

Amore Elderly Care Limited

# Dalton Court Care Home

## Inspection report

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## 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

Dalton Court Care Home is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people and people living with dementia and physical disability. At the time of our inspection there were 52 people living at the service.

The home accommodates people across two separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

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

People received safe care to meet their needs. Staff were kind and patient in their approach, to which people responded positively. People were protected from the risk of abuse and neglect. Risks to people were assessed and plans put in place to guide staff in how to support people safely whilst respecting their wishes and preferences.

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 service had a positive culture that was person-centred. Managers were committed to people receiving high quality, safe care. People and staff had opportunities to provide feedback on the service to inform changes. The service had clear and effective governance and management arrangements in place to ensure people received consistent and good care. The provider and registered manager were committed to making ongoing improvements at the service to benefit people's wellbeing.

For more details, please see the full report which is on the Care Quality Commission (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 requires improvement (published 12 August 2022). There was a breach in regulation. 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.

### Why we inspected

This inspection was carried out as part of our response to winter pressures in the NHS. We reviewed the evidence we held about the location, which suggested the rating may have improved to at least good and that an improved rating would create additional capacity within the service.

This report only covers our findings in relation to the Key Questions Safe and Well-led. 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 requires improvement to good. This is based on the findings at this inspection.

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

#### 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.

# Dalton Court 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.

#### Inspection team

The inspection was carried out by 3 inspectors.

#### Service and service type

Dalton Court Care Home is a 'care home' with nursing. 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. 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 CQC 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.

#### 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 and professionals 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 spoke with 9 people that used the service. We spoke with 12 members of staff including a regional director, registered manager, deputy manager, nurses, care workers, housekeeper and a maintenance worker. We spoke with a health professional visiting the service.

We reviewed a range of records. This included 8 people's care plans and multiple medicine records. We reviewed 3 staff recruitment records. A range of records relating to the management of the service including quality assurance checks, health and safety records, staff training records and a sample of the provider's policies and procedures were also reviewed.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to take adequate steps to manage risks to people's health and safety and ensure the premises were safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Regular servicing and health and safety checks helped to make sure the environment and any equipment used were safe. The provider had plans in place to replace a number of specialist beds throughout the service following this being identified through routine checks
- People were enabled to take positive risks to take control of their care and support. People's right to make unwise decisions was respected.
- Clear records were in place to identify any health risks to people and guide staff in how any health emergencies may present and guide their response. For example, diabetic incidents.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to keep the person and others safe.

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

- People were protected from the risk of abuse; staff were trained to recognise and respond to any safeguarding concerns.
- Safeguarding concerns had been appropriately reported to the local authority by managers.
- People responded positively to staff support and looked to them to keep them safe. One person said, "The staff look after me beautifully."

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.

#### Staffing and recruitment

- Staffing levels within the service were sufficient to ensure people received safe, responsive care.
- The provider had a dependency tool to monitor and help make sure enough staff were on duty to meet people's needs.
- Staff told us they had enough time to support people. People responded positively to the calm, pleasant approach by staff. Staff regularly checked on people and offered reassurance.
- People were supported by safely recruited staff. Appropriate recruitment checks had been completed to help make sure suitable staff were employed.
- Staff had received training and ongoing support to help them support people to stay safe. For example, some regular agency staff had received supervisions from the registered manager to monitor and support their practice.

#### Using medicines safely

- Effective systems were in place to support the safe use of medicines within the service.
- Medicines best practice was being followed, including to support people experiencing distress and 'as and when required medicines' to guide staff in when people may need these medicines.
- Staff completed training and had their competency assessed to make sure they understood how to administer medicines safely.
- Regular medicines audits were used to identify and address any shortfalls in practice.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visitors were able to visit the service when they wished. PPE was available for their use.

#### Learning lessons when things go wrong

- A learning and improvement culture had been established at the service by the provider.
- When accidents and incidents occurred, they were responded to appropriately and any learning identified and shared.
- Managers reviewed information about any incidents that had occurred in the service to identify any trends and patterns and improve people's care.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a strong person-centred culture; people's care was developed based on their needs and preferences.
- Managers had very clear expectations about the quality of care people could expect within the service and led by example in delivering this.
- Staff understood their role and responsibilities and how it contributed to people receiving high quality care and support.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

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

- The registered manager understood the importance of being open and honest with people if things went wrong.
- The registered manager was transparent in reporting any issues or concerns. Notifications were sent to CQC when legally required.

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

- People were involved and engaged in the running of the service. Their views were sought as part of their day-to-day care.
- The registered manager arranged for meetings to take place for people to discuss what was important to them as part of their care and provide feedback on the service.
- Staff had opportunities to provide feedback on the service. One staff member described suggesting a different approach to supporting people each morning, they were encouraged by managers to try this.

Continuous learning and improving care

- Quality assurance systems were embedded. Daily checks were used by managers to identify issues and proactively respond to these.
- People's care records were regularly reviewed and updated to provide up to date information about their care and support needs.

- The registered manager had plans in place to continue to develop and improve the service. For example, developing sensory activities for people living with dementia.

#### Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped improve people's health and wellbeing.