

Amore Elderly Care Limited

Dalton Court Care 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?	Good ●

Summary of findings

Overall summary

Dalton Court Care Home is registered to provide personal and nursing care for up to 60 people. At the time of our inspection 55 people were living at the home. The home supports people who have needs associated with ageing and may be living with a dementia related illness.

People's experience of using this service and what we found

Since the last inspection the newly formed senior management team and staff team had turned the service around to ensure people received consistent and effective care and treatment. The provider had improved its systems for monitoring older adult services and greater scrutiny and support had been given to the home. Significant improvements were seen at this inspection. Relatives told us how pleased they had been with the improvements. One person summed this up by saying, "I feel confident now to leave my relative. They are in safe hands."

People were safe and protected from abuse and avoidable harm. Risk assessments helped protect the health and welfare of people. People received their medicines when they needed them from staff who had been trained and had their competency regularly checked. The service was providing safe and consistent staffing levels. Infection control was well managed and the home was clean and free from hazards.

Staff were well trained and supported for their role so that they could meet people's assessed needs. People's rights were protected as the staff team understood their responsibilities under the Mental Capacity Act. People told us they enjoyed meal times and were offered a variety of good quality meals. People's health and nutritional needs were being well met. The home worked effectively with external healthcare professionals.

People's equality and diversity was respected by a caring staff team. People told us they judged the staff team to be caring and respectful. Staff gave people their time and understood this was important in supporting people's well-being. They knew the importance of encouraging people to maintain their independence, wherever possible.

The staff team knew people well. They planned and provided care to meet people's needs and to take account of their preferences. People's views about the quality of care and any complaints were used to make improvements. People had a wide range of organised activities and entertainments to choose from. Relatives were made welcome and included as part of the care team.

The home was being well-led by the registered manager, who was described by staff as being very supportive, approachable and set high standards. Everyone we spoke with told us they would recommend the home and were 'delighted' with how the home had improved. Team morale was high, staff felt valued and enjoyed working at the home.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 18 December 2018). We needed to be assured improvements were fully embedded and would be sustained. We made a recommendation in relation to the safer recruitment of staff. We found no breaches of the law.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

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

Dalton Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out over two days. The first day was with two inspectors, a specialist nurse adviser 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. The second day was carried out by one inspector and a CQC pharmacist inspector.

Service and service type

Dalton Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch for their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Neither organisations had any concerns. We used all of this information to

plan our inspection.

During the inspection

We spoke with eighteen people who used the service and ten relatives about their experience of the care provided. We spoke with fourteen members of staff including the registered manager, the deputy, the clinical nurse lead, nurses, care staff, cook and domestic staff. The providers operations manager was also present on both days. We spoke with a range of NHS staff visiting the home. We looked around the home to check it was clean and a safe place for people to live. We observed a medicines round and observed lunch time on both floors.

We reviewed a range of records. This included nine people's care records and medication records. We looked at six staff files in relation to recruitment and staff training. We also looked at a range of records relating to the management of the service, including how the registered manager and provider monitored the quality and safety of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we recommended the service ensured recruitment of staff was more robust. The provider had made improvements.

- The provider had carried out appropriate checks on staff to ensure they were safe to work with vulnerable people. This included a full employment history with relevant references.
- People received effective and timely care and support. The provider had well-established systems to ensure staff were deployed in sufficient numbers and with the right skills. One person told us, "Oh, I'm safe, no one wanders in and when I press my buzzer they come straight away." A relative told us, "There's always plenty of staff around nowadays when I visit."

Using medicines safely; Learning lessons when things go wrong

- People's medicines were managed in a safe way. The registered manager ensured staff who handled medicines were trained and had their competency regularly checked. The staff kept accurate records of the medicines they had given to people to ensure they received them as prescribed by their GP. Monthly audits were seen for each floor and any issues were addressed.
- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. Where they identified any areas of concern these were shared with the staff team to ensure lessons were learnt to improve the service. We saw some gaps where topical medicines had not been applied as often as directed. The unit manager had acted to improve this, which included weekly checks and meetings with care staff.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse. Staff were trained in safeguarding people and were more confident at recognising and taking action on any concerns. All the staff we spoke with were aware of the whistle blowing policy and would report any poor practice.
- People and their relatives told us they felt the service was safe. A person told us, "I don't feel vulnerable here, I am happy and safe. Staff look after me."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and managed effectively. This included assessments of specific risks, such as the risk of falls, risks arising when moving and handling people and for meeting people's nutritional needs. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.

