

Amicis Care Limited

# Dalkeith

## 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

We inspected Dalkeith on the 11 and 12 May 2017. Dalkeith provides accommodation and personal care to older people; some of these people were living with dementia. The home offers a service for up to 20 people. At the time of our visit 17 people were using the service. This was an unannounced inspection.

We last inspected the home in April 2016 and found that the provider was not meeting all of the regulations. We found that people's capacity to consent to their care had not always been recorded. Additionally people could not be assured that the service was safe as fire safety routes were not always clear and equipment had not been serviced in accordance with manufacturer's guidelines. During this inspection we found improvements had been made by the registered manager and care staff.

There was a registered manager in post. The registered manager was also the provider of the service. 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.

People enjoyed living in Dalkeith. People told us they felt safe at the service and enjoyed active and social lives. People had access to activities which were tailored to their individual needs and preferences. People felt cared for and happy.

People were supported with their on-going healthcare needs. Care staff supported people to access the healthcare support they required. People received their medicines as prescribed.

People had access to plenty of food and drink. People told us they enjoyed the food they received within the home, and had access to all the food and fluids they needed. Where people needed support to meet their nutritional needs, these needs were met.

People were supported by staff who were supported and trained to meet people's individual needs. Staff were supported to develop and access additional training to further improve their skills.

Staff benefitted from effective leadership from a committed management team. There were enough staff with appropriate skills deployed to meet the needs of people living at the service. Staff spoke positively about the support they received from the registered manager, deputy manager and team leaders.

People and their relatives spoke positively about the management of the service. The registered manager ensured people, their relatives and external healthcare professionals' views were listened to and acted upon. The registered manager had systems to assess, monitor and improve the quality of service people received at Dalkeith.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People felt safe living at the home. Staff understood their responsibilities to protect people from harm and report any concerns.

The environment was maintained and staff were aware of how to protect people from the risks associated with their care. People received their medicines as prescribed.

There were enough staff deployed to meet the personal care needs of people.

### Is the service effective?

Good ●

The service was effective. Care staff had access to the training and support they needed to meet people's needs. Care staff were supported to develop professionally.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their care.

People received the nutritional support they needed. People were supported and often escorted to attend healthcare appointments.

### Is the service caring?

Good ●

The service was caring. Care staff knew people well and what was important to them.

People's dignity was promoted and care staff assisted people to ensure they were kept clean and comfortable. People's independence and individuality were respected

Care staff engaged with people positively, which had a clear benefit for people.

### Is the service responsive?

Good ●

The service was responsive. People enjoyed living at Dalkeith. People were supported with activities which reflected their

individual needs and interests.

People's needs were assessed and a current and accurate record of their care needs was maintained.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

### Is the service well-led?

Good ●

The service was well led. The registered manager had ensured there were systems in place, which could be regularly accessed in order to, monitor and continually improve the quality of service people received.

People and their relatives' views regarding the service were sought and acted upon.

Staff were supported to develop and take on additional responsibilities within the service.

# Dalkeith

## **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 was 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 the 11 and 12 May 2017 and it was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were 18 people living at Dalkeith. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with two healthcare professionals regarding the service.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service.

We spoke with seven people who were using the service and one person's relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 5 staff members which included two care staff, a team leader, a cook and the registered manager. We reviewed five people's care files, two care staff records and records relating to the general management of the service.

# Is the service safe?

## Our findings

At our last inspection in December 2015, we found the environment people lived in was not always safe or safely maintained. These concerns were a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action. They sent us an action plan which stated how they would meet the regulations in full. At this inspection we found the provider had taken action to ensure the service was safely maintained and environmental risks had been effectively assessed.

People could be assured the home was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. Additionally, since our last inspection the registered manager had ensured that fire safety equipment had been serviced. The home was clean and people responded positively when asked about their home.

People felt safe living at the service. Comments included: "I do feel safe"; "I'm well looked after"; "I'm settled, safe. This is my home." One relative told us, "My mum has never looked so good. She's definitely looked after."

People were protected from the risk of abuse. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would go straight to [registered manager], they would take it further and contact the relevant people. I've never been in that situation. The care here is very good". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "I can go to the [local authority] adult helpdesk if I need. If someone is at immediate risk I can call the police". Care staff told us they had received safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to the local authority safeguarding team and CQC.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person was assessed as being at risk of falls when mobilising, their care plan had clear detailed information on how they should be assisted with their mobility, including how they should be supported to walk with close supervision for short distances if they felt able to. It detailed where care staff should take extra caution when assisting them with their mobility. We observed care staff assist this person with their mobility. They encouraged the person to walk at their own pace and provided clear positive encouragement. The person was comfortable throughout and was supported at all times.

