduced and these staff would ensure that the team monitored people in specific areas of the home.

We looked at the most recent recruitments and we saw that staff completed a comprehensive application form and were interviewed by members of the management team. New members of staff did not have access to vulnerable adults until two references were returned and checks made to ensure they did not have a criminal record or had not been dismissed from another care or health setting.

The registered provider had a contract with an external company who advised them on human resources management. We had evidence to show that any matters of discipline were dealt with appropriately and legal advice taken.

We looked at medicines management and we saw that each person in the home had their own medicines file with a photograph of the person and a care plan showing how to support them with medicines. We had evidence to show that medicines were ordered and disposed of appropriately. Storage was in secure, locked cabinets. The local GP was in the home on the day and we learned that medicines were regularly reviewed at their visits and that there were annual reviews of medicines by the GP and by the pharmacy who provided the medicines. The recently appointed deputy manager had started to audit medicines in the home.

Good

Is the service effective?

Our findings

People told us that they were happy with the skills and knowledge the staff displayed; that, where possible, they could leave the building and that staff always asked them for consent.

One person said, "The staff are very good, they know their job...[the registered manager] gets them training." Every person we spoke to had faith in the staff. Another person said, "The staff are all very good and they understand what we want."

They also told us that they were happy with the food provided. We learnt that people judged that "The coffee is lovely and the food is nice." Other people said, "The food is good, very good, you get a lot of choice," "The food is good, really good, if I don't like the choices I have sausage, eggs and bacon instead" and "The food is excellent."

One person told us that the food was part of the reason they had improved since they came into the home. They and their relatives told us they judged it was good food and good care that had helped. The person said, "They saved my life as I was very poorly when I came in but they got me right, marvellous they are." This person's relative said "If you had seen (my relative) in January you wouldn't recognise them now. Everyone gave them two weeks, then they came in here and look at them now, doing word search and looking like they are going to make a hundred..."

We were given a copy of the training plan for the staff team and a copy of a letter to all staff about completing e-learning. We judged that this training plan was comprehensive and that the management team were being very proactive to ensure that all staff had updates to their training. There had been some changes to the way the home operated and some staff needed to update their mandatory training. We judged that the registered manager had dealt with this appropriately. We also noted that, although the registered manager was the trainer for moving and handling, he had utilised an external trainer to ensure that everyone had updates in a timely manner.

We also looked at supervision and appraisal. Again this had not been the focus of the registered manager but the new deputy manager had completed supervision with staff and was supporting new supervisors to develop their skills. The management team were actively dealing with the backlog of supervision and had booked dates for annual appraisal. The supervision notes and records of observation we saw were of a good standard.

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). We checked whether the service was working within the principles of the MCA. We found that the authorisations were in place, where necessary. The management team were aware of their responsibilities and the staff had a good working knowledge of the principles of the MCA.

We saw evidence in files and in conversation with people to show that consent was sought for all interactions. People had signed consent forms where possible. 'Best interest ' reviews had been held when people had found decision making difficult. The home did not use restraint.

No one in the home appeared to be malnourished. People were regularly weighed and if there were any concerns the staff team sought the support of the dietician and the GP. People ate well and told us they enjoyed their meals and snacks. We observed meals during our visit and we saw that the meals were of a very high standard, nicely presented and well balanced in terms of nutrition.

We met a local GP and three nurses who were in the building during our inspection. No one had any concerns and told us that the staff team, "Work very well with the practice." One nurse said," I asked to be the named nurse for here. The staff are really good at following instructions for care, they are really on top of pressure area care and they fit in with our nursing needs." We noted that people were referred to the doctor or nurse very quickly and that staff accompanied people to hospital appointments.

The home had been suitably adapted and designed to meet the needs of older adults. The specialist unit for people living with dementia was a recent upgrade to the building and people were relaxed in this environment. There had been some on going upgrades to the bedrooms and the lounge areas, with more improvements planned.

Good

Is the service caring?

Our findings

We judged this by talking to people who lived in the home and to visitors. We also spoke with visiting professionals.

