

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Dalvey House

35 Belle Vue Road, Southbourne, Bournemouth,
BH6 3DD

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Date of Inspection: 17 April 2013

Date of Publication: June
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	TAM Carehomes Ltd
Registered Manager	Mrs. Joanne Smart
Overview of the service	Dalvey House is a care home that does not provide nursing care. The home is registered to accommodate up to 19 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection of Dalvey House on the 17 April 2013. We spoke with the manager, six people living at the home, one relative and two members of the staff team.

People living at Dalvey House were very positive about their experience of living at the home. No one had any complaints or concerns about how the home was run and managed.

People told us that they had good relationships with the staff, who were described as 'kind'. They told us that the home was kept clean and warm. People said there were activities to keep them occupied.

People who lived at Dalvey House benefited from thorough processes and procedures being followed when new staff were recruited, which meant they were protected from harm.

People were cared for in a clean, hygienic environment.

We found the home did not have a robust quality assurance system in place to ensure standards in the home were maintained.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 21 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

People's privacy, dignity and independence were respected

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

One person living at Dalvey House told us, "I can get up and go to bed when I like, choose the food I like to eat and which paper I want delivered on Saturdays".

People also told us that they were able to choose which television programme to watch in the lounge.

One relative we spoke with told us "I have been very much involved with the care of my mum and the home feedback to me on the outcome of her hospital visits".

We saw that people's views and experiences were taken into account in the way their care was delivered. Each person had a plan of care detailing their needs and preferences. The plans, including risk assessments, were developed in consultation with each person. We saw that end of life care plans had been completed which recorded people's wishes.

We saw do not attempt resuscitation (DNAR) forms in four people's care plans. We noted that three of these were awaiting further information following a visiting professionals' discussion with relatives. We spoke to the manager about this who said they would ensure that the forms were fully completed as soon as possible.

People's privacy, dignity and independence were respected

People we spoke with living at Dalvey House told us that they were treated with dignity and respect by staff. One person told us, "the staff are kind and respectful" another person told us "the staff are respectful and talk to me nicely". They also told us that staff

did not enter their bedrooms without knocking first and asking their permission.

One relative we spoke with told us, "if I can't visit, I phone to speak to my mum and the staff offer to take the homes' phone up to her to talk to me privately".

We observed staff interacting with people living at Dalvey House during our visit and they were kind and respectful when dealing with them.

We spoke with two members of staff who told us they had attended dignity and respect training and explained how this was applied in their practice. This included for example protecting the privacy of people living in the home by the use of towels and ensuring doors/windows were shut when giving care.

We were shown the homes' privacy and dignity policy and autonomy and choice procedures and during our visit, we saw examples of how staff acted in accordance with them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People living at Dalvey House told us that staff were kind and caring. One person told us that they felt "well looked after". Another person told us that when they required assistance and used the call bell, staff arrived promptly. We spoke to a family member who told us that their relative had been living in the home for approximately seven months. They told us that they had been involved with the plan of their relatives care and that they felt their relatives care needs were met.

During the visit we spent time observing staff interactions with people living at Dalvey House. We saw that staff were kind and respectful. During lunchtime, we observed staff providing support to people eating in the dining room. They ensured people's needs were met and supported in accordance with their care plans.

We tracked the care of four people with varying needs. This involved speaking with or observing the person, talking to staff, observing staff interactions and looking at the individual's plan of care.

We saw that information about an individual's needs was obtained before they moved into the home. This was done so that the staff could give people the right help and support.

There was information recorded about people's life history and personal profile in care records, to give staff a better understanding of the individuals. We spoke with two members of staff during our visit. They were able to tell us about the support and care people needed and how and where they recorded information about them.

Each person had an individual plan of care and support. This included the individual's assessed needs, how these would be met, risk assessments, and their preferences. Care records were detailed and person centred. For example one person's plan contained clear guidance on their mental health needs and identified risks to the person and ways to reduce these from occurring.

We noted that nutritional risk assessments had been undertaken when people entered the home and these were reviewed monthly. The provider may wish to note that whilst people were weighed, their BMI (Body Mass Index) was not recorded. This meant that the provider could not be sure that people were within a healthy weight range.

