

HC-One Limited

Dingle Meadow

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

Dingle Meadow is a care home that provides accommodation and personal care for up to 46 older people. Some people live with dementia. On the day of the inspection, 43 people were living at the home.

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

People received safe care and support and were well looked after. Risks were assessed and managed effectively to enable people to remain safe. Staff were vigilant to identify risks and take appropriate action.

Overall people received timely support from a consistent staff team. People received their medicines as required and systems used for the management of medicines were effective.

People's needs were assessed and reviewed to ensure their care needs were met. Care plans were detailed and effective to ensure staff always had access to relevant information.

Staff received training relevant to their role and had good support from the registered manager and their colleagues. Staff had the skills and experience to deliver effective care.

Staff sought people's consent before supporting them and decisions about people's care and treatment were made in line with law and guidance. People enjoyed their meals and received enough to eat and drink to maintain their health. People were supported to access healthcare, and other agencies, when required. The registered manager worked in partnership with health and social care professionals to provide consistency and ensure people received appropriate support.

People's care was responsive to their changing needs. People, and their relatives, were involved in the assessment and planning of care and there were opportunities throughout the day for staff to share information. People knew how to raise a concern and always felt listened to.

People, relatives and staff felt the service was well managed. Everyone had regular opportunities to share their views about the service. People were involved and consulted about how the home was run. The provider and the registered manager carried out regular audits and checks to ensure the quality of care provided.

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

Why we inspected:

This was a scheduled inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (published August 2016).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Dingle Meadow

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

The inspection was undertaken by one 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

Dingle Meadow 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 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.

Inspection activity started on 27 August 2019 and ended on 27 August 2019.

What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to plan our inspection. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about the service. We also sought feedback from the local Healthwatch and the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the

public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with eight people who used the service and seven relatives. We also spoke with the area director, the registered manager, the deputy manager and two support staff. We reviewed a range of records. This included three people's care records and medicine administration records. We also looked at quality assurance records, as well as one recruitment and training record.

Following the inspection, we received written feedback from a health professional who had recently worked with the registered manager.

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 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 that they felt safe at the home. One person told us, "I'm safe here and well looked after."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff told us they knew how to share concerns and were confident concerns would be listened to and acted upon.
- The registered manager was aware of the procedures to follow to report abuse in order to protect people and had used the process effectively to safeguard people.

Assessing risk, safety monitoring and management

- People had risks to their personal safety identified and managed effectively.
- Staff were aware of risks associated with the people they supported and told us how they supported people to be as independent as possible while managing the risks.
- The registered manager, and senior staff, reviewed risk assessments to ensure they reflected people's needs. They liaised with the person and, if necessary, their family, staff and other professionals to do this. One person told us about the positive impact that such an assessment. They told us, "I used to fall but now they have given me a walking frame and so I haven't fallen since I've had that."

Staffing and recruitment

- Overall people told us there were sufficient staff to support them although some people said they sometimes had to wait for support and that this could be frustrating. A relative told us, "Some days they're a bit short staffed but they all work their hearts out." The registered manager told us how they were currently recruiting staff.
- People spoke highly of the staff who supported them. People were involved in the recruitment process and one person told us the registered manager had listened to their feedback when choosing the right person for the job.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed and there were effective monitoring and checking processes in place to ensure all aspects of the administration, storage and recording of medicines were safe.
 - One person told us, "The carers do my medicine for me. I know what my medicine is for. They give me my medicine and they don't leave until I've taken it."
- Designated staff told us they received training before they were able to administer medicines and were

observed until confident. They told us they were confident to administer medicines safely and understood the importance of following guidance from health professionals.

Preventing and controlling infection

- People were protected from the risk of cross infection.
- Staff told us they had access to personal protective equipment and they used it appropriately. We saw them using gloves and aprons to reduce risks of cross infection when supporting people.
- Staff had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong

- Lessons were learnt when things had gone wrong.
- Accidents and incidents were reported promptly and documented. The registered manager told us how they monitored trends and acted when necessary to change support to keep people safe.
- Staff told us how they reflected on their practice at regular meetings. The registered manager said they shared issues at meetings and discussed how improvements could be made.
- The registered manager liaised with other managers to review experiences and learn from them as a team within the organisation. Policies and protocols were updated as a result if required.

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 has remained 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

- People had care plans that reflected their needs and aspirations. People and relatives had been involved in developing them to ensure they reflected the person's actual needs.
- Plans seen were detailed and personalised. People's needs, and preferences were identified before they received support to ensure staff could meet those needs. This included information about people's life experiences, individual preferences and health care needs.
- In discussions staff were knowledgeable about people's needs and preferences, including little details that made care personal. Staff spoke positively about the level of information they received and felt it enabled them to deliver good quality care.
- Care plans were updated when people's needs changed.

