Dryclough Manor Limited

Dryclough Manor

Inspection report

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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: Dryclough Manor is a care home that provides personal care and accommodation to older people some of whom may be living with dementia.

People's experience of using this service: Staff undertook medicines training to ensure they had the necessary skills and knowledge. However, there were gaps within some people's medicine administration records and best practice in relation to the recording of medicines administration was not consistently followed.

The front door to the building was not always kept securely locked. Staff were not always aware of who was entering or leaving the building and could not guarantee that people were safe.

People were positive about the registered manager and the way the home was organised and managed. Staff told us they enjoyed working at the home and felt supported.

Recruitment procedures were in place which ensured staff were safely recruited. Staff received the training, support and supervision they needed to carry out their roles effectively.

People's independence was promoted, they had choices and were treated with dignity and respect by staff.

People were supported by caring staff who knew them and their care needs well. We observed genuine affection and kind and caring interactions between people and staff.

People had their nutritional needs met and had access to a range of health care professionals.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Health and safety checks were carried out and equipment was maintained and serviced appropriately.

Activities were available for people to access within the home and individual interests were encouraged. People were supported to engage in these activities.

The home was clean and there was a relaxed and homely atmosphere.

The service had a complaints procedure and a variety of ways for people, visitors, and health care professionals to share their views and provide feedback on the service. The manager used this information to drive improvements within the service, such as increasing the number of activities for people to engage with.

The service met the characteristics of good in four areas and was rated good overall.

More information is in the full report

Rating at last inspection: The service was last rated as good (10 October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we identified some areas which required improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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**

Dryclough Manor

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: This inspection was carried out by one adult social care inspector and an 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.

Service and service type: Dryclough Manor is a 'care home'. People in care homes receive accommodation and nursing or 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. The service accommodates up to 46 people. At the time of our visit there were 38 people using the service.

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 which meant the service did not know we were coming.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually, which is called a provider information return (PIR), to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with 11 people and three relatives to ask about their experience of the care provided. We also spoke with five care staff, the registered manager and the deputy manager.

We reviewed the care plans and risk assessments for four people, three staff recruitment files, the training matrix for all staff and a range of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely.

- There were gaps on some people's medication administration records (MAR) which meant we could not be sure people had received their medicines as required. In response to our findings the registered manager reviewed all the MARs and arranged to re-train senior members of staff in safe medicines management.
- Staff received appropriate training to ensure they had the skills to administer medicines and their competency was assessed.
- One member of staff was observed administering medicines and this was done safely.
- People told us they were happy with the support they received with medicines.
- Appropriate records were kept of the ordering, receipt and disposal of medicines. Temperature checks for the rooms and fridges where medicines were stored were taken to ensure these were within the safe range.

Assessing risk, safety monitoring and management.

- People had their risks assessed in relation to moving and handling, risk of falls, skin integrity, nutrition and environmental safety. Staff could accurately describe to us the risk each person presented. Risks to people were reviewed to ensure the risk remained minimised.
- The home used an electronic care planning system which enabled staff to have direct access using hand held tablet computers to care records and information. This meant staff could continually review people's information prior to supporting them to ensure the support was given in the most appropriate way.
- On arrival at the home the inspection team were able to walk into the building through an unlocked door. Staff told us that the door had not been closed properly so was not secured. We spoke to the registered manager about this who made immediate arrangements to review the security systems appropriate to this entry point.

Learning lessons when things go wrong.

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.
- An incident where a visitor had inadvertently allowed people to leave the home without appropriate supervision had led the registered manager to change the key codes of external doors. This meant staff had greater oversight of who entered and left the building to maximise the safety of residents.

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

- Staff had received training in safeguarding vulnerable people and could describe actions they would take to report any safeguarding concerns they had. Staff told us they had full confidence the registered manager and nominated individual would act on any concerns raised.
- The registered manager understood their responsibilities to report any concerns in relation to

safeguarding vulnerable adults from abuse. We saw any concerns had been reported to the local authority and the Care Quality Commission (CQC).

Staffing and recruitment.

● Staff were recruited safely, and processes were in place to ensure staff were suitable to support vulnerable people. References were obtained for each staff member and a disclosure and barring service (DBS) check. A DBS check helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with vulnerable people.

