

Mr Valentine Kearns Mrs Alice Kearns

The Dale Residential Home

Inspection report

Dale Road
Conisbrough
Doncaster
South Yorkshire
DN12 3BZ

Tel: 01709862176

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

The Dale is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The Dale accommodates people in one adapted building.

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

Care plans and risk assessments did not always detail what care and support people needed to reduce risk to them. Medicines were managed safely, however, there was no evidence staff had their competencies checked. People told us they felt safe. Staff were recruited safely, and there were enough staff to take care of people.

Staff received appropriate training, a plan was in place to ensure training was kept up to date. Staff were supported and felt supported by the management team. Staff received supervision. People's needs were assessed, and outcomes recorded. People were offered a choice of food and drink. The service worked with other health care professionals.

People were cared for by staff who knew them well. People and their relatives told us staff were kind and caring. People had enough to do, to keep them meaningfully occupied. People provided positive feedback about the activities and entertainment on offer. People had opportunities to provide feedback about the care they received and to raise any concerns.

People told us staff were kind and caring. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People told us staff treated them with dignity and respect, they were involved with the planning of their care and their views were listened to.

There were a complaints procedure and people knew how to complain. Peoples likes, and dislikes were recorded in people's support plan and staff knew people and their preferences well. People's communication needs were in their plans.

People spoke highly of the management team who they said was approachable and supportive. The registered manager understood the regulatory requirements. People told us they thought the service was well led.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

The Dale Residential 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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The Dale 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with five people who used the service and two relatives about their experience of the care

provided. We spoke with four staff members including the registered manager, senior care worker, care worker and the cook. We spoke with one visiting professional who regularly visits the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were not always assessed appropriately. For example, there were no personal emergency evacuation plans in place to ensure there was information available to manage people's escape to a place of safety for those who cannot get themselves out of the building unaided.
- Another person who was at risk of choking did not have all information regarding the care they required in one place. The most recent information provided was not recorded in the care plan. Any risk was mitigated as people knew the person well and kitchen staff were aware of the person's needs.
- The provider responded immediately during and after the inspection. They confirmed all the required actions were now complete.
- Accidents and incidents were responded to appropriately. The registered manager reviewed all accidents and lessons learnt was evidenced.

Using medicines safely

- Medicines were managed safely.
- Staff told us, "I've just done a medication update, it was face to face training. There is also a system on the computer that lets us know when we are due."
- Staff received face to face and practical training in the safe management of medicines. However, there was no evidence staff had their competency checked annually. The registered manager confirmed some checks were completed, however, this was not robust to ensure staff were competent to administer medication.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I feel safe, if I didn't feel safe, I would say something" and "I feel safe living here, it's feels like a home, the staff work together."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. Staff received appropriate safeguarding training.

Staffing and recruitment

- There were enough staff to ensure people received safe care.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future re-occurrences.
- Risk assessments and support plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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 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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. They clearly described the support required and contained person-centred information.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. One staff member told us, "Induction was brilliant, there was a thorough induction that took place over several weeks. I am still going on courses now so it's ongoing training."
- Staff told us they felt supported in their roles and although they had supervision sessions, they felt able to raise issues at any time.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.

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

- People's nutritional and hydration needs were met. When people required a special diet for medical reasons, this was catered for. Kitchen staff were provided with information about people's dietary requirements and people's care records contained information about their dietary needs and preferences.
- A range of good quality food and drink options were provided. People were happy with the food and drinks on offer. People commented, "You have a choice of two meals, but if you don't like what's on you can have something else. It's a varied choice. I don't want what's on today so I'm having scrambled egg and toast, always a sweet after meals, the food is lovely".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations to deliver effective care and support to people. Staff regularly requested input from community health professionals such as the GP and district nurses. This supported staff to achieve good health outcomes for people.
- Staff supported people to maintain their health. The community health professional visiting the home on the day of this inspection told us, "It's one of the places that you don't worry about. If I give advice, I never worry that things won't be done. It's wrote down and all the staff are aware."

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

- Improvements could be made to the signage displayed within the home, in accordance with good

practice guidance. For example, research into dementia friendly environments suggests if people cannot find the toilet this can provoke anxiety. Directional signage that can be seen from all areas of the home could alleviate this, and support people to navigate around the home more effectively.

- People were happy with the facilities available in the building and they had been supported to personalise their bedrooms, so they felt at home. One person told us, "It's ideal as soon as I walked through the door, I knew it was right, it's the right size. Not like the big impersonal places. I brought lots of my own bits as well."

