

## Dales Care Homes Limited

# The Dales

### Inspection report

Main Street  
Ellenborough  
Cumbria  
CA15 7DX  
Tel: : 01900 817977  
Website: [www.thedales.org](http://www.thedales.org)

Date of inspection visit: 15th May 2015  
Date of publication: 07/08/2015

### 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 

### Overall summary

This was an unannounced inspection which took place on 15th May 2015.

The Dales is situated in the village of Ellenborough, a residential area of Maryport. The building is a period property that has been adapted and extended to provide accommodation for up to forty older adults.

Accommodation is in mainly single rooms with ensuite facilities. There are some larger rooms which can be shared by two people. The home also has a specialist dementia care unit.

Members of the Iredale family make up the management team of this service. The home has a registered manager. 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 and associated Regulations about how the service is run.

# Summary of findings

People who lived in The Dales told us they felt safe from harm and abuse. Staff understood their responsibilities and relatives told us they had trust in how the staff team kept people safe.

Accidents and incidents were appropriately managed and recorded. Risks were suitably assessed. This was done with input from social work staff.

We looked at staffing rosters and we saw that there were enough care and ancillary staff to meet the needs of people in the home. Staff were suitably recruited. The home had appropriate disciplinary policies and procedures in place.

We checked on how medicines were ordered, stored, administered and disposed of and we found these to be in order.

Good infection control measures were in place and staff said they had suitable equipment and chemicals to keep the home free from infection.

Staff received suitable training to keep them up to date with the knowledge and skills they needed.

Staff received supervision individually and in groups. The manager was planning training for the coming year based on staff development needs.

The staff understood individual rights, consent and their responsibilities under the Deprivation of Liberty arrangements. The team had a good understanding of the Mental Capacity Act 2005.

People in the home were happy with the “good home cooking” on offer. We judged the catering in the home supported people nutritionally and was the focus of social interaction. The dining room was always busy and was seen as “the heart of the home.”

We learned that the local GP practice visited on a regular basis and the community nursing team came in to support the staff. People told us they were supported when they were unwell.

We saw evidence to show that the environment was being upgraded and improved as part of long term planning.

We observed caring interactions between staff and people in the home. We saw and heard from people that staff were considerate, patient and respectful. We observed dignified care and support.

People were encouraged to be as independent as possible. We had evidence to show that staff took time to explain things to people. People’s views were taken into consideration when changes were planned.

End of life care was well managed. The home and the local health care professionals worked well together to keep people in their own home until the end of life.

Care was delivered in the home in a person centred way. The team knew and understood individual needs. There were suitable risk assessments in place.

Each person had an up to date care plan that was based on risk assessment and life story work. People told us they were involved in planning their own care and support.

There were varied activities, outings and entertainments on offer. People were encouraged to continue with their own interests and to develop new hobbies. Group activities were well attended and people told us they enjoyed these. Some local groups met in the home so that people could be involved in things like local history.

There had been only one concern raised about the home and this had been managed appropriately. The local authority had supported the manager in this.

We saw that the home worked well with local social workers to ensure that where, for example, a person came for respite care there was continuity of care and support.

The home has a registered manager who was suitably qualified and experienced to lead the team. People told us they trusted and respected him.

There were suitable systems of delegation in the home. We saw that this had been worked on and improved in the last six months.

We saw that a quality assurance system was in place. There were work schedules for all aspects of the service. These were checked on a regular basis. People were asked for their views and opinions. Changes were made in line with the feedback from people in the home.

# Summary of findings

We had evidence of good partnership working with health and social care professionals. This meant that people who lived in The Dales got good levels of support.

# Summary of findings

## 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.

The staff team understood how to protect vulnerable people from harm and abuse.

Staff were suitably recruited and there were enough staff to meet people's needs.

Medicines were managed appropriately.

Good



### Is the service effective?

The service was effective.

Staff were suitably trained and supervised so that people received good levels of care.

The food provided was of a high standard and staff understood the nutritional needs of older people.

People in the home received good health care support.

Good



### Is the service caring?

The service was caring.

Staff were kind, patient and caring. People received dignified and respectful care.

The service supported people to continue to be part of the wider community.

End of life care was managed well with good support from the local health care practitioners.

Good



### Is the service responsive?

The service was responsive.

Good care planning based on assessment and consultation was in place.

The home provided people with varied activities, outings and entertainments.

People were well supported when they came for short stays.

Good



### Is the service well-led?

The service was well led.

The home had a suitably qualified and experienced registered manager.

Quality assurance systems were working well in the home.

We saw evidence of good partnership working with health and social care professionals.

Good



# The Dales

## 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 checked 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.

This inspection took place on 15th May 2015 and was unannounced. The inspection was carried out by the lead adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services for older adults and people living with dementia.