- The provider had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.

Preventing and controlling infection

- People were protected from potential cross infection during the delivery of personal care. The provider had effective infection control procedures. Staff received training and were provided with appropriate protective clothing, such as gloves and aprons. The home had achieved a five star 'very good' rating from the national food hygiene standard rating scheme.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were being well trained, making them competent, knowledgeable and skilled in carrying out their roles effectively. Staff had champion roles to lead staff development in areas such as skin integrity and dementia care.
- Staff had opportunity for support, supervision and appraisal. Group supervisions and staff meetings were held to reflect on staff practices. A staff member told us, "I feel safe in my practice now. There's a consistent approach with clear direction."

A staff awards ceremony had been introduced with categories such as, 'Outstanding Ancillary Team Member Award' and another "Acting with Dignity and Respect Award". The registered manager told us this was to acknowledge hard work and to ensure staff at all levels felt valued.

- People spoke highly of the staff team. One relative told us, "I know they are well trained and are really on the ball when it comes to looking after health issues."

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 when this is in their best interests and legally authorised under the MCA. 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.

- People's rights were protected. The service had clear processes for applying the principles of the MCA. Where the registered manager identified people required restrictions on their liberty, to ensure their safety, he had applied to the local authority for a DoLS authorisation. Those already in place were being correctly applied to ensure people were safe and had their rights protected.
- People maintained control of their lives with support from staff as they required. Staff were trained in the application of the MCA. They asked for people's consent before providing care and respected the decisions people made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured people's needs were assessed before they were admitted to check the facilities and service were suitable to meet individuals' needs.
- Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- Staff applied their learning in line with nation good practice guidance, such as the management of nutrition and falls prevention. The senior team had implemented CQC recent guidance on oral care for people and added this into people's care plans.

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

- Most people enjoyed the meals and drinks provided. People told us they had a good variety and plenty of choice. One person said, "The food is good." Another person told us, "I can ask for what I want." The registered manager said they regularly sought feedback from people on the quality and choice of meals.
- Staff monitored whether people were at risk of poor nutrition and involved healthcare professionals as needed. Staff, including the cook, were aware of the specific dietary needs of older people and were aware of people's food allergies and dietary preferences.

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

- People's physical and mental healthcare needs were being well-monitored to recognise any signs of deteriorating health so action could be taken. The advice given by healthcare services was included in people's care plans and followed by staff.
- Healthcare professionals told us that staff were knowledgeable and skilled in making assessments and when to seek advice. One told us, "People make good progress when they come here. Staff are good at communication, follow-up and know people well."

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

- Dalton Court Care Home was purpose built as a care home for older people. All rooms were ensuite. There was a passenger lift and each floor had adapted bathrooms. The garden was accessible and well used, with gazebos to increase people's enjoyment.
- The home had some adaptations to help people living with dementia , such as clear signage, a sensory room and themed café areas. The registered manager shared plans to develop a cohesive dementia care strategy for the home, that would include both improvements to the environment and to staff training.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People were complimentary about the care and support they received. One person told us, "The staff are very good here, very kind, you couldn't ask for better. They always take time for a chat." And another person said, "They shower me in my on suite with the door closed to keep my privacy. I like the staff-they listen to me".
- Staff supported people to maintain their independence. People told us this support was important to them. The staff team were knowledgeable about accessing services, so people could have equipment and adaptations to keep them safe and promote their independence.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated by staff in a very kind and caring manner. There were warm interactions between people and staff. The staff gave people their time and understood the importance of this in supporting people's well-being and promoting their self-esteem. A relative told us staff always made sure their relative was well dressed and presented.
- Staff noticed if people were anxious or distressed and gave them prompt support and reassurance. We saw the staff used caring and empathetic interactions which helped to calm and reassure people.
- Staff received training on equality and diversity. This helped ensure staff were aware of their responsibilities in how to protect people from any type of discrimination. The service recruited staff using the key principles of respect, compassion, dignity in care and empowerment. Staff were aware of people's religious, cultural and social needs. People were supported by the service to continue to follow their religious beliefs.

