

Dalemead Care Home Limited

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Inspection report

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Middlesex
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Website: www.dalemead.co.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Dalemead Care Home Limited is a care home providing residential care without nursing for up to 49 older people, including those who may have dementia. At the time of the inspection there were 43 people using the service.

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

There was a thriving activities programme at the home, both internally and from external organisations. The home actively promoted itself within the community and was very keen to explore new ways in which people could be supported to access activities to avoid social isolation. People and staff had been empowered to pursue and run activities with the full support of the registered manager and senior staff. Care plans were in place which met people's individual needs. This included end of life care plans. People and their relatives told us they had no complaints with how the service was run.

People were kept safe through effective risk management controls which considered areas of risk to people and how they could be supported to lead independent lives. People were kept safe from potential harm as care workers knew what steps to take to keep people safe. People received their medicines as prescribed from trained staff. Good infection control practices were present which kept people safe from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were given the opportunity to visit the home before moving in and there was a settling in period where care plans were developed based on people's needs. The provider had a good relationship with external agencies and healthcare professionals. Staff were competent and received training to carry out their duties. We have made a recommendation for the provider to implement a more robust system to monitor staff training, we will follow this up at the next planned inspection.

People and their relatives told us that staff were very caring. There was a nice, homely feel to the service. Many of the staff had worked there for a number of years which meant they were able to develop caring relationships with people and their families. Feedback received reflected this. People's privacy and dignity was maintained and they were encouraged to remain as independent as possible.

The registered manager ran a service which had an open culture. This was reflected in our observations during the day, from speaking with people and staff and feedback received from professionals. There was a good working relationship with external professionals and systems were in place to monitor the quality of service. This included feedback from people, relatives and staff and internal audits.

Rating at last inspection

The last rating for this service was Good (published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Dalemead Care Home Limited

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

This inspection was conducted by one inspector and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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

The inspection was unannounced on the first day. The provider knew we would be returning on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan

our 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. This information helps support our inspections.

During the inspection

We spoke with six people who used the service about their experience of the care provided and three relatives. We spoke with nine members of staff including the registered manager, the deputy manager, activities co-ordinator, the chef and four care workers.

We reviewed a range of records. This included four people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection. We also contacted two health professionals for their feedback.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- One relative told us their family member was kept safe from the risk of falls. They said, "She has pressure pads by her bed and a special chair which makes her safe and the staff are very aware."
- Individual risk assessments were completed based on people's support needs. These included poor nutritional intake, keeping safe whilst out in the community and risks associated with medicines. Risk controls to mitigate against risk and achieve positive outcomes for people were included.
- Each person had a Personal Emergency Evacuation Plan (PEEP) which identified their level of independence and if any support was needed in the event of an evacuation. A PEEP is a bespoke 'escape plan' for people who may not be able to reach an ultimate place of safety unaided and includes method of assistance, equipment needed and a personalised evacuation procedure.
- Potential risks in relation to the environment were assessed. We saw inspection certificates for the fire alarm system, fire extinguishers, emergency lighting, electrical and gas safety. Fire alarms were tested weekly.

Staffing and recruitment

- Feedback from people and their relatives was that there were enough staff employed to meet people's needs. Comments included, "There's always a lot of staff", "I think there is enough staff." and "There is always people when you need them."
- Our observations of staff during meals, activities and presence of care workers during the inspection was there were always staff members present to support people.
- The registered manager told us they never used bank or agency to cover for any absences.
- Recruitment procedures were robust. Staff files included application forms, appropriate pre-employment checks such as evidence of ID, right to work and Disclosure and Barring service (DBS) checks for staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Using medicines safely

- People told us, "I take some tablets; I get them with my meals" and "I do take tablets and I get them at the same time every day."
- We observed a care worker carrying out a medicines round this was done in a safe way following good practice. They checked the medicines against the medicines profile and photo of the person, asked for consent and observed people taking their medicines before completing medicines administration record (MAR) charts.
- During the inspection, we asked the provider to consider implementing a pain assessment tool for people who were not able to articulate if they were in pain to determine if they needed pain relieving medicines. By

the second day of the inspection, the provider had contacted a community nurse and sought their advice regarding this.