Staff support: induction, training, skills and experience

- Staff received good training opportunities. One staff member said, "We receive plenty of training and we are reminded when new or refresher training is available."
- Staff told us how they supported new staff through their induction to ensure they were equipped with the knowledge and skills to fulfil their roles.
- Staff felt well supervised and supported. One staff member told us, "The manager, and senior managers are brilliant, as is the team." Staff felt they worked effectively as a team and had numerous opportunities to share information to ensure everyone was up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts to maintain a balanced diet.
- We saw people enjoying their meals in a relaxed environment. People had the support they required. One person told us, "The food is very good here. I enjoy what they do for me. They do a nice cake for everyone on their birthday." A relative said, "I'm also very pleased with the food; I think that the chef's excellent."
- Staff knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes. If people did not like what they had chosen, they could ask for an alternative and this would be accommodated. People had a visual choice as to what they would like to eat. This assisted people with decision making.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with outside agencies to ensure people's needs and changing circumstances were shared when appropriate.

- The registered manager described how they worked with partner agencies to ensure people received care that met their changing health needs.
- A health professional told us, "The team are engaging and willing to work with the community teams. They contact us directly when they need support and will follow through with recommendations in order to best support their residents."

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with external professionals such as the district nursing team to ensure people received the right support. Information reflecting joint working was seen on care files reviewed.
- Health professionals were called to support people when their health needs changed. Specialist support teams offered input when people required support with swallowing and eating. When people experienced falls they were referred to external teams to offer support to prevent or reduce them.
- Care plans detailed support guidelines for staff to follow to ensure advice was acted upon.

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

- The service was adapted to meet the needs of people with reduced mobility.
- People had access to the garden which had been adapted for people with mobility needs.
- People could personalise their bedrooms if they wanted to.
- The ground floor had been refurbished and the first floor was scheduled for refurbishment later this year.

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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff asked permission before carrying out any care tasks.
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware. Any deprivations to a person's liberty had been considered and referred for authorisation to ensure they were in the person's best interest and the least restrictive approach.

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 requires improvement. Improvement was required in relation to maintaining people's dignity. At this inspection this key question has improved and is now good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the time of the last inspection improvement was needed in this area. We found that significant improvement had been made to ensure people's privacy and dignity was respected and promoted.
- All the people we spoke with were complimentary about staff support. They said that staff treated them well and respected their privacy. One person told us, "The staff do knock the door before they come into my room. They always ask me whether I want something."
- Staff shared examples of how they actively promoted people's privacy and dignity while offering support. For example, staff knocked before entering people's rooms and gave them privacy when they were upset or wanted to be alone. One staff member told us, "Everyone has their own preferences. We use towels to cover people and always ask if they want us to wait outside at times when [they consider the person would value some privacy]." A person who used the service said, "If you want to be left alone they will just leave you". Another said, "I have a key to my room, so I can lock the door. I like to be able to do that. The staff still might pop in to give us a drink. I know that they have a key. They always knock the door before they come into my room."
- Staff encouraged people to be as independent as possible. Staff told us how they encouraged people to help with personal care tasks as far as they were able.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. One person told us, "The staff are nice people." A relative said, "The staff are always attentive; they're always there. I'm in awe of all the carers; they are very patient. They're all very good." Another relative said, "The staff are very caring. They appear to enjoy working here and helping [my relative]." When staff did talk to people they were kind and caring. They took the time to listen.
- Staff respected people's equality and diversity. In discussions staff demonstrated a kind and empathetic approach towards the people they supported. One staff member told us, "Nothing is too much trouble." Another said, "We get to know people as individuals and that's how we treat them."
- Staff were aware of people's individual needs, including their sexual, cultural and religious needs. These were reflected in care plans. Staff told us how they considered these when planning activities and events. This ensured people received personalised care. People were encouraged to express their individuality. This included their clothes and their rooms.

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

- People told us they were supported to be involved in decisions about their care. People were encouraged to remain in control of all aspects of their lives and staff supported people as and when required. One person told us, "I make my own decisions about when I go to bed and when I get up. I like to go to my room after tea. I like to watch TV in my room and I do my word searches."
- Staff described how they offered people choices and delivered care with consideration for people's personal preferences and routines. For example, staff offered people choices about the clothes they wore, the food they ate and what they would like to do during their day. Routines were flexible to accommodate people's changing needs, the weather conditions and people's changing preferences. This meant people received a flexible and person-centred service.

