

The Dales (Northwest) Limited

The Dales Care Home

Inspection report

6 Marine Park
Wirral
Merseyside
CH48 5HW

Tel: 01516252574

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07 June 2017

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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

This inspection took place on 27 April 2017 and 07 June 2017, the first day was unannounced. During our last inspection we found minor breaches of Regulations 10, 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the service was no longer in breach of these regulations.

The Dales is a residential home providing accommodation and support for up to thirty people. It is an adapted detached house based in a residential area of Wirral. Accommodation is provided over three floors with a passenger lift available to the first and second floor. The majority of bedrooms are single rooms with people sharing adapted bathrooms and shower rooms and a large lounge and dining room.

The home has a registered manager. 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 living at the home told us that they had found staff caring towards them. One person said "I get the attention here." And a second person confirmed this saying "They look after me all right." People's relatives held similar opinions. One person's relative described the staff as, "Lovely, attentive". During our time at the home we saw that support was offered to people in a kind, respectful and patient manner.

We saw that people were provided with information about the home and how it operated. Throughout the day when they received support their feedback was sought.

Visitors and people's relatives we spoke with told us they thought the home was safe. We saw that steps had been taken by the home to help ensure people were safe. For example policies were in place to guide staff on how to recognise and report any safeguarding incidents that may occur; appropriate risk assessments were in place in relation to the building and its environment and regular checks on equipment and services took place.

The home was responding to the risk of people falling by recording any accidents, reviewing and learning from this information. The home was also working alongside partner organisations in trialling new ways to further reduce risks.

During our visit we saw that sufficient staff were available to provide support in a patient and unrushed manner. Although staff were busy they were able to respond to people's requests for support in a timely manner. We also saw that the building had been adapted to help meet people's support needs safely.

We looked at how medication was ordered, managed and administered. We saw that this was done in a safe manner and there were appropriate records in place. We also saw records in place relating to supporting

people with their health needs and people's relatives told us that their family members were well supported with their health needs. The home was working alongside people's GPs and the local authority to achieve better outcomes for people.

We saw that the food provided for people looked and smelled appetising. People told us that they enjoyed the food and we saw that people were offered a wide variety of choice.

We saw that people's care records were clear, person centred and had been regularly reviewed. The care plans highlighted areas that were important to people. We also saw that people's spiritual needs were recognised and supported. The service was operating within the Mental Capacity Act (2005). People who would benefit from the protection of a Deprivation of Liberty Safeguard had one in place.

The home had employed staff to specifically support people to engage in activities that they found interesting. People we spoke with told us that they loved the activities in the home and enjoyed days out.

There was a registered manager in place who relatives told us was approachable. We were told that any concerns they had received had been responded to quickly. We saw that there was a program of audits in place to monitor the quality of the service being provided, any issues identified were responded to quickly. Policies and procedures were in place to guide staff. Staff received regular support, supervision meetings and training to help them to be effective in their role.

The registered manager sought feedback from people and their relatives in a variety of ways. We also saw that the service was engaging with other organisations such as people's GPs and the local authority with the aim of improving the care people received.

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.

Policies were in place to safeguard vulnerable adults. Staff were knowledgeable about protecting people from harm.

Environmental and fire risk assessments had been completed. Actions and checks had taken place which helped ensure the building was safe.

Any accidents and incidents had been recorded and reviewed by the manager. Actions were being taken to use this information to prevent future accidents.

Sufficient staff were available to support people in a patient and unrushed manner.

Medication was stored and administered safely.

Is the service effective?

Good 

The service was effective.

We saw that people had choice during mealtimes and told us they enjoyed the food that was provided.

The service was operating within the Mental Capacity Act (2005). People who would benefit from the protection of a Deprivation of Liberty Safeguard had one in place.

Staff received regular support, supervision meetings and training in order for them to be effective in their role.

People were supported with their health care needs. The building had been adapted to help meet people's support needs safely.

Is the service caring?

Good 

The service was caring.

People told us that the staff were caring towards them. Visitors

also told us they thought the approach from staff was caring.

We saw that support was offered to people in a kind, respectful and patient manner.

People were provided with information about the home and how it operated, and also throughout the day when they received support their feedback was sought.

People spiritual needs were recognised and supported.

The home provided caring end of life care.

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed the activities happening at the home.

We saw that people's care records were clear; person centred and had been regularly reviewed. The home was working alongside people's GPs and the local authority to achieve better outcomes for people.

The manager had an open door policy and responded to people's concerns.

Is the service well-led?

Good ●

The service was well led.

The home had a registered manager in place.

People's relatives told us that they found the senior staff approachable. Feedback from people and their relatives was sought in a variety of ways

There was a program of audits in place to monitor the quality of the service being provided, any issues identified were responded to quickly. Policies and procedures were in place to guide staff.

The Dales Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This was an unannounced inspection carried out on 27 April 2017 and 07 June 2017. The inspection was carried out by an Adult Social Care Inspector on the first day and an Adult Social Care Inspection Manager on the second day.

