

Finchworth Limited

Dinsdale Lodge Care Home

Inspection report

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05 January 2023
09 January 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dinsdale Lodge Care Home is a care home providing personal care to up to 26 people. The service provides support to older people. At the time of our inspection there were 23 people living at the home.

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

People told us they were happy living at Dinsdale Lodge Care Home. The provider ensured people had a safe environment. Health and safety checks were regularly conducted. Staff were trained to support people in the event of an emergency. Medicines were managed safely. Risks were identified and managed.

Staff had completed safeguarding training. Information gathered from safeguarding concerns, accidents and incidents was analysed to identify trends or patterns with actions put in place to minimise risk of further incidents.

Staff had completed training in infection control and followed protocols to reduce the risk of infection. A robust recruitment process was in place. Enough staff were deployed to meet people's needs.

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.

The registered manager promoted an open culture. The provider and registered manager understood their duty of candour. Staff were knowledgeable about their roles and worked well together. The home had developed strong partnerships with health and social care professionals to ensure people received joined up care.

Effective systems were in place to monitor the quality and safety of the home. The home regularly sought feedback from people, their relatives and staff.

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 good (published 29 December 2017).

Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. 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 remains 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 Dinsdale Lodge Care Home on our website at 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our safe findings below.

Dinsdale Lodge 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.

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

An inspector carried out this inspection.

Service and service type

Dinsdale Lodge 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. Dinsdale Lodge 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.

Inspection activity started on 5 January 2023 and ended on 10 January 2023. We visited the home on 5 and 9 January 2023.

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 5 people and 1 relative about their experience of the care provided. We spoke with 8 members of staff including the registered manager, 2 seniors, a cook, and 4 care staff.

We looked at the care records of 3 people, a sample of medicines records and other records related to the management of the home.

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People lived in a safe environment. Health and safety checks were regularly completed. A plan was in place to ensure people had continuity of care in the event of an emergency.
- The registered manager was proactive in the management of fire safety. Fire evacuation simulations were conducted, and people's emergency evacuation plans reviewed to ensure these were achievable.
- Risks had been identified and managed. Risk assessments combined with care plans outlined how staff were to support people to remain safe.

Using medicines safely

- Medicines were managed safely. Competent trained staff followed the appropriate guidance for the management, storage, administration and disposal of medicines.
- The home supported people to remain independent with their medicines. A medicines assessment was completed to ensure people were safe managing their own medicines.
- People received their medicines as prescribed.

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)

- The home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The home had systems in place to reduce the risk of abuse and harm. Staff had completed safeguarding training.
- The registered manager had acted on concerns. These were fully investigated and referred to the appropriate authorities.
- Information gathered from safeguarding concerns, accidents and incidents was analysed to identify trends or patterns. Any learning points were implemented into the home to minimise risk of further incidents.
- The registered manager had recently improved the tool used to analyse information.

Staffing and recruitment

- An effective recruitment process was in place. The home conducted checks which included Disclosure and Barring Service checks and obtaining references from previous employers.
- Enough staff were deployed to meet people's needs. One person told us, "I press my button and staff come straight away."

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 were assured that the provider was accessing testing for people using the service and staff.
- 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

- Visiting was in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

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 good. At this inspection this key question has remained 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

- The provider had a philosophy of care which started at the recruitment and training of staff. It placed people at the centre of the home and its ethos was to ensure people had positive experiences.

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 provider and manager understood their duty of candour. The home had an open and transparent culture.
- The home was responsive to concerns identified and quick to put things right.

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

- Staff were knowledgeable about their roles. They told us how they worked well together and were supportive of each other.
- The registered manager had submitted the required statutory notifications to CQC.

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

- People, relatives and staff were encouraged to give feedback about the home. This information was used to make improvements in the home.
- Staff had opportunities to express their opinions in supervisions and team meetings. Staff told us they were listened to.

Continuous learning and improving care; Working in partnership with others

- The registered manager was constantly reflecting on the care and support provided. They were responsive throughout the inspection.
- The home had developed strong partnerships with health and social care professionals to ensure people received joined up care. When requested the home supported external professionals with recording of additional clinical data.