

Dalmeny House Limited

Dalmeny House

Inspection report

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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

About the service

Dalmeny House is a residential care home providing personal care and support for up to 11 people aged 18 years and over living with mental health problems. At the time of the inspection, 11 people were living at the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Dalmeny House offered one to one and group activities including growing produce on a local allotment, attending voluntary work and accessing the local community. Staff showed empathy, kindness and compassion, and placed value on their caring roles and involvement in people's lives. The care provided was flexible to meet assessed needs and preferences.

The service worked with people to complete end of life care planning to ensure provision of high standards of care and support at that stage of their life. The service had good working relationships with the local GP practice and mental healthcare professionals.

The service worked in partnership with people, families and staff and encouraged feedback on the care provided. We received positive feedback from people and staff about the service. Staff told us they enjoyed working at Dalmeny House and spoke highly of the support provided by the registered manager.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean and comfortable throughout. The service had governance arrangements in place and completed regular internal quality checks and audits. Findings from these were reviewed by the registered manager and provider and used to continually drive improvement within the service.

The registered manager was passionate about the people they supported and they valued their staff team. They encouraged staff to develop and fostered an open and supportive culture within the service.

Rating at last inspection: Dalmeny House was previously inspected 21 December 2016 and rated as Good overall. The report was published 06 April 2017.

Why we inspected: This was a scheduled, comprehensive inspection, completed in line with our inspection schedule for services rated as Good.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for services rated as Good.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Dalmeny House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Consisted of one inspector.

Service and service type

Dalmeny House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually 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 four people living at the service and observed care and support provided in communal areas. We spoke with the registered manager, and three members of care staff. We looked at two people's care and support records and three people's medicine records. We observed some of

the morning medicine round. We observed the afternoon shift handover meeting. We also reviewed staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

After the inspection: We sourced feedback from a healthcare professional who works with the service. We sourced additional information from the registered manager, this was provided within agreed timescales.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. We observed staff offering reassurance and support to people if they were feeling worried or anxious during our visit. When asked if they felt the service was safe, results from the 2018-19 survey of people living at the service stated 54% of respondents felt it was good, and 46% said it was outstanding.
- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. The service kept a log of safeguarding alerts submitted to the local authority and the corresponding notifications submitted to CQC. The service also reviewed safeguarding incidents as part of each person's monthly key worker review meetings.
- The registered manager and staff told us that physical and mechanical restraint was not used at Dalmeny House, and that staff were trained in the use of de-escalation techniques to support in the management of behaviours which challenge. Examples of incident reports reviewed during the inspection supported this information.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were suitable to work with vulnerable people.
- Staff and people told us there were enough staff on shift.
- The registered manager told us the staffing rota was designed with flexibility built in to staffing levels to allow for activities and changes in risk presentation within the service.
- Staff were familiar with lone working policies and procedures and told us they felt well supported by the management and on-call staff team.

Preventing and controlling infection

- The standards of cleanliness were good throughout the service, with no malodours identified with the exception of one shower room. The service had already identified this as an area of concern and arrangements were in place for the flooring in the room to be replaced. There was an ongoing refurbishment plan for the whole service.
- Regular infection, prevention and control audits of the environment including of cleanliness, were in place including spot checks of people's bedroom and communal areas.
- Staff had access to personal protective equipment such as aprons and gloves. Staff told us about the risk management plans they followed to support people to use cleaning products safely, and how these risk items were stored when not in use.

Learning lessons when things go wrong

- There was a written log of accidents and incidents. The registered manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable.
- The registered manager reviewed incidents for themes and patterns and liaised with healthcare professionals as required.

Assessing risk, safety monitoring and management

- Personal Emergency Evacuation Plans (PEEPS) and fire risk assessments were in place and staff had up to date fire safety training. We identified that completion of fire evacuation drills and the corresponding fire risk assessment did not reflect times when staff worked alone at the service. As an outcome of this inspection, the registered manager gave us timescales for night time evacuations to be completed so any risks or shortfalls could be identified and management plans adapted to cover this eventuality.
- Care records contained detailed assessments and risk management plans for areas of care including changes in behaviour or mental health presentation, falls, skin care and continence. We observed staff implementing this guidance into the care they provided.
- Environmental risk assessments were in place, with regular checks of the care environment including checks of the paperwork for medicines management and infection prevention and control.
- Equipment for fire safety and water quality checks were regularly completed to ensure that they worked correctly and were safe.

