

Amicis Care Limited

# Dalkeith

## Inspection report

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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

### About the service:

Dalkeith is a care home that provides personal and nursing care for up to 20 older people. The service is provided in accommodation over three floors. At the time of the inspection, 20 people were living at the home.

### What life is like for people using this service:

People who used the service and relatives spoke positively and told us they felt safe in the home.

Staff were safely recruited and had received sufficient training to carry out their roles. They demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People's dietary needs were assessed, they were offered choices, and actions were taken when people lost weight, or their nutritional needs changed.

People were supported to access a range of health care services and regular visits were undertaken by the GP and the practice nurse. Healthcare professionals told us they worked well with the care home team who responded positively to advice, support and guidance.

People received care that was kind, thoughtful and respectful. Staff enjoyed working at Dalkeith and spoke positively of the relationships they had with people who used the service, their relatives and with colleagues.

Care records were personalised and reflected that people were involved in their care and care planning.

A range of quality monitoring checks were completed and when shortfalls were identified, actions were taken as required.

People and relatives were asked for feedback and knew how to complain.

The service met the characteristics of Good in each of the key questions, Safe, Effective, Caring Responsive and Well-led. Therefore, our overall rating for the service after this inspection has remained Good.

For more details, please see the full report which is on the CQC website at [www.cqc.ork.uk](http://www.cqc.ork.uk)

### Rating at last inspection:

Good (report published in June 2017).

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people receive.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## 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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring 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 ●

# Dalkeith

## 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:

One inspector carried out the inspection.

#### Service and service type:

Dalkeith is a care home that provides personal care to older people, some of whom are living with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the provider of the service. They will be referred to in this report as the registered manager. They 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, so the registered manager and staff team did not know we would be visiting.

#### What we did:

Before the inspection we reviewed information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with eight people who lived in the home and two relatives. We observed how people were being cared for. We spoke with the registered manager, home manager, deputy manager and six staff. This included catering staff, maintenance staff, housekeeping and care staff.

We reviewed records that included three care plans and medicines records. We checked staff recruitment, supervision and training records. We looked at records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

We received feedback from two health care professionals and obtained their views about the service. Their views have been incorporated into the report.

# 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 the same.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to take their medicines as prescribed.
- Staff had received training to make sure they were competent to administer medicines. Senior staff were also trained to administer insulin. When the nominated senior staff were not on duty, the district nursing team visited and administered people's insulin.
- Whilst initial training was recorded, follow up staff competency checks, to check staff medication management practices remained safe, were not recorded. The home manager told us they would introduce a system to ensure the checks were completed and recorded annually, in line with nationally published guidance.
- People's current medicines were stored in locked cabinets in their bedrooms. The temperatures of the medicine cabinets in bedrooms were not being monitored each day. However, before the end of the inspection process, the registered manager had arranged for thermometers to be purchased. This was to ensure that medicines were being stored at optimum temperatures.
- Sufficient storage was provided, and systems were in place for medicines that required cool storage and medicines that required additional security.
- Some people were prescribed medicines to be taken 'as required,' for example, for pain relief. The records provided details of the circumstances in which they may be needed, and staff monitored to make sure the medicines were effective. They took action and reported to the GP if changes were needed.

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

- People told us they felt safe. Comments included, "It's hunky dory here," and, "Always feel safe and at night they put my call bell on my pillow."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. They told us they had access to written guidance about safeguarding and whistleblowing, with external contact details readily available.

### Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition, moving and handling, mobility, malnutrition and dehydration and the environment.
- Risk management plans set out the actions needed to mitigate the risks identified. We did note that portable radiators with hot surface temperatures were being used in a couple of bedrooms. The registered manager took prompt action to replace these radiators before the end of the inspection process to make

sure the risks of people burning themselves were mitigated. They also told us they were reviewing the risk management plans for people who needed to use ramps/slopes to access the stairs or lifts.

- The premises were safely maintained, and regular checks were completed that included electrical, gas, legionella and fire safety. Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency. Equipment, such as hoists, were regularly checked by external contractors.

#### Staffing and recruitment

- Staff recruitment procedures were safe. Employment histories were checked and reasons for gaps in employment were explored. Checks were completed with the Disclosure and Barring Service (DBS) so that staff unsuitable to work with vulnerable people, such as those living in care homes, were identified.
- Staff responded promptly to peoples' calls for help and support. They told us they were sufficiently staffed to ensure people's needs were met. People's feedback included, "They come round all the time too at night, every hour I think."
- A senior member of staff told us how the start time of the morning shift had been changed from 8am to 7am. The changes had been made in response to people's changing needs and wishes. This was to ensure staff were effectively deployed to meet care needs at the time people wanted or needed care and support.

#### Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.
- Some areas of the home were not suitably clean. This was brought to the attention of the registered manager who immediately arranged for a deep clean to be undertaken.

#### Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- Systems were in place to analyse accidents and incidents and to identify trends to help prevent them from happening again. For example, following a fall from their bed, a person was reassessed. The person had their bed lowered to reduce the risk of injury if they did fall from their bed. With agreement, an alarmed 'crash mat' was placed in the person's room to alert staff if they tried to move unaided.



# 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 remained the same.

This meant 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

- Assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. The registered manager told us how their admission criteria had changed over time. They now admitted people with more complex needs, so long as they remained confident they could provide the care people needed.
- People and their relatives were confident they received the care they needed. One person commented, "I like it and they help me here. This place was recommended to me and it is so good."
- The care records were being transferred to an electronic system. We read the care plan for a person with diabetes who received insulin each day. The records had not been fully transferred onto the new system, to reflect the specific needs of this person. We discussed this with the home manager who told us they would ensure that all information relevant to this person's medical condition, would be transferred to the new records as a priority.
- Regular checks were made using assessments tools. For example, people who were identified as being at risk of developing skin pressure damage, had pressure relieving mattresses.

Staff support: induction, training, skills and experience

- When new staff started in post they completed an induction. On completion the Care Certificate was issued. A recently appointed member of staff told us they were being well supported in their new role. They had received training that included health and safety, first aid, moving and handling and fire safety. They told us they had 'shadowed' senior staff and watched and learned how they provided care and interacted with people.
- Staff received supervision on a regular basis. A member of staff said they could, "Discuss anything. The managers are so supportive."
- Refresher and update training was planned, and records were maintained. Staff told us how they were also encouraged to gain qualifications in care.

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

- People received a healthy and nutritious diet. Where people needed support with food and fluids, this was provided. Meal service was unrushed, and people received the assistance they needed.
- People told us they were offered enough to eat and drink, and that they enjoyed their meals. Comments included, "Food is good, and we get to choose what we want," and, "No complaints about the food. I have an allergy and they're really careful."

- The cook was aware of people's likes, dislikes, needs and preferences. These were all recorded on a white board in the kitchen, that included, 'doesn't like butter in sandwiches,' and, 'no spicy foods.' The catering team were provided with monthly updates of people's weights. They told us they provided additional calorific content to food when needed, for example, for people who had lost weight. People's specific dietary needs were also recorded in their care plans.

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

- The service made sure everyone living in the home had access to the healthcare they needed. This included opticians, dentists, chiropodists, social workers and the specialist and district nursing teams. They also received regular visits from their GP.
- Staff told us how they worked with one specialist team to help them gain a greater understanding of the person's needs. They told us they could 'phone anytime' if they had any queries or concerns relating to the person's medical condition and the care and support they needed.

Staff working with other agencies to provide consistent, effective, timely care

- We received positive feedback from health professionals with comments including, "Have always been very impressed with how they look after their residents and manage their medical care. They always have one of the senior members of staff there when I visit...this means that any important information is handed over to me and they are ready to take instruction for the outcome of such meetings," and, "Staff at Dalkeith are always very approachable and willing to take on board any suggestions I make."

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

- The registered manager told us about their plans to decorate the communal areas and to upgrade a bathroom to create a wet room. They also acknowledged some of the limitations of the old building, which meant they needed ramps and slopes in some areas to enable people to access the communal areas.

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.

- Staff understood the importance of seeking consent and involving people in day to day decisions. They had received training in the Mental Capacity Act. Throughout the inspection we heard staff asking people before they provided the supported needed. A health professional commented, "In my view, they do understand the principles of the MCA and apply these to this particular service user".
- Mental capacity assessment and best interest decisions had been completed when necessary.
- Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority.



# 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.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Everyone looked well cared for. People who needed them wore their hearing aids and spectacles. Staff also made sure those people who needed support and liked to have personal belongings with them, had them close to hand.
- People looked comfortable with staff and told us staff were attentive to their needs. Comments included, "I like it here. Staff are really good," and, "I'm blind, but I can find my way to the conservatory and dining room for meals. Anything I need, I just ask, and the staff get it for me." Feedback from a health professional included, "They treat the residents like members of their family and they seem very happy to be living there."
- Throughout our inspection, staff demonstrated acts of kindness and thoughtfulness. For example, one person clearly needed guidance and reassurance when they were being supported. The member of staff checked, "Are you ok now. Shall I leave you?" and, "I'll just wait outside until you're ready. I'll close the door then."
- We read cards that were complimentary about care provided for loved ones. These included, "Words do not adequately convey the thanks that we wish to express for the outstanding care you provided to Mum while she was a resident with you," "Your kindness, compassion and professionalism shined through every time we visited," and, "I'm so thankful [name of person] has you all in her life. She's contented, and she's settled, due to your care and thoughtfulness."

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

- People were supported to make decisions about their personal care although some of the personalised details had not been yet transferred to the new electronics care records. This was noted by the home manger as being 'work in progress.'
- However, staff clearly knew people well and people's comments included, "They're very good. I do what I want really. Yes, can have a bath anytime." One person told us they hadn't been feeling well and had decided to have a day in bed. They looked comfortable as they watched television and snacked on chocolate biscuits. It was clear their decision to stay in bed that day was respected by staff, who made sure the person was comfortable and cared for.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us people were treated with respect and dignity, and their privacy was

maintained. Staff described how they made sure people were provided with privacy during personal care interventions, and how they encouraged people to be as independent as they were able.

