

Daleside Nursing Home Limited

Daleside Nursing Home

Inspection report

136-138 Bebington Road
Rock Ferry
Birkenhead
Merseyside
CH42 4QB

Tel: 01516446773

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Daleside Nursing Home is a care home registered to provide residential and nursing care for up to 43 people. This includes accommodating up to 22 people in receipt of transfer to assess care. Transfer to assess care enables people, once medically fit, to be discharged from hospital into a care home setting on a short-term basis, with the aim of then returning home or moving into another community care setting. At the time of our inspection there were 14 people living at the home, three of whom were there on a transfer to assess basis.

The home is in one adapted building over three floors, with communal and dining areas on the ground floor and passenger lift access to each floor.

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

There was a positive, friendly and relaxed atmosphere within the home. We saw staff spending time with people, interacting with them in a kind and dignified manner. People told us that they liked the approach from staff and felt safe living at the home; one person said, "They are lovely to me here."

We have made a recommendation about staff recruitment records.

We have made a recommendation about the storage of medication at the home.

The home manager and staff members had taken steps to respond to the COVID-19 pandemic and help prevent the spread of any infection. The home manager made regular checks in response to the COVID-19 pandemic. There had been restrictions on visitors following government guidance. A safe visiting pod inside the building had recently been completed that was due to be used imminently to enable safe visits to take place.

People's relatives and friends, along with some health and social care professionals told us at times they had difficulty contacting people and staff at the home. The provider told us that they were in the process of changing the telephone system to improve the response people received.

The support a person needed to remain safe was quickly verified and assessed when they arrived at the home. People's medication was administered safely by trained staff members.

There were enough staff available to meet people's needs safely. The provider told us they have a new system that will ensure there are enough staff members available when more people are residing at the home and ensure these are deployed effectively.

People choices, preferences and individualised needs were recorded as part of each person's care planning process. Care planning was proactive in supporting people with diverse support needs.

Regular checks took place on the safety of the home's environment. There was a system for recording any accidents, incidents or near misses that happened at the home. This system promoted learning from these incidents and making improvements when needed.

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 (published 30 May 2019).

Why we inspected

This inspection was prompted in part to look at the providers response to concerns received about the responsiveness of some people's care and treatment in relation to skin care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service remains good. This is based on the findings at this inspection. Please see the, "Is the service safe?" and "Is the service well-led?" sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Daleside Nursing Home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our responsive findings below.

Daleside Nursing 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 an inspector, a specialist nurse advisor 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.

Service and service type

Daleside Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or 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.

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. The day to day running of the home had been delegated to a home manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including the home manager, cook, nurse and the clinical lead. We also spoke with the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Due to the impact of the COVID-19 pandemic as much as possible we limited the time we spent on site and had further discussions with the home manager and provider by videoconference. Also, we were unable to speak with family members in person, due to visiting restrictions. After our visit we contacted five people's friends and family members by telephone about their experiences of the care provided.

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 improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient staff members deployed to meet people needs safely, in a timely manner and for staff members to spend some time with people. People, their friends and family members told us that there were enough staff available. The provider and home manager told us they have put a new system in place to help ensure that enough staff members are available when the home has more people residing.
- There was a process in place to help ensure new staff are recruited safely. However, recruitment records did not consistently contain records of the checks made on applicant's identification.

We recommend the provider review the records that need to be kept demonstrating safe recruitment practices and take action to update their practice.

Using medicines safely

- Medicines were not always safely stored. The medication room door was unlocked, portable medication cabinets were not secured, and homely remedies were stored in an unlocked cabinet. Records of the temperature at which medication was stored both in refrigerators and the medication room had not been consistently maintained.

We recommend the provider consider current guidance on the safe storage of medicines and take action to update their practice.

- People's medication was administered safely by trained staff members. Each person had a medication profile outlining any allergies and guidance on when to use 'as and when required' (PRN) medication. Accurate records were kept of medication administered, along with stocks held. This system was regularly checked by a senior member of staff.
- Medicated creams were stored in each person's room in a locked cabinet.

Preventing and controlling infection

- The home manager and staff had taken steps to respond to the COVID-19 pandemic and help prevent the spread of any infection. The home was clean and additional cleaning routines were in place.
- The home manager had completed a COVID-19 risk assessment and policy using appropriate guidance; the risk assessment had been reviewed regularly as knowledge about COVID-19 increased. Risk assessments assessed the additional risks for people supported and staff in higher risk categories. The home manager was participating in a pilot on responding to COVID safely.
- The home manager and staff members had worked progressively with the local authorities Infection Control & Prevention Team. This had led to improvements being made and additional guidance and

training being provided for staff.