● There were sufficient numbers of staff available to meet people's needs. We saw staff had enough time to support people in the home. One person said, "I have no complaints about staffing levels, even if they say a member of staff is not in, they still manage to give you what you need. They make do with what they have and they work very well together".

Preventing and controlling infection.

● We observed the building was clean and smelt fresh. The service employed four cleaners who cleaned the communal areas and people's bedrooms to a high standard daily.

● Staff were aware of effective hand washing techniques and staff received training in infection prevention control.

● The home had achieved a five-star food hygiene rating (top rating) at an inspection of the kitchen in February 2019.

● The local authority completed an infection control audit in 2014 the home achieved a score of 100%. The provider recently completed an internal infection control audit with 100% compliance.

Good

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.

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

Adapting service, design, decoration to meet people's needs.
- Three bedrooms were being renovated to include en suite facilities. One person who chose to spend most of their time in their bedroom had requested a move to a new, more spacious room and the service were facilitating this.
- We looked around the home and found the building was homely and comfortable and met people's needs. There was sufficient communal and private space. It was suitable for people with reduced mobility and wheelchairs. Aids were in place to meet the assessed needs of people with mobility needs.
- There were two passenger lifts for the use of residents which had proved useful for maintaining freedom of movement when one lift had broken down.
- People were encouraged to choose their decor and furnishings and to personalise their bedrooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
- The pre-admission processes continued to be robust and thorough to ensure the service could meet each person's needs.
- Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred so they identified people's current needs.

Staff support: induction, training, skills and experience
- Training records showed staff had received training that was relevant to their role and enhanced their skills and knowledge.
- Staff applied learning effectively in line with best practice.
- The induction was recorded and planned in line with the Care Certificate. The Care Certificate is a set of agreed standards that sets out the knowledge, skills and behaviours of specific job roles in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet.
- People were encouraged to be involved in planning healthy menu choices, completing food shopping and meal preparation.
- Care plans confirmed people's dietary needs had been assessed and support and guidance recorded.
- Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.
- Relatives had praised the quality of the food at a recent meeting and people were able to make changes to their meals if they did not like the selection on offer.
- A monthly dining audit was completed to maintain and improve the dining experience.

Staff working with other agencies to provide consistent, effective, timely care.
● Staff worked well with other professionals to ensure people's needs were met.
● We saw the service worked closely with health care services including GP's, district nurses, physiotherapists and occupational therapists. This ensured people were able to access healthcare services in a timely manner.

Supporting people to live healthier lives, access healthcare services and support.
● We found evidence to show people were supported to access relevant health and social care professionals. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.
● The registered manager and management team applied current legislation, standards and evidence based guidance to achieve effective outcomes.

Ensuring consent to care and treatment in line with law and guidance.
● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)
● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw the service were meeting these.

Good

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.

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

Ensuring people are well treated and supported; equality and diversity.
● We saw people were relaxed in the company of staff and enjoyed the attention they received from them. Staff were sensitive and patient with people and spent a lot of time interacting with them.
● People told us staff were kind and friendly and they enjoyed being with them. Comments included; "Staff treat us with such care and consideration"; "They [staff] are the best"; "They [staff] listen" and "[Staff are] very approachable"
● Staff spoke with us about the importance of supporting and responding to people's diverse needs. They were aware of people's personal relationships, beliefs, likes and wishes. People said staff knew their preferences and cared for them in the way they liked. These were recorded in their care records and this helped people to receive the right support.

Respecting and promoting people's privacy, dignity and independence.
● Staff respected people's choices around privacy and dignity. We saw they knocked on bedroom and bathroom doors before entering and had a sensitive and caring approach when talking about the people they supported.
● Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality, diversity and independence.
● Confidentiality was respected and people's care records were kept securely.
● People told us, and we saw staff treated them with dignity and respect and promoted independence. Staff told us, they encourage people to have a "can do" attitude and give them time to do tasks for themselves rather than doing it for them.

Supporting people to express their views and be involved in making decisions about their care.
● People told us they were fully involved in care planning and were consulted with and supported to make their own decisions. Care records we looked at confirmed people and where appropriate, their families had been involved with and were at the centre of developing their care plans.
● Care plans contained information about people's diverse needs, wishes and preferences.
● Information was available about advocacy services should people require their guidance and support. This ensured their interests would be represented and they could access appropriate services outside the home to act on their behalf if needed.