Using medicines safely

- There were systems in place for ordering and giving people their medicines as prescribed. Medicines were given by staff and recorded on Medicine Administration Records (MARs).
- Medicines were stored securely. Members of staff handling and administering medicines had received training and had been assessed for their competency to handle and give medicines safely.
- There were regular checks of medicines and their records, and there was a system in place to report incidents and investigate errors relating to medicines.
- We identified that some people applied creams while collecting their medicines from the designated room. The medicine room had a glass panel on the door, which was not covered or obscured to prevent people seeing into the room while people completed tasks. We received assurances from the registered manager that action would be taken to address this following the visit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes. They contained detailed personal profiles and documents that would be used if they were admitted to hospital to support them while in an unfamiliar care environment. Care records were reviewed and amended on a regular basis and following any incidents or changes in risk presentation.
- Where applicable, people had behavioural support plans in place, to assist in the event they experienced behaviours which challenge. Staff were confident telling us about the proactive strategies they used to effectively and safely meet people's needs.
- The service completed preadmission assessments to gain information regarding people's past medical history and risk profiles. On admission, people completed a "Things you need to know about me" form to further assist staff in tailoring the levels of support provided.

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.

- Staff demonstrated a clear understanding of the MCA, and what it means to make decisions in a person's best interests. Staff had received training in MCA and DoLS and we observed examples of how they implemented this into their practice. The registered manager told us about the management plans they implemented, including use of behavioural support plans to minimise use of restrictive approaches. Staff had received training in use of de-escalation techniques and were familiar with people's individual preferences and interests.
- There was one person with an authorised DoLS in place and staff were clear of the conditions attached and how these were met.

Staff support: induction, training, skills and experience

- The service held a training matrix listing completion of courses and dates for when refresher courses were due. Staff demonstrated implementation of training into their practice.
- The service had an induction process, with staff being assigned a buddy, and shadowing shifts with an experienced member of staff to ensure they were familiar with people's care and support needs before working on their own.
- The management team held regular staff meetings and incorporated discussions around policies and procedures, incidents and areas of improvement. As an example, we saw staff had discussed the outcomes of a recent quality audit completed by the local authority, staff worked collaboratively with the registered manager to agree an action plan.
- Staff received regular supervision and annual performance-based appraisals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- The service had a good working relationship with the local GP practice mental healthcare professionals and the police.
- Care records showed people were supported to visit the dentist, chiropodist and attend medical appointments.
- Designated staff completed monthly health checks with people. Any risks or concerns were escalated to the GP for follow up. Staff completed a monthly summary with each person, and this included outcomes from these health checks. The monthly summary documents were used when people attended healthcare review meetings.
- The service recognised the importance of people having a healthy and varied diet in relation to the maintenance of good health and wellbeing.
- People told us about their food preferences and weekly menus. One person said, "I like the food, it's really nice and really good choice." With support, some people cooked for themselves and one person told us about the meal they had recently prepared for themselves, "I cooked sausages, mashed potatoes and baked beans. I didn't add lots of butter to the mash potatoes to make sure it was healthy."

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

- The service was across three floors, with stairs. Staff completed risk assessments regarding people's abilities to safely use the stairs, and in relation to the location of their bedrooms within the service. Where people had mobility issues, they had ground floor bedrooms.
- There was signage in place to assist people or new staff with familiarising themselves within the environment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed kind, caring and polite interactions between the person and staff. People were comfortable to come to the office door or approach staff as needed during our inspection. Staff were responsive to people's requests and nothing was too much trouble.
- Staff placed value on the things that were important to people, including hobbies and interests and people's protected characteristics such as relationships and friendships. The service used a recognised outcomes measure which enabled people using services to measure their own recovery progress and set goals in consultation with staff.
- We observed staff to knock before entering people's bedrooms and explain what they were going to do for example when supporting people with taking their medicines.
- Staff told us how important it was to treat people with kindness and to empower people to meet their full potential. The registered manager was passionate about giving people, "A voice, and the importance of giving people a chance," and this approach was evident in the way the staff team worked with people. People's care records contained sections on personal identity, self-esteem, trust and hope, ensuring these personal levels of detail and individuality were reflected in their care records.

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

- People were encouraged to attend regular meetings as an opportunity to give feedback on any concerns or issues they wished to raise. This gave choice and control over forthcoming activities and the opportunity to feed their ideas into the running of the service.
- Service improvement questionnaires were sent out regularly to source feedback from the people, their families and staff. The service also approached visiting healthcare professionals to seek their feedback on their experiences of working with the service.
- Each person had a designated key worker, who they met with regularly. This offered an opportunity to review their care records, along with any incidents or concerns that had arisen since the previous meeting. This information was recorded and contributed to monthly summaries used to review people's progress, health and well-being.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence and personal choice. People's bedrooms were personalised, with objects and items of personal importance on display.
- If people experienced changes in their behaviour, mental health presentation or became unwell, staff told us about support and measures put in place to maintain the individual's privacy, dignity and safety.

