Nicholas James Care Homes Ltd

Dale Mount

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 27 June 2018 and was unannounced.

Dale Mount is a 'care home' for up to 13 older people or people living with dementia. People in care homes receive accommodation and 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.

There were 13 people living at the service at the time of our inspection. The service was set on a large site together with Dale Lodge which is another care service run by the provider.

At our last inspection on 6 February 2017 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained 'Good'.

A registered manager continued to be employed at the service. 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.

There continued to be sufficient numbers of staff who had the skills and knowledge they needed to support people living at the service. Staff were appropriately supervised. New staff had been recruited safely and pre-employment checks had been carried out.

People continued to be protected from abuse. Staff understood how to identify and report concerns. Medicines were managed safely and people received their medicines when they needed them. Risks were assessed and there were actions in place to minimise risk and keep people safe.

Peoples' care met their needs. Care plans continued to accurately reflect people's needs and included information on their religious, sexuality and cultural needs. 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 support this practice. Staff were aware of people's decisions and respected their choices.

The service continued to support people to maintain their health and wellbeing. People confirmed that they had access to healthcare services. People were supported to maintain their weight and received appropriate support with staying hydrated.

People were treated with respect, kindness and compassion. People's privacy was respected and they were supported to lead dignified lives. People were supported to maintain their independence. People were encouraged to express their views and were listened to. There were systems in place to seek feedback from people, relatives and community professionals to improve the service and feedback was listened to.

The service was clean and the environment pleasant and welcoming. The environment had been adapted to meet people's individual needs. Staff were aware of infection control and the appropriate actions had been taken to protect people.

Staff, relatives and community health and social care professionals told us the service was well-led. The service was regularly audited to identify where improvements were needed and actions were taken.

Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed. The service worked in partnership with other agencies to develop and share best practice.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Dale Mount

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 was planned to check 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 comprehensive inspection took place on 27 June 2018 and was unannounced. The inspection team consisted of one inspector and one 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is 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 looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We sought feedback from Healthwatch, relevant health and social care professionals and staff from the local authority on their experience of the service. Healthwatch are an independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change. We also spoke to one health and social care professional who was visiting the service at the time of the inspection.

During the inspection, we spoke with six people who lived at the service and observed the interaction between people and staff in the communal areas. We spoke with three relatives of people, to gain their views and experiences. We looked at three people's care plans and the recruitment records of three staff employed at the service.

We spoke with the registered manager, the activity coordinator a cook and two other members of staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We also looked at what actions the provider had taken to improve the quality of the service.

Good

Is the service safe?

Our findings

People told us, "It is very safe here, I can lock my room door. Staff always aware and always know where I am" and "The staff make me feel safe". Relatives told us, "It feels safe here, always someone around to help, my relative is very well looked after", "Very safe. The way the staff handle my relative shows how caring the staff are" and "Staff keep an eye on my relative, remind them to use their walking frame, and will walk with them if they want them to".

There continued to be policies and procedures in place to protect people from harm and abuse. Staff had received training in safeguarding and whistleblowing and demonstrated that they understood how to identify and report concerns. There had been one safeguarding since the last inspection which had been reported and dealt with appropriately.

Risks to people continued to be identified and assessed. There was guidance in peoples care plans for staff to follow to mitigate risks to people. There was an electronic care plan system which prompted staff to take regular action to reduce risk. For example, one person was at risk of developing pressure wounds Staff were prompted to turn the person in bed at regular intervals. If actions had not been completed the system alerted the registered manager who could then take action to resolve the issue.

Checks on the environment and any equipment used had been completed to ensure people were safe. For example, call bells were checked to ensure that they were working and hoists were serviced to ensure that they were safe. There was an evacuation plan in place for each person to ensure they could be safely evacuated in the event of an emergency such as a fire.

There continued to be sufficient staff to meet people's needs safely. People, relatives and staff told us that there were enough staff and we observed that staff had time to support people and respond to requests. One relative told us, "When I'm here the staff respond quickly to the buzzer alarms". The provider continued to ensure that staff were suitable to work with vulnerable people before they started including carrying out required pre-employment checks. The provider had ensured that the appropriate checks were also carried out on any agency staff used.

Systems were in place that showed people's medicines continued to be managed safely. Medicines, including controlled drugs, were being obtained, stored, administered and disposed of appropriately. We observed that procedures were being followed. For example, there were systems in place to ensure that pain patches were placed appropriately. Where people had been prescribed medicines on an 'as required' basis, such as paracetamol, there were protocols in place to provide staff with the guidance they needed to administer these safely.

