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The Dale Residential Home

Inspection report

Dale Road
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Doncaster
South Yorkshire
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Tel: 01709862176

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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

This inspection was carried out on 14 March 2016 and was unannounced.

The last inspection of the service was carried out on 10 December 2013. No concerns were identified with the care being provided to people living at the home at that inspection.

The Dale Residential Home is registered as a care home without nursing. It provides accommodation and personal care for up to 14 older people some of whom are living with dementia. Accommodation is arranged over two floors and all bedrooms are for single occupancy. On the day of our inspection there were 13 people living at The Dale.

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. 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.

People had positive views about the staff and the support they were given for their particular care needs. Staff were kind and caring in their approach and people and staff interacted in a positive way. People told us they found the staff to be approachable and relaxed in manner and they could speak to them at any time.

Care and support was planned with people, and their care and support needs were clearly identified in their care records. Staff knew how to support people in the ways that were explained in care records.

People were given their medicines when they needed them. There was a system in place to manage medicines in the home. However, we found that there were some omissions in the recording of some administered medication resulting in medication which did not tally with administrative records.

Staff were properly supervised and supported in their work by the registered manager. The staff also took part in a variety of regular training in matters that were relevant to the needs of people at the home.

There was a system in place to ensure complaints were investigated and responded to properly. People knew how to make their views known and they had access to
up to date information to help them to make a complaint.

People told us the registered manager was approachable and was always available if they needed to see them. The provider had ensured that checks on the quality of care and service where undertaken. The registered manager is committed to overhauling this aspect of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe. Staff understood their responsibilities for keeping people safe from harm and abuse.

There were enough staff to meet people's needs. The provider followed safe recruitment practices to ensure staff were suitable to work with vulnerable people.

People's received support to take their medicine when they needed it.

Is the service effective?

Good

The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service is caring.

People were treated with kindness, dignity and respect.

Staff were compassionate towards people and had developed warm and caring relationships with them.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided detailed information of how staff should support them.

Staff supported people to engage with a variety of activities.

People and their relatives were confident in the service and concerns they reported to managers would be addressed and resolved.

Is the service well-led?

Good

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems, audits and checks in place to monitor safety and quality of care.

The Dale Residential Home

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 was 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 inspection took place on 14 March 2016 and was unannounced. The inspection was conducted by an adult social care inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with six people who used the service and two relatives. We spoke with four staff which included the registered manager, care and support staff and the cook. We also spoke with a visiting GP and two visiting nurses. We viewed six records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is specific way of observing care to help us understand the experience of people who were unable to talk with us.

Good

Is the service safe?

Our findings

Everyone we spoke with said they always felt safe at the home. One person said, "Oh yes, I am very safe here," another person told us, "I definitely feel safe here." There was a system in place to protect people from the risk of abuse. Staff were knowledgeable about the different types of abuse that could occur. Staff we spoke with were also able to explain how to report concerns. They said they felt comfortable about approaching the registered manager, other senior staff or the local authority safeguarding team.

There was a copy of the provider's procedure for reporting abuse displayed on a notice board in the home. The procedure was written in an easy to understand format to help to make it easy to follow. The registered manager reported safeguarding concerns appropriately. Referrals had been made when required to the local safeguarding team and to the Care Quality Commission.

Staff told us they had attended training about safeguarding adults. Staff told us that safeguarding people was also discussed with them at staff meetings and individual supervision sessions. This included making sure that staff knew how to raise any concerns.

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported suspected wrong doing at work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact.

Incidents and accidents were reported and actions were put into place when needed to make sure people were safe. The records we looked at provided clear details of actions taken at the time and as a follow up to make sure people were safe. For example, one person had fallen on more than one occasion. Appropriate action was taken and the person was seen by their GP. They were also referred to a falls clinic.

Risk assessments were completed, for example, for tissue viability, choking, mobility and maintaining a safe environment. The assessments were reviewed regularly and provided clear guidance for staff about the actions they needed to take to keep people safe.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to provide safe care. We observed there was enough staff who attentively met each person's needs. For example, staff sat with people and spent time listening to them when they needed to talk about how they were feeling. The registered manager told us the numbers of staff needed to meet the needs of people at the home were increased whenever it was required. One staff member told us, "We have enough staff. We have a really good team here, we work well together."

People received support to take their medicine when they needed it. One person told us, "I know what medicine I need and the staff make sure I get it on time." Another person told us, "Staff are always very quick to get me something if I tell them I'm in pain." We observed a staff member supporting a person to take their medicine. They explained what the medicine was and gave them a drink to help them to swallow it.

We observed that medicines were stored appropriately and only staff who had received training administered medicine. Staff told us that they had competency assessments to ensure the on-going safe management of medicines. Arrangements were in place for the storage of controlled drugs. Entries in the controlled drugs book had two staff signatures. It is good practice for a second appropriately trained member of staff to witnesses the administration of controlled drugs.