People were involved in discussing their personal safety and the risks associated with their care. For example, one person had a sensory impairment, and liked to maintain their independence. For example, The person liked to move freely around the home, using the garden and the home's stairs. Care staff and the registered manager discussed the risks of using the stairs with the person. This gave the person the information they needed to know the positives and negatives of using the stairs. The person was clearly involved in their care plans and spoke positively about their ability to take risks. We observed how care staff respected the persons decision and supported them in a patient and dignified manner.

People told us there were enough care staff to meet their needs and they were able to seek the attention of care staff when required. Comments included: "They always help me. I wouldn't move anywhere else"; "If I press the bell, the staff come here sharply" and "I ring my bell (if I need help) I've always got it on me. They come very quickly". One relative told us, "The staff work so hard and they're a bundle of fun."

Care staff felt there were enough staff to meet people's day to day needs. Comments included: "We get plenty of time to spend with people"; "The staffing is fine. I never feel I'm rushed and I have time to answer bells and spend time with people" and "The staffing levels here are good". The registered manager and care staff spoke positively that the service has not had to rely on agency staff to ensure people's needs were met.

There was a pleasant and lively atmosphere within the home on both days of our inspection. Care staff had time to spend with people throughout the day and were never rushed. People enjoyed sitting with staff in communal areas of the home. Where people chose to spend time in their rooms, staff provided them with support and personalised activities.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People received their medicines as prescribed. Care staff assisted people to take their medicines as prescribed. Staff gave people time to take their medicines, and ensured they were taken. Where people were prescribed medicines which were administered 'as required' such as pain relief medicine, there was a clear record of when and how people should take these medicines. The service also had a homely remedies policy (medicines which could be procured over the counter). Care staff kept a record of when they had assisted people with 'as required' and homely remedy medicines.

People's prescribed medicines were kept secure. Care staff kept a running stock of people's prescribed medicines. This enabled them to ensure people's medicines were not inappropriately used. The temperature of areas where people's prescribed medicines were recorded and monitored to ensure people's medicines were secured as per manufacturer guidelines.

# Is the service effective?

## Our findings

At our last inspection in April 2016, we found that people's legal rights to make decisions were not always documented. These concerns were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action. They sent us an action plan which stated how they would meet the regulations in full. At this inspection we found the provider had taken action to ensure people's legal rights to make decision were documented accurately.

The registered manager and care staff ensured people's capacity to consent to their care had been recorded in accordance with the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where staff were concerned a person did not have the capacity to make a specific decision, they had completed a mental capacity assessment. These assessments clearly documented if the person had the capacity to make the decision. For example, one person's mental capacity had been assessed in relation to their finances. The person was assessed to not have capacity and the registered manager had involved local authority support to ensure the person's legal rights regarding financial decisions were being protected. Where people had capacity they were involved in planning their care and had signed to show they consented to their care.

One person was unable to leave Dalkeith without supervision, as they were at risk of harm and neglect if they left the service. The registered manager had made a Deprivation of Liberty Safeguard (DoLS) application for this person. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This application had been approved as the care they received in Dalkeith had been assessed by healthcare professionals to be in the person's best interest.

Care staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice. Comments included: "We can't assume someone doesn't have the capacity" and "One person doesn't have capacity to make a number of decisions. Even though they don't have the capacity, we give them the information to make basic informed decisions."

People told us they were always offered choice and were in control of their care and never forced to do things they did not want to do. Comments included: "If I wanted to go out, I can do that. I get choice, I am never forced to do anything"; "I'm supported to make choices" and "I live my day as I like."

People were supported by care staff who had received effective training to meet their needs. People and their relatives felt staff were skilled and trained. Comments included: "The staff are very good to me, they put up with me. I think they're well trained"; "The staff are alright" and "The staff are lovely and caring."



Care staff told us they felt they had the training they needed or could access this training on request. Comments included: "I feel very well trained here. I have training booked for dementia care. I have completed the care certificate"; "I have all the training I need to meet people's needs" and "I get all the support and training I need."

Staff told us they could request additional training including qualifications and felt supported to develop. All staff told us they were able to access additional training including diplomas in health and social care and management in care. One member of staff told us, "They push me to develop, it's good to learn." The registered manager informed us that if care staff can demonstrate a reason for the training their request would be acted upon.

Care staff had access to supervisions (one to one meeting) and appraisals with the registered manager. All staff told us they had regular supervision sessions which were helpful. One member of care staff said, "It's clear [registered manager] wants to help us."

People had access to health and social care professionals. One person told us, "I had medicines which disagreed with me. I discussed it with a carer and they called the doctor. I feel better today." A relative told us, "If they need the dentist they arrange it. There are always doctors and dentists in. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, some people had required the support of speech and language therapists due to the risk of choking.