Before the inspection the provider 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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

The team spoke with twenty people who lived in the service. We also met five visiting relatives. We spoke to seven members of the care team, six staff who dealt with domestic and catering tasks, the administrator and the registered manager.

We looked at all the records relating to medication and to twelve care files. We read six care files in depth. We also looked at daily records and various forms related to the delivery of care and support.

We also looked at six staff files. These files contained information about recruitment, induction, supervision and appraisal. We were also given a copy of the training matrix.

We looked at quality monitoring records. We saw records of checks made on fire and food safety, infection control records and risk assessments. We checked on money kept on behalf of people in the home. We looked at returned quality monitoring questionnaires.

We met health care professionals on the day of the inspection. We spoke with commissioners of health and social care prior to and after the inspection.

# Is the service safe?

## Our findings

We spoke with people who lived in The Dales and asked them how safe they felt. They told us: "It's nice to be here, they treat me right," "I am quite safe here...the girls are around to keep me right." "I get my tablets fine...no problems." People in the dementia care unit told us that there were "lots of people looking after all of us."

Relatives told the expert by experience: "I couldn't look after my relative at home like they do here. They are on to anything going wrong in an instant," "They always tell me if something is wrong." Another relative said "I am in every day and I am asked about everything, but they don't miss much here, I know my relative will be safe with them."

We had evidence to show that any issues of potential abuse were reported appropriately by the registered manager. We spoke to staff who were able to talk about safeguarding matters and one member of staff said: "We wouldn't let anything dodgy go unreported, it wouldn't be right." We spoke with staff who were able to discuss what was abusive and who also understood how to report potential abuse. We had a good example of staff reporting something abusive on the morning of our visit. Staff had felt concerned about something that happened outside the home and we saw senior staff reporting this as a potential safeguarding on the day.

We noted that it had been some time since staff had received safeguarding training but we were told that a training course on protecting vulnerable people was being organised. We were told by staff that the team did discuss safeguarding matters on a regular basis. We saw evidence of this in team meeting minutes.

Staff were able to talk in some depth about risks and rights. Care files contained suitable risk assessments. Staff spoke about how they managed to give people a fulfilling life. One staff member said: "We are going to risk assess with a social worker [a person] going to a Liverpool match as we think we can do that because they just love football." Another team member said: "You can't stop people wanting to still be themselves, you just have to think ahead and keep them safe without getting in the way".

We looked at records of accidents and incidents. We saw that these were suitably reported to the Care Quality Commission. When we looked at the data for the home we discovered that this service had fewer incidents than other similar services.

We looked at rosters for the four weeks prior to the inspection visit and we found that there were always suitable numbers of care staff on by day and night. We also noted that there was a housekeeping team who gave the care staff a lot of support because they made beds and did other domestic tasks that had previously been done by care staff. There was also a laundry assistant on duty every day and the kitchen was suitably staffed.

We looked at staff files for team members who had not worked in the home for very long. We saw that suitable references and checks were made to ensure that new recruits had no contact with vulnerable adults until the registered manager was sure they were the right kind of people to work in the service. We also saw that the home had an appropriate disciplinary procedure in place and employed a company to advise them if they needed to use this.

We checked on the medicines kept in the home. We noted that some people were able to manage some of their medicines and staff monitored these appropriately. Medicine administration records were up to date and the records relating to controlled medicines were correct. We noted that each person in the home had a medication file which contained all the relevant details about the medicines prescribed to the person. We judged that this system worked well for staff and gave lots of detail about medication, topical creams and the preferred way of administration.

There were suitable systems in place to make sure there were good arrangements in place for infection control. On the day of our visit a team of housekeeping staff were cleaning the home to good effect.

# Is the service effective?

## Our findings

We asked people who lived in the home about the staff team, the meals provided, health care support they received and how satisfied they felt with the design of the home. People told us they were satisfied with the home environment and were very happy with the staff.

These are some of the comments we received: “The staff know what they are about...and the manager is marvellous...gives me lots of help and advice,” “No telling you off here the manager is always great.”

“I have a nice room but I like being in the lounge,” “I am happy here, I can do what I want,” “The food is good, the chef is new and he is just starting to get it right” another person said “Good food and plenty of it...I have put weight on as I was neglecting myself at home.”

We looked at staff records and we saw that staff received and induction and were supported by other members of the team when they first came to the home. We spoke with two senior carer staff who told us that they spent a lot of time supporting new staff. They said “New staff have to be spot on, or this place won't work.”

Staff said they received training. We looked at the records of training and we saw that team members had received comprehensive training. For example a group of staff had completed a Stirling University course about caring for people living with dementia. Staff had received training on moving and handling, fire safety, food hygiene and health and safety. The care team had attended a training course arranged by the local community nurses that covered all the basic care skills needed to look after older people.