However the stocks of boxed medication did not always tally with those expected. For example, one person had 10 less tablets than the medication administration record (MAR) showed as being administered. The check of another person's medication stock showed that whilst seven tablets had been signed as administered only five had been given. We discussed this with the registered manager who told us that the frequency of medicines audits would be increased to weekly with immediate effect.

Emergency plans were in place that detailed the support people may need in the event of an emergency. Individual details were recorded in personal emergency evacuation plans (PEEPS). Staff read these to make sure they knew what to do in the event of an emergency situation.

Safe staff recruitment procedures were followed before new staff were appointed. Checks were completed to make sure staff were of good character and suitable for their role. Disclosure and Barring Service (DBS) checks were completed before staff started in their roles. The DBS ensures that people barred from working with certain groups of people such as vulnerable adults, are identified.

Good

Is the service effective?

Our findings

People told us they were cared for by knowledgeable staff who knew them well. One person told us, "I think the staff are wonderful, they know what I like, what I need and when I like it." Another person said, "The care here is wonderful. I couldn't manage without them." A relative we spoke with described the service as excellent. They said, "The staff are excellent, it's really obvious that people are the priority here."

Staff received regular supervision and appraisal. They told us they found both these beneficial to their development needs. During supervision they could talk about what was going well and what areas they required additional support or training in. One staff member told us, "We have mandatory training and refresher training on topics such as safeguarding and moving and handling but if I wanted to do something else it would always be considered." Staff were happy with the training opportunities and the support they received to do their jobs. Staff told us how the training had increased their confidence and ability to meet people's individual needs. New staff received a comprehensive induction where they covered essential training to allow them to support people safely. Following this they would work alongside more experienced staff until they felt confident and were competent to carry out their role independently. The registered manager had systems in place to identify and monitor staff development and training.

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person said, "They are very good here. If you feel unwell staff will ring the doctor." People also saw other healthcare professionals to meet specific needs. Examples included speech and language therapists, dieticians, opticians and chiropodists. On the day of our inspection a visiting GP told us, "Staff are always aware of who I am seeing and why, communication is good."

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 be 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. The application procedures for this in care homes and hospitals are 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 were being met. Applications were in the process of being made for people to be cared for under this legislation. Staff had received training in how to protect people's legal rights and they knew about the need to involve other people when making decisions in a person's best interests. Where people had capacity to make decisions about their care they were involved in both the development and review of their care plans. People with capacity had signed their care plans to formally record their consent to the care as described.

People were positive about the food and comments included; "It's Excellent" and "The food here is fantastic". One person told us that if they didn't like what was offered they could have something else. They told us, "I normally have bacon and eggs but today I fancied a change, the staff would give you whatever you wanted." A relative said, "The food is always home cooked, I have absolutely no worries about food". Each day people were offered a choice of cereal, toast, porridge or a cooked breakfast. There was also fruit and juices available. Two main course options were prepared at lunch, but an alternative was available if a person did not like them. At supper, people were given a choice of a range of lighter meals such as sandwiches, jacket potato or egg on toast. Home baked cakes were offered in the afternoon and people were offered regular hot and cold drinks throughout the day. People were able to choose where they ate their meals and were encouraged to have friends or family join them for a meal.

The chef had information about people's likes and dislikes in relation to food and they were able to tell us about specific food preparation for those people with diabetes. We observed the lunch time meal and saw that people were sat at the dining table where they had access to a variety of condiments, a gravy boat and a jug of squash. There was very little food wastage and each person appeared to eat well. The lunchtime experience was very positive with interaction between people. Staff chatted with people asking them if they were enjoying their lunch, or had had enough. Staff were well informed about whether people had been assessed to be nutritionally at risk or were losing weight. One staff member said, "The food is lovely, everyone has a good appetite."

Good

Is the service caring?

Our findings

People told us the staff at The Dale were kind and caring. One person said, "They are wonderful people, very kind." Another person told us, "I cannot speak highly enough of the staff they are excellent." People's friends and relatives were also complimentary of the staff team and registered manager. They told us; "[my relative] is very happy here, I think the staff give excellent care." and, "[Person's name] is very, very happy which means I do not have to worry." One relative told us, "There is no restriction on when I can visit, it's a great place."

Throughout our inspection we saw staff attending to people in a calm and caring way. People were assisted to walk at their own pace and staff were observed providing warm and compassionate support. Staff held people's hands to provide reassurance when needed and encouraged people to be as independent and possible while moving around the service. Where staff supported people at meal times this was again provided discreetly and at the person's own pace. One member of staff told us, "This generation have done so much for us; they deserve to get the best care possible."

Staff knew people well and enjoyed the company of the people they cared for. Staff told us, "We have some real characters." We saw that people approached staff for support without hesitation and shared jokes together throughout the inspection. One person told us, "I like all the staff, there is nothing they won't do for me." Another person said, "It is a wonderful place to be." Staff told us they did not have to rush while providing people's care and were able to spend time sitting and chatting with people. One staff member told us, "People love to sit and chat."