People told us the staff were, "Really nice...so kind" and several people told us how fond they were of members of the team. Everyone we spoke with told us the management and staff were very caring and several people said they were "understanding". A person who was on a respite stay was having photographs taken with the staff and told us, "I am coming back in September, I've really enjoyed it because the staff are so nice."

We spoke with four visiting health care professionals. One of them told us they judged the home to be, "Very nice...really caring staff. I love coming here ... because the atmosphere is so nice. Really good, loving care and the residents are all very assertive and relaxed because they know they are cared for and cared about."

We also spoke to the managers of social work staff who also told us that, "The Dales is a good place and the staff really care. It is quite eccentric but sometimes we can place people there who may also have some eccentricities. These are accommodated and people are accepted for who they are. I would live there myself."

We spoke with staff who displayed an open and accepting attitude to people in the home and worked with people in an empathic and sensitive way. We judged that the registered manager had very close relationships with everyone in the home and that staff took this approach because they saw him as a role model. Staff used humour and 'banter' in an appropriate way. People in the home were very assertive and asked for support, advice and information from all of the staff. We noted that staff were keen to answer questions, give advice and to be open and honest with people.

Staff were also very good at asking people about their physical, emotional and social wellbeing. We noted that some people enjoyed what one person called, "being made a fuss of"; other people were encouraged and supported to make their own decisions and to maintain and regain as much independence as possible. We spoke with one person who had been allowed to bring a pet into the home and we saw that this had enhanced this person's wellbeing and had also enhanced the wellbeing of others in the home.

This service has a reputation for allowing people to 'be themselves' and the staff all fed into this. This was a stated aim in the home's statement of purpose and in their brochure and on the website. We had evidence to show that locally the home was known for this caring and accepting approach. People told the inspection team that they had come into the home because of the home being "well known for really caring about people".

We had some very good evidence about how the home were planning to care for a person on their return from hospital. This person was aware that they were in the last stages of life and all the staff wanted, "[The person] to come home so the district nurses and us as a team can give them a kind and comfortable end of

life." A number of staff had completed training in end of life care. Visiting health care professionals told us that the team were "very good" at this stage of care delivery and worked well with them. We also had evidence to show that families felt that the care at the end of life had encompassed their emotional needs as well as the practical, emotional and spiritual needs of the person at the end of life.

Good

Is the service responsive?

Our findings

People told us that they had a care plan. One person said, "They spoke to me and we looked together at what I needed." We were told that staff made sure that people were getting the care they wanted.

People were happy with the activities and entertainments on offer. We were told that, "It's nice here, I go out sometimes, I go down to the shops" and one person told us, "I don't like the telly, I like to do other things like games and quizzes or listening to music." Several people said, "We have nice parties", "We watch films and listen to old records."

We looked at people's care files and we saw that prior to admission the management team had undertaken assessments of needs and wishes. Two management staff went out to visit a new person and they, in turn, could visit the home. The registered manager told us that he had appreciated the input of the new deputy manager who had a good background in assessment. This had led to good decisions about admissions.

We noted that reassessment of need went on every day in an ad-hoc basis. Staff told us that they talked about this daily at the handover and during the working day. We also saw that staff had been able to talk about changing needs of people in formal supervision. We found that this assessment was not always recorded in a robust manner but that changes had been put into care plans. The management team were introducing a key worker system and ensuring they were recording the reviews of care in more depth.

We read a number of care plans and we found that these had all been updated by the deputy manager. These contained some very detailed descriptions of need and preferences. We judged that these updates had been beneficial and that the care plans, in many instances, gave good guidance for staff and allowed people to have their needs and wishes known. People we spoke with said that their care needs had been updated and they were satisfied with the way their support was planned. We judged that this service delivered person centred care. People were very satisfied with the way they were cared for and cared about. People were shown care and affection, they were well groomed, given help with health care and supported emotionally and socially.

We noted some improvements that were needed to formalise these care plans. We had evidence to show that things like nutrition intake and falls were recorded but we could not find robust written evidence of analysis. The management team told us that this was done but agreed there was a gap in this review of needs. We also noted that, although staff understood the need for moving and handling, there were no separate manual handling assessments and plans completed by the staff. We did see some plans which had been done by an occupational therapist and staff said they followed this advice. The care plans included details of manual handling need but these could have been more robust and would have benefitted by being completed as a separate document.

