

Sanctuary Care Limited

# Dalby Court Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dalby Court Residential Care Home is a care home providing personal care to up to 66 older people, some of whom may be living with dementia. At the time of this inspection, 50 people were living at the service.

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

People told us they felt safe living at the service. There was sufficient staff on duty and safe recruitment processes had been followed.

Risks to people had been assessed, recorded and reviewed on a regular basis. Risk relating to the environment had also been assessed and appropriate maintenance checks were completed on a regular basis.

Medicines had been stored, administered and recorded appropriately. Staff had received training and support to ensure they had the skills and knowledge to carry out their roles.

People were provided with ample choices in relation to food and fluid. People's health was monitored, and other professionals were contacted in a timely manner if any concerns were identified.

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 supported to be involved in making decisions about their care and support.

People were treated with dignity and respect and their independence was prompted. Care plans contained person-centred information. Positive relationships had been developed between people and staff.

Effective governance systems were in place to monitor the quality and safety of the service provided. People spoke highly of the registered manager and their approach. Lesson learnt were shared with the staff team to prevent reoccurrence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was Good published on 14 August 2019.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Dalby Court Residential 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was conducted by two inspectors and an Expert by Experience. The Expert by Experience contacted people via telephone following the inspection site 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

Dalby Court Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dalby Court Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### 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 this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, regional manager, senior carers and care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We conducted a tour of the service and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place and followed to keep people safe.
- When concerns had been identified, processes had been followed to ensure this was reported appropriately.
- People told us they felt safe. Comments included, "I would say if I felt unsafe" and "The environment is very safe, and I see no obvious risks to [Person's name]."

Assessing risk, safety monitoring and management

- Risks to people were assessed and recorded. Action had been taken where possible to mitigate risks.
- Regular reviews had taken place to ensure risk assessments remained relevant with the most up to date information.
- Checks in place to ensure the safety of the service were regularly completed and thorough records kept. Equipment had been serviced at regular intervals to ensure it remained in good working order.

Learning lessons when things go wrong

- Thorough processes were in place to ensure lesson were learnt when things went wrong. Any lessons learnt were shared with the staff team and measures were put in place to reduce the risk of reoccurrence.
- Accidents and incidents were thoroughly analysed to prevent reoccurrence and identify any patterns and trends.

Staffing and recruitment

- Safe recruitment processes were in place and followed. Staff files clearly evidence appropriate pre-employment checks had been completed prior to employment commencing.
- There was enough staff on duty to support people. A dependency tool was used to calculate staffing levels. This was reviewed on a regular basis.
- We received mixed feedback from people and relatives with regards to staffing levels. Comments included, "I think there was problems not so long ago with staffing but they seem to be on top of that now" and "I don't think there is always enough staff, especially at weekends but [Person's name] care needs have always been met."

Using medicines safely

- Medicines were stored, administered and recorded safely.
- Staff had received medicine training and had their competencies in medicine management assessed.
- Regular audits were completed to monitor medicine and to identify any issues or concerns. Action was

taken when any shortfalls were found.

#### 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 using PPE effectively and safely. We observed some staff not following PPE guidance. The registered manager addressed this immediately.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Visiting in care homes

Visits to Dalby Court Residential Care Home were in line with government guidelines.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving to the service. This ensured people's needs could be met.
- People's care and support needs and choices were recorded in their care plans.
- Care was delivered in line with standards and guidance. The registered manager had effective systems in place to ensure they kept up to date with any changes in guidance.

Staff support: induction, training, skills and experience

- Staff were supported in their role. A regular program of one to one supervision was in place. One staff member said, "I can honestly say I do feel supported here. Any issues I have I can raise with the manager."
- Staff had completed training relevant to their roles. Staff training was refreshed at regular intervals to ensure staff kept up to date with best practice.
- New staff completed a thorough induction when they joined the service. This ensured they were familiar with the providers policies and procedures, the service and people they would be supporting.

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

- People were supported to maintain a balanced diet. Choices were offered at mealtimes and refreshments were available throughout the day.
- Where people required increased monitoring with regards to their food and fluid intake, records had been completed appropriately.
- People's weights were monitored; where concerns had been identified, appropriate professionals had been contacted and guidance provided by professionals had been followed.

