TAM Carehomes Ltd

Dalvey House

Inspection report

35 Belle Vue Road
Southbourne
Bournemouth
Dorset
BH6 3DD

Tel: 01202423050
Website: www.dalveyhousenorlington.co.uk

Date of inspection visit:
11 May 2018
14 May 2018

Date of publication:
27 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Dalvey House is a care home that does not provide nursing care. 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 is registered to accommodate19 people. At the time of this inspection there were 16 people were living at the home, the majority of whom were accommodated for frailty of old age. An extension and building work were in progress at the time of the inspection.

There was no registered manager in post when we carried out this inspection. 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. The previous manager ceased working at Dalvey House in the summer of last year. The service was managed by interim management arrangements until the appointment of the new manager in January 2018. This person was in the process of registering to become manager of the home when we carried out this inspection.

The last inspection was carried out 13 November 2015 and was rated as 'Good'.

The inspection was unannounced and took place on 11 and 14 May 2018 and was carried out by one inspector on both days of the inspection.

Staffing levels were meeting people's needs; however, the staff were stretched at times, there was high use of agency staff, which could affect the consistency of staff for people and the morale of the staff team.

The manager had systems in place to maintain and promote safety in the home. Environmental risks had been identified and action taken where appropriate. The delivery of people's care had also been risk assessed to make this as safe for people as possible. The manager agreed to review record keeping so maximise the effectiveness of monitoring when this was needed and also to ensure that people's dignity was maintained.

The care planning format was being reviewed and care plans were being re-written. At the time of inspection the plans were not all standardised so that it was difficult to find information.

Staff were recruited in line with robust policies and all the necessary checks had been carried out by close of the inspection.

Medicines were well-managed and people received their medicines as prescribed by their doctor.

Staff had received training in safeguarding and were aware of their responsibility to report concerns.

Staff were supported through indirect and formal supervision as well as an annual performance review.

The home was working collaboratively with health services so that people's needs were met.

People's consent was sought and granted with regards to the way they were cared for and supported. Where people could not make specific decisions because they lacked mental capacity, staff were following The Mental Capacity Act 2005 and any decisions made in people's best interest.

The home provided a good standard of food with people having choice of what they wanted to eat and their individual needs catered for.

Staff were kind, caring and compassionate in their interactions with people.

There was a programme of activities to keep people occupied; however, this could be improved as the activities co-ordinator only worked for two days a week. The manager was trying to recruit an additional person for this role.

Complaints were responded to and the procedure was well-publicised.

Since the last inspection, the registered manager had ceased working at the home and a new manager appointed.

There were auditing and monitoring systems being followed seeking overall improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

There were enough staff, although the team was stretched because of staff vacancies and high use of agency staff.

Medicines were managed safely.

Risks were assessed and action was taken to reduce or manage any identified hazards.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Staff were recruited although some records were not in place at the start of the inspection.

Is the service effective?

Good

The service was effective

Staff received induction and on-going training to ensure that they were competent and could meet people's needs effectively.

Supervision processes were in place to monitor performance and provide support.

The service was meeting the requirements of the Mental Capacity Act 2005.
People's dietary and nutritional needs were being met.

Is the service caring?

Good

The service was caring.

People had good relationships with staff.

Staff respected people's choices and supported them to maintain their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was responsive.

People received personalised care but care plans were in need of improvement to ensure staff were informed and could deliver consistent care.

Activities were provided but more could be offered to keep people meaningfully occupied.

There was a well-publicised complaints procedure and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

A new manager had been appointed and seeking improvements after a period on interim management.

There was a positive, open culture.

There were systems in place to monitor the safety of the service provided to people.

Dalvey House

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 a comprehensive inspection that was planned to check whether the provider is 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.

The inspection took place on 11 and 14 May 2018 and was unannounced. One inspector carried out the inspection over both days. During the inspection we met the majority of people living at the home and spoke with 10 people about their care and overall experiences of Dalvey House. We spent much of the inspection within communal areas so that we could observe interactions between the staff and people. The manager assisted us throughout the inspection. We spoke with three members of staff and two agency staff who were working at the home. We also spoke with three visiting relatives and, following the inspection commissioners of the service and a health professional.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also looked at records relating to the management of the service including; staffing rotas, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at Dalvey House.

