

Wellbeing Care Limited

The Dell Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Dell Care Home is a care home providing personal care to a maximum of 40 older people. At the time of visit there were 38 people using the service.

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

The management of the service had been inconsistent, and this may have led to the deterioration in compliance we identified at this inspection. The current registered manager was also the registered manager of two other services owned by the provider, which meant they could not focus on any one service.

Improvements were required to ensure that care planning in place for identified risks, such as pressure ulcers, was clear about how the risk was reduced. Improvements were required to ensure that staff could evidence that they had carried out care interventions in line with people's care plans.

The environment was safe and checks were carried out to identify any areas for action. There were appropriate infection, prevention and control procedures in place and staff were following these.

Medicines were managed and administered safely, and in line with the instructions of the prescriber.

Sufficient numbers of staff were deployed to ensure people were provided with support when they needed it.

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 'Good' (Report published 25 July 2018)

Why we inspected

We received concerns from whistleblowers about management, staffing and the safety of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Dell 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector. An expert by experience made telephone calls to the relatives of people using the service following our visit to the care home. This is because many people living at the care home were unable to express their views to us at the time of visit.

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service since our previous inspection. This included the contents of whistleblowing concerns and notifications made by the service.

During the inspection

We spoke with two people who used the service and seven relatives of people who use the service. We spoke with six members of staff including the registered manager, deputy manager, team leader, administrator and care workers.

We reviewed a range of records. This included nine people's care records and multiple medication 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 policies and procedures were reviewed.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always appropriately planned for. The provider was carrying out assessments to identify areas of risk, such as falls, pressure ulcers or malnutrition. However, where risks were identified there was not always accompanying guidance to instruct staff on how they should reduce this risk. For example, pressure ulcer care plans did not set out what preventative measures were in place where people had been assessed as at very high risk of a pressure ulcer. This included one person who had a current reddened area of skin and one person who had a pressure ulcer until November 2020. This meant, it was not clear what action staff were taking to reduce the risk of this happening again.
- Three people whose records we reviewed were on repositioning charts. However, these did not evidence that people were being repositioned in line with the frequency stated in their care plan. This meant we were not assured staff were consistently supporting people to move position and reduce the risk of skin breakdown.
- There were inconsistencies in care planning for two people whose records we reviewed, and this could cause confusion for staff. The registered manager told us that there were inconsistencies in the care planning because of changes in management. Whilst the inspection was still underway, they began addressing shortfalls we told them about themselves. This reassured us that the risk was reduced.
- Some care plans for six of the nine people whose records we reviewed required further development. This was to ensure that there was sufficient detail for staff around how risks to people should be reduced.
- Despite shortfalls in some care plans, other care plans relating to possible risks or for specific conditions were detailed and guided staff on what support people might require. For example, care plans setting out the support someone with diabetes required to stay well.
- Environmental risks were managed and mitigated in the service. Checks were carried out on fire safety, the quality of the water system, the safety of mobility equipment, the safety of electrical appliances and other general maintenance around the service.
- Two people we spoke with told us they felt safe. Relatives we spoke with agreed and said the staff took action to keep their relative safe. One said, "It is a safe environment, for example, they got special covers for [relative's] plugs because they were fiddling with them - they are trying to keep everything risk-free."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was in the process of making improvements which would make it easier to keep the service clean. For example, carpets had been replaced with hard flooring which could be cleaned more frequently than carpet. The Clinical Commissioning Group's (CCG) Infection Prevention and Control team had recently carried out an inspection and made some minor recommendations, which were already being implemented.

Using medicines safely

- Observations, an audit of medicine stocks and records assured us that medicines were managed and administered safely.
- Information about how people liked to take their medicines was included in their care records. Staff had access to information about when it would be appropriate for people to take medicines they were prescribed on an 'as and when' basis (PRN).

Staffing and recruitment

- We observed that there were sufficient numbers of staff to provide people with support at the time they needed it. Staff had time to spend with people, engaging them in activity or talking to them.
- The provider had three members of activity staff and we were told at least two of these were present during the day, seven days a week. During our inspection three activities staff were available and engaging people. This reduced the risk of people becoming isolated.
- Staff told us that there were enough staff and that they had time to spend with people.
- Recruitment procedures were robust and this ensured that people recruited were of suitable character and background for the role.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and the registered manager carried out an analysis of these on a monthly basis.
- Actions were taken as a result of the analysis of incidents and accidents. For example, the registered manager had identified that there had been an increase in falls. They had carried out an investigation into this and had taken action in the form of ensuring people had appropriate footwear and were appropriately supervised by staff. The number of falls had reduced by ten the following month, indicating these actions were effective.

