

Dipton Care Home Limited

# Dipton Manor Care Home

## Inspection report

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County Durham  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dipton Manor Care Home is a residential care home providing personal care to up to 70 older people, young adults and people with dementia. At the time of our inspection there were 54 people using the service.

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

Improvements had been made since the last inspection. Governance systems were now in place and effective in monitoring the quality and safety of the service. Timely action had been taken where shortfalls had been identified.

Risks to people were now assessed and action had been taken to ensure risks were mitigated where possible. Improvements had been made with regards to the recording of checks used to ensure the service was safe.

Medicines were stored, administered and recorded safely. Guidance for staff was now in place for medicines that were prescribed as and when required.

Thorough recruitment processes were now in place and followed. All appropriate pre-employment checks were evident and completed prior to new staff commencing employment.

People and relatives spoke highly of the staff team and there was enough staff on duty to meet people's needs.

People were safe living at Dipton Manor Care Home. There was a warm, friendly, relaxed atmosphere and positive relationships existed between people, relatives and staff.

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.

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 and update

The last rating for this service was requires improvement (published 10 January 2020) and there was a 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 we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27 November 2019. A breach of

legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their records keeping and governance processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dipton Manor Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **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** ●

# 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 Health and Social Care Act 2008.

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.

#### Inspection team

The inspection was completed by one inspector and an Expert by Experience. 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

Dipton Manor 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. Dipton Manor 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 5 relatives and friends about their experience of the care provided. We spoke with the registered manager, deputy manager, 2 care co-ordinators, 2 activity co-ordinators, the chef and assistant cook, a domestic and 3 members of care staff.

We conducted a tour of the service and looked at a wide variety of records. These included people's 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks to people had been identified and recorded. Thorough management plans were in place to reduce risks wherever possible.
- Improvements had been made to records relating to fire safety checks. Regular fire drills had taken place and checks to ensure the safety of the service and equipment had been completed on a regular basis.
- Accidents and incidents were monitored to see if lessons could be learned to improve people's safety.
- Audits were used to identify any shortfalls in practice. When shortfalls were found, lessons had been learnt and shared with the staff team.

Using medicines safely

At our last inspection we found systems were either not in place or robust enough to demonstrate medicines were being managed and recorded effectively. was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored, administered and recorded safely.
- A number of improvements had been made with regards to medicine management since the last inspection. Guidance was in place to assist staff with when to administer 'as and when required' medicines and clear body maps were in place to show where topical medicines should be applied.
- Medicines were managed by staff who had the appropriate training and their competencies assessed. One person said, "Staff talk to me if I've got new medication, like antibiotics or something like that, and we discuss it."
- Thorough medicine audits were in place and were effective in identifying any issues or concerns.

### Staffing and recruitment

- Recruitment processes were in place and followed. All appropriate pre-employment checks had been completed prior to new staff commencing employment.
- Sufficient numbers of staff were employed to provide safe consistent care to people. One staff member told us, "It's good because staff know what works well for that resident on that unit in terms of distraction or reassuring them."
- Comments from people included, "The staff are always here for you all of the time. I just need to press my buzzer and they are here and they know exactly what to do", and "Every single person who works here is friendly, welcoming and goes out of their way to help."

### 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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service. Government guidance in relation to testing was being followed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 Dipton Manor Care Home were in line with government guidance. We observed visits taking place during the inspection.

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

- People were safe living at Dipton Manor Care Home.
- People told us, "I feel safe here. It's because of the staff; they are warm and welcoming", and "The atmosphere here makes me feel safe." A relative told us, "(Named) cannot walk now, so needs a hoist to be transferred from her bed to her wheelchair. There are always 2 staff to do it and I've seen it done many times, and it's very safe. If we're there and she is wearing a skirt, we're asked if we could leave her room while she is being hoisted, to maintain her dignity."
- Systems and processes were in place to safeguard people from the risk of abuse. Staff had received appropriate safeguarding training and referrals had been made to the local authority when any concerns had been raised.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)



- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- We saw that people were supported to make unwise decisions if they so chose and this was clearly recorded in their plan of care. This meant peoples right were upheld.

# 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 our last inspection we recommended the provider consider current best practice guidance in relation to person centred care planning. The provider had made improvements.

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

- Care plans were detailed with clear information for staff to follow so they could support people safely and in the way they preferred.
- People told us they were routinely involved in their care planning and staff supported them to make individual decisions.
- People's assessments and care plans were reviewed regularly as their needs changed.

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 provider ensured information was available in a variety of formats for people. For example, large print or pictures, and in different languages to meet people's needs if required.

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 participate in their chosen social and leisure interests on a regular basis and staff understood what was important to them.
- Staff supported people in a way that enabled them to stay living as independently as possible. We observed two younger people living with dementia helping maintenance staff with tasks and they also told us with great happiness that they had put up the Christmas trees around the home.
- We observed lively activity sessions all day that people were very engaged with. The 2 activity co-ordinators explained they held a mix of group and 1:1 sessions so they spent time with everyone across the home.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. People and relatives knew how to raise concerns if needed. One person told us, "I would speak to the manager if I was unhappy with something, but I've never needed to do that."

- Previous complaints had been investigated and action taken to address people's concerns and any learning points shared with the whole staff team.

#### End of life care and support

- A policy was available which included information to ensure people would be supported to remain comfortable and pain free, following their wishes and preferences.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; 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

At the last inspection the provider failed to establish and operate robust systems to monitor and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective quality assurance processes to monitor the quality and safety of the service were in place.
- Audits had been completed regularly by the manager and were effective in highlighting any shortfalls. Audits contained clear action plans to address any concerns found.
- The registered manager understood their responsibilities in relation to the duty of candour. They understood their responsibilities to be open and honest when things go wrong. They also knew what they needed to report to CQC and other relevant agencies.

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

- There was a positive culture at the service which created a warm, relaxed and caring atmosphere.
- Staff told us they met regularly with the registered manager and their colleagues. Feedback and input including ideas for improvement were listened to and valued. Staff told us the registered manager was a positive lead who shared good ideas and practice, along with communicating any operational changes.
- Positive relationships existed between people, relatives and staff. People spoke highly of the staff team and their approach. Comments included, "The staff here are lovely and the place is very clean. It's not like an old people's home at all", and "This home is excellent and the carers are lovely."

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

- People were actively involved in the service. Regular resident and relative meetings took place and people were encouraged to share their views.

- Staff told us they felt valued and fully involved in the service.
- The service had good links with other professionals. Records showed that staff actively engaged with other professionals to ensure people received the support they required in a timely way. One relative told us, "I've recently signed up for some private physio sessions for (Named), and needed quite a bit of current information for the application form. Staff were on to it straight away and gave me loads of useful information."

#### Continuous learning and improving care

- The registered manager who was new in post at the last inspection, showed they had worked hard to ensure they improved the service.
- There was a robust and ongoing action plan in place that the management team reviewed regularly.
- We saw analysis of a recent fire drill where the manager shared with staff the improvement made because it was found too many staff were leaving units to attend the fire panel when it activated. At the most recent drill each co-ordinator on their floor took charge and times to undertake the process had improved.