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

- Staff worked with other agencies to ensure people received appropriate care and treatment. Any concerns had been reported in a timely manner. For example, when concerns regarding a person's swallowing abilities were identified, the GP and speech and language specialist had been contacted.
- Care records showed that professional advice and guidance provided had been implemented and followed.

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

- The service was a purpose-built facility that had been designed to meet the needs of people using the

service.

- Dementia friendly signage was in place and rooms could be decorated and furnished according to people's preferences, if they wished.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had been deprived of their liberty, appropriate authorisations were in place. The registered manager monitored any authorisation to ensure renewals were requested in a timely manner.
- When decisions had been made in people's best interest, appropriate records had been completed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff were kind and caring in their approach. People told us staff treated them with kindness and compassion. Comments included, "Staff are approachable and empathetic" and "I love living here. I see the staff as my friends."
- Positive, caring relationships had been developed. People were confident in approaching staff and we observed laughter and general chats between people and staff. Staff were observed to treat people with kindness and respect.
- People told us they were treated with respect. Relatives we spoke with confirmed this. One relative said, "[Person's name] is assisted with their personal care. They are respected and treated with dignity at all times."

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

- People were involved in discussions regarding how they wished their care and support to be delivered. Relatives were also involved where relevant. One relative told us, "I have Power of Attorney and I am always involved in decisions made."
- Staff supported people to make decisions about their care. Staff understood the importance of ensuring effective communication was promoted whilst maintaining confidentiality.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. One member of staff told us, "Some of the residents just need verbal prompts and reminding on how to do certain things. We promote their independence as much as possible."
  - Care plans were person-centred and detailed what level of support people required.
- All the residents and relatives we spoke with said staff treated people with dignity and respect. Comments included, "They always knock before entering [Person's name] bedroom" and "I often hear staff asking for consent before providing personal care."
- People had access to spaces where they could spend time alone if they wished.
  - People were encouraged to maintain relationships and build their friendship circles. Social events within the home were arranged to encourage this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained person-centred information relating to their likes, dislikes and preferences.
- Care plans had been reviewed on a regularly basis to ensure they remained up to date and relevant.
- People told us they were included and consulted in decisions about their lives. Relatives we spoke with confirmed this. One relative said, "Staff listen to [Person's name] and they are able to voice their opinions."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and information provided in care plans. These referred to how people communicated their needs and any support required.
- Staff knew people's communication styles to ensure people were included in activities and decision making.

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

- People were actively encouraged to remain active and participate in activities and interests they enjoyed. People's hobbies and interests were details in their care plans.
- An activities board was on display and kept people informed of the activities on offer each week. One relative told us, "They do inform us of what is happening, there is an activities board, newsletters and word of mouth."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place; this had been followed.
- People and relatives, we spoke with told us they knew how to make a complaint or raise a concern. Comments included, "We have raised a concern in the past and this was dealt with swiftly" and "I do know and understand who to complain to if needed."

End of life care and support

- There were systems and established processes in place to make sure people receive a dignified, comfortable and pain free death.

- At the time of inspection, people did not require end of life care, but staff had a good understanding of how to provide this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were happy living at Dalby Court Residential Care Home. There was a warm, welcoming and relaxed atmosphere.
- There was a positive culture within the service and staff told us they were able to express their views and approach management. One staff member told us, "[Registered manager's name] is dedicated to the home. I have always found them to be approachable and supportive."
- The registered manager ensured they regularly engaged with people, relatives and staff to promote an open and honest culture. One relative told us, "I know who the manager is, and they are approachable and so are the staff. They are all friendly and welcoming."

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 registered manager understood requirements in relation to duty of candour and had an open and honest approach.

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

- Effective quality assurance processes used to monitor the quality and safety of the service were in place.
- Audits were completed on a regular basis and were effective in highlighting any concerns or shortfalls. Action had been taken when shortfalls were found.
- Senior managers were actively involved in the service. They visited the service on a regular basis and provided ongoing support to the registered manager and staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and their relatives and used the feedback to drive improvements and develop the service.
- Staff, resident and relative meetings had been reintroduced following restrictions posed by Covid19. Meetings were used to keep people, staff and relative up to date with changes and developments within the service.