We recommend that the updating and review of care planning continues so that the care planning reflects the high standards of care delivery we observed.

People in the home told us that they were happy with their lifestyle. The home had TV, DVDs and music systems with plenty of films and music that people enjoyed. People had access to newspapers, books and magazines. People followed their own hobbies and interests. Some people enjoyed spending time in their own rooms but others preferred to socialise in the main lounge or the dining room. People in the specialist unit for people living with dementia spent a lot of time together and told us they were happy with this.

The home had pets. There were two cats who spent most of their time with the people in the home and one person had brought their dog into the home with them. The dog was very much a part of the specialist unit and people enjoyed having it around. The home was 'pet friendly' and other dogs came to visit.

There was a range of activities on offer with entertainers, exercise classes and reminiscence sessions. The home had plenty of games and craft materials and the registered manager was developing activities that men might prefer. There were specific activities for people living with dementia. The hairdresser visited regularly or people could go out to the barber or hairdresser. Local clergy visited and church groups were welcomed into the home.

The home had a complaints procedure which was readily available for people in the home and their visitors. There had been an anonymous complaint which the registered manager had dealt with in a proactive and timely manner. People we spoke with had no complaints but told us they would complain if necessary. They told us that minor issues were dealt with quickly so that they didn't develop into major complaints. We noted that the registered manager spent a lot of time talking to people and listening to any issues they had.

Requires Improvement

Is the service well-led?

Our findings

People spoke very highly of the registered manager. As one person told us, "I have known him all his life...and have every faith in him." We learned that people judged that the home was well-led.

The home was a family run business which had undergone a number of changes in the last few years and further changes were underway. The registered manager had managed the home with limited support for some time and had decided to change the way the home was managed and operated. To this end he had employed a deputy manager some six months before our visit and a general manager six weeks prior to the inspection. We saw that management arrangements were in a state of transition.

We heard about the proposed changes and saw that the roles of each of the management team were still being defined and yet to be allocated. We also learned that some of the senior care roles in the home were in the process of being redefined. The new general manager was in the process of writing new job descriptions and defining the tasks that each staff member would follow. These changes were taking some time and some staff said they were unsettled due to these changes. Some staff were unsure of who to talk to about different issues. We also learned that some quality monitoring tasks had not been completed because team members were unsure if the task was still theirs. A scheme of delegation was still being devised. Staff felt that they came to work and "Just do what needs to be done and we aren't involved as much with the way the home runs."

Some of these arrangements were waiting changes to rosters and staff roles. We noted that there had been discussions with individual staff members and that staff meetings had been arranged but the deployment of staff was still to be formalised. There were training sessions booked to ensure that people could carry out their new or changing roles. People in the home were aware of some of the changes but the staff team had not allowed their anxieties to filter down to them. People in the home felt that things were settled and they liked the new managers and thought they would help the registered manager.

The home had a quality monitoring system in place but auditing and monitoring had not been done as routinely as before. The new management team had started to audit medicines, fire safety, care plans, training, money held on behalf of people and any accidents in the home. A new satisfaction survey was ready to go out to people in the home and to their visitors. The audits had been completed on an ad hoc basis and analysis of the outcomes had not been completed. For example the issues with the safety and infection control were known but suitable action had not been taken.

This is a breach of Regulation17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We judged that despite all the changes the home retained an open, person centred culture and that the needs of people in the home remained paramount. Sound values were displayed by all the staff team. The Dales remained a caring place where people told us they felt valued and listened to. Some staff found the changes difficult but other members of the team told us that the time was right for change and they were

looking forward to change.

We looked at a range of records during our inspection and we saw that records were, for the most part, well organised and gave a good picture of people's care and of the routines in the home. We discussed some issues with the management team and we saw proposed new templates for a range of records which would gradually be introduced. Records were stored securely and confidentially.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider must ensure that environmental changes and changes to systems are in place to improve infection control matters.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider must ensure that repairs and improvements to the environment are completed in a timely fashion to lessen the risk to vulnerable adults.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A quality monitoring system must be re-established and operated effectively to ensure people in the home are satisfied with the care and services provided.