During the inspection we spoke with five of the people living at the home and met with several others. We spent time observing the support provided to people. We also spoke with seven visitors of people living at the Dales Care Home, five members of staff, including the registered manager and with two visiting health professionals. We looked at shared areas of the home and visited people's bedrooms. We also looked at a range of records including care plans, medication records, staff records and records relating to health and safety.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the manager since our last inspection in June 2015.

Is the service safe?

Our findings

Visitors told us that they thought the home as a safe place to live with one person saying "For sure it's safe." Information on how to report abuse was made available to people living at the home and visitors via a poster displayed in the foyer.

Polices were in place to guide staff on how to recognise and report any safeguarding adults incidents that may occur. A policy was also in place to inform staff of the providers whistle blowing policy. Whistle blowing protects staff who report something they believe is wrong in the work place that is in the public interest. We spoke with staff and confirmed that they understood their responsibilities in protecting people from harm and abuse and what action they should take if they had concerns about a person.

A general risk assessment had been carried out on the building and tasks that may present a risk to people living there, staff and visitors and these had been reviewed. A fire risk assessment was in place and had been reviewed. Following a visit from the fire service in March 2017 recommendations they had made to improve fire safety had been addressed. A series of checks and certificates were in place to ensure the building was safe. This included checks on fire equipment, the lift, electrics, and gas.

Records showed that there had been a total of 26 falls by people who lived at the home in April 2017, seven of which had resulted in the person injuring themselves. We looked at records for this and saw that accident forms had been completed and were left to be reviewed by the manager. Records showed that where needed staff had made referrals to the local Falls Team or the person's GP. We saw that the home was trialling a 'Falls app'. This was a project funded by the local authority which was a falls risk assessment screening tool that was enabling the home to be self-sufficient in fall prevention. The home was planning to monitor the progress closely so they could demonstrate better outcomes for people who lived there.

On the first day of our inspection there was a deputy manager, senior carer and three carers working. In addition there was a chef, laundry assistant, general domestic and activities coordinator. People told us that there had been enough staff available to support them when needed. During our visit we saw that although staff were busy they were able to respond to people's requests for support in a timely manner. We also saw that sufficient staff were available to provide support in a patient and unrushed manner.

We looked at how medication was ordered, managed and administered. We found that systems were in place to ensure people received their medication on time and as prescribed. Lockable cupboards and trollies were used to secure medication. We checked a sample of medication stock including medication prescribed in variable doses or with special storage instructions. We saw that these tallied with records of the amounts given. Policies for guiding staff on how to manage medication were in place along with audit systems. These helped to ensure that any errors that may occur would be quickly noted and addressed.

We looked at the recruitment files for three members of staff and saw that they had been recruited safely and all the appropriate checks had been carried out prior to them starting work.

Is the service effective?

Our findings

People told us that they liked the meals provided. One person described them as "Very good" and another person said "The food is lovely"

We observed a member of staff explaining the day's menu to people and recording their choices. Dining tables were nicely laid with cloths, napkins and menus. We observed the lunchtime meal and saw that it was an unrushed occasion with staff sitting with people who needed support to eat and offering that support in a dignified manner.

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 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 be 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were and improvements had been made and sustained in this area.

A relative told us they had been pleased with the health care support the home provided explaining, "I feel they were very good. They do not hesitate to get an ambulance or call the doctor."

Visiting health professional's told us that they had found the support staff provided to people with their health to be of a good standard. They confirmed that staff knew people's health care needs well and followed any instructions given for the person's care.

The Dales Care Home is a large adapted detached house in a residential area of Wirral. The majority of bedrooms are single rooms with one room large enough to be shared, although this was used as a single room at the time of the inspection. Fifteen of the bedrooms provided en-suite facilities. The home had three floors with bedrooms available on each floor, a passenger lift provided access to the first and second floor with stair lifts available to mezzanine levels.

Adapted bathrooms and shower rooms were available to make it easier for people to receive support with their personal care. Call bells were available to enable people to summon staff when needed.

A large dining and living room was located on the ground floor which was split into sections so that people could sit in smaller groups or engage in different activities. Parking was available to the front of the house

with more available on the street outside. An enclosed garden with seating was available at the rear of the home.

We asked about nutrition and hydration and saw that people were offered a wide variety of choice in relation to their meals. On the second day of the inspection we saw a number of people all enjoying different things for their breakfast and that people were making choices about what they wanted to eat. We also saw lunch being served. The tables were laid beautifully and lunch was calm and relaxed with people enjoying their food at their own pace. Staff were discreetly supporting people who needed help in an unrushed way. We saw that people were happy and relaxed and chatting to each other and the staff. The food looked and smelled appetising. We looked at records and saw that people whose weight was a concern were closely monitored.

We looked at the support offered to staff working at the home and saw that they were offered regular support, supervision and training by the management team. Training was regularly attended in all expected areas required such as safeguarding vulnerable adults, fire safety, first aid and moving and handling but we also saw that specific training was provided so that staff could safely meet all of the needs of the people that lived in the home. Staff were trained in recognising symptoms of heart failure, chest infections, dehydration and urine infections. All staff had also had dementia training regardless of their job role. This meant that the domestic staff, kitchen and maintenance staff had an understanding of the needs of people who have dementia and how best to support them.