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 supporting people to make their own decisions. They obtained consent from people before care was delivered.
- The registered manager submitted DoLS applications to the local authority, to ensure restrictions on people's liberty were correctly authorised. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware of them. The registered manager had oversight of the authorisations in place and when they were due to expire.

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; respecting equality and diversity

- People told us they received good care and support from staff. People told us, "The staff are very kind, they are gentle when getting me washed, dressed, using the toilet and getting ready for bed. I never feel rushed," and "The staff are obliging, they are caring."
- Relatives told us, "The care has been outstanding for my [relative], he is comfy, happy, safe, we can walk away without worrying about him now. I can highly recommend, the staff are amazing."
- Staff we spoke with were positive about their role. One staff member told us, "It's a small home, it's like one big family. You can be close to people but still be professional. I love working here, and I would be happy for my mum to live here."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- People and their relatives were involved in the assessment and care planning process, to ensure they remained involved in decisions about their care. A person commented, "We sat with the deputy manager and discussed care plans and risk assessments."
- People were afforded choice and control in their day to day lives. Staff asked them what they wanted to do during the day and where they would prefer to spend their time. We observed staff respected people's choices.
- Staff regularly communicated with people's relatives to ensure they were kept informed about their family member's care. A relative commented, "If there is anything wrong, they let us know, they give us information about day and night. We never have to ask any questions as we are always told about what's happening."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and they treated people with dignity and respect. Staff knocked on doors and called out before they entered bedrooms or toilet areas. One person said, "Staff always knock before coming in my room, staff treat with me with dignity and respect, we have a laugh."
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. We observed staff provided people with appropriate encouragement and equipment to enable them to complete tasks for themselves.

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 ensure people have choice and control and to meet their needs and preferences

- People were at the centre of their care and support.
- Care plans were detailed and contained information about people's likes, dislikes, specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

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 had communication plans in place. They described the person's most effective means of communication and how others could best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand and were complying with the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to take part in different activities according to their interests. The provider employed an activity coordinator who arranged a programme of activities to keep people occupied and entertained. A person commented, "When the activities lady is here, I join in, she has a programme which we go by, one day we play dominos, other days she will have us doing exercises in our chairs. I enjoy that."
- Staff welcomed people's relatives and friends into the home to support people to maintain important relationships. One person told us, "I think I am in an excellent place, some homes are not like this. My family come and visit they can visit whenever they want, they have no restrictions, just at meal times, but they don't mind that, they will save your meals until visitors have done. Family are made to feel welcome and offered a cup of tea."

Improving care quality in response to complaints or concerns

- There were systems and procedures in place in relation to complaints.
- People who used the service told us they knew how to complain if they were unhappy. People told us, "If I wasn't happy, I would complain to [registered manager], I am happy though, I have no problems" and "We have meetings with everyone that live here about every month, chaired by [registered manager], if anyone

has any complaints, they voice them. I find them useful."

- The service had not received any complaints, and they had received many compliments.

End of life care and support

- At the time of the inspection no one was being supported with end of life care.
- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- End of life care planning was not in place. The registered manager informed us they had tried to have these conversations with people and their families and or representatives. They told us they would record in people's file to demonstrate where this had happened.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives all praised the home and said it was friendly, homely and person centred.
- People were engaged with the service. One person told us, "We have meetings periodically and they ask us if we want to change anything. We are asked if we want a menu change, and things like that." Staff meetings were held which staff told us they found useful.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- The registered manager had excellent knowledge of the people within the home and took an active part in people's day to day lives and support. One person told us, "[Registered manager] is second to none she is brilliant, she is always the same, she is caring."

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 registered manager understood their requirements to notify CQC of all incidents of concern. Two notification had not been sent to the CQC. The registered manager understood their legal responsibilities to ensure regulations were being met and provided reassurance this would not occur again.
- The registered manager understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.
- There was an open and honest culture in the service. People were complimentary about the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any shortfalls were identified.
- There was a registered manager in post who provided leadership and support. We found the management team open and committed to making a difference to the lives of people living at the service.
- People, their relatives and professionals had confidence in the registered manager and found all staff to be approachable. One visiting professional told us, "[Registered Manager] phones us straight away, she is amazing, she actually cares. I see her as a family member of the patients, she is fabulous."

Working in partnership with others

- The service worked collaboratively with a range of different health services to help make sure people received the right support.