We also learned that the registered manager gave staff short skills and knowledge updates. Some of these only lasted for 10 or 15 minutes. Staff said that these were very useful because it gave them short learning opportunities. We judged these to be a good way to increase the working knowledge of the staff team. These had been recorded informally and showed that these discussions were about good practice and possible developments in the home. We looked at supervision notes and found that these were comprehensive.

We spoke at some length with the registered manager. There had been a number of changes to the way the home was managed and the registered manager was aware that

some training and development were beginning to be a little out of date. We noted that a training and skills needs analysis was underway and new training was booked. We also noted that records of training were being updated so that a true picture of the staff team's needs was available.

We asked the registered manager and the staff about their understanding of their responsibilities under the Mental Capacity Act 2005. We saw that the staff team were concerned that two people were being deprived of their liberties. Suitable "best interest" meetings had been held and Deprivation of Liberty applications were being made. We judged that there was a good understanding of the legislation.

We asked people in the home about how they were asked for their consent. We learned that people were asked about all aspects of their life. We saw lots of evidence to show that people were involved in making decisions about their own care and welfare. One person said: “I am happy here and I can do what I want.” Care plans were signed where possible and some people wanted a relative to help with decision making. This was taken into account.

We also asked people about the food provided. They told us they were more than satisfied with the food provided. We saw breakfast and lunch being served to people and we saw the preparations for high tea. We spoke with the chef who had a good understanding of people's needs. He understood nutritional needs of older people and we saw that the menus catered for special diets and individual preferences. We saw that some simple things ensured people got good nutrition. Each day there was homemade soup made with stock, a pudding made with full cream milk, lots of fruit and vegetables on offer and as a visitor said: “free cake every day...as good as any fancy shop...better in fact”.

Staff understood nutritional planning and they were helping one person who was struggling to eat. The chef made special dishes to tempt this person. We saw that foods were fortified for people who struggled to keep their weight up. The dietician and other professionals were brought in to help with problems with eating and drinking. Nutritional assessment and planning was in place and the registered manager was looking at ways to continue to improve this.

We saw from notes that the local community nurses and G.Ps visited regularly. Staff could talk about how they

## Is the service effective?

accessed urgent health care support. We also noted that regular health reviews were in place. We had evidence to show that the local surgery worked closely with the home. The local GP stated that “we have regular review meetings to discuss and update the patients care plans including their preferred priorities for care...advance planning and medication. I am happy with the care they provide.”

The Dales is an older property that has been adapted and improved on to provide a suitable environment for older people who may have mobility needs. There are a number

of lounge areas around the home, bedrooms were of reasonable size with ensuite facilities. The dementia care unit was well designed and allowed people to have access to a safe outside area. A new sitting area was being developed to the front of the property. Several areas had been redecorated. We noted that there remained one corridor which needed a full up grade. The registered manager agreed that this now needed to be done and we had evidence provided after the inspection to show that the work on this corridor had started.

# Is the service caring?

## Our findings

During our inspection the expert by experience and the inspector observed caring interactions between people who lived in the service. The care that was delivered by staff was respectful, dignified and appropriate. When we spoke to people in the home they were more than happy with the caring approach of people on the staff team.

We had numerous positive comments about the caring approach. One person said: “The girls are nice to me...so friendly.” Another said: “What better can you have in your retirement, looked after and good crack,” “I have lots of friends here...proper friends that I can talk to.” “See these nice girls (the staff) always a smile and good tell a good tale” “They look after you well, so patient with some of the trying ones.”

Staff knew and understood people’s needs and often pre-empted people’s needs and wishes. The staff team could talk about people’s life stories and they understood where the person’s role was in the family and friendship groups they had. Many of the staff team had known the people in the home before they came to live in the Dales. There was a community feel in the home and people told us that they still felt part of the community.

The expert by experience noted that there was a constant pleasant ‘banter’ between staff and residents. Staff often stopped tasks to sit and calm or comfort a distressed resident, or spent time reminiscing with them.

We listened to people in the dementia care unit. One person said: “I see him (the registered manager) every day and that just makes my day. I have known him since he was a little boy.” The registered manager had helped people to write their life stories and we saw that he took the lead in talking to people about their past experiences and their wishes and needs. We saw that this was also the way the staff made relationships with people. The atmosphere was open, respectful and friendly. There were a lot of conversations where people in the home were listened to and their views and opinions valued.

Staff and the manager explained things to people in detail. One person told us: “[The manager] explained everything to me in detail and got the doctor to talk to me...I am kept well informed.” We also heard that people were informed of any changes that needed to take place.

We saw that people were given their own private space. Some people enjoyed spending time in their own rooms but everyone was encouraged to be part of the community. A visitor said: “It is so nice...not everyone sitting in their rooms. Just about everyone is down here socialising. It is so much better for my relative. It is like coming into your own home not just a Home.”

