G McNair

Dalemain House Residential Home

Inspection report

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Tel: 01704568651

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 21June 2016.

Dalemain House Residential Home is a care home which provides personal care and support for up to 24 older people. The home is located in a residential area, close to the town of Southport, which can be reached by the local transport services. The home is a large converted house and all areas are accessible by a passenger lift and there is ramped access to the front garden.

There were 23 people living at the home when we carried out the inspection.

A registered manager was in post. 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 and families that we spoke with said the home was a safe place to live and care was provided in a safe, kind and caring way by respectful staff. They described how there was a lovely family atmosphere at the home and that staff were engaging and positive. We observed interactive and warm engagement between people living at the home and staff throughout the inspection.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff confirmed they had received adult safeguarding training.

Staff told us they were well supported through the induction process, regular supervision and appraisal. They were up-to-date with the training they were required by the organisation to undertake for the job and training records confirmed this. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People living at the home and staff told us there was sufficient numbers of staff on duty at all times.

A range of risk assessments had been completed depending on people's individual needs. Care plans were well completed and they reflected people's current needs, in particular people's physical health care needs. Risk assessments and care plans were reviewed on a monthly basis or more frequently if needed.

Safeguards were in place to ensure medicines were managed in a safe way. Medicines were administered individually from the medication trolley to people living at the home. Checks and audits were in place to monitor that medicines were managed in accordance with the home's policy and national guidance.

The building and equipment was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment and equipment.

People's individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to. Staff had a good understanding of people's needs and their preferred routines. A varied programme of recreational activities was available for people to participate in.

People told us they enjoyed the meals. They told us the quality and quantity of the meals was good. There was plenty of choice. Drinks and snacks were available throughout the day.

Staff sought people's consent before providing support or care. The service had taken account of the Mental Capacity Act (2005). Appropriate applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority. Mental capacity assessments were generic in nature and not decision specific in accordance with the principles of the Act. We made a recommendation regarding this.

People said the owner and manager were approachable. People said the service was well managed and they said their views were sought about how to develop the service.

The culture within the service was and open and transparent. Staff and people living there said the management was both approachable and supportive. They felt listened to and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations.

A procedure was established for managing complaints and people living at the home were aware of what to do should they have a concern or complaint.

A wide-range of audits or checks were in place to monitor the quality and safety of care provided. These were used to identify developments for the service.

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.

Relevant risk assessments had been undertaken depending on each person's individual needs.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

Safeguards were in place to ensure the safe management of medicines.

Measures were established to regularly check the safety of the environment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff sought the consent of people before providing care and support. The principles of the Mental Capacity Act (2005) were not being fully adhered to when seeking consent from people.

People told us they the food was lovely and they got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments readily when people needed them.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We observed positive engagement between people living at the

home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

People told us the manager and staff routinely communicated with them about any changes and involved them in reviews of their care.

Is the service responsive?

Good

The service was responsive.

People said their care was individualised and care requests were responded to in a timely way.

A varied programme of recreational activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Processes were in place to seek feedback about the service provided.

Is the service well-led?

Good

The service was well led.

People living at the home and families said their views were considered when developments were made to the service.

Staff spoke positively about the open and transparent culture within the home. Staff, families and people living there said they felt listened to, included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established at the home.

Dalemain House Residential Home

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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 is 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.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

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 is 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.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 also looked at the intelligence the Care Quality Commission had received about the home. We contacted the commissioners of the service to see if they had any updates about the home. They expressed no concerns about the service.

During the inspection we spent time with six people who were living at the home and they shared their views

of the home with us. We also sought feedback from three relatives who were visiting the home at the time of our inspection. We spoke with a total of five staff, including the registered manager, the chef, activity coordinator and two care staff.

We looked at the care records for three people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home staff and that staff were respectful to them. A person told us, "I certainly would not be safe living on my own and I enjoy being here. I feel safe and properly cared for." People told us staff were constantly checking to see if they were alright. A person said, "The staff are always in and out of the lounge and are very good with us."