Requires Improvement

Is the service safe?

Our findings

Overall, people were happy living at Dalvey House and no one had any concerns about issues of safety. Comments made included; "It has been very good; I have no concerns", and "Yes, I have enjoyed living here".

Overall, people and relatives felt the staffing levels met their needs, although some thought the home would benefit from an additional staff member at key times of the day. One person told us, "The senior staff are excellent, although ideally, there could be one extra person during the day". People told us that the senior staff were exceptionally good but they would prefer regular staff and the home have less reliance on agency staff. Those people who sometimes needed to summon staff for assistance said that generally their call bell was answered quickly. Staff, if busy, would make sure the person was okay and would come back as soon as possible.

However, it was evident on the first day of the inspection that the staff were stretched. When we had opportunity to speak to them, they confirmed that at times they felt rushed and had difficulty to do the job as they wished. The times when they felt it difficult to cope was when staff called in sick at short notice or when regular staff were not on duty. The first day of the inspection was one such day. One member of staff had phoned in sick and the manager was trying to organise an agency member of staff to come in to cover the shift. The manager was also assisting the staff on duty 'on the floor' to try and help with getting people up and ensuring they had their medicines. The situation was compounded by builders working on the lift shaft and in the garden, as well as other contractors coming to the home. One staff member commented, "I have been working like a robot". On the second day of the inspection, the manager had brought in an additional agency member of staff so that they could be free to assist us with the inspection. There was a noticeable difference and people's needs were much better met with a calmer ambience. People living at the home commented also commented about this.

The manager told us that here were staff vacancies and staffing rosters reflected a lot of agency staff to cover vacant posts, sickness and holidays. Dependency tools were not used to assist in determining appropriate staffing levels, which we would recommend. It was agreed that these would be implemented and that staffing levels would be reviewed. We discussed the risk of more staff leaving because of pressures such as we saw on the first day. The manager acknowledged that staffing levels would need to be increased should any new person be admitted to the home. The issue of staffing levels was therefore an area for improvement.

The registered manager had followed recruitment processes before new staff began working at the home. Staff files showed photographic identification; at least one reference, and a Disclosure and Barring Service check (DBS) had been obtained. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. However, there were some gaps within some staff member's employment history and no health declaration had been obtained. Following the inspection the registered manager checked all staff files and updated staff files to incorporate all the required information and confirmed this with us. Again this was an area for improvement.

There were systems in place to manage risks associated in the delivery of people's care. For example, where bed rails were used, people had bed rail risk assessments in place because of the risks of entrapment or of their climbing over the top and injuring themselves. Protective bumpers had also been fitted to bed rails to protect people from injury. However, there was a risk that staff might become complacent regarding the importance of monitoring and fail to recognise when it was important to monitor aspects of people's care. The majority of people could tell staff if they needed drinks or had problems with their bowels. Staff were being required to complete a full suite of monitoring records, such as bowel charts, where for the majority of people there were no risks. We discussed this with the manager who agreed to review the monitoring records and to ensure the records reflected the risks in managing people's care. Again this was an area for improvement.

People's records were stored in the office to maintain confidentiality and staff returned them to the office when they were not in use.

The manager had taken the necessary steps to protect people as far as possible from abuse and their human rights protected. Staff had all been trained in safeguarding adults, as well as receiving update refresher training. They understood what constituted abuse and how to make referrals should they have concerns. Information posters were displayed in the home's reception as a reminder for staff and to inform relatives and people living at the home about the importance of safeguarding.

The former registered manager had carried out a risk assessment for the building work that had been on-going since the previous summer, complying with Regulations, 'Care Home Projects Under CDM 2015'. Hazards had been identified and improvement actions taken to minimise the risks to people. The current manager had also carried out regular premises risk assessments to make sure the premises were as safe as possible. Freestanding wardrobes had been attached to the wall to prevent risk of being pulled over, window restrictors fitted to windows above the ground floor and radiators covered to prevent scalds and burns. Portable electrical wiring had been tested and the fire safety system inspected and tested at required intervals. The home had contracted with an external company and met water regulations.