- Staff enjoyed their work. They spoke positively and respectfully about and to people. They were exceptionally kind and sensitive. For example, a person in a communal area had not recognised they needed support with personal care. Staff maintained the person's dignity by discreetly assisted, coaxing and guiding the person to a private area to provide the care they needed.

## 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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care records were in the process of being transferred from paper to an electronic system. Whilst there were still some details of care that had not yet been transferred, most details were available on the 'old system.' We did note, in the care records we read, people's preferences for frequency of bathing or showering was not specified. We brought this to the attention of the home manager at the time.
- Throughout the inspection, when staff made suggestions to people, it was clear they gave people choice and control about how they spent their day. One person decided they did not want to go into the dining room for their meal. A member of staff said, "You still not feeling so good? Maybe have some lunch in your chair." The person agreed to have a meal after the member of staff supported them to get comfortable with their 'v-pillow' behind them.

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.

- People were supported to communicate in a number of ways. This included providing a person with an audio version of the local newspaper, and another person with large print, or staff read to them. A member of staff told us how they supported one person to use an electronic device to do their shopping. Another person, who did not like to be in a room full of people, used a device that used speech recognition to respond to their commands.

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 told us they were satisfied with the range of activities and entertainment provided. One person commented, "Yes they put on entertainment and we have quizzes too." On the evening of our inspection the planned entertainment was a visiting theatre company. They visited Dalkeith every three to four months and the entertainment they provided was enjoyed by people living in the home and by staff.
- The weekly activity programme included 'music and movement' 'armchair exercises' and reminiscence sessions. People were also provided with opportunities for 'one to one' activities with staff. One person told us they always looked forward to the warmer weather because they had enjoyed the parties in the garden.
- A senior member of staff showed us the life story albums they had started and aimed to complete with

everyone, with people's agreement. The albums included photographs and provided an account of the person's past lives and interests, and what had been important to them.

#### End of life care and support

- The home manager told us how they supported people with end of life care. Senior staff were completing a nationally recognised end of life care programme. This aimed to help people and relatives plan ahead, so people could be cared for, as they wished, when they were in the final stages of life.
- The home manager spoke passionately about the programme and the improvements they had already identified they would make. This included providing more support for relatives and for staff. To help them do this, five members of staff had planned to complete a bereavement counselling course.
- A health professional told us, "They will go out of their way to provide end of life care or step up the care given to a patient to ensure they don't have to go to hospital or move out into a nursing home to die."

#### Improving care quality in response to complaints or concerns

- There was a policy and procedure which explained to people how to make a complaint. Complaints were fully investigated, and feedback given to the complainant.
- The registered manager told us they had received two complaints in the last 12 months, and both had been resolved in line with their policy guidance.
- They told us they regularly spoke with people and relatives and invited feedback at resident and relative meetings.

# 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 the same.

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

- Systems were in place to monitor and evaluate the quality of the service provided. Regular audits were undertaken by the registered manager, the home manager and senior staff team.
- Audits included care records, call bell checks and falls. Action plans were completed when areas for improvement were identified.
- Staff understood their roles and responsibilities. Guidance was provided by the registered manager, the home manager and the deputy manager, and supported by policies and procedures.
- The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.

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

- People, relatives, staff and health professionals were very complimentary about the management of the home. They felt the management team were approachable, open and effective in their roles.
- Feedback included, "I see [registered manager] regularly. They're all so good here," "No problem. Managers are great, and all staff are lovely" and, "Their management is exceptional in my view and I feel confident [people who used the service] are being well looked after."
- Staff told us they worked well as a team and were committed to making improvements. Staff told us they were proud to work at Dalkeith. They all told us they would be happy for their own loved ones to be cared for in the home, and would not hesitate to recommend the care home to others.
- Staff also felt appreciated and rewarded with initiatives such as 'employee of the month.' The home manager had been runner up in the 'Gloucestershire Care of the Year' awards. The registered manager told us this was well deserved because they were so committed and dedicated to the home.

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

- The registered manager encouraged open communication amongst everyone who used, worked in, and visited the service.
- Surveys were completed on an annual basis for people using the service and for relatives. People were also asked for their views on a regular basis, and at resident meetings. Their views were listened



to and acted upon. Following the feedback at the most recent meeting, additional board games were provided and more quizzes were organised.

- Staff meetings were held, and staff felt confident their views and feedback were taken seriously and acted upon.

Continuous learning and improving care and working in partnership with others

- The registered manager had developed really good working relationships with external health professionals who were positive and complimentary about the communication and the relationship they had with the management team in the home.
- The registered manager supported the team to develop their skills and knowledge. They encouraged staff to gain qualifications in care and staff were appreciative of this.