Both people living at the home and families we spoke with said the staffing levels were good. People told us they did not have to wait long if they needed staff to support them with something. Throughout the inspection we observed a sufficient number of staff on duty. We noted they spent time with people in an easy going and unhurried way. Staff too confirmed they believed the home had adequate staffing levels to ensure people's needs were met in a timely way. The manager advised us that there was a senior carer and three carers on duty each day, along with a housekeeper, laundry person and a chef. There were two staff on duty at night and an additional carer worked from 4.00-9.00pm.

Effective recruitment processes were in place. We looked at the personnel records for three members of staff recruited in the last year. All the required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Photographic identification had been taken and two references had been obtained for each member of staff. Interview notes were retained on the personnel records.

People were safeguarded from abuse and improper treatment. An adult safeguarding policy was in place and the procedure for reporting any concerns was displayed for staff to access. The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Staff confirmed they had received adult safeguarding training and records we looked at confirmed this.

The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These included a falls risk assessment, lifting and handling assessment, use of bedrails risk assessment and a skin integrity assessment. Care plans related to risk were well completed and provided clear guidance for staff on how to support each person's individual risks. For example, the care plan for a person who sometimes became upset was very well completed and took into the account the triggers, behaviours and approaches to be used in relation to the person becoming upset. We did note that a care plan in relation to diabetes lacked sufficient detail to guide staff in the event of a diabetic emergency and we highlighted this to the manager. Risk assessments and associated care plans were reviewed on a monthly basis or more frequently if needed.

People told us they received their medicines at a time when they needed them. Families confirmed they had no concerns regarding how medicines were managed at the home. The manager provided us with an overview of how medicines were managed and administered. Facilities were available to ensure the medicine trolley was held securely and could not be accessed by authorised persons. A list of staff authorised to administer medicines and their signatures was in place. A medicines policy was available and it was in accordance with national guidance on managing medicines in care homes. The manager advised

us that staff responsible for administering medicines had annual training and a competency check every three months.

Some people administered their own medicines and arrangements were in place to ensure this was done safely. The medication administration records (MAR) included a picture of each person, any known allergies and any special administration instructions. Some people did not have care plans in in place for medication given as and when needed (often referred to as PRN medication). We established that these people had capacity to recognise and request when they needed this medicine. The manager said they would put in place for this medicine. Medication requiring cold storage was kept in a fridge. The fridge temperatures were monitored and recorded daily. Some people were prescribed controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs legislation. They were stored correctly in line with the legislation and appropriately signed for once administered to the person.

People and relatives told us the home was clean and well maintained. We had a look around the home and found it was clean and in good repair. A range of weekly and monthly environmental and equipment checks were in place. For example, fire systems, water temperatures, the nurse call system, wheelchairs and hoists were checked weekly. A building audit was conducted each month. The most recent one was conducted in June 2016. Personal emergency evacuation plans were in place for each of the people living at the home and these were regularly reviewed.

Liverpool Community Health carried out an infection prevention and control audit in February 2015. The service achieved a compliance score of 91%. An action plan was produced, the actions met and the service was signed off as compliant.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with said they liked the food and got plenty to eat and drink. A person said, "I look forward to the meals." Another person said, "This is a very good place. Everyone is very nice and the food is very good as well." The chef advised us they planned the meals on a weekly basis and the meals took account of people's preferences. There were choices at each meal with regular snacks and drinks throughout the day. The chef was aware of people's special dietary needs, such as those with allergies or diabetes. A member of the inspection team had lunch with people living at the home. Everyone said they enjoyed the lunch. It was quiet and calm in the dining room and staff were available to support people if they needed it.

The people we spoke with all told us they had access to health care services when they needed it. This included consultations with healthcare professionals, such as the GP, chiropodist or district nurse. We could see from the care records that staff were pro-active in referring people to health care services if they needed it. People had their weight checked on a regular basis and we could see that this was being monitored for any significant changes. We noted that a person had been referred to the dietician due to weight loss.

We could see from the care records that consent was sought from people when they first moved to the home. Where appropriate people had signed to consent to their photograph being taken, the use of bedrails and the administration of medication. The majority of the care plans we looked at were signed by the person they were about.