Where people were at risk of choking or malnutrition they were provided a diet which protected them from these risks such as soft meals and thickened fluids. Care staff knew which people needed this support. For example, one person was assessed as being at risk of choking. There was clear guidance in place for care staff to support this person with their meal. Guidance had been sought from speech and language therapists and this was clearly referenced within their care plan. Care staff confidently discussed how they assisted this person to support them to maintain their health and wellbeing.

People told us there was plenty of food available to them and that they enjoyed the food they received. Comments included: "There is wall to wall food"; "They provide plenty of food, the portions are good. You never go without; they will always give a little more if you ask"; "The food is good. The staff will give you more if you ask for it"; "The food is good, I can enjoy a glass of wine at lunch time. I can't complain" and "There is plenty to eat and drink, I can always help myself to."

People spoke positively about the food and drinks they received in the home. Comments included: "I've had a big lunch, the food is wonderful"; "I enjoy my drink. I have a little [alcoholic] drink everyday"; "The food is good, there is nice variety and choice of food" and "Plenty of food and drink. Good choice."

People's dietary needs and preferences were documented and known by care and catering staff within the home. The home's chef knew what food people liked and which foods were required to meet people's nutritional needs. The chef and care staff were informed when people had lost weight or if their needs had changed. People's care plans documented their dietary needs, such as a pureed or soft diet. Each month the registered manager produced a nutritional profile where people had a specific need, this gave all staff clear knowledge of the support people needed.

# Is the service caring?

## Our findings

People had positive views on the caring nature of the service. Comments included: "I couldn't wish for better"; "I'm very well looked after"; "I get on well with all the staff, we have a riot, a good laugh" and "It's lovely here, it's home" One person's relative told us, "I can't fault the care. Good staff; the people are really looked after."

People enjoyed positive relationships with care staff and the registered manager. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff who asked them if they would like to talk to us. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person enjoyed to have a pre-lunch tittle in the home's conservatory area. Care staff respected this wish. The person told us that they enjoyed this.

People engaged with each other and staff and were comfortable in their presence. They enjoyed friendly and humorous discussions. For example, two people enjoyed a conversation about the inspection and about music which was being played in the room. People enjoyed talking to staff about the home. One person told us, "I'm very happy here, we all have a laugh. We enjoy it." People enjoyed each other's company, and we observed occasions where people were laughing with each other. People talked to each other and clearly respected each other.

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us how they assisted someone with their day to day needs and talked with them. The person was living with a mental health condition and the staff member spoke positively about how they assisted them and the support they required.

People told us their dignity was respected by all staff at the home. Comments included: "I'm treated with dignity, definitely" and "I think the staff are wonderful and they respect us." Care staff told us how they ensured people's dignity was respected. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. One staff member told us, "Dignity is important. I assisted one lady to the toilet whilst I was being assessed. I told the assessor to wait outside. You don't want people exposed." People's care plans clearly focused on respecting their dignity, including waiting outside of bathrooms if people wished to shower or bath independently, however required assistance to get in and out of the bath.

People were able to personalise their bedrooms. For example, people had decorations in their bedroom which were important to them or showed their interests. One person showed us their bedroom. They told us, "I've got a lovely room with a lovely view of the garden. They've put my photos up, they've made it my home, and I've got my ornaments. I'm very satisfied with it."

People where possible were supported to make decisions around their care and treatment. People's care plans and risk assessments were written by care staff with people. For example, one person's care plan clearly documents their views and also their wants and wishes regarding end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

## Is the service responsive?

### Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for care staff about how people's care should be delivered. People's care plans and risk assessments were reviewed monthly to reflect their needs and where changes had been identified. For example, when healthcare professionals had been consulted and made recommendations regarding people's healthcare needs.

People's life histories, likes and dislikes were clearly recorded in their care plans. Care staff told us the care plans were useful in giving them the information they needed about people. Care staff also kept detailed records of the care and support people received on a daily basis. This information clearly informed people's care plans and enabled care staff to identify changes in people's daily care needs.

People's relatives told us they were informed of any changes in their relative's needs. For example, one relative spoke confidently that staff would contact them if their relative was unwell. They said, "They always let us know if there are any changes or any concerns."

Staff responded well when people's needs changed. Where people's needs changed the registered manager and care staff ensured the advice of healthcare professionals were sought. For example, one person had a diagnosis of type 2 diabetes. The registered manager had provided care staff clear information so that they were able to identify changes in their health and wellbeing and the actions they wished to take.

People spoke positively about life in the home and told us there was always something to do. Comments included: "There is enough to do, I like living here"; "I don't feel bored, it's a lovely place" and "I can go outside, we have people come in, it's really nice." People enjoyed having discussions between themselves and reading newspapers and magazines throughout the day. Care staff also read with people and assisted them with manicures. People also told us they enjoyed time spent with the care staff and their relatives.