Emergency plans had been developed for the event of situations such as loss of records, power or heating. Certificates showed that the home's boilers, wheelchairs and hoists, the lift, and electrical wiring were tested and maintained for safety.

The manager had carried out regular audits concerning infection control to check that the risks of cross infection were minimised. The home was clean and fresh-smelling throughout and people told us that the home was always clean.

The registered manager had taken other steps to promote safety in the home such as reviewing accidents and incidents affecting people living at the home. These monthly reviews looked to see if any remedial action could be taken to minimise the risk of accidents or incidents recurring.

Medicines were stored and managed safely to ensure people received their medicines as prescribed by their GP. The home had a medicines' trolley that was locked and stored to the wall when not in use. They also had provision for storing controlled drugs and medicines requiring refrigeration. Records were maintained of the temperature of the small medicines fridge and the medicines area. It was agreed that a new fridge thermometer would be bought as the max/min one had broken and it was not possible to ascertain a maximum temperature of the fridge each day. Medicines were stored safely and correctly and there were regularly auditing to make sure that unused medicines were returned to the pharmacist and storage areas not overstocked. Medicines with a shelf life had the date of opening recorded to make sure that they were

not used by beyond their shelf life.

Medication administration records were well maintained with no gaps in the records. There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. In cases where hand entries had been made to medication administration records, a second member of staff had signed the record to verify its accuracy. Where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose. Where people had been prescribed creams there were body maps to inform the staff of where to administer the creams together with a signed and dated record of their administration.

Good

Is the service effective?

Our findings

People's needs had been assessed before being offered a placement at the home. Records showed that before an admission was agreed, a senior member of the staff carried out a preadmission assessment of a person's needs to make sure their needs could be met.

People's personal files contained a range of more in-depth assessments that had been completed with the person or their representative when a person moved into the home. The assessments covered a spectrum of conditions and risks commonly associated with old age, such as: personal care needs, continence, risk of falls, communication, skin care, medical and social care needs and nutrition and hydration. These assessments had been reviewed each month of sooner, if their needs had changed.

From people's records, we could see that appropriate action had been taken to meet their healthcare needs. For example, people had been referred to the speech and language therapists where people had swallowing difficulties, referrals made to people's GP when they were unwell and involvement with district nursing services. People's records showed that they were registered with a dentist and an optician. Health and social care professionals told us that the home worked effectively and collaboratively in meeting people's needs.

People, staff and relatives all told us the staff had the skills, training and knowledge to meet needs of people living at the home. Staff said the manager arranged training courses to develop and update their skills so they could do their job effectively. The training matrix provided by the manager showed staff received core training in subjects including moving and handling, first aid, Mental Capacity Act, infection control and safeguarding.

New staff completed the Care Certificate which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

Staff were supported appropriately. They told us they were well supported by the manager had made sure staff received regular supervisions and an annual appraisal.

We discussed equality, diversity and human rights with the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. Staff received training in diversity, equality and inclusion.

The service was compliant with The Mental Capacity Act 2005 (MCA). This 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. A small proportion of people living at the home were living with dementia, with some of these people not able to make specific decisions. Mental capacity

assessments had been undertaken and recorded, showing the specific decisions, the people involved and consideration of the least restrictive solution made in the person's 'best interests'. The registered manager was aware of any relatives with Lasting Powers of Attorney that have bearing on the decision making where a person did not have capacity to make a specific decision.

People who were not living with dementia told us they could exercise choice and make decisions about their care and support.

The service was compliant with respect to the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The manager had made appropriate applications to the local authority but no applications had been granted. No legal conditions had been imposed with regards to DoLS authorisations.

Overall, people were satisfied with the standard of food provided in the home. Generally, there were positive comments, such as, "It is difficult to please everybody, but I think it is pretty reasonable", and "The food is lovely, there are two choices for lunch and I can choose what I have."

We observed the midday meal on the first day of the inspection. Staff were attentive with people and the meal was a positive experience. There was a choice of meal and the food was of a good standard. Minutes of residents' meetings showed that menu choices and mealtimes were discussed and people were invited to make suggestions of comments about the food provided.

Good

Is the service caring?