Although the home was not specifically for people who lacked mental capacity, the manager highlighted that some people over time had developed needs associated with their memory and decision making. Therefore, we looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been submitted in May 2016 to the local authority for four people living at the home. The manager explained why these people may need a DoLS in place, demonstrating a good understanding of restrictive practices. Mental capacity assessments were not in accordance with the MCA. They were generic in nature, did not identify the specific decision the person needed to make and merely identified whether the person had or did not have capacity. Therefore a decision-specific mental capacity assessment was not in place to state the reason for the DoLS applications.

We recommend that the provider considers current guidance in relation to the Mental Capacity Act (2005) and takes action to update its practice accordingly.

Staff told us that people's wishes regarding their end-of-life care were known, including their decisions about resuscitation. We could see that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) plans were in place for some people. These were in accordance with the MCA and had been coordinated by the person's GP.

Staff we spoke with described how management was very supportive and took into account the work-life-balance of individual staff when planning the duty rota. Staff said the manager and owner were flexible if staff needed time off. A member of staff said "The owner has always been good to me and lets me do flexible hours." Staff described good quality training, which they were encouraged to complete. They told us they had regular supervision and an annual appraisal. Our review of personnel and training records confirmed this. We also noted on the personnel records we looked at that staff had received a detailed induction that had been signed off by the manager. The manager advised us that the Care Certificate was being introduced and a meeting had been arranged with a training organisation the day after our inspection. The Care Certificate is a minimum set of standards that should be covered as part of induction training of new care workers.

Good

Is the service caring?

Our findings

We asked people living at the home their views of the staff and how staff engaged with them. People spoke very well of the staff and the care they received. A person said, "The staff are always positive, cheerful and so caring." Another person told us, "This place has a good atmosphere." A person who had moved from another home said, "This place has a totally different atmosphere. It's like a very good hotel and I can't speak highly enough of the staff. It's like a big family. I wish I had found this place sooner."

We observed staff facilitating an activity in the lounge. They were very lively, upbeat and engaging. The people seemed to enjoy their approach so readily joined in the activity. A person later said to us, "By the way, what you have seen with the staff in the lounge today is quite normal. That is just how they are; happy, cheerful, singing and on the go." People told us their families and friends could visit whenever they wished.

People said staff were respectful towards them and knocked on their bedroom door before walking in. They told us staff were careful to ensure their dignity and privacy was maintained when receiving support with personal care. The families we spoke with were satisfied with the care provided. A family member said to us, "The whole atmosphere of this home is excellent with brilliant staff who are kind and caring." Families said the manager and staff always had time for them and provided opportunities to discuss the care needs of their relative with staff.

The people we spoke with said they were involved with reviewing their care plans. The manager confirmed that care was reviewed every six months with the involvement of the person and, where appropriate, their family. We saw evidence of this in the care records.

Through conversation it was clear staff had a good understanding of people's individual needs and preferences. The staff we spoke with demonstrated a warm and genuine regard for the people living at the home. There was a calm atmosphere throughout the inspection. We observed a positive and on-going engagement between people and staff. We heard staff calling people by their preferred name and supporting people in an unhurried, caring and respectful way. Staff conversed with people while supporting them with care activities. We heard staff explaining to people what was happening prior to providing care or support.

All the people living at the home who needed support with decision making had someone to represent them. Mostly that was family but some people had advocates.

Good

Is the service responsive?

Our findings

People told us staff treated them as individuals and understood their specific needs and preferences. They said staff responded promptly if they needed anything, including support with an activity or if they needed to see their doctor. The care plans we looked at were comprehensive and focused around each person's specific needs. We noted that any health concerns were responded to promptly.

A document titled 'The journey of my life' was in place in the care records we looked at. It included information about the person's life, career, interests and preferred routines. The times people liked to get up and go to bed were recorded. For example, a person liked to get up between 4.00am and 5.00am each morning and this was clearly recorded in their care plan. Good detailed plans were in place outlining how to support people with personal care. They were individualised to people's preferences. For example, one plan advised staff to give the person the option of having make-up applied each day. A person told us the staff had encouraged and supported them to become more mobile and they now were able to go out most days.

We had a look around the premises and it had a homely feel. We observed a notice board in the foyer with information relevant to staff and queried why it was in displayed there as it took away from the homely feel. The manager agreed to move it. Some people permitted us to look at their bedrooms and these were decorated and arranged to each person's preference. People told us they were invited to bring in some of their own items, such as wall pictures, ornaments and furniture to make it their own.