Records we looked at indicated that people were seen by health care professionals such as doctors. This showed that the home ensured people's health care needs were met.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean and hygienic environment

Reasons for our judgement

People we spoke with told us they thought the home was kept clean and tidy. During our inspection we observed all areas of the home to be clean, with no offensive odours and all surfaces were clean.

We saw that in all areas of Dalvey House, there were sufficient supplies of protective equipment for staff to wear, such as gloves and aprons. We observed that staff wore this equipment at appropriate times. We saw that liquid soap and paper towels were in place in communal toilets and bathrooms. This meant that people were protected against the risks of cross infection.

Staff had received appropriate training in infection control and prevention. We saw that the care home had an infection control policy which staff worked to. Two staff spoken with told us they had received infection control training. We saw that a record of this training had been maintained in their staff files.

There were effective systems in place to reduce the risk and spread of infection. The manager told us that if people living in the home had an infectious illness they would be looked after or cared for in their own rooms according to the home's policy.

The manager showed us a schedule which set out how often different parts of the home would be cleaned. The provider may find it useful to note that the records showing when cleaning had taken place had not been kept up to date. We spoke with the manager about this who told us that this would be rectified as soon as possible.

We observed that the home had designated separate cleaning materials and equipment for different parts of the home, such as the kitchen, bathrooms and the laundry. We saw that there were appropriate arrangements in place for the management and collection of clinical waste.

The manager showed us a copy of a recent food safety report from Bournemouth Borough

Council. The recommendations in the report had been implemented by Dalvey House. This meant people were protected against the risks of infection because the provider followed appropriate guidance.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke to people using the service but what they told us did not relate to this standard.

We looked at the recruitment records for two members of staff to ensure that appropriate recruitment checks had been carried out by the provider before they were allowed to start work. In both cases we found that there was a completed application form, interview assessment, proof of identity and references on file.

There were full employment histories available on file for both members of staff. These were included with their application.

We saw evidence of checks with the Criminal Records Bureau being carried out for both members of staff.

The records showed that there were effective recruitment and selection processes in place.

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider had systems for reviewing and monitoring the quality of service provided to people, but these had not always been implemented effectively to ensure that people were not at risk of unsafe or inappropriate care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider had systems for reviewing and monitoring the quality of service provided to people, but these had not always been implemented effectively to ensure that people were not at risk of unsafe or inappropriate care.

The people and relatives we spoke with all had positive things to say about the home and the way it was run.

We looked at the home's policies and procedures. These made reference to moving and handling, safeguarding and the Mental Capacity Act 2005.

We noted that the home conducted regular residents meetings. The last meeting was held on the 22 October 2012. We noted that suggestions had been put forward by people. For example activities that took place in the home were discussed and we saw that people had made suggestions on the activities they preferred to take part in.

We saw that the provider conducted regular staff meetings; we looked at the summary from the last meeting on the 21 January 2013. We saw that various topics were discussed such as training and development and resident care.

We found that the home had not completed a survey to enable the provider to assess and monitor the quality of service provided. We spoke to the manager who showed us a questionnaire template that had been created. They confirmed this was due to given to people, their family or representatives shortly.

We spoke with two members of staff who told us that they received regular training and supervision. Two members of staff told us that they had attended safeguarding training during the previous week. We confirmed this by examining a selection of recent training and supervision records. We noted that on the day of inspection some staff were attending

a first aid course. We saw that the provider had a training matrix in the staff room to plan future training.

We noted the provider had a complaints procedure. The manager told us that they did not have any complaints on file.

We saw that the provider recorded accidents and incidents; however there was no analysis completed to check trends or triggers. This meant that people were at risk as there was no evidence that learning from incidents / investigations took place and appropriate changes were implemented.

We found that the provider had not conducted regular audits to ensure standards were maintained and people were protected from the risk of unsafe or inappropriate care. For example, there was no evidence of regular medication or infection control audits.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: 10.(1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to (a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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