Learning lessons when things go wrong

- Incidents and accidents were recorded in a timely manner.
- The provider took appropriate action in response to any incidents, contacting the appropriate professionals if required such as community nurses and these were followed up.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe and they were well cared for. Comments included "I feel safe, it's very quiet, no hassle or anything", "I feel safe, I like it here. You can wander around wherever I want to", "I feel very safe, it's a nice atmosphere" and "It feels very safe. She (her relative) knows she can call out and someone will be there."
- Staff were familiar with safeguarding procedures. There had been no safeguarding concerns in relation to the service.

Preventing and controlling infection

- People told us their rooms were kept clean. They said, "Everywhere is very clean", "They see to my room every day", "The room is cleaned every day and every so often they do a deep clean" and "It's absolutely spotless."
- A housekeeper was assigned to each unit, this helped to ensure that each unit was kept clean on a regular basis.
- The kitchen had a food hygiene of five. This meant its food handling, cleanliness of facilities and management of food safety were all good.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives felt that staff were competent and received training so they could carry out their jobs effectively. They said, "Occasionally I need the hoist and they are very knowledgeable about it" and "The staff seem well trained."
- New care workers were supported to complete the Care Certificate which was delivered by an external training provider but monitored by the registered manager.
- Medicines awareness training was completed by the pharmacist and competency was assessed during observations and supervisions.
- Staff files included individual training certificates which were current in the files that we saw. Each care worker had a personal development plan which was used to monitor their completed training. However, these records were not always clear or fully updated with the dates that we saw on the individual files.

We recommend the provider implements a robust system for monitoring staff training and when refresher training is due. We will follow this up at the next inspection.

- Records showed and staff told us they received supervision. Each supervision was used as an opportunity to remind people about good working practice in relation to different topics such as medicines, record keeping and time management.

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

- Before coming into the home every prospective resident was given the opportunity to visit the service before making a decision. The registered manager told us the first six weeks were considered a settling in period and all new residents had a six weeks' review, at which time a joint decision was made between the person, their relatives and the service whether the placement was suitable for the person's needs.
- Team leaders were involved in the assessment process for people that were being considered for their units. Care plans were developed gradually over the settling in period, which gave the provider time to fully assess their needs.

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

- People and their relatives were complimentary about the food and choice on offer at the home. Typical comments included, "I like the food, there is a choice", "I like the food, we get a menu every week, if there is something you don't like they will give you something different. They are very accommodating like that" and "[My family member] loves the food."
- Mealtimes were a pleasant dining experience, the food looked well-presented and people were given

plenty to drink. Care workers were very engaged with people, offering them good support and encouraging them in a non-intrusive way. There were options available for people to choose from, including an alternate menu if people did not like what was on offer.

- The chef had been employed for many years and had a good understanding of people's preferences including a knowledge of people who were on a special diet or those with religious or cultural preferences. Food was prepared by the chef on site and there were drinks, fruit and sweets put out for people to help themselves whenever they wanted something extra to eat.

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

- People and their relatives told us access to healthcare professionals was good and if they felt unwell, the provider acted quickly. They said, "The GP comes in a lot" and "I have seen the doctor and the chiropodist."

- People were given the choice to stay with their own GP, however the registered manager said due to the excellent, long-term relationship the service had with the GP, the majority chose to move to the provider's GP who visited once a week.

- The provider used the Hounslow and Richmond Community Healthcare Single Point of Access (SPA) system to refer people to community-based services such as district nurses, falls team, speech and language therapy and other services. The SPA team triaged all referrals and directed them to the appropriate service. This meant there was a consistent and a timely system for referrals.

- The service also worked with the community matron and the care at home in reach team, to try and reduce callouts to the ambulance service and inappropriate hospital admissions.

- In the case of a hospital admission, the provider used the red bag scheme to provide a better experience for people by improving communication between themselves and hospitals. The red bag includes the person's standardised paperwork and their medicines, as well as day-of-discharge clothes and other personal items.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were given freedom and choice and were able to go outside or on outings with family or friends. They said, "I can choose when to get up. I usually have my breakfast in my room", "I can choose when to get up or go to bed" and "I choose to stay in my room and it's my choice." There were no locked units, people were free to go throughout the home.