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 has remained 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

- Care and support was planned in accordance with people's needs and preferences. Care records reflected people's individual wishes and included details about personal preferences.
- People, and their relatives, were involved in the development of care plans and plans were flexible. This ensured staff could meet people's expectations as well as their changing needs.
- People had their care and support needs reviewed to ensure they reflected current needs and preferences. Staff told us reviews happened when needs changed. Where people's needs changed, for example, due to a decline in health, their needs were promptly reassessed with health professionals as appropriate.

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 were supported to take part in activities within the home. People told us they enjoyed the activities, especially the regular entertainment and the outings. People could take part, as per their preference.
- Dedicated activities staff were passionate about their role and knew what people enjoyed. They arranged activities to reflect people's preferences and celebrated popular events and cultural festivals.
- Not everyone enjoyed structured activities, so they were encouraged to do the things they did enjoy. One person told us, "I like to read. There's Bingo this morning but I won't join in with that because I don't like Bingo. I do join in with some of the activities." Another person told us, "I love to read. I read murder books – I love them. The library comes to see me, and I have six books every time that they come. I spend most of my time reading my book. I like to go to my room at 9 p.m. I don't watch TV. I play patience and read my book."
- People were supported to maintain contact with people who were important to them. Visitors were welcomed at any time. One relative told us, "[Relative's name] has visitors. I come to see them and so does my brother. The grandchildren and great-grandchildren also visit."

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.

- The provider met the accessible information standard.
- We were told that written information could be shared in large print or in pictorial format.
- The registered manager had recently purchased two 'tablets' so people could access the internet. We saw these proved popular as people searched past interests and places.

Improving care quality in response to complaints or concerns

- People said they would speak with staff or the registered manager if they were unhappy about anything. One person told us, "If I was worried about anything I would speak to the carers. Once I was worried about daft things but that's all been sorted out now." Another said, "I've never had any complaints but if I did I would tell the manager."
- The provider had a system in place to ensure the effective management of complaints. Staff told us how they would escalate concerns to the provider (on a person's behalf) with the confidence that the issues would be immediately addressed. Complaints were referred to as 'a gift'. The registered manager told us how they saw complaints as a positive way to gain information and improve the service.
- Staff told us that if they raised a complaint they were confident the concerns would be followed through.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, people's care plans reflected how they would like to be cared for at the end of their life.

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 has remained good. This meant 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 worked with their team to ensure the service was delivered based around the needs and wishes of individuals.
- The registered manager was aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Everyone spoke positively about the registered manager. A person who used the service told us, "The manager is very nice. She always come around to say good-bye when she leaves the building." Staff described the registered manager as being approachable and supportive. A senior manager said, "[Registered manager] has brought a calmness. They have motivated and inspired the team and people have noticed the difference." A relative told us, "The manager is excellent. So far, they are very capable and efficient."

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

- The registered manager understood the responsibilities of their role and acted in accordance with them. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified any issues relating to the safety and quality of the service. Areas where improvement was required were shared within the staff team to drive improvement. Strengths were also shared to ensure changes and improvements were celebrated.
- People knew the registered manager very well and we observed open and relaxed interactions which meant people felt confident to share their views and opinions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, and staff, told us how they felt fully involved and consulted in relation to how their support was delivered. Staff shared examples of how the registered manager had listened to their ideas and acted upon them to improve people's quality of life. One person told us, "I like to go to the resident's meetings. They ask us if we're OK and do we have any worries?"

- Staff shared examples of how the registered manager had listened to their ideas and acted upon them to improve people's quality of life. They had regular formal and informal opportunities to do this.
- People's views and opinions were valued. People attended meetings to identify what changes, if any could be made to improve care. One person told us, "I did a survey answering questions about this place. I've not made any suggestions for improvement because I can't think of anything."

Continuous learning and improving care

- The registered manager told us how incidents or accidents were reviewed and discussed in staff teams and with other managers within the organisation. They said any learning would be taken on board and actioned to prevent possible reoccurrence.
- The home had a home improvement plan that identified all areas for improvement and set timescales for action. This meant the registered manager could stay on top of changes required and those that had been completed.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. Staff shared examples of how joint working had positively impacted on people's quality of life.
- Staff told us they had good working relationships with health and social care professionals. One health professional told us, "If we have concerns the manager has an open door policy and we can discuss issues and how we need to address them as a team."

Leadership and management

- The service was well managed and well led. A relative said, "I do think that this is a well-managed home. It's one big happy family".
- All staff knew their roles and responsibilities and communication between staff was effective.
- Relatives knew they could approach the registered manager to share feedback, ideas and suggestions. One relative told us, "She has relatives' meetings that I've seen advertised. Her door is always open though and so you can talk to her anytime that you like."