

The Dales (Northwest) Limited

# The Dales Care Home

## Inspection report

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Merseyside  
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Date of inspection visit:  
02 February 2022

Date of publication:  
22 March 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The Dales Care Home provides accommodation for up to 31 people who require personal care in one adapted building. At the time of the inspection 28 people lived in the home. Some people at the home were living with dementia.

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

There was a friendly and relaxed atmosphere at the home. We observed many kind, friendly and thoughtful interactions between people living at the home and staff members. Staff promoted people making choices for themselves. People and their relatives told us they liked the home.

Care planning was person centred and focused on outcomes for people. People's care plans now identified what was important to them, along with their needs and any risks in their care. This meant that staff had the up to date information they needed to provide safe and appropriate care that met people's needs and preferences.

The provider had changed the systems in the home in relation to how they assessed, recorded and mitigated risks in people's accommodation, care and support. These systems were effective in ensuring that staff had the most important and relevant information at hand, to enable them to be effective in supporting people to be safe.

Improvements had been made regarding the governance of the service. However, some of the governance systems had not been consistently maintained or had not always been effectively implemented. In relation to some areas of the providers oversight and governance, the service remained in breach of regulation.

The provider had made significant improvements in other areas of oversight of the service, which had led to improvements in the quality and safety of the service being provided. For example, the safety and effectiveness of people's care and their care plans were checked upon and audited.

The standard of people's accommodation and the furnishings and equipment people used had all improved. Areas of the home had been refurbished and the home's environment was pleasant and clean. There was ongoing maintenance and a series of safety checks taking place at the home. This helped ensure the home's environment was safe.

The home manager and staff at The Dales worked effectively in partnership with others and were engaging with local systems to support people's needs. Family members told us that they had good communication with the home manager and staff at The Dales. Staff told us that they felt supported and listened to by the provider and home manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection and update

The last rating for this service was inadequate (published 14 July 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations in relation to; Safeguarding service users from abuse and improper treatment (Regulation 13), Safe care and treatment (Regulation 12) and, Fit and proper persons employed (regulation 19). Improvements had been made in relation to Good governance (regulation 17). However, the provider remains in breach of this regulation.

This service has been in Special Measures since 14 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

## Why we inspected

We previously carried out an unannounced inspection of this service on 10 and 16 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met the legal requirements. This report only covers our findings in relation to the Key Questions, "Is the service safe?" and "Is the service well-led?" which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Dales Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Dales Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

The Dales Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. 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. The registered manager was also the provider; they are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had delegated some day to day responsibilities of the home to a home manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority Quality Improvement Team, who work with the service. We used the information the

provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited the home early in the morning to speak with and observe both overnight and daytime staff members. We spoke with five people about their experience of the care provided. We also spoke with ten members of staff including the provider, home manager, care staff and administration staff. We spoke with two family members of people living in the home.

We reviewed a range of records. This included five people's care records and a selection of people's medication records. We looked at recruitment records for two staff employed since the last inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. Improvements had been made to the safety of the service however there remained some aspects of safety that needed improving.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people were adequately assessed, monitored and managed in order to prevent avoidable harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that overall enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider had changed the systems in relation to how they assessed, recorded and mitigated risks in people's accommodation, care and support. These systems were effective in ensuring that staff had the most important and relevant information to enable them to be effective in supporting people to be safe. People's care plans were reviewed regularly; when any changes were made in a person's care plan, there was a clear reason recorded for these changes.
- The oversight of supporting people with medical conditions had improved. The recording and management of people's risk of falling, along with other accidents and incidents had improved and the systems in place were now effective.
- The standard of people's accommodation and the furnishings and equipment people used had all improved. Areas of the home had been refurbished and the home's environment was pleasant and clean.
- There was ongoing maintenance and a series of safety checks taking place. This helped ensure the home's environment was safe.
- There remained some areas requiring improvement regarding the provider continually assessing and mitigating risk at the home. Some systems for assessing risk had not been maintained or on occasion all appropriate actions had not been taken when a risk had been highlighted. Some of the improved practices needed embedding.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were kept safe from potential harm or abuse. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- The provider had put in place a new system for identifying, recording and acting upon any information of

concern in relation to safeguarding people from abuse, improper treatment and neglect. The provider had effective management oversight of these systems.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practices had been followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Since our last inspection, new staff had been recruited safely using appropriate checks to help ensure their suitability for the role.
- There were enough staff deployed to care for people safely. The provider told us that they had struggled to recruit a full staff team. They were making significant use of agency staff to ensure enough staff were present at the home. Steps had been taken to use the same agency staff members as much as possible to help provide people with some continuity of care.
- There was a system for ensuring that agency staff were safe to work at the home and were suitably trained and experienced. However, this system had become disorganised and had not been maintained. This was rectified on the day of our inspection.