People said they had plenty to occupy them during the day and staff encouraged them to spend their day as they wished. They told us there were plenty of activities they could participate in if they wished. A person said to us, "We have various activities but I like to go out as much as I can. We recently had a garden party with a BBQ in the pouring rain. Luckily we had a big gazebo and some good entertainment." Another person said, "There are some activities and I think there are occasional trips out but I usually go out with my daughters when they visit me." A person told us their choice not to join in activities was respected. They said, "What I like about the activities they do is that they leave me out of it." During the inspection staff were facilitating a quiz and we observed a large number of people readily joining in.

A complaints procedure was in place and was displayed in a prominent place. People we spoke with were aware of how to make a complaint but assured us they had no complaints about the service. We looked at the paperwork regarding how a previous complaint had been managed. It had been addressed in accordance with the complaints procedure and to the satisfaction of the complainant. Lessons learnt in the form of actions for staff were identified.

The people living at the home and their families said they provided feedback about the service through questionnaires distributed by the manager. They said they also give their views of the service during care plan reviews. People told us they felt listened to and that the manager and staff acted on their feedback.

Good

Is the service well-led?

Our findings

People living at the home were aware of recent changes to the management of service. Both people and their families were pleased with the way the home was run and said the new manager was very approachable. A family member said, "I have full confidence in them and feel part of the set-up due to their very good communications."

A seasonal newsletter was in place, which was issued to all people living at the home. It informed them of matters, such as upcoming events and staff changes. The print was small and so may not be accessible for people with a visual impairment. The manager agreed to look at this for the next newsletter.

We looked at the feedback questionnaires from families and observed all positive comments. For example we saw recorded, "The staff are all so attentive, fun to be with and nothing is too much trouble. The food is lovely and varied." Another comment recorded was, "[My relative] is happy here and the staff appear to identify and respond to any needs she may have in a timely fashion."

When we asked, people were unable to think of any improvements they would like to see made to the service. A family member thought it would be better if the home had a dishwasher rather than washing the dishes by hand. Another family felt the service could do with an extra staff at night but were unable to say why they thought this.

Staff told us they enjoyed working at the home and said it had a family atmosphere. They said everyone got along well together and that they could approach the manager with anything. They told us everyone helped out. If they were short of staff then the manager and deputy would support with the care. They said the owner would cook the meals if the chef was off duty. A member of staff said, "I love it here. I love how we have the time to interact with the residents."

Staff said that feedback about the service was taken seriously and told us changes had been made as a result. For example, a member of staff said the evening routine was altered slightly based on feedback from the night staff about the service. The manager informed us that the sink in the hairdressing salon had been adjusted as feedback highlighted it was too high for some people. We asked staff what improvements they thought could be made to the service. One suggestion put forward was to change the bathroom to a wet room. Another member of staff said they would like to see more trips out for people living at the home.

We looked to see what communication structures were in place. Staff told us they received a thorough handover when they came on duty. We were provided with minutes of staff meetings to demonstrate that there were regular forums of communication to keep staff informed and update. They included meetings with the day staff, night staff and senior staff. A staff questionnaire had recently been sent out and 15 completed questionnaires had been returned. We noted the feedback was positive.

Staff described how an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. All the

staff we spoke with said they would feel comfortable questioning practice. A member of staff said, "I would not be shy to say if I saw something happening to a resident I believed to be wrong."

We looked at the arrangements in place to monitor the quality of the service. A range of audits or checks were established and these were routinely undertaken on a regular basis. These included audits in relation to medicines management, the building and care records. Where appropriate actions were identified from each audit and these were checked for completion at the next audit.

The provider conducted a review of the service each month from the prospective of the people living at the home. We could see from the records that the provider spent time individually with each person seeking their feedback and views. This was recorded and we could also see that any issues raised were addressed.

A process was in place for recording, monitoring and analysing incidents. It included a monthly accident log, the location and time of the accident, the action taken and the outcome. We could see that incidents, mainly falls, were analysed for emerging patterns in order to minimise a reoccurrence.

The registered manager ensured that CQC was notified appropriately about events that occurred at the home. Our records also confirmed this.