

Nicholas James Care Homes Ltd

Dale Lodge

Inspection report

Dale Road
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Dale Lodge is a residential care home that accommodates up to 20 older people, including people living with dementia. At the time of the inspection there were 18 people living at the service.

People's experience of using this service:

The service continued to meet the characteristics of Good and had improved to a rating of Outstanding in the Responsive domain.

Staff went the 'extra mile' to respond to people's choices and preferences and in providing activities that were meaningful. Special family events were arranged which celebrated significant times in people's lives. A relative complimented the service by writing, "This event was a true testament to the dedicated, hardworking management and staff who I see running around to keep all happy on this day of total enjoyment". Music was an important part of enhancing people's well-being. Links had been developed with a local nursery so that children visited and sang and in return people read to the children.

People continued to be treated with kindness, dignity and compassion and involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager was central to creating a positive culture at the service. People had developed trusting relationships with staff and as a result felt safe. There were enough skilled staff available to spend time with people and meet their individual needs. Staff received effective support from the management team and were motivated to provide personalised care.

Risks to people's well-being and in the environment continued to be effectively managed. The environment had been adapted and designed to meet the needs of older people and people living with dementia.

People's needs were including their health and nutritional needs were assessed and developed into a comprehensive care plans. People continued to receive their medicines when they were needed. The service worked in partnership with health and social care professionals.

People knew how to make a complaint but had not needed to as any issues they raised were dealt with. Regular feedback was sought from people and their relatives who were kept up to date with the running of the service. Quality assurance processes meant that lessons were learned with things went wrong and improvements implemented.

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

Rating at last inspection: Good (last report published 25 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service caring?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service had improved to Outstanding

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service remained safe.

Details are in our Safe findings below.

Good ●

Dale Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services.

Service and service type:

Dale Lodge 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.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received positive feedback from a specialist doctor for older persons, hospice nurse and podiatrist. We used all this information to plan our inspection.

During the inspection we looked at the following:

- Three people's care records
- We spoke to 13 people and six relatives
- We spoke to the registered manager, deputy manager, activity coordinator, cleaner/carer and the cook.
- 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.
- Medicines records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports.
- Three staff recruitment files
- Staff training records
- Fire, health and safety and maintenance records

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe as there was a core team of staff who had worked at the service for a long time. They said that staff had got to know people well and there was hardly any staff turnover.
- Comments from relatives included, "I can trust the staff"; "The home is a godsend"; and "We haven't got to worry".
- A health care professional told us, "I've had no particular concerns to my knowledge about safety and I've always found the care staff to be caring".
- Staff continued to understand how to recognise the potential signs of abuse such as a change in a person's physical or emotional well-being. They knew to report any concerns to the registered manager or provider and were confident they would be acted on.
- The registered manager had reported potential abuse to the local authority safeguarding team when it had been identified.

Assessing risk, safety monitoring and management

- Staff were aware of risks to people's well-being and knew how to follow strategies and guidelines to manage potential risks and help keep people safe.
- Staff explained how they had followed written guidance about maintaining healthy skin when supporting people. This included checking people's skin regularly and reporting any concerns to the district nurse, applying prescribed creams and making sure people used pressure relieving equipment.
- Information about risks continued to be consistently and reliably shared within the staff team at formal meetings such as staff handovers and supervisions.
- Staff were clear about their responsibilities regarding premises and equipment. Equipment such as electrical and gas appliances and moving and handling equipment was regularly serviced and maintained.
- The provider was working towards meeting the requirements of a Fire Safety Order issued by the Kent Fire and Rescue Service in October 2018 and kept us up to date with progress.

Staffing and recruitment

- Staffing levels were assessed according to people's individual needs and were adapted when these needs changed.
- People and their relatives said that there were enough staff available. One relative said, "Staff are on top of everything".
- We observed that staff attended to people's needs in a timely manner and that call bells were answered quickly.
- There were arrangements to deal with situations when care staff were not able to work. Care staff usually

covered for each other so that people continued to receive consistent support.

- Recruitment practices continued to make sure that the right staff were recruited to support people to stay safe.
- Checks included obtaining a person's work references, full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- Medicines systems were organised so people received their medicines at the right time.
- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration and to be clear about their roles and responsibilities.
- Staff understood how to follow guidance for medicines. This included protocols for medicines to be given 'only when needed'; topical creams applied to specific areas of the body; and pain patches so people were given their medicines when they need them and in a way, that was both safe and consistent.

Preventing and controlling infection

- Staff were trained and understood the importance of maintaining standards of cleanliness and hygiene at the service.
- Domestic staff followed a schedule to make sure the service was clean and free from unpleasant odours.
- Personal protective equipment was available to staff to help prevent the spread of infection.

Learning lessons when things go wrong

- Staff knew how to respond to and report incidents, accidents and near misses.
- The registered manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again. A falls tracker highlighted the time and place each person had fallen so there was an overview of each person's care.
- Discussions about how to support improvement were communicated at staff team meetings and supervisions.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with best practice and guidance so the provider could be confident they could be met by the staff team.
- Assessments were comprehensive and included people's physical, social and emotional needs as well as any cultural or religious needs so these could be considered when planning for their support.