Risks of infection continued to be minimised by health and safety control measures, such as infection control audits and the use of personal protective equipment. The food standards agency had rated the service as very good meaning that they had assessed the storage and preparation of food to be safe.

Incidents and accidents were recorded by staff using the electronic system. This meant that trends could be identified and staff were automatically informed about any event that had occurred. There was learning from accidents and incidents which minimised the risks of avoidable harm.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were helpful and friendly and had the skills and knowledge to provide effective support. People said, "Staff are well trained, know everything and how to do it", When I need some help the staff are always helpful, very friendly". Relatives told us, "The staff seem to be trained. Excellent handling skills when moving people about and good awareness of dementia care", "Staff are quick to get to know people, their personality and their preferences. They can tell if mum is not feeling well".

The registered manager had undertaken an assessment of new people's needs prior to them moving in to the service to ensure that the service was able to offer the right care and support. The assessment addressed all areas of the person's needs including risks, personal care, cultural, social, and sexuality. The assessment information was used to develop a care plan for each person based on their needs.

Staff were recruited safely and had the skills they needed to be effective. New staff continued to complete an induction before working alone, this included reading policies and care plans, and shadowing a more experienced member of staff. One new member of staff told us, "The induction made it easy to start the job as I felt comfortable and didn't feel at a loss". Staff received regular training including manual handling, first aid and supporting people with dementia. Staff had regular supervision and an annual appraisal.

Some people at the service did not need support with eating and drinking, where people did need support we observed that this was provided to ensure that they could eat and drink safely. People were offered a choice of what and where they ate. People told us, "The food is very nice. The cook has asked me what food I like to eat. If we get hungry we can have a snack", "Always get a choice of what to eat. Food is always good, I prefer to have my meals in my room", "Always plenty to drink and often offered fruit to keep us hydrated". What people ate and drank and their weight was recorded so that the registered manager could ensure that people were supported to be a healthy weight.

Staff continued to support and promote people's health. There was an activity coordinator who encouraged people to remain active. For example, by supporting people to go on walks and participate in exercise. People were supported to see the health care professionals when unwell or when they needed it. One person told us, "Staff will always call the doctor if I need them. If I have a hospital appointment one of the carers will arrange the transport and come with me". One health professional told us, "The staff listen to my advice and take the actions needed".

The building was suitable for people's needs. People had their own bedrooms and access to adapted shower and bathrooms. There was an exceptionally large and pleasant secure garden.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and saw that the service was working within the principles of the MCA. A health and social care professional told us, "The registered manager has a good understanding of the MCA".

We observed staff asked for consent prior to carrying out any support tasks and offering people choices.

Good

Is the service caring?

Our findings

People described the staff as very caring. People told us, "They are caring staff, they are always up for a joke", "They are always happy and keen to help you with anything" and "I have good and bad days. The staff always ask me how I am, they give me time to tell them what help I want". Relatives said, "Staff make an effort to get to know each person, they're very sympathetic", "My relative likes to look well dressed and groomed, the staff always give them a choice of what they would like to wear for the day".

A health and social care professional told us, "They are providing a warm and friendly home for the residents and there is always a calm feel".

We observed that people continued to be treated kindness, compassion and respect. For example, we saw that staff sat with people, listened and joined in the conversation. Staff spoke to people kindly as they supported them to move around the service. Staff asked people for their permission before providing support and explained clearly to people what they were going to do before they did it. One person told staff that they were cold, staff went and fetched a cardigan for the person and rubbed the persons hands to warm them up until the person felt more comfortable. Another person wanted some music on during lunch and flowers on the table. Staff offered a choice of flower arrangements and asked what the type of music they wanted to hear.

People continued to be asked their views about the care and support they received. For example, the activity coordinator had asked people for their opinions and people had identified that it was difficult to ask for physical contact. In response staff had set up a "hug" scheme. We saw that some staff were wearing badges that invited people to ask for a hug. Staff fed back that this had been a success and that they had followed up people who said they now felt that they could ask for a hug when they needed one. People also had access to advocates who visited regularly. An advocate is an independent person who supports people to express their views.

People told us that staff continued to respect their privacy and that staff supported them to maintain their dignity. Peoples support plans were stored securely. We observed people eating lunch and saw that staff actively supported people to maintain their dignity whilst eating. People said, "They respect my privacy. I go into the shower on my own, I know they are nearby if I need them" and "Staff always encourage me to wash as much as I can do for myself. They always keep me covered up for privacy".

We observed that people's relatives felt free to visit people when they wanted to do so. Some people were in a relationship and staff supported people to maintain these relationships. One person told us, "I will ask if both us can have lunch served out in the garden, staff are always happy to accommodate our wishes".