- Care workers were aware of the importance of offering people a choice and what the MCA was used for. Comments included, "MCA is assuming people have capacity until you have done the appropriate assessment. Even if someone has been diagnosed with dementia, I still don't presume they don't have capacity - they can still make decisions for themselves" and "We apply the MCA and we have best interest

meetings for people that don't have capacity."

- There was evidence that the provider made decisions in people's best interests, consulting with relevant people such as relatives and health professionals where people did not have the capacity to make decisions.
- The provider used the Office of the Public Guardian (OPG) registers to see if someone had another person acting on their behalf. These were recorded in people's care plans.
- The provider submitted DoLS applications where people were deprived of their liberty and were not free to leave.

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

- The main entrance hall was light and airy and all areas of the home were well decorated. The main hub of the home was the ground floor where most of the activities take place and there was a large, spacious conservatory with access to the large garden. This provided a separate space for people and their families to spend time in away from the main lounge.
- There were four distinct units, each with its own sitting areas and dining room. Each unit had a kitchenette which was accessible for people and their relatives to make drinks and snacks.
- People's bedrooms were very well decorated and clean and tidy.

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.

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

- People said that the staff were extremely kind and caring. Comments included, "I know the staff well and they know what I like", "The staff are very caring", "The staff are very caring and helpful; they are always pleasant." Relatives said, "The care is brilliant." Feedback surveys indicated a high level of satisfaction. A sample of comments seen were, "Outstanding care provided", "Receiving best possible care", "Overwhelmed by the kindness and hospitality extended to me, couldn't have been happier."
- One professional said, "I have nothing but praise for the standards of care I see at Dalemead care home. Of all the care homes in the Borough, it is the one I would choose if I had a relative who needed to move into a care home."
- The relationships between people and care workers was friendly and relaxed. Care workers spoke to people in a respectful manner. One relative said, "Their interaction with [my family member] is really good, it's what I like."
- As far as possible, there was consistency of staff on each unit, this familiarity helped caring relationships to develop.
- People's religious and cultural needs were met. People were supported to attend religious gatherings at their place of worship in the community. This included taking a person to the Mosque. Within the home, a fortnightly Sunday fellowship took place which was open to everyone to attend.

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

- People were able to express their views about the way that staff supported them. This included making decisions about everyday choices such as what they wanted to wear and eat but also about more meaningful things such as the activities provision within the home and their care records.
- People were actively encouraged to attend residents meetings which gave them an opportunity to speak up about any issues. The activities co-ordinator also spoke individually to those people that did not attend meetings so their voices could be heard too.
- Care records contained people's wishes and expectations of care, these were completed by people and with input from their relatives. This meant that care workers were given information how to support people in line with their wishes.
- Visitors were allowed at all times and people told us there were no restrictions. Comments included, "I can see my friends and relatives whenever I want", "I see my relatives quite often", "I can visit anytime."

Respecting and promoting people's privacy, dignity and independence

- Staff always knocked on doors and asked people if they wanted their doors left open or closed when they

were in the room. One person said, "I like having my door open during the day. The staff are all very polite, they always knock at the door." A relative said, "She is totally treated with dignity and respect."

- At lunch there was a very nice atmosphere and people engaged with each other and the care workers. Some people needed help with their meal and the care workers were encouraging and gave them plenty of time, not rushing them, having a conversation and interacting with them. We saw one incident where a person showed behaviour that could be perceived as challenging, care workers were particularly patient and slowly persuaded him to come back and eat his meal.