Staff support: induction, training, skills and experience

- Staff induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. This included being assessed against the standards of the Care Certificate which sets out the learning outcomes, competences and standards of care that care homes are expected to uphold.
- Staff had the knowledge and skills to support people with their care. One person became agitated and two staff members immediately went over to them and spoke gently. After conversing the staff established the person wanted to sit up and staff let the person do this by themselves, whilst standing close by so they could give assistance if necessary.
- People received ongoing training which was relevant to their roles and were encouraged to take a level two Diploma in health and social care. To achieve this award staff must prove that they have the ability and competence to carry out their job to the required standard. The activity coordinator had completed a level two award in supporting activity provision in social care.
- Staff were given opportunities to review their individual work and development needs through individual supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff said they felt well supported.

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

- The menu had been planned around people's food preferences. People were asked for their food choices each day and if people changed their mind at mealtimes, this was accommodated. One person told us, "The staff offer me different things until they find something I fancy. They know my likes and dislikes".
- People continued to have access to regular meals, snacks and drinks throughout the day.
- Staff had received training in how to support a positive dining experience for people living with dementia. As a result, mealtimes were not rushed and people could eat at their own pace. Support was provided by staff when it was needed such as cutting up food and offering people the right cutlery. Where full assistance was required, staff sat next to people so they could maintain eye contact.
- People were protected from the risk of poor nutrition as staff encouraged people to eat. A relative told us, "She has a sweet tooth so staff will make her a chocolate sandwich to encourage her to eat something she likes. At the same time, they don't force her".
- People with swallowing problems and at risk of choking were closely supervised by staff to maintain their

well-being.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were identified and action taken to address them.
- A relative said that their family member had a problem with their eyes. When they told staff about it they immediately investigated other creams with their GP that might be more effective.
- Health care professionals told us that any advice they gave was acted on.

Staff providing consistent, effective, timely care within and across organisations

- Staff communicated effectively with other staff verbally and through written communications such as daily logs and the communication book. Staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs are met.
- There were clear systems for referring people to external services. People's weights were monitored and any significant weight gains or losses were followed up by a referral to the person's GP or dietician as necessary. If a person had experienced a number of falls they were referred to the falls team.

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

- The environment reflected people's individuals' preferences and culture through the use of art work and photographs.
- Bedrooms were personalised with things that were important to each person.
- Signage was used to help people find their way around their home and toilet seats painted blue so they were easy to identify.
- People had access to different seating areas with views of the garden and surrounding countryside. The garden was well-maintained and people could access a beach area with beach huts to bring back memories of time spent at the beach.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff continued to understand the requirements of the MCA. People's consent was sought before providing any care.
- DoLS applications were submitted and any conditions imposed met.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People continued to be treated with kindness. A relative said, "People are so well looked after. I am always made to feel welcome and offered cups of tea".
- The service had been complimented on its compassionate nature. A relative had written, "My father was shown loving care every single day in a truly homely environment. He was shown dignity and compassion and the level of care he received was exemplary".
- Developing trusting relationships between people and staff was central to the service so that people felt really cared for. Staff shared laughter and jokes with people. One person told us, "Everyone here looks after each other". A relative said that the inclusive and family feel that the service provided had resulted in an improvement in their family members emotional and physical health.

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

- People said they were asked about their choices throughout the day such as what they wanted to eat, what time they wanted to get up and how they wished to spend their time.
- People were formally asked for their views about their care and support at resident meetings where food, activities and entertainment was discussed.
- Staff were provided with time to talk to and support people in a compassionate and person-centred way. A relative said, "The girls are all friendly. They make it homely. They talk to people and include them and ask them what they want".