#### Using medicines safely

- People's medicines were stored, recorded and administered safely.
- There was an effective system in place for checking the safety of medication administration at the home.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure infection prevention and control practices at the home reduced the risk of infections to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The home's environment was clean.
- Staff were using and disposing of PPE effectively and safely.
- The provider had ensured appropriate use of testing for COVID-19 for people living at the home and staff to help reduce the spread of any infection. Records of COVID-19 testing were kept.
- The provider had ensured that staff members had completed training on infection control and steps to help prevent the spread of COVID-19. The provider had appropriate policies in place.
- Any outbreak of COVID-19 amongst the staff team and people living at the home were managed effectively in partnership with local infection prevention and control teams.
- The provider had an appropriate visiting policy in place which adhered to government guidance. During our inspection visit family members were visiting people at the home safely.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.



The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- There had been many areas of improvement since our last inspection of The Dales Care Home. These had been prompted in part by our request for an urgent action plan after highlighting these areas of concern to the provider during our previous inspection.
- Since our last inspection there was a renewed focus on continuous improvement. The quality assurance systems the provider now has in place showed evidence of highlighting areas requiring improvement and action being taken to make these improvements.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. Improvements had been made to the governance of the service and management oversight. However there remained some aspects of oversight that needed improving.

At our last inspection the provider had failed to ensure that management oversight of the service was robust, and they had not ensured the service provided for people was safe and of high quality. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had not been made. The provider remained in breach of regulation 17.

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

- Improvements had been made regarding the governance of the service. However, some of the governance systems had not been consistently maintained or had not always been effectively implemented.
- One area of the home was accessible to people when it was not safe for them to do so. This was a risk known to staff which had not been addressed.
- The provider could not always be assured that agency staff were working at the home safely. The provider had set up a system for ensuring that agency staff were suitably skilled, competent and were working in the home safely. However, this system had not always been maintained.
- The provider had arranged for a fire risk assessment following our last inspection. Most of the recommendations in the report had been addressed. However, a recommendation in relation to reviewing internal fire doors that allow for a horizontal evacuation at the home, had not been acted upon.
- At this inspection staff were still in the practice of wedging open the fire doors on people's bedrooms. This prevented them from automatically closing and offer people protection in the event of a fire.

The concerns highlighted during this inspection were not systemic across the home as they had been previously. The provider took prompt action during and following our inspection to address them. Although not widespread these concerns are related to the breaches of regulation at our previous inspection. This meant that although there had been significant improvements to the quality and safety of the service being provided; the service remained in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- The provider had made significant improvements in other areas of oversight of the service, which had led to improvements in the quality and safety of the service being provided.
- The safety and effectiveness of people's care and their care plans was regularly checked. There was also a

series of checks and audits on the safety of people's medication, the home's environment, the appropriate use of equipment, food preparation and people's dining experience. These audits were thorough and had resulted in changes and improvements being made that helped ensure the service was high quality and met people's needs and preferences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was a friendly and relaxed atmosphere at the home. We observed many kind, friendly and thoughtful interactions between people and staff members. Staff promoted people making choices for themselves.
- Care planning was person centred and focused on people's outcomes. People's care plans now identified what was important to them along with their needs and any risks in their care. This meant that staff had the up to date information they needed to provide safe and appropriate care that meets people's needs and preferences.
- People and their relatives told us they liked the home. One person told us, "It's lovely here." Another person said, "I like my room, it's all right; and the food is spot on." Another person's relative told us, "[Name] never used to talk to people; but [Name] is very comfortable here and will talk to people which is really good to see... [Name] feels safe here and we feel comfortable and happy with how it is going."
- The provider had arranged for regular reviews of any accidents, incidents or any other matters of concern that had taken place at the home. Appropriate action had been taken and staff at the home worked in partnership with others to help prevent any future occurrences.

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

- Following our last inspection, the provider had ensured that appropriate information was shared with the Care Quality Commission and other stakeholders when appropriate.

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

- People had been consulted with regarding their accommodation, care and support. People's care plans started in detail with what was most important to them. This helped ensure that staff provided care that met people's needs, preferences and was meaningful to them.
- Family members told us that they had good communication with the home manager and staff at The Dales. People's family members had been involved in social events at the home.
- Staff told us that they felt supported and listened to by the provider and home manager.

Working in partnership with others

- The home manager and staff at The Dales worked effectively in partnership with others and were engaging with local systems to support people's needs. One healthcare professional told us, "Staff are friendly and approachable, they are open to our advice and take it on board... they know people and work in partnership with us."
- People's family members described working in partnership with the home manager and staff when supporting a person with health concerns.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems for assessing and monitoring the quality and safety of the service had not been consistent or always applied effectively.