- Care workers completed an induction when they first started which covered the principles of care, treating people with respect and dignity and importance of providing person centred care. They demonstrated these values in our observations of care and in our conversations with 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 Good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Feedback from people and relatives was positive, comments included, "I like the singing activities and the exercises", "The activities are really good", "I like talking to the staff about the countries they come from, it's very interesting" and "I like doing the art class and the music sessions."
- Visiting professionals said the service was focused on providing person-centred care and support, and achieved this through meaningful engagement and an excellent activities program based on people's individual needs. One professional said, "It is a joy to witness the beautiful relationships [the activities co-ordinator] builds with residents, and the efforts Dalemead staff make in order to maintain dignity and meaningful engagement for all." Another professional said, "[The activities co-ordinator] has always shown meticulous care when sharing the support needs of the individuals who will attend, and ensures that all residents who would benefit can come. In this way we are able to offer a diverse range of activities that support various stages of cognitive decline."
- There was a thriving activities programme in the home. The activities co-ordinator had been in post for a number of years and was very passionate about the importance of implementing an engaging programme for the wellbeing of people. This included bespoke internal and external activities. The activities co-ordinator said, "We always strive to provide meaningful activities and trying to make the home the heart of the community. If we can't get out we should provide opportunities for the community to come to us."
- Arrangements for social activities, and where appropriate, education, were innovative and met people's individual needs so they could live as full a life as possible. One person had gained a diploma in art and design and had received the Mayor's award for older learners which she was very proud of. Her art work was displayed in the home and as a way of allowing her to pursue this interest in a meaningful way, she was asked to lead the weekly watercolour art class at the home which she did with great enthusiasm. This was an empowering experience for her and an opportunity for her to encourage other people to unlock their artistic potential. We saw her leading this class with great passion during the inspection.
- The service had gone the extra mile to find out what people had done in the past and made sure they could do those things again. The provider was keen to ensure that people continued to access and enjoy familiar routines from their past which helped to maintain their own identity and well-being. One person was a keen Brentford FC supporter and used to see them play when he was a child with his father. The provider contacted Brentford FC who sent complimentary tickets for him and his family to enjoy a memorable day at a match. Another person who had served in the military and was a percussionist in the regiments' band was supported to attend a series of concerts held by the Royal Military School of Music. Another person used to own a horse before they moved into Dalemead, the registered manager and activities co-ordinator continued to take her to visit and spend time with her horse after she had moved in.

The registered manager took a person to attend his daughter's wedding, staff escorted him to the event and provided support and assistance. The person was very proud and happy at being given the opportunity to walk his daughter down the aisle. All of these examples were really important and meaningful for the people involved and the provider made sure they happened.

- The service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. The provider had forged strong links with local scout groups, primary and secondary schools. All of these organisations brought children from the local area to the home. The scouts visited the home as part of 'The Million Hands' project, a community impact campaign. As part of this, the provider nominated a local charity called Embracing Age for which the scouts raised money and learnt about dementia. The service welcomed and supported students and volunteers who wished to work in the care sector. They had partnered with Embracing Age who trained volunteers before they began visiting the service.
- Staff at all levels, including domestic staff were empowered to immerse themselves in running activities. The provider had partnered with a charity made up of professional artists and art therapists to run a number of innovative and creative workshops. Two professional musicians volunteered with the service and had mentored four staff members to facilitate both group and one to one music sessions with people. As a result of the success of the project, where staff had been taught how to play the guitar, they had continued to hold regular music sessions and 1:1 room visits after the workshops had finished. The sessions were person centred and the songs performed were based on people's favourite music. Relatives sent in people's favourite songs such as their wedding songs which were then played live in their rooms.
- The provider had implemented Namaste care, which is designed to improve the quality of life for people living with dementia. This focussed on people who were unable to take part in group activities programme due to their dementia. Staff spent quality time with people, doing intensive activities based on stimulating the five senses and creating a calming atmosphere. Examples of activities which took place were, hand massages, listening to calming music, eating and drinking tasty treats to encourage fluid intake. A professional told us, "Dalemead is the only care home in the Borough to have implemented a Namaste sensory care programme for people in the advanced stages of dementia. Dalemead has been the only one to follow through. I visited their programme one morning and was so touched and amazed at it."
- The provider was keen to maintain close relationships with relatives of people that had passed away. This was mutually beneficial and gave the relatives comfort whilst at the same time provided people with opportunities for social interaction. One relative volunteered regularly, leading on running regular activities. They said continuing to be involved with the service had helped to navigate their grief following the death of their loved one and had a positive effect on their well-being.

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 provider had considered people's communication needs and how best to meet them. Care plans included a section for physical health/wellbeing and sensory information which included details of any impairment or sensory loss. Interventions for staff to take to support people in the best way possible were included, for example where people's communication skills were affected as a result of their medical condition staff were given guidance about the best way to approach and communicate with them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People said that their care was good and personalised for them. One person said, "I did do a care plan

when I first came in." Relatives told us they knew about care plans and contributed to them. Comments included, "We did a care plan when she first came in and we review it annually." Each person had an individual care plan based on a comprehensive assessment of their needs. Care plans were drawn up with the full involvement of people and, if appropriate, their relatives.

