

Mrs Wendy J Gilbert & Mr Mark J Gilbert

Dovehaven Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection of Dovehaven Nursing Home took place on 21 & 22 October 2015.

At the time of our inspection there was no registered manager in post. The service had a manager who had applied to CQC (Care Quality Commission) for the position of 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 2008 and associated Regulations about how the service is run'.

People and relatives we spoke with told us they felt the home was a safe place to live. Our observations and feedback from people who were living at the home and relatives indicated people were not always supported by sufficient numbers of staff to provide care and support in accordance with individual need. At peak times we found staff did not always answer people's calls for assistance promptly as they were assisting other people. For example, over the lunch time period.

The staff we spoke with were aware of what constituted abuse and how to report an alleged incident.

Summary of findings

People living at the home were not always protected against the risks associated with the safe management of medicines.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people.

Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building. We found doors in the home were wedged open which increased the risks to people's safety in the event of a fire. Following the inspection the manager informed us these had been removed and electronic catches are being fitted to the doors. We referred this concern to the fire service who have since visited the home to provide advice.

Staff told us they were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. Staff told us they were well supported in their roles and responsibilities.

We observed staff gaining people's consent before assisting them with personal care or providing assistance with their meals. People's consent, or relatives if required, was not always documented in the care files we saw to evidence their inclusion and to ensure the service was working in accordance with the Mental Capacity Act (MCA) (2005). The manager informed us people who lived at the service needed support to make decisions regarding their care. We found staff were not always following the principles of the MCA for people who lacked capacity to make their own decisions.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account. We observed and spoke with people enjoying lunch. People told us the meals were good and there was plenty of choice.

Staff carried out personal care activities in private. People did however tell us that the home was very busy and at times they had to wait for staff support.

There was a lack of social stimulation for people living at the home. There was nobody organising or co-ordinating a programme of events for people to engage with and enjoy within the home. Following the inspection the manager informed us the home would be recruiting an activities organiser.

People were able to see external health care professionals to maintain their health and welfare. Care files recorded these appointments and people's plan of care provided information about their care needs and staff support. Risks to people's safety were also recorded.

The staff interacted well with people and demonstrated a good knowledge of people's individual care, their needs, choices and preferences. During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the manager.

People living in the home and their relatives told us the manager was approachable and supportive.

Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff said they were able to speak with the manager if they had a concern.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home.

The manager was able to evidence a series of quality assurance processes and audits carried out internally. These had not picked up the areas of concern we identified during our visit to the home. The provider did not ensure effective systems and processes were in place to consistently assess, monitor and improve the safety and quality of the service.

You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe.

People we spoke and relatives told us they thought the home was safe. However they raised concerns about the staffing levels and staff not always being available. We found there was not always sufficient numbers of staff to offer support in accordance with people's individual need.

People living at the home were not always protected against the risks associated with the management of medicines.

During the inspection we saw bedroom and communal doors wedged open. This meant the doors were not effective in the event of a fire. Following the inspection we were informed the wedges has been removed. The fire service has provided advice around fire safety.

Staff were aware of what constituted abuse and told us they would report an alleged incident.

Risk assessments were in place to support people and to protect them from unnecessary harm.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people.

Requires improvement



Is the service effective?

The service was not always effective.

People had access to external health care professionals to monitor their health and wellbeing.

Staff were not always following the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account.

Staff told us they were supported through induction, regular on-going training, supervision and appraisal.

Requires improvement



Is the service caring?

The service was caring.

Staff support was given in a respectful and caring manner. Staff took time to listen and to respond in a way that the person they engaged with understood. Staff were respectful and showed a genuine warmth towards people.

Good



Summary of findings

Staff demonstrated a good knowledge of people's individual care, their needs, choices and preferences. This helped to ensure people's comfort and wellbeing.

People's dignity was observed to be promoted in a number of ways during the inspection. For example, staff were observed to knock on bedroom doors seeking permission before entering.

Is the service responsive?

The service was not always responsive.

Staff we spoke with had a good understanding of people's needs and how people wish to be supported.

We had mixed views from people and relatives regarding their involvement with the plan of care though people and relatives told us the staff discussed the care needs with them and kept informed of any change. This was not always recorded to evidence their involvement.

There was no programme of social activities in the home for people to take part in.

A process was in place for managing complaints. People told us they would speak with the manager if they had a concern.

Arrangements were in place to seek the opinions of people and their relatives, so they could share their views and provide feedback about the home.

Requires improvement



Is the service well-led?

The service was not always well led.

The home had a manager in post. We received positive feedback about the manager from staff, people who lived at the home and relatives.

Quality assurance systems and audits were in place to monitor performance and to drive continuous improvement. We found a number of audits were not as effective as they could be as they had not picked up on the areas of concern we found during our inspection.

Accidents and incidents that affected people's safety were recorded and subject to review to identify and trends or patterns, thus reducing the risk of re-occurrence.

Staff were aware of the home's whistle blowing policy and said they would not hesitate to use it.

Requires improvement



Dovehaven Nursing Home

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 was planned to check 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 unannounced inspection took place on 21 & 22 October 2015. The inspection team consisted of an 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 this type of care service.

Before our inspection we reviewed the information we held about the home. We looked at the notifications the Care Quality Commission had received about the service and we contacted the commissioners of the service to obtain their views. The provider completed a Provider Information Return (PIR). The PIR 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.

As part of our inspection we spent time talking with people who were living at the home. A number of people had high dependency needs and were very frail in health therefore we were not always able to receive feedback from all the people we met and spoke with. Six people were able to share their views with us about the home.

We spoke with the acting manager, deputy manager, senior home manager, compliance manager, four care staff and two chefs. We also spoke with five visitors including relatives to gain their views of the service. Following the inspection we spoke with a health care professional who also provided us with feedback.

We looked at the care records for four people, five staff personnel files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the communal rooms and external grounds. Following the visit we asked the senior home manager to provide further information around staff training, the service's medicine policy, staffing arrangements and fire prevention measures. This information was sent to us in a