Good

Is the service responsive?

Our findings

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

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.
● People continued to be empowered to have as much control and independence as possible.
●The care files we saw were person-centred and individualised. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be best met. Details in care records highlighted how they were to be supported and their daily routines
● Care files contained information on people's life history. This provided a platform to support genuine engagement with people.
● The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand.
● Care plans identified in detail each person's communication abilities and difficulties. For example, one person with a visual impairment was encouraged to take part in auditory and group activities with support so they felt included and less at risk of social isolation.
● People enjoyed a live musical performance on the day of the inspection. Many other scheduled activities included; music therapy, knitting club and bingo.
● People and relatives were positive about the range of activities available. One person told us, "There are lots of activities including trips to the market and picnics when the weather permits."

Improving care quality in response to complaints or concerns.
● The people we spoke with knew how to make complaints. They told us they would be confident to speak to the registered manager or staff if they were not happy or had issues and any concerns would be deal with.

● Two complaints had been received since the previous inspection which had been responded to in line with Dryclough Manor's complaints policy.
●There were processes in place to guide staff in the management of complaints. The registered manager told us they used issues, complaints or concerns as a learning opportunity to improve the service.
● People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included informal chats at people's request, regular resident's meeting, surveys and care reviews.

End of life care and support.
●We saw people were able to remain in the home supported by familiar staff when approaching end of life. Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life and to support their family, other residents and each other.
● Staff had completed accredited training 'six steps to success in end of life care'. The registered manager

told us, "We consider spiritual or religious preferences and can provide information to family and friends, support and reflection for staff."

- People's end of life wishes were recorded in their care plans.

Good

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.

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

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

- The registered manager was a strong leader whose clear vision and ethos was visible throughout the home. The registered manager was supported by a deputy and stable team and they all shared an enthusiasm and passion for providing people with high quality, person centred care.
- Care staff were positive about their workplace and complimentary about the support they received from the management team. A staff member said, "The managers are out and about in the home and are 'hands on'. They know all the residents well. I find the management team very supportive."

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

- The service had 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.
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The management team worked effectively together to ensure the day to day running of the service, clear contingencies were in place to cover absences. One person said, "The registered manager comes around to speak to us and see how we are doing."
- People's confidential information was kept securely within the office.
- The registered manager was aware of their responsibility to report events to the CQC by statutory notifications.

Continuous learning and improving care.

- The registered manager completed regular spot checks to ensure staff were competent in their role. This included checking how staff completed personal care and was it in line with people's wishes, use equipment safely and had the correct car insurance to enable them to use their vehicle for work. Spot checks were completed regularly in addition to supervision and appraisal.
- Feedback from people using the service was regularly sought. People were supported to complete questionnaires and resident's meetings took place to discuss events and raise any issues they might have.
- Audits to monitor and improve the home were in place. This meant the registered manager and nominated individual could see how systems were working and where improvements could be made. "A relative told us, "The registered manager is continuously making improvements to the home."

● The provider was committed to quality improvement and had produced an action plan in response to feedback gathered from people who use the service, relatives and staff.

Working in partnership with others.
● The management team and staff worked alongside other professionals to ensure the care and support they provided was proactive. We saw evidence of working with district nurses to ensure people received the correct level of support with pressure care and any equipment being used. The service also worked with social workers to assess and review peoples care where goals were set and agreed.
● The home was on the local authority framework to enable to them to be a provider of care under the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
● The Registered Manager had enrolled on a counselling course which they hoped would support the wellbeing of staff.
● Staff were seen to be actively engaged and involved with the organisation. Staff were invited to complete regular surveys, commenting on various issues. For example; the quality of training and job satisfaction. Survey results were displayed in the home.
● Staff groups met frequently and the management team met with staff regularly to support them in their role.
● Staff had contributed to a display within the home called the '5 key area tree'. This presented the staff's perspective on whether the home was safe, effective, caring, responsive and well-led. One staff member had commented, "Staff have full support from managers and supervisors which helps us achieve results and stay successful."