- People's care records contained information on techniques and approaches for staff to use to engage people in forming routines and daily structure to develop motivation and participation in meaningful activities and the local community. The registered manager gave examples of the progress people had made since moving into the service, for example people progressing into voluntary work roles.
- Results from the 2018-19 survey of friends, relatives and advocates stated that 100% of respondents rated the service as caring. Feedback received included, "I am extremely pleased with the care that my relative receives. It is a great relief that my relative is well cared for and treated as they should be. In a very short period coming from another residential home, they have been absolutely transformed I would never have thought it was possible."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detailed information for staff to follow to support people while ensuring they maintained their levels of independence. There was guidance for staff on ways to encourage people to maintain their own standards of care where changes in their mental health presentation impacted on independent completion.
- The service implemented accessible communication standards for example providing information in alternative formats or providing information face to face rather than in writing. Staff worked with health care professionals to provide tailored information and support, for example when supporting the person with making important decisions about their life.
- Staff demonstrated a good understanding of people's needs, preferences and interests which gave them choice and control over the care provided.

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

- People's care records contained details of hobbies, interests and personal goals. Staff supported people to regularly access activities in the local community to reduce social isolation.
- People told us about the activities they enjoyed participating in such as visits to the local allotment to grow produce and then cook with it. One person had visited a charity shop and brought their purchases into the staff office to show us on their return.

Improving care quality in response to complaints or concerns

- People told us they would speak with the registered manager or care staff if they had any concerns or wanted to raise a complaint. Regular meetings were in place for people to attend and share their views or raise concerns. There was complaints information displayed in communal areas of the service.
- The service sourced feedback through questionnaires. We saw minutes from staff meetings where feedback on the service was discussed.
- The registered manager was able to explain the complaints process, in line with the service's policies and procedures. We saw examples of posters in communal areas as a method of ensuring people were aware of events happening at the service, such as planned maintenance works to assist people to prepare for noise or unfamiliar people visiting the building.

End of life care and support

- There was no one receiving end of life care at the time of the inspection. However, people's care records contained information on their wishes and preferences in relation to care provision at that stage of their life.
- Care records contained details of protective characteristics such as cultural, religious and spiritual needs and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff demonstrated a commitment to providing consistently high standards of person-centred care. Results from the 2018-19 survey of friends, relatives and advocates stated, "The staff are friendly and professional. They are well led and dedicated to the clients to meet their needs. I know this is a service as such, but other establishments that should provide the same level in my experience, have never matched the outstanding care my relative receives. I am very, very grateful!"
- People's care records contained examples of collaborative working with healthcare professionals. This offered support and guidance for people and staff, both at home and when accessing the community.
- The registered manager encouraged and supported staff to be open and honest, to ensure that if a mistake happened, whilst taking accountability for their own actions.
- The registered manager attended external meetings and had formed networks with other organisations to enable the service to work collaboratively to support people's needs and individual risks.

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

- The registered manager was clear of their regulatory responsibility in relation to completing notifications to CQC and in monitoring performance and risk.
- The service benefited from consistent leadership and stability to identify and address shortfalls and continue to drive improvement. Staff described the management and leadership of the service as supportive and approachable. The provider had introduced a scheme to enable staff to have access to local gym facilities and wellbeing support. Staff told us morale within the team was good.
- We found the management team to be responsive to feedback. They demonstrated a desire to drive improvement for the benefit of people living at the service and the overall care experience. For example, the registered manager acted responsively to feedback given during the inspection and contacted us after the visit to tell us about changes they planned to make to their environmental risk assessment forms. Their plan was to then combine this risk assessment with preadmission risk assessments process.
- We asked the registered manager and provider to liaise with our registration team to ensure that the way the service was registered correctly reflected the age group and needs of people accessing the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager worked closely with people to achieve positive outcomes, ensuring they listened to feedback and acted on it. For example, they told us about a professionals meeting arranged to offer a person the opportunity to consider living more independently. Staff gave another example of where a person had been taking the same medicine for a long time, and did not feel they needed it anymore. Staff arranged for the person to meet with the GP, to ensure they had all information available to them to make an informed decision.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed with staff.
- Staff told us they felt listened to by the management team and encouraged to make suggestions about ways of improving the service. In turn, the registered manager spoke emphatically about being "Proud" of their staff team and the work they did.
- Results from the 2018-19 survey of visiting healthcare professionals, stated that 100% of respondents rated the service as being well-led. Feedback received included, "The team works hard with challenging situations" and, "I think staff at the house do a fantastic job and always have time to talk to us if needed."