Some people in the home enjoyed their own company. Care staff ensured they protected people from the risk of isolation by regularly visiting people in their bedrooms to make sure they were safe and have a friendly chat. People's relatives were able to visit them at any time and could enjoy some private time with their loved ones. We observed and heard care staff spending time with people in their rooms. For example, one member of the care staff took time to talk with a person to go through the minutes of a recent resident meeting as they were unable to attend. They talked about the person's views regarding the registered manager's refurbishment ideas.

People's religious needs were respected. One person living at Dalkeith followed particular religion belief. Staff read relevant religious material to the person when they had their lunch. Care staff did this as it was something the person enjoyed and it encouraged them to enjoy their food. Care staff spoke about how they talked about the person's faith. They told us, "We don't put our own thoughts into it, we talk to her about it, it's her choice and we respect that."

People knew how to complain if they were unhappy with the service being provided. Everyone we spoke with told us they had not needed to make a complaint however knew who to speak to if they had any concerns. They felt the registered manager and deputy manager were very approachable regarding any concerns. Comments included: "I know who the boss is and I'd report if I was unhappy"; "If I was unhappy I would tell [registered manager]" and "I can't fault the service."

The registered manager documented all concerns as complaints. They had clearly investigated these complaints and discussed outcomes with people and their relatives. The registered manager used people's concerns and complaints to improve the service people received regardless if the complaint was upheld. For example, when concerns were raised in relation to the laundry the registered manager took effective action and implemented a new procedure to reduce concerns.

## Is the service well-led?

### Our findings

Everyone we spoke with was complimentary about the registered manager. When asked people knew who the registered manager was and felt they were approachable. One person told us, "They make time to see us, they are always around." One relative told us, "The manager is so hands on. They are present in the home and approachable." The registered manager interacted with people and their relatives throughout the day and people enjoyed talking to them.

People's views were sought regularly through 'residents meetings'. These meetings allowed staff and people to discuss any concerns or make suggestions they had regarding Dalkeith. At a meeting in April 2017, the registered manager discussed changes to the home including the use of electronic tablets and their plans to carry out refurbishment of the home. People's views were sought on the refurbishment plans and on other areas such as food choices. Where people were unable to attend these meetings, care staff discussed them with them at their leisure and sought their views.

The registered manager carried out surveys of people's views of the service being provided. A recent survey had been carried out, which showed people were positive about the care and treatment they had received. The registered manager had identified some comments in relation to the variety of meals and had decided to carry out an additional survey of people's views on food and menu choices they received.

The registered manager had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as medicine audits and scheduled checks within the home. Since our last inspection in April 2016, the registered manager had made changes to how people's prescribed medicines were managed. They had implemented an electronic recording system for people's prescribed medicines and creams. Care staff demonstrated how they used this system and the benefits it had on making administering medicines safer and more effective. Care staff had also implemented a daily log of any issues they encountered. This meant care staff and the registered manager had a clear system to identify any issues and implement improvements. The registered manager informed us that the new system had eliminated concerns regarding the administration of medicines.

The registered manager carried out monthly audits in relation to incidents and accidents and health and safety. Where shortfalls had been identified the registered manager implemented an action. For example, following a health and safety audit in March 2017 they had identified that some care staff required training in first aid, this training had been arranged.

People were protected from risk as the registered manager ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents.

The provider ensured the quality of the service was discussed with care staff and all staff felt they were able to suggest ideas about the day to day running of the home. Staff meetings were used to discuss key points such as communications and training. This ensured the registered manager was able to discuss key

information with staff at the home. One staff member told us, "[Registered manager] will talk to us; we're able to share ideas. I've put my input in plenty of times. I've discussed getting a tea trolley, he's considering it. One staff member suggested memory boxes, which we've got in place. People enjoy looking at their old pictures."

The registered manager had a clear focus on developing care staff to take on additional responsibilities. Team leaders were responsible for the day to day running of shifts. Following this the team leaders had implemented a detailed handover communication system which ensured that staff had all the information they needed about people's daily wellbeing and needs. Staff spoke positively about taking on more responsibilities. For example, one member of staff told us, "I thrive on responsibility. I feel we're more in control, more organised. It has been a positive change. We implemented a detailed handover, getting other staff really involved."

Care staff spoke positively about the professional and personal support they received from the registered manager. One member of staff told us they had specific learning needs, which the registered manager was supporting them with. They said, "I feel supported with [needs], [registered manager] is very understanding and supporting and wants to guide me. I felt very privileged that I have a boss that wants to support me." The registered manager told us they were in the process of completing appraisals with staff and these were focused on promoting staff skills. They said, "We ask staff, where do you want to go with your career? Can Dalkeith help you?"