- Care plans were focussed on achieving positive outcomes for people such as maintaining their health, being fully involved and participating in activities and achieving a full and independent life through least restrictive interventions. Care plans were reviewed on a regular basis which helped to ensure that staff continued to meet people's needs.
- Staff were encouraged and empowered to develop specific skills to understand and meet the needs of people. Some staff had received training in becoming champions in dementia care and the Namaste programme.
- The provider worked collaboratively with the support of the palliative team from Princess Alice Hospice, the Twickenham District Nursing Team and GP's to provide quality end-of-life care for people using the service with the aim of reducing the need for hospital admission and in line with their wishes. Staff told us, "As far as possible we try and keep people here for as long as possible, this is their home."
- Referrals were done through initial discussions with the GP and those people on end of life care were visited on a regular basis by a dedicated palliative care nurse from Princess Alice Hospice.
- People and their families were fully involved in their end of life care provision, with appropriate care plans in place to ensure they were cared for in line with their wishes.

Improving care quality in response to complaints or concerns

- No one we spoke with had any complaints, either current or historic. Comments included, "If I wasn't happy, I would speak to the manager" and "I've not had to make a complaint. If I needed to, I would go to the deputy manager in the first place."
- We reviewed the provider's policy on complaints, which was based on the principle of local resolution where possible and included details about the Local Government Ombudsman where people can take complaints if they were not satisfied with how their complaint was handled.
- There had been no complaints received by the service since our last inspection.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture at the service. People and their relatives knew who the registered manager was and felt he was approachable and made himself available to speak to at all times. Having managed the home for many years, he was still a visible presence in the home. Comments included, "I do know the manager, there is a good atmosphere here", "The manager is very nice", "I think the home is well managed and well organised I've been very fortunate to be here" and "The home is very well led."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. One relative said, "They communicate immediately about any problems."
- Notifications received indicated that the service was transparent and contacted the relevant authorities and sought guidance when incidents or accidents occurred.

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

- The registered manager and many of the staff members, including the deputy manager had been in post for a number of years which was an indication of the stability within the home. One staff member said, "We have all been here a long time which speaks volumes about the working environment."
- Team leaders were empowered and were given a certain level of autonomy, for example they managed their own team meetings and supervision of their own staff. Team leaders told us they ran a 'group system' so each member of staff on their unit was responsible for a group of people on their unit. One team leader said, "It stops confusion/misunderstanding, I know who I can ask if I need an update about a particular resident."

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

- Menus were planned by the chef in consultation with the wider staff team. People's preferences were considered and were reviewed during residents' meetings and feedback surveys.
- A feedback survey sent out in January 2019 and respondents were asked for their view quality of care, management, premises, catering and food and activities. Feedback was positive and there were a few suggestions about meals which were followed up in resident meetings.
- Residents meetings were held regularly. The activities co-ordinator told us, "It's an empowering

opportunity for them. We usually get five or six residents every time but everyone is invited, we go around the home before meetings and encourage everyone to come." The activities co-ordinator said, "We have an open door policy so they can always come and approach me outside of meetings."

- Senior team meetings were held monthly, these were attended by the registered manager, deputy manager, team leaders and the activities co-ordinator. The focus on these was areas of improvement such as implementing new initiatives such as protected mealtimes and audits.
- Individual unit meetings took place, chaired by the team leaders. These focussed on work practices in the units.

Working in partnership with others

- A professional said, "I can honestly say we have never encountered such positive and valuable support from any of our partner groups in 10 years of functioning. I cannot speak more highly of the way Dalemead is run, of staff who work there, and especially [the activities co-ordinator], with whom we have had most interaction."
- The service worked well with community nursing and mental health teams, making appropriate referrals which helped to ensure people received the most appropriate support. The deputy manager said, "We have a very close relationship with our GP, the majority transfer to our practice as it is so helpful."
- Links had been established with local schools, charities and volunteer groups.