

Greendown Trust

Dyneley House

Inspection report

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Date of inspection visit:
23 January 2024

Date of publication:
27 February 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dyneley House is a residential home providing accommodation and personal care for up to 24 people. Care is provided across 3 separate floors. Some people using the service are living with dementia. At the time of our inspection, there were 20 people living at the home.

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

People and relatives were overwhelmingly positive about the quality of care provided at the home. One person commented, "I think it is well managed because it couldn't be a better place" and a relative told us, "It is brilliant here."

Most aspects of medicines were safety managed but there were areas for improvement in the recording of topical medicines and thickening agent used for people with swallowing difficulties. Action was immediately taken when these aspects were raised. We received mixed feedback about staffing levels, but we did not find evidence of staffing levels having a negative impact on people's needs not being met. Risks to people's care were identified, monitored and actions put in place. There were infection and prevention control processes and procedures in place.

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.

The registered manager was passionate about providing high quality care to people and support to staff. People were engaged in activities they enjoyed, and everyone told us they would recommend the service to others. Care plans were detailed and centred around people's needs. There were quality assurance processes in place to ensure areas for improvement were identified and acted upon, and these had been mostly effective.

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

Rating at last inspection

The last rating for this service was good (published 25 July 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dyneley 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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 carried out by 1 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

Dyneley House 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. Dyneley House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 January and ended on 29 January 2024. We visited the location's service on 24 January 2024.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection report and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included Healthwatch Leeds, the local authority safeguarding team and commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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

During the inspection, we spoke with 6 people using the service and 5 relatives of people using the service. We received feedback from 1 healthcare professional who regularly visited the service. We spent time observing care in the communal lounges.

We spoke with several staff members; this included the registered manager, team leader and care workers. We looked at care for 3 people living at the home and medication records. We looked at training for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall, medicines were managed safely but we identified some examples where medicines records had not always been accurately maintained in relation of the care provided with topical medicines and thickening agent used for people with swallowing difficulties. The registered manager told us they had already identified and had taken steps to improve recording of topical creams. After our visit, we reviewed evidence confirming these areas had been addressed.
- People's medication was always available and administered on time.
- Staff responsible for administering medication had been trained and their competency regularly assessed.

Staffing and recruitment

- People and relatives shared mixed feedback about staffing levels at the home. Their comments included, "There is enough staff for my support, and I don't have to wait long at all;" "Sometimes you wait longer for them to come because they are at the other end of the building. They will come and tell you they are helping someone else and that they will be back;" "Sometimes they are rushing about but they seem well organised" and "Staffing is a problem as they are too stretched sometimes."
- Staff told us staffing levels were appropriate most of the times.
- The registered manager was using a dependency tool to assess the level of staffing required, and explained rotas were organised for these levels to always be maintained or kept above the safe numbers indicated. The registered manager told us about their ongoing recruitment plans; people, relatives and staff had been informed of these plans during meetings held by the registered manager.
- During our inspection, we did not observe concerns about call bells not being responded on time or people having to wait long periods of time to receive care.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home, Comments included, "I am safe" and "It is fine for me here. I am safe and feel entirely comfortable. If I need any help, I use my buzzer."
- Relatives agreed their loved ones received safe care; they told us, "It is a safe place, the staff are lovely and very helpful" and "This place is brilliant, outstanding in every aspect."
- There were safeguarding policies and procedures in place. The registered manager knew about their responsibilities in this area and safeguarding incidents had been reported, when required.
- Staff had completed relevant training and knew how to identify and report any safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's care were well managed and measures put in place to control these risks.
- Accidents and incidents were recorded, trends and patterns analysed, and action taken to prevent reoccurrence. The registered manager showed us how their analysis of falls had justified the purchase of laser sensor equipment to alert staff when some people at risk of falls required support.
- Equipment used to lift and mobilise people was safety maintained.
- Fire safety risks were well managed. Staff were aware of the home's fire evacuation procedures and regular drills were taken place to ensure staff were well trained. Improvements had been identified during an external fire safety inspection and these were being actioned in a timely way.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- People and relatives shared positive feedback about the level of cleanliness of the home. A relative told us, "I would tell people staff are compassionate, you get attention, it is always nice and clean and the food is good."
- In our observations, we found the home's environment to be clean.
- The provider was managing the risks of cross infection well. Staff had completed training in infection control prevention.

Visiting in care homes

- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

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 good. The rating for 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.

Continuous learning and improving care

- The quality assurance systems in place had mainly been effective. We found care plans were detailed and centred around people's needs, but we found examples where care notes did not always record all care provided and support interactions between people and staff. The registered manager showed us this had already been identified during internal audits and a new electronic care record system was in the process of being implemented. We found some gaps in how topical creams were being recorded and this had also previously been identified by the registered manager and work was ongoing to improve this area, although had not been fully embedded at the time of our inspection. The gaps in recording of thickeners had not been previously identified.
- The management team kept an appropriate oversight of the risks linked to people's care, such as falls and skin integrity risks, and actions were taken in a timely way.

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

- People and relatives were very positive about the management of the service and told us they would recommend the home to others. People told us, "The manager is very good. It is well managed because I know I feel I am in a nice place; we are all different, but we get on" and "It is well managed because the staff are marvellous, they all do well, are very helpful and like me."
- Staff told us the management were supportive and any issues raised would be acted on appropriately.
- The registered manager was passionate about providing high quality care to people and support to staff. They had links with the community to enhance their knowledge and skills, as well as to ensure people had the care they required and were involved in various activities.
- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were respected and supported to participate and engage in their care and in meaningful activities.
- Staff were responsive to people's needs, caring and offered people a person-centred approach. During our inspection, we observed kind interactions between people and staff. One person told us, "They treat me with respect, and I tell them "I am asking not telling", it's mutual respect. We have a laugh." A relative

commented, "The staff are very hardworking, conscientious, very warm and friendly. They are also sensitive and know how to handle situations for example sometimes they get [person] dancing, and [person] giggles away but other times that wouldn't be appropriate and they can see that."

- There were systems in place to promote effective communication and for gathering the views of people, relatives and staff. Regular meetings with were conducted and relevant areas were discussed. One relative told us, "[Name of registered manager] handles the resident and relative meetings so well, she explains everything. We can process things quickly, but she goes nice and slowly for the residents, she is tuned in and not patronising. This means residents can think of what they want to say. She will explain that they are going to try out something new on the menu, and she is open to feedback."
- Relatives told us that their loved ones being cared for at Dyneley House also had a positive impact on them. Their comments included, "The staff are always welcoming, and open, they are on first name terms with everyone. Our stress levels have dissipated" and "I am speaking from the heart; I don't worry about [person] anymore. I know [person] is well looked after."

Working in partnership with others

- Health and social care professionals were regularly involved with people's care planning. Professional advice was followed. A visiting healthcare professional commented, "It is really nice and they are a nice caring bunch. They are also really helpful to me. They seem very organised and on the ball with the residents. I would be happy for my elderly relatives to come here."
- One relative told us, "I feel it is a partnership, for example, sometimes they [staff] will phone the GP sometimes I will, and we come up with a joint plan of action."