Respecting and promoting people's privacy, dignity and independence

- The dignity champion held regular meetings with staff to discuss the promotion of dignity and respect within the service.
- People's independence was promoted. A relative said, "They do make her walk. They encourage her as much as possible."
- Staff noticed when people were in discomfort or distress and immediately responded to put them at ease. Staff offered appropriate physical comfort by taking a person's hand, sharing a hug and made sure they were at the same level as the person so they had eye contact.
- People were supported to maintain and develop relationships with family members and people who were important to them. Relatives said they were kept informed about their family member's wellbeing and able to visit at any time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff went the 'extra mile' to respond to people's choices and preferences. One person was not able to go to their grandchild's wedding. An additional wedding celebration was held in the grounds of the service, with everyone dressing up in their wedding clothes. Photographs of the event were displayed at the service. A relative had written, "Wonderful photos of love. You do so many amazing things and so happy!"
- Arrangements for activities were innovative and followed best practice so people could live as full a life as possible.
- People described the activity coordinator as inventive, creative and knowledgeable about dementia. A relative said, "The staff are always trying to find things that she will enjoy and join in".
- Relatives had complimented the service for the activities and events. "The summer BBQ family event, Father's Day pie and a pint and the Christmas party gave me the opportunity to spend time with my dad in a normal environment and enabled his grandchildren to see him as a person, not just an old man in a care home. All the staff at Dale Lodge are very special". Another relative wrote, "My wife and I had the pleasure of attending the Dale Lodge 1940 BBQ. My mother and father remember this time as they went through a great deal of hardship, so to see them reminiscing waving their union jack flag brought a tear to my eye. This event was a true testament to the dedicated, hardworking management and staff who I see running around to keep all happy on this day of total enjoyment".
- One person chose to stay in their room as they did not like to be with too many people. However, when a 1940's party was held, staff wrapped them up warmly and took them to the event where they enjoyed the music and singing from afternoon until early evening.
- On the day of the inspection, people were making valentines cards and a valentine buffet with specially decorated tables had been arranged for couples living at the service.
- Music was an important part of enhancing people's well-being. There were planned sessions where staff put on music and encouraged people to dance. In addition, there were impromptu sessions where staff responded to people. When one person started to sing, staff joined in and then other people started to sing as well. This had a positive impact on everyone. People smiled and started to tell jokes.
- A 'hug initiative' had started because of staff understanding that some people were isolated and could not express their emotions. Staff wore badges saying, 'Free hug just ask'. The outcome of the pilot was positive. One person read the staff member's badge and immediately put their arms out. Therefore, the 'hug initiative' had become part of the monthly plan of activities.
- The service took a key role in the local community and was actively involved in building further links.
- Children from a local nursery visited regularly to sing and dance and in return, people read stories to the children. People had given the children a present each at Christmas. A further link was being developed with a local school.

- People had visited a local nursing home, which did not belong to the provider, to join in a 1960's party.
- Church services were held at the service and people also attended the local church.
- People said staff had an excellent understanding of their individual preferences.
- Care plans included people's likes and dislikes and a memory diary about where they were born, educated and worked. Staff said that this information helped them to understand people's routines. One staff member explained how their knowledge that one person used to work shifts had helped them to understand their unusual sleeping patterns.
- Visiting health professionals said the service was focused on providing person-centred care.
- People's communication needs were identified, recorded and highlighted in care plans in accordance with the Accessible Information Standard. Large print, pictures and photographs were used to help people understand information. A language converter was available for people whose first language was not English.

Improving care quality in response to complaints or concerns

- The complaints procedure was available at the service and in a pictorial format to help people understand its content. Everyone one said that they had not needed to make a complaint as if they raised any concerns they were dealt with immediately.
- People were asked if they had any concerns to raise at regular resident's meetings. People felt confident that should they complain, their concern would be explored thoroughly and responded to.
- The service had received one anonymous complaint in the last year which had been thoroughly investigated and used as an opportunity for improvement. Although no one had entered the kitchen without staff being present, a sign had been added to the kitchen door to remind staff that it needed to be closed at all times so people could not access it.

End of life care and support

- People's needs were considered as part of their end of life care plan. Staff supported people with empathy and understanding. People and relatives said that conversations about people's end of life wishes had been handled with sensitivity and reassurance.
- The service worked closely with healthcare professionals so people experienced a comfortable, dignified and pain-free death. A health care professional gave positive feedback about the support that the service provided for people at the end of their lives.
- Staff had the specific skills and understanding to meet the needs of people and their families in relation to emotional support. Staff kept in touch with the family members of some people who had passed away. One relative, who had lost their loved one over a year ago attended the 1940's BBQ.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was central to creating a positive culture at the service where people were at the centre. They were a visible presence at the service and led by example. They knew people well, showed patience in communicating with people in a way they could understand, treated people with care and dignity and ensured staff understood and implemented the same aims and values.
- A relative described the registered and deputy managers as, "Very approachable" and the service as being, "Like a family". Another relative said, "The home's not plush but it's all about the people". A health care professional described the management team as, "Caring".

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

- People continued to benefit from being supported by a staff team who were motivated, understood their roles and responsibilities and who had confidence in the management team.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their rating at the service and on the provider's website.

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

- People and their family members were consulted about their care and feedback was welcomed. Family members were kept up to date with what was going on at the service through regular newsletters.
- People and their relatives said they found relative and family meetings useful as they were informed of future, their views were sought and they could ask questions. A large golf mat had been purchased because of positive feedback.
- The service engaged with staff through formal meetings and informal discussions and valued their views.

Continuous learning and improving care

- There was a structured programme of audits which included checking health and safety, care plans and accidents and incidents. The area manager also visited the service to assess if it was safe, effective,

responsive, caring and well-led.

- Quality assurance arrangements identified areas for improvement. Audits had resulted in changes being made to people's care plans.

Working in partnership with others

- The service continued to work in partnership with other social and health care professionals such as GP's, dieticians, specialist doctors and hospice nurses to provide joined-up care.
- A health care professional told us, "The home itself seems well organised. It is always a friendly atmosphere".