Is the service caring?

Our findings

People living at the home told us that they had found staff caring towards them. One person said "I get the attention here." And a second person confirmed this saying "They look after me all right."

Another person living at the home told us "My own home felt lonely. I came here because I subscribe to the support and attention here."

Relatives had a similar opinion with one telling us "Mum says staff are lovely, kind." Another relative described staff as "Lovely, attentive."

A visiting health professional told us that they had observed staff interact with people in a way that was caring and a second visiting health professional told us they had always found the standard of care to be "good."

At our last inspection of the home in June 2015 we had found that people were not always treated with dignity and respect. At this inspection we found that improvements had been made and the home were meeting this regulation.

We observed staff supporting people with their mobility. When people needed to use a hoist we saw that staff explained the process to them and gave the person time to participate in the process. We also saw that when people required support whilst moving more independently this was offered in a kind, respectful and patient manner.

Throughout the day we observed that staff engaged with people on a social level as well as meeting their care needs. Staff chatted with people when providing direct support to them and also when passing people in the living areas or corridors. This helped to create a friendly atmosphere within the home.

Information about the home and how it operated was made available to people in a number of ways. The names of a staff were displayed in the foyer so they could be easily identified. Information about activities people could participate in was also displayed.

People had a copy of the homes service user guide in their bedrooms. This provided them with information about how the home operated including fees, support with meals and medication and how to raise a concern or complaint.

We saw that people's spiritual needs were recognised and supported. Staff described to us the differing beliefs and religions of the people who lived in the home and what steps they took to ensure that people's needs and wishes were respected.

The home was accredited to The North West End of Life Care Programme for Care Homes. This meant that people's choices for their end of life were closely monitored and the home ensured that people's care was safe and appropriate and regularly monitored.

Is the service responsive?

Our findings

People we spoke with told us that they loved the activities in the home and that they enjoyed days out. One person said "We do craft and I really enjoy it. It keeps me busy."

We looked at three people's care records and saw that there were clear, ordered and well maintained. At the front of each file there was a pen picture that described the person and gave a 'flavour' of what was important to them and key issues to consider when providing care for them. We saw that care plans and risk assessments were re-evaluated monthly or more often when required.

We saw that the home was currently involved with the "Care Connector project." This was a joint piece of work by the local authority, care homes and the GP service and a pilot to snap snot care for people who lived in care homes. The home was the first residential home to take part in the project. It meant that the home was tracking in detail the care of the people living in the home and submitting this information monthly to the local GP. The purpose was to tailor service for people, meet their needs to keep people well and out of hospital. The home was hoping that the project would achieve better outcomes for the people living there.

The home employed a member of staff specifically to support people with activities for twenty hours a week. During our inspection we saw a group of people sitting chatting and engaging in crafts with the activities coordinator. They told us about recent baking sessions that they had taken part in and enjoyed. Other activities advertised included singing, puzzles, games and exercise. In addition a hairdresser visited the home regularly and people were supported to receive communion if they wished. Records of activities people had been supported with showed that as well as the opportunity to take part in group activities people had also received one to one support, this had included the activity coordinator sitting with people chatting if that was what they preferred.

Information about how to raise a complaint was made available to people via a copy of the complaints policy located in the foyer and their service user guide. No complaints had been recorded at the home with the past year. The manager told us that they operated an open door policy and tried to resolve any concerns before they escalated into a complaint.

Relatives told us that they would feel comfortable raising a concern or speaking with a member of staff.

Is the service well-led?

Our findings

Relatives told us that they found senior staff approachable. One relative said "oh yes I have just popped into the office now. Any incidents they ring me."

At our last inspection of the home in June 2015 we found that records were not always stored correctly. At this inspection we found that the provider had taken positive action and had built a small secure office within a corner of the lounge. This meant that records could be easily located and completed by staff but were securely and privately stored.

Policy and procedure files were in place to guide staff on how to carry out their role and ensure the home operated safely. These had been reviewed in December 2016 to check they were up to date and remained relevant.

We met with the provider, the manager and the assistant manager and saw that they were working well as a team with clearly defined roles to ensure that all parts of the service were managed well and safely. Staff spoke highly of the support that they received and we were reassured that there was an 'open door' policy so issues could be raised when they arose. We saw that there was regular communication and people knew and understood their job roles.

We saw that there was a programme of audits carried out regularly to monitor the quality of the serviced being provided and we saw that when issues were identified, they were actioned straight away. For example there were audits on the safety of the environment, information in people's care files and the safe administration of people's medication.

We saw that there was a suggestions box in the hallway of the home for people and relatives to anonymously make suggestions if they wished to. Satisfaction questionnaires were also sent to relatives on a regular basis for them to share their views and raise concerns. We saw that there was a 'Relatives/Service user forum' that took place every three months. We saw minutes that showed that this was well attended and issues raised were responded to.