- The regular testing of staff and people living at the home was taking place in line with current guidance.
- There were procedures in place to help ensure that people were admitted into the home in a safe manner. This included a period of quarantining, during which time additional safety measures were in place.
- There had been restrictions on visitors following government guidance. A safe visiting pod inside the building had recently been completed that was due to be used imminently to enable safe visits to take place.
- Staff supported people to follow guidance on social distancing. Staff used personal protective equipment (PPE). There were good supplies of PPE at the home in convenient locations. This was used and disposed of safely.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe staying at the home and would raise their concerns with a staff member if they did not feel safe. One person told us that the staff were "marvellous" and looked after them well. People's family members told us they thought their relatives were safe at the home; one told us, "They make a big fuss of them."
- There was a system and processes in place for safeguarding people from the risk of abuse. The home manager recorded any potential safeguarding concerns and had shared these concerns with the local authority.
- Staff had received training and were knowledgeable regarding safeguarding people at risk of abuse. They knew what actions they would take if they thought a person was at risk of abuse.

Assessing risk, safety monitoring and management

- The support a person needs to remain safe is quickly verified and assessed when they arrive at the home and information received from a hospital or any other previous place of care is checked. This information is used to provide guidance for staff on what support a person's needs and wishes to receive.
- People's diagnoses, health and physical support needs and a brief history of how these needs impact on a person are recorded and a care plan produced providing guidance for staff.
- If particular risks are identified, procedures are put in place for ongoing recording and monitoring of these risks and if needed referrals are made to other health and social care professionals. The nursing and other senior staff regularly review and have oversight of these systems.
- Regular checks and audits took place on the safety of the home's environment. Plans were in place and steps had been taken to help ensure people remained safe in the event of an emergency. The home manager had recently assessed the home's response to some risks and had changed the way staff were deployed across the home. This included ensuring that staff are deployed across the three floors of the home when people are using their rooms.

Learning lessons when things go wrong

- There was a system for recording any accidents, incidents or near misses that happened at the home. These were reviewed by the home manager who ensured that appropriate action had been taken and people informed. This system promoted learning from these incidents and making improvements when needed.
- The home manager had been responsive to recent concerns about monitoring people's skin integrity. There were now systems in place to monitor this more closely and staff had received increased support and guidance on observing, identifying and reporting any concerns.

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.

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

- There was a positive, friendly and relaxed atmosphere within the home. We saw staff spending time with people, interacting with them in a kind and dignified manner. People told us that they liked the approach from staff; one person said, "They are lovely to me here." Another person's relative told us, "The staff treat [name] with total respect and always have a laugh and joke with her."
- During the year staff had taken measures to support people in a positive atmosphere. For example, people had created a COVID-19 time capsule and people had been supported to create a wall display of what had helped them to remain positive. There had been entertainment provided in the home's grounds during the summer months. People had been supported to write letters, make phone calls to their relatives and have garden visits during the summer.
- People choices, preferences and individualised needs were recorded as part of each person's care planning process. Care planning was proactive in supporting people with diverse support needs.

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

- The home manager understood their responsibilities with relation to the duty of candour and had shared information candidly when appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home manager undertook a series of audits to help ensure that the home and the service provided was safe and responsive to people's needs. These audits included regular checks on the home's response to the COVID-19 pandemic.
- Nursing staff had a nursing file that acted as a checklist, this recorded people's health concerns and ongoing treatments. This was used during nursing staff handover at the end of each shift and was reviewed by the home's clinical lead.
- The provider had completed some audits of the service. They told us that the home will soon start using electronic care records; which they said would make it easier for the home manager to monitor people's care; and there is a new program of improvements planned for the environment and areas of the home that have become tired.

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

characteristics

- People's relatives and friends, along with some health and social care professionals told us that at times they had difficulty contacting people at the home or staff members. They told us that it was hard to get an answer on the home's telephone number and there was no facility to leave a message. The provider told us that the phone line had been busy and had been unable to cope with multiple calls; in response to this they are in the process of changing the phone system in order to improve the response people receive.
- Feedback about communication with loved one's during the COVID-19 pandemic was mixed. Some people praised being kept "constantly updated" which they told us "put their mind at rest." Other people told us that communication with the home had been difficult. Staff told us that they had not made use of video calls to support people to keep in touch with their relatives. The provider told us that this was an area they were focusing on, ensuring that people's friends and relatives are able to visit safely and communicate with people.

Working in partnership with others

- Staff from the NHS who work closely with the team at Daleside Nursing Home described a good working relationship, which had recently improved and told us about plans for further improvements. One staff member told us about staff at Daleside, "I feel there is an open-door policy in the office, they listen, and we have an open relationship."
- The home manager and staff members worked in partnership with local health and social care professionals to ensure that people received safe and responsive treatment, care and support.

Continuous learning and improving care

- Some recent events had highlighted the need for improvement in staff knowledge, practice and communication within specific areas, along with ensuring that the service provided for people was consistently responsive to their needs. This had been taken by senior staff as an opportunity to learn, develop and improve the service provided for people. The home manager had arranged for training, additional development and an assessment of staff competencies in these areas.
- The home manager had changed some practices at the home as learning took place regarding COVID-19. For example, some documents used changed to help monitor people's wellbeing during periods of social isolation and nutritional needs were updated. They had kept up to date with current best practice guidance from reliable sources during the pandemic.
- The home manager and provider were open to and very responsive to the feedback given during the inspection process.