

Dipton Care Home Limited

Dipton Manor Care Home

Inspection report

Front Street
Dipton
Stanley
County Durham
DH9 9BP

Date of inspection visit:
27 November 2019
28 November 2019

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09 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dipton Manor Care Home is a residential nursing home providing personal and nursing care to older people and people living with a dementia. It accommodates up to 70 people across four units in one purpose-built building. There were 62 people were using the service when we visited.

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

Medicines were not always managed safely at the home. Risks to people were not always effectively assessed or monitored. Decisions relating to consent were not always effectively recorded. Care plans were not always person-centred and sometimes task-orientated. The provider did not always have good governance processes in place.

Staff received regular training, supervision and appraisal. 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 happy at the home, and received kind and caring support. Staff knew people well, and treated them with dignity and respect.

The provider had an effective complaints process in place. People were supported to access activities they enjoyed.

People, relatives and staff spoke positively about the leadership of the manager. Feedback was sought and acted on.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 1 December 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines management, risk assessment records and quality assurance processes. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dipton Manor 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 Care Act 2014.

Inspection team

An inspector, a medicines inspector and a specialist advisor nurse carried out this inspection.

Service and service type

Dipton Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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 and one relative about their experience of the care provided. 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 spoke with 12 members of staff, including the manager, deputy manager, operational director, clinical, care, kitchen and maintenance staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to training.

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 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to manage medicines safely and to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Risks to people arising from their specific health conditions were not always consistently recorded or monitored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were not always managed safely, and records had not been completed correctly.
- Guidance for 'when required' medicines was not always available or person-centred.
- Medicines in the form of patches were not always used in line with the manufacturer's guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were being managed and recorded effectively. This placed people at risk of harm. This was now a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Plans were in place to support people in emergency situations, but we saw fire drills had not been carried out with a frequency that ensured all people and staff had participated. The manager said this would be addressed immediately.

Preventing and controlling infection

- Staff were knowledgeable on the principles of infection control, washing their hands and using gloves and aprons appropriately.
- The premises were clean and tidy. Domestic staff told us they received all of the training and equipment needed to carry out their roles.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would immediately report any concerns they had.

Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learned to improve people's safety.

Staffing and recruitment

- The manager and provider monitored staffing to ensure it was sufficient to provide safe support.
- Staff gave us mixed feedback on staffing. However, we saw that staffing levels were regularly reviewed in line with the support people needed.
- Recruitment checks were carried out to ensure suitable staff were employed. This included Disclosure and Barring Service checks and obtaining references.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Best interest decisions were not always recorded where people's liberties were being restricted, for example through the use of bed rails.
- Consent to care was not always effectively recorded, either by the person consenting themselves or by appropriate representatives consenting for them.
- We saw that people were asked for their consent during the inspection. The manager had identified the issues we found with consent records, and was working to improve the recording of this.

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

- People received appropriate support with eating and drinking. However, records monitoring this had not always been completed. The manager said these would be completed in future.
- People spoke positively about food and drink at the service. One person told us, "The food is fine. It's a bit like school dinners, but I like that. There's always a choice."

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

- People's needs were assessed before they moved into the home to make sure staff could provide the care and support they needed.
- People said they felt in control of the support they received. One person said, "I'm in charge."

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

- Staff worked in partnership with other professionals to ensure they delivered joined-up care and support

for people. Care records documented the involvement of a wide-range of external professionals.

Staff support: induction, training, skills and experience

- Training was regularly completed to ensure staff had the knowledge and skills needed to support people. One member of staff said, "The training here is really good, there's always training. There's a push on oral hygiene at the moment."
- Staff received regular supervisions and appraisal. Records of meetings showed these were used to discuss staff practice and any support needs they had.

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

- The premises were adapted for the comfort and convenience of people living there. This included appropriate signage to help people move around the building.
- Rooms were customised to reflect people's personal tastes and preferences.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by kind and caring staff. We saw numerous examples of caring support being delivered during the inspection.
- People spoke positively about the care they received. Comments included, "The staff are really good, they're always there" and, "They're great and will do anything for you. They're all smashing."
- Staff respected people as individuals and helped them live the lives they wanted. People were supported to maintain relationships and practice their faith, including through accessing the onsite prayer room.

Respecting and promoting people's privacy, dignity and independence

- Staff had close and friendly but professional relationships with the people they supported. We saw them treating people with respect.
- People and relatives said staff treated them with dignity and respect. A relative told us, "There is nobody here who isn't a close friend who is enriching [named person's] life."
- People were encouraged to do as much as they safely could for themselves, to maintain and increase their independence.

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

- People were encouraged to express their views on their care, through informal chats with staff and more structured feedback questionnaires. One person said, "They're always wanting to put things right."
- At the time of our inspection nobody was using an advocate, but systems were in place to arrange this where needed. Advocates help to ensure that people's views and preferences are heard.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Staff were knowledgeable about people's needs but care plans were not always person-centred and sometimes task-orientated.
- Regular reviews of care plans took place, but we saw records were not always updated when people's needs changed and reviews repeatedly stated, 'care plan remains valid'. These issues had been identified at our last inspection but not addressed.
- People and relatives said people received the support they wanted and needed. A relative told us, "The staff are all familiar with [named person's] needs. They take the trouble to learn about you."

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.

- Care plans contained information on how people could be helped to communicate effectively.
- Staff supported people to express themselves and ensure their voices were heard.

End of life care and support

- Policies and procedures were in place to provide end of life care where needed. Plans included people's wishes and choices, including any specific spiritual needs they had.

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 supported to access activities they enjoyed. These included visiting entertainers, pet therapy and coffee mornings.
- People and relatives said they enjoyed the activities on offer. One person told us, "I'm not bored." A relative said staff carried out individual activities for people who were unable to leave their room.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and learn from complaints.
- People and relatives were familiar with the complaints process and confident in raising issues. One person told us, "If I had any complaints I'd just tell them."

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed ensure the service had effective good governance processes. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's quality assurance processes had not always identified or addressed the issues we found in relation to medicine management, risk assessments, care plans or consent records.
- The provider's governance processes failed to ensure there was a complete and contemporaneous care record in place for people living at the service.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 manager joined the service in October 2019. Staff said there was open and inclusive communication from the manager, and praised the leadership they were bringing to the home.
- People and relatives were familiar with the manager, and spoke positively about them. One relative said, "[The manager] has made herself very, very approachable and accessible."
- The provider and manager had submitted required notifications.

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

- Feedback was sought and acted on, including through surveys and meetings. The manager was reviewing how feedback was sought to ensure everyone's voice was heard.
- People, relatives and staff said they were encouraged to give their views on the service. A relative said, "[The manager] goes around every day and makes sure she speaks with people."

Continuous learning and improving care; Working in partnership with others

- Staff worked in close partnership with a number of external professionals to ensure people received effective support, including through a weekly GP surgery held at the home.
- The service was involved in the local community. Links included completing a village history project with a nearby school and a monthly surgery hosted by the local MP.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Regulation 12(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Risks to people arising from their specific health conditions were not always consistently recorded or monitored. The provider's quality assurance processes had not always identified or addressed the issues we found at the inspection. The provider's governance processes failed to ensure there was a complete and contemporaneous care record in place for people living at the service. Regulation (17)(2)(a), (b) and (c).