People were able to have details of their religious beliefs and cultural practices recorded within the care plan if they wished. This information helped staff to understand and respect people's religious practices. Staff told us they encouraged and supported people to make choices about how their care was provided and respected people's decisions and preferences. Staff told us, "People can choose what they want to do. It's important that we offer choice and then respect that decision." People confirmed that their care staff respected their choices. One person told us, "They (staff) always tell me I am in charge." Staff treated people respectfully and maintained their dignity at all times. We saw staff knocked on people's doors and awaited a response before entering bedrooms.

The home had received numerous cards complimenting the staff and standard of care provided. Comments included, "Thank you to all the staff for their kindness." and "I can't thank you enough for the care and kindness you showed [person's name]."

Good

Is the service responsive?

Our findings

Relatives told us that people's changing care needs were identified promptly and action taken to address these. One relative said, "Staff react quickly and get onto things straight away." Health and social care professionals were also complimentary about how responsive the service was and about the person centred nature of the care plans. For example, one visiting district nurse told us, "Staff know their patients well." Another visiting nurse said, "The care is very good and the staff approach is great."

Before people moved into The Dale the registered manager completed a detailed assessment of the person's care needs. The assessment process included visiting the person in their current home and discussing their care needs with the person and any previous providers of care to confirm the person's needs could be met. Care plans were then developed from information gathered during the assessment process combined with data supplied by the commissioners of the care.

People's care plans were informative, detailed and designed to help ensure people received personalised care that met their needs. Care plans provided staff with detailed information on people's preferences, personal care needs, medical history and specific guidance on the support people needed with specific areas of care. The care plans included information on the level of support the person normally required with specific tasks and had been regularly reviewed and updated to ensure they accurately reflected the person's current care needs. Where a person's needs had changed this was documented during the review process and additional guidance provided for staff on how to meet the person's changing care needs.

Detailed care records were completed each day. These records included information about the care and support staff had provided and details of any activities the person had engaged with. In addition staff handover meetings were held at each staff shift change. Records of staff handover meetings showed they had provided an opportunity for staff to share information about any changes to people's care needs, guidance provided by professionals and details of any planned appointments or events within the home.

People were encouraged and supported to maintain relationships that mattered to them. People's friends and relatives told us they were made to feel welcome and encouraged to visit at any time. One person told us, "My family are in and out all the time and they are all made to feel welcome." A relative said, "Staff were always warm and welcoming. They recognise the importance of family and visitors and will do anything to help."

The service had in place an appropriate complaints policy and procedures. However, no complaints had been made since our last inspection. The service regularly received compliments and thank you cards from people and their relatives. The registered manager told us they attended residents meetings in order obtain direct feedback and ensure any issues people raised were addressed and resolved. People and their relatives told us they believed any concerns they reported to the manager or directors would be resolved and one relative commented, "I have complete confidence that the manager would resolve any issue quickly."

People were supported to take part in social and therapeutic activities they enjoyed. Each person was encouraged to participate in activities although people's decisions not to was respected. Activities included board games, quizzes, pamper sessions and organised trips out. People said they enjoyed the activities. One person told us, "I really like the quiz and sitting in the beautiful garden during the summer."

Good

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission for a number of years. The registered manager was available throughout our inspection.

People who lived at the home, staff and visitors described the registered manager as very approachable, supportive and always willing to listen. Through our discussions with the registered manager and through our observations it was evident that they were committed to ensuring people received the best care possible. They spoke with great compassion about the people who used the service and it was evident they knew people very well.

The registered manager was very visible in the home. They explained they regularly covered shifts and this was helpful as they had up to date knowledge about people's needs and could monitor staff performance and the quality of care people received.

The provider had a quality assurance system in place, which required the registered manager to carry out regular monitoring and checks on the quality of service people experienced. We found audits covering care records, health and safety, food safety, medication, finance and the environment amongst other areas. This meant that the quality of service provision was monitored. However, these checks were only conducted by the registered manager and not completed with the desired regularity. The registered manager told us that due to other work commitments the frequency of audits suffered on occasion. They had recognised this as an issue and was in the process of developing a new process for auditing and developing staff to undertake audits in specific areas, for example infection control. We saw that any issues highlighted in the audits completed received a plan of action. Therefore any issues were addressed quickly. The week prior to our inspection the weekly medication audit had not taken place and as such the medication issues we highlighted had not been identified. Accidents and incidents were also monitored by the registered manager to ensure any trends were identified and appropriately recorded.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager there was a team of care staff who were supported by more senior care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic and maintenance staff were also employed.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. There was also a handover meeting at the start of every shift to ensure all staff were kept up to date with people's care needs.

Each person who lived at The Dale had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home. The provider had developed a detailed

business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home and the steps that would be taken to mitigate the risks to people who used the service. Weekly checks were made of the call bell system and of the slings and hoists used for moving and transferring people to ensure equipment was fit for purpose. Monthly checks were undertaken of the fire equipment and of the first aid boxes. Annual checks were undertaken to ensure the safety of electrical equipment. Checks had been undertaken of the water system to ensure the effective control of legionella.