Systems and processes to safeguard people from the risk of abuse

- Staff had an understanding of safeguarding, the different types of abuse and their responsibility for protecting people.
- Safeguarding referrals had been made when appropriate and internal investigations were carried out where potential safeguarding issues were identified.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; managers and staff being clear about their roles: and understanding quality performance, risks and regulatory requirements

- The registered manager had been managing The Dell Care Home for some years and had overseen significant improvements which led to it being rated 'Good' at an inspection on 19 January 2016 and a further inspection on 21 June 2018. In January 2020, the provider bought another service which had significant compliance issues. The registered manager for The Dell Care Home also registered as manager for this new service, as well as being registered manager for the providers supported living service on the same site as The Dell Care Home.
- The providers intention was for there to be 'service managers' in place at each of the three services, who would be managed and overseen by the current registered manager. However, the provider had failed to recruit and retain suitable managers. This meant that at times, there was just the one registered manager needing to cover all three services.
- There was some confusion about the management of the service going forward. At the inspection, the registered manager told us they would be based at The Dell Care Home full time as there was no service manager there. However, another inspection colleague was told by the registered manager that they would be based at one of the providers other services. We were not assured of how the provider was ensuring consistent ongoing management of The Dell Care Home.
- Staff told us that the changes in management had been difficult, as everyone came with a different style and wanted them to work in a different way. They made positive comments about the registered manager but stated that they did not always feel supported in their role because of the lack of management presence at times.
- People's relatives made negative comments about communication from the service. They stated that with all the changes in management, they received little information or contact from the service about how their relative was, how they were spending their time. They said they would appreciate information such as about the activities their relative had participated in. They told us they were not aware of the current manager and didn't always know who to contact with concerns or queries. One relative said, "I couldn't recommend this home now."
- The registered manager was honest with us about the difficulties they had faced with regard to recruiting and retaining quality management for the service. They told us that some of the shortfalls in care planning were as a result of different management and recognised that these were not sufficient. They took prompt action to personally correct issues we identified during the inspection which reduced the risk of people

coming to harm.

- The registered manager had a development plan in place setting out how they intended to improve the care provided to people and the environment. This included the ongoing refurbishment of the service, provision of new equipment and enhancing staff training. We observed that there had been significant refurbishment in the service and that this made for a pleasant environment which upheld people's dignity and respect.
- The registered manager had a system in place to identify shortfalls in the service. They had carried out a thorough audit in December 2020 when there was a service manager in place. This audit identified a lot of areas for improvement, including issues with recording of care, mealtime experience, cleanliness and the practice of staff. At this inspection we identified that the mealtime experience was much improved and there was a pleasant atmosphere. No issues with staff practice were identified and the service was clean and tidy. This indicated most of the identified improvements had been made. However, some issues remained with care planning and staff recording of care interventions.

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

- We observed that all staff, including the registered manager and deputy manager, treated people well. They were kind, caring and friendly to people using the service and clearly knew them as individuals. They were also kind, welcoming, honest and transparent with us during the inspection. There was a pleasant atmosphere in the home, which assured us there was a good culture among the staff team.
- The provider had invested in making improvements to people's experience, such as improvements to the environment, equipment and activities on offer. In response to the pandemic they had purchased additional tablet computers to enable people to keep in contact with relatives and had also invested in increasing the number of activities staff available to reduce the risk of people becoming isolated. This demonstrated a culture of thoughtfulness and care for people's social and emotional needs.

Working in partnership with others

- The service had formed relationships with other organisations such as Suffolk County Council, the Clinical Commissioning Group (CCG) and district nursing teams.
- The service contacted other professionals for advice and support to help them make improvements. For example, the service had sought support from the mental health team with regard to one person's behaviour that staff found challenging. This helped staff to understand how to better support them.

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

- People were given opportunities to feedback their views through surveys and meetings. People's feedback was acted upon and included in plans to improve and develop the service.
- Staff had the opportunity to complete a survey and the results of this were analysed by the registered manager as part of the ongoing development of the service and staff team.