People told us that they continued to be supported to remain as independent as possible. We saw that peoples care plans contained information about what people could do for themselves and staff followed this guidance. One person told us, "It is a strange thing having to ask for help but staff have made me feel comfortable about it. Staff encourage me to do things for myself and ask for help when I need it". Another

person said, "I am asked what help I want and what I like to do for myself".

Good

Is the service responsive?

Our findings

People told us that they were happy living at the service. People said, "I wanted to live here, staff look after me", "Its lovely here, everyone is very nice, all friendly" and "They always ask how I am, they listen to what I have to say". Relatives told us, "It is very good. It's not a huge place it is more of a personal home. When I first visited I thought this is the place I want my relative to be. I still have the same feeling" and "Very good. No complaints on the care my relative gets from the staff".

Peoples care continued to be based around their needs and choices. Care plans were personalised to the individual and gave clear details about each person's needs and how they liked to be supported. Plans contained information on a range of aspects of people's needs including mobility, communication, emotional wellbeing, sexuality and specific dementia support. Plans were reviewed and updated monthly or as and when people's needs changed. For example, when people's mobility changed or they needed more prompting to manage personal care. People met with staff to discuss their care. Where people were not able to be involved in these reviews records showed that care had been discussed with relatives and professionals where appropriate and decisions made were based on people's life history and previous preferences. People told us they were happy with the support they received. Care plans were electronic and the records were viewed were accurate and up to date. Staff could easily see information in people's care plans through a handheld device which provided detailed information in an accessible way.

The service had recently employed an activities coordinator who had met with people to discuss what activities they would like. A weekly activity sheet was distributed to everyone and was on display on the notice board which included social, physical, cultural and one to one activities based on people's feedback. For example, religious services, walks, exercise classes, one to one time over dinner. People told us that they enjoyed the activities. On the afternoon of the inspection the activities coordinator had set up a beauty parlour in one of the communal areas which people were enjoying. There were also regular events for friends and families to attend. Relatives told us, "Great activities, they always fit the activities to people's capabilities. I recently came to a national cupcake day, lovely afternoon in the garden for friends and families".

People and their families were given information about how to complain and the complaints procedure was displayed. People told us they knew how to raise a concern and they would be comfortable doing so. However, people said they had not found the need to raise a complaint or concern. Relatives told us that when they did complain these were dealt with quickly and appropriately.

We saw that people's wishes for the end of life had been discussed with them and their family and documented in their care plan. People also had a section in their care plan detailing how any pain they may be experiencing could be managed. The service worked with the hospice and district nurses to support people at the end of their life if they wished to remain at the service. There were beds for relatives if they wished to stay at the service during this time. Compliments received by the service showed that relatives felt supported during this time. One relative said, "Thank you for the wonderful care and love. Also for the kindness you showed our family It is a great comfort".

Good

Is the service well-led?

Our findings

People and their relatives told us that they felt that the service was well managed. People said, "It is far better than I imagined, very well run by staff and management", "I can talk to the registered manager, if you want something done they will do it" and "They do a blooming marvellous job". Relatives said, "It is managed well, always staff here, my relative always looks very clean and well presented "and "Good home. I have been more than happy with the care that my relative gets".

Health and social care professionals told us, "I have always found the staff to be very respectful to both professionals and the service users" and "Staff are very transparent and honest, if they do not understand why certain things are needed they will ask and have been observed sharing this knowledge with colleagues".

The service continued to be well-led by a committed registered manager who had the necessary skills and experience. The registered manager and staff were working with a clear vision for the service which was based on ensuring people felt like the service was their home and promoting choice. Records demonstrated that there were regular staff meetings at the service and hand over meetings between shifts. Staff continued to receive appropriate supervision and told us that the registered manager was supportive and that they were listened to. One staff said, "The registered manager is really supportive and accommodating.

The appropriate checks and audits continued to be completed. Audits included medicines, care plans, health and safety, and equipment. The provider audited service every six months. Where actions were needed these had been undertaken. For example, it was identified that annual surveys were due and these were completed.

Peoples and their relatives told us that their views continued to be listened to. The service also asked health and social care professionals to complete an annual survey and we saw that the feedback was all positive. Comments included "Staff second to none" and "The care and compassion is to be admired". Where suggestions had been made these had been taken on board; for example, the service had recruited an activities coordinator in repose to feedback.

The registered manager continued to work closely with social workers, referral officers, and other health professionals. A health and social care professional told us, "They have responded well to suggestions I have made on my client's behalf and acted promptly".

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that happened at the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.

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 clearly displayed their rating at the service and on their website.