Our findings

People were positive about the long-standing members of staff, particularly the senior members of staff. Comments included, "Some of the junior staff are not as good as the senior staff, who are very good", "The seniors are excellent" and "It would be nice if we had all regular staff".

We spent as much time as possible in the communal areas so that we could observe interactions between staff and people. It was evident that people had built a strong rapport with staff and there were good relations between the two. We saw that staff treated people with respect, being able to banter with those people who liked to joke with the staff. People were treated kindly. When a person became distressed, this was noticed by the staff, who immediately went and reassured the person, putting them at ease.

Relatives told us that they were always made welcome when they visited and that they could call at any time.

From speaking with staff, it was clear that they knew each person individually and the way they wished to be supported and cared for. Within people's records was information about their life histories to help staff get to know what was important for each person.

On the second day of the inspection, when there were more staff, the home was calmer and staff had more time to reassure people, rather than having to come back to people because they were busy with other tasks.

People told us that if they required personal care, this was always provided in the privacy of their bedroom. They also told us that staff would knock on their bedroom door before entering.

Maintaining daily records about people's bowel movements when this was not necessary could be undignified for some people. The manager agreed to review what records were necessary to make sure people's dignity was maintained.

Requires Improvement

Is the service responsive?

Our findings

The manager told us that care planning and paperwork had fallen behind in the interval when there was no manager in post. They were still in the process of re-writing and changing the care planning system. Everyone had a care plan in place but work was still required as care plans were in different formats or in a different layout or with different forms being used. The manager recognised the need for consistent recording as it could be difficult for staff, and particularly agency staff, to know where to retrieve information if required. This was an area for improvement.

The care plans, although in different formats were personalised to the individual concerned and were up to date. People had signed their care plans, showing that they had been involved in how they wished to be supported. Each care plan had a section on people's communication needs and how they should be supported. For example, one person kept a writing pad so that they could communicate with staff because of hearing problems.

There was room for development of activities to keep people meaningfully occupied. At the time of inspection a person was coming into the home on two days a week to provide activities as well as visiting entertainers. Relatives told us that some of the activities displayed to take place did not always happen and two people told us that they would like daily activities, which had declined. Records of residents' meetings showed that people were consulted on the types of activities they would like provided. We noted one person had raised they would like an exercise group re-instated but this had yet to have happened. We discussed this with the manager who told us that they were trying to recruit for an activities' person five days a week. This was an area for improvement.

The home's complaints procedure was displayed prominently in the home and people told us that they were aware of how to complain. Relatives told us that if they had concerns they would go directly to the manager. We looked at the complaints log which listed any complaints and how they had been resolved. Only one formal complaint had been raised since the manager started working at the home and this had been responded to in line with the home's policy and procedure.

Good

Is the service well-led?

Our findings

The previous manager ceased working at the home in the middle of last year, who, from conversations with people, was popular with staff and people living at the home. Following their departure, there was a period of interim management arrangements until the appointment of the new manager at the beginning of this year. Throughout this period building work on the extension to the premises has been ongoing, which caused inconvenience and was difficult for people and relatives. The new manager therefore faced some challenges in taking over management of the service. Some paperwork, staff supervision and training had lapsed as well as needing to consolidate and bring on board the existing staff team and recruitment of new staff. They had made progress by the time of this inspection but there were still issues to be addressed as outlined in this report.

Overall, people and relatives were gaining trust in the new manager and staff reported that they were working effectively under the new management. The manager in turn told us that they were supported by the directors in making changes and preparing for the completion of the new extension. Relatives told us that Dalvey House has had a good local reputation and the manager told us that together with the directors, it was their clear intentions for this continue.

The manager had ensured that staff were supported through staff supervisions and regular staff meetings but staff morale could be jeopardised if the full time staff complement is not increased and staffing demands on existing staff not too exacting.

The manager had quality assurance systems in place to review and monitor the standard of service being delivered and plenty of audits had been carried out to ascertain this. The manager had yet to carry out surveys involving people, relatives and professionals.

People and relatives had opportunity to air their views with residents' and separate relatives' meetings arranged.

The registered manager had notified CQC about significant events such as deaths and serious injuries. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

The rating from the last inspection was displayed on the service's website and prominently in the reception area.