

Alexandra Care (Leicester) Limited

# Dane View Care Home With Nursing

## Inspection report

165 Glenfield Road  
Leicester  
Leicestershire  
LE3 6DP

Tel: 01162544000

Date of inspection visit:  
27 April 2021

Date of publication:  
26 May 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Dane View Care Home with Nursing is a residential care home, providing personal or nursing care to up to 41 people, some of whom are living with dementia care needs. At the time of inspection, 32 people were living at the service.

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

Medicines were administered correctly, however record keeping in this area required improvement.

Medicine Administration Records (MAR) were not always fully completed, and body maps showing where certain medicines were applied, were not always completed.

People received safe care and felt safe within the service. Staff we spoke with understood safeguarding procedures and felt confident their concerns would be listened to and followed up. Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing levels were sufficient within the home, and people felt they could get the support they needed from staff promptly.

The service was clean, tidy and well maintained, and staff followed infection control procedures.

Care plans reflected people likes dislikes and preferences. There were examples of personalised care where staff had taken the time to provide meaningful activities for people, which met their individual needs. People and their family were involved in their own care planning as much as was possible.

Staff treated people with kindness, dignity and respect and spent time getting to know them. We observed positive interactions between people and staff, and feedback from people about staff was good.

A complaints system was in place and was used effectively. The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required

Staff felt well supported by the manager, and were motivated to provide good care to people.

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 this service was Requires Improvement (published 30 August 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

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 always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

**Good** ●

# Dane View Care Home With Nursing

## **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 carried out by one inspector.

#### Service and service type

Dane View Care Home With Nursing 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. 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.

#### 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 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 three people who used the service about their experience of the care provided. We also spoke with three members of care staff, a nurse, the chef, the deputy manager, and the registered manager.

We reviewed a range of records. This included four people's care records, medication records, staff recruitment information, and audits.

# 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 remained the same. 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.

At the last inspection, the provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and was no longer in breach. However, further improvement was required to ensure action taken was sustained.

### Using medicines safely

- At the last inspection we found that people did not always receive their medicines as prescribed. During this inspection, we found practices had improved in some areas, although improvement was still required to ensure medicines were managed safely and in line with best practice guidelines.
- Medicines administration records (MAR) were not always filled in completely. We found several recent MAR with gaps where staff had not signed to show they had administered certain medicines. We identified through checking stock levels, that these medicines had been given to people as prescribed, but the record keeping was not always accurate.
- Recent MAR showed that staff did not always record where on the body certain topical medicines or patches had been administered.
- The registered manager told us that immediately after inspection, systems were put in place to record where topical medicines were administered, and to check daily that all medicines administered were signed for accurately.
- People told us they were happy with how staff supported them with their medicines.

### Staffing and recruitment

- At our last inspection, staffing levels were not always adequate, and recruitment systems were not always robust. At this inspection, improvement had been made in these areas.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- People and staff all felt that staffing levels were good within the service. One person told us, "There are usually enough staff around." Another person said, "If I push my alarm, staff always come quickly."
- We saw the call bell system was spot checked to ensure that staff were prompt in responding to people, and that appropriate staffing levels were in place to ensure needs were met in a timely way.

### Systems and processes to safeguard people from the risk of abuse

- People were safe. Everyone we spoke with felt safe within the home and with the staff. One person told us, "I feel safe because I'm around people that are experienced."

- Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

#### Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. This included any health and medical needs they required, as well as plans to assess the risks of falls, moving and handling, and wellbeing.
- Risks were regularly reviewed, and staff understood and followed risk assessments appropriately.

#### Preventing and controlling infection

- The service was clean and well maintained.
- 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 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.
- The kitchen had been rated as '5 star' by the local authority for food hygiene practices.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings and supervisions.



# 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 requires improvement. At this inspection this key question has improved to good.

This meant people's needs were met through good organisation and delivery.

At the last inspection, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care. At this inspection, the provider had made enough improvement and was no longer in breach.

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

- At our last inspection, people's care plans did not always contain enough person centred information, staff found the care planning system difficult to navigate, and there was not enough meaningful activity provided for people. At this inspection, improvements had been made in these areas.
- The service had a daytime activity centre which people regularly used. People we spoke with told us they enjoyed using it and took part in a variety of activities. A varied programme of activity was on offer to people including arts and crafts, gardening, a cinema room, sports and exercise. One person said, "I love going into the day centre, and I love the cinema room."
- Activities based around social and cultural events were promoted to people. For example, this included open discussion and activity around Black History month, and LGBT awareness.
- Staff and management clearly knew the people using the service well and had developed positive relationships. Our observations were of staff speaking with people in a warm and friendly manner. One person told us, "The staff understand me well and respect my religious needs." A written compliment from a relative said, "Thank-you for all the amazing work you and all the staff at Dane View continue to do. We are so grateful to you and it brings us so much comfort to know that [name] is safe but also loved by all the staff there."

### End of life care and support

- Nobody was currently receiving any end of life care within the service, but people had received this type of care in the past. We saw one example where the registered manager had undertaken much of the end of life care and support planning, including the eventual funeral arrangements, as the person involved did not have any family to make these arrangements themselves.
- We saw some people had care plans which included end of life planning. This included advance care decisions, questions asked about future preferences for care, including funeral arrangements and care options.

### 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 registered manager was aware of the requirement to provide information to people in an accessible format .

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved 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 requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection, systems in place to review care plans, incidents, medicines, safeguarding, maintenance, room audits and health and safety were not effective. At this inspection, systems in place had improved in most areas. Audits and checks were in place and were identifying areas for improvement when found, and prompt action was taken. Some further improvement was required, as recent MAR records had not been completed accurately. Audits had discovered these errors, but prompt action was not always being taken. After our inspection, the registered manager immediately implemented new systems to reduce this risk and ensure prompt action was taken.
- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The managers fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the manager was, and staff told us they felt well supported by the registered manager. One staff member told us, "Management really support us. I can go to them about anything. They called me and checked if I was ok when I was off sick, very caring."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 people and staff we spoke with told us the service had a positive atmosphere, and that people received a personalised service which provided good outcomes. Management and staff were all proud of the support they offered people, and people told us the service was well run.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The management team were open and honest during our inspection, were aware of the areas that required improvement, and were positive about making changes.

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

#### characteristics

- We saw that a newsletter had been produced and distributed to ensure that people and families were kept up to date with events and information from within the service.
- Team meetings were used to share information with staff, and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum.
- People were able to feedback formally via surveys and questionnaires. For example, a recent questionnaire was sent out to gather opinions of food.

#### Working in partnership with others

- The service worked with healthcare professionals to ensure people had access to medical support.
- The service had a good relationship with local authority commissioners, and were in contact with them, sharing information as required.