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

- People were supported to make decisions and were able to express their views. People and relatives were asked for their views in satisfaction surveys. The results of the survey we saw were very positive with many compliments which included, "The care staff are brilliant. They take time to sit with me." A number of people commented on wanting more choice at mealtimes and the service had worked to build this in.
- People told us staff respected the choices they made. People chose where to spend their time and if they wanted to be on their own or with other people. A relative told us their relative liked to spend time on their own but said staff regularly checked on them and respected these wishes.
- Information was readily available about local advocacy contacts, should someone wish to utilise this

service. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was centred around their choices and preferences. Staff understood people's needs well and recognised the importance of appropriately supporting people on an individual basis.
- People's care plans described their health, care and support needs and included their preferences, routines and social needs. Daily records were written in a meaningful way, with any changes being recorded so action could be taken, such as seeking a referral to a GP.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a collection of easy to read information booklets on health matters and support services.
- People's communication needs were explored and care plans contained instructions of how to ensure effective communication. This helped to increase people's choice and control. Staff knew how best to communicate with people who may be anxious. For one person who had no verbal communication staff had made a communication picture board of their favourite drinks and things to do.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to maintain relationships that were important to them. They told us their friends and relatives could visit them as they wished and said there were no restrictions on when they could see their visitors. One relative told us how staff had organised a birthday party in the home for all the family.
- People were provided with a range of interesting activities and entertainments. The home had activity coordinators, who also covered weekends, and entertainers and singers were booked on a regular basis. Staff were good at spontaneously offering people things to do, such as an impromptu sing-along. A range of daily newspapers were available around the home as well as local history books. One staff member told us, "We celebrated Burns night, a bag piper come in and even the manager joined in with toss the cable! Everyone had such a good time."

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told us they would feel confident talking to staff or the registered manager if they had a concern or wished to

raise a complaint.

- Informal complaints were also encouraged, recorded and responded to assist in improving the service offered to people. We saw that when a complaint had been made people were given follow up meetings at regular intervals to check that they were satisfied with how the complaint had been resolved.

End of life care and support

- The staff gave people the support they needed to remain in the home, if this was their wish, as they reached the end of their lives. The staff told us they had been trained and worked with local healthcare services to ensure people were able to remain comfortable and pain free at the end of their lives.
- We saw a number of relative's thank you cards commenting on the high standard of end of life care for their relative, and to the compassionate support given to them also.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home was now well-led. The provider had improved its systems for monitoring older adult services and greater scrutiny and support had been given to the home. The provider and registered manager used these more robust systems to regularly review the quality of care people received. Audits included care files and medicines records with actions taken where inconsistencies were identified.
- People, relatives and staff all spoke highly of the registered manager and how well the home was managed. Everyone we spoke with said he was approachable and open to ideas and suggestions.
- The registered manager and senior team kept abreast of latest good practice and research. People had recently benefitted from the introduction of a number of good practice guides. These included 'Oral Care in Care Homes' guidance, implementing NICE guidance for a 'Falls Strategy' aimed at reducing falls and 'React To Red' to prevent pressure ulcers.

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

- The registered manager and staff team demonstrated a commitment to providing person-centred care and ensuring people received good quality care. A new senior team had been formed and together with the staff team they were now clear on their roles and were meeting people's needs through effective teamwork.
- People told us this was a good home and said they were well cared for and happy living here. One person told us, "I cannot fault the place now. The staff are spot on."
- Staff told us they felt valued and listened to and the management team gave them support to do their jobs well. One staff member said, "It's a very supportive atmosphere and we're always encouraged to talk any issues through. Team work is really good now." And another staff member told us, "I really look forward to coming to work now with all the changes. I know I'm doing a good job and so is the rest of the staff team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team were aware of their responsibilities regarding duty of candour. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members. The registered manager told us, "We learn from our mistakes. We discuss them with the people involved and their relatives and we use learning from these to drive improvements."

- People, their relatives and staff told us the registered manager was visible, approachable and supportive. The registered manager held meetings with people in the home, relatives and the staff to gather their views and to take action.

Working in partnership with others

- The staff worked with other services to ensure people received the care they required if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans. Communication was described by these partnerships services as being very good and staff and the registered manager as being open and responsive.