We met a number of people who went out independently and were able, with support, to carry on with activities and interests they had before they came to the home. One person said: “I go to the pub; I am going to go to the [local football] match with a care assistant. I am really going to love that.” Another person told us: “I go out, I tell the staff then I go, I always let them know first”

We met one person who had recently lost one of their much loved cats. The registered manager and the staff had talked to this person and a new kitten was bought. The staff said: “The Dales has always had a cat and it was so important to this person we had to get a kitten.”

One person in the home was at the end of their life. We saw that all the arrangements were in place with good shared care between the staff and the local health care providers. Their family lived abroad. We had evidence to show that the registered manager contacted them by Skype and e-mail. We saw a written quality monitoring survey from this family who had been in the home just before our visit. This was their view of the care being provided: “In the Dales long term ‘care’ isn’t just a word. The family feeling ...means that ‘end of life’ is just another step of the journey. There are so many things I have seen and overheard...staff consoling those residents and family who is upset, bereaved or grieving.”

# Is the service responsive?

## Our findings

People in the home told us that staff responded well to their needs and wishes. One person said: "I do my computers and stuff...there is always outing and things. I don't go on them but that is my choice. I do my own thing, but they are good company." Another said; "The staff know what I want but they ask me anyway." "I have everything I want, my books, my television and phone, they are putting in a new phone line for me" One person told the inspector that they had written "a good bit" of their care plan with the manager. People said they were asked about their past and their future: "I have a plan...and they asked me all about what I wanted."

We looked at care files and we saw that there were good life stories in place which, along with assessment, ensured that there was a picture of each individual who lived in the home. We also noted that the registered manager and the staff understood people very well and delivered care in a responsive way.

We noted that there were risk assessments for all aspects of persons care. This included risk assessments for personal safety, falls and medical conditions.

The care plans were simple and easy to follow. We discussed with the registered manager some ways of improving care planning. We judged that the staff team delivered care in a person centred way but that sometimes the care plans needed to reflect this.

We asked people in the home about activities and we had evidence to show that there were regular entertainment and parties on offer. The staff tried to introduce different activities and there had been a recent pamper day where students from the local college came in and gave people manicures and facials.

We noted that people from the community came in to the home. The local history group and a group of people who were interested in amateur radio met in the home and people who lived in The Dales were involved in these meetings.

People went out into the community. We learned that at least one person went to the local shop. A group of men went to the local pub to watch football and have a drink. The home had its own transport and people could ask to go out to shop or go to other local entertainments.

We asked the registered manager about complaints that had been received. We looked at the complaints log and saw that there had only been one complaint in the past year. This had been dealt with in a suitable way. The home had an appropriate complaints procedure.

We had evidence to show that this service worked well with social workers from the local authority. We had positive comments about the service from the local authority and from health professionals. We saw in care files that the staff team supported people when they went to hospital appointments. We had evidence to show that people who came for respite care had appropriate support.

# Is the service well-led?

## Our findings

People in the home told us that they were satisfied with the way the home was managed. We noted that people had good relationships with the registered manager. He understood their needs and wishes. One person said: "The manager is great...always around. He knows what he is doing." Another person said: "The carers are good and the seniors know how to manage things. No problems with the way the home is managed." A relative commented: "The manager is a caring, knowledgeable, compassionate person who values residents as people...He has a team that shares this approach."

The registered manager was suitably qualified and experienced person to manage a residential home. There had been some recent changes to the management team and a new administrator appointed. We noted that each of these people and the senior carers all had dedicated tasks to do. We thought that this delegation of work had improved the way the service operated.

The home had a quality assurance system and we saw that this was working in a number of ways. This included the new scheme of delegation for the staff team and some instructions for staff about different aspects of their work. We noted for example that medication was monitored on a weekly and monthly basis.

We looked at the recent quality monitoring surveys that had been sent out to families, professionals who visited the

home and to the people who lived in the home. These were based on the five outcomes of safe, effective, caring, responsive and well led. We saw that people were more than satisfied with the service provided.

One of the surveys stated that: "There has been a noticeable change at The Dales since January 2015... Staff have more input into policy, organising the office and changes to the environment. The manager has supported and encouraged staff to work as a team of carers as opposed to 'managed' staff."

The inspector spoke to people who said they had been involved in decision-making about their own lives but also about future plans for the service. They had had an influence on décor, recruitment, menu planning and activities.

We saw that there had been a number of changes because people were asked their opinions and the staff team and the people in the home discussed options. During our visit we heard people talking about what they wanted and needed for the immediate future. People in this home were still involved in the local community and as one person told us: "I have things to look forward to and I see lots of people I've known all my life."

Social workers and health care professionals told us that the staff team worked well with them. We saw examples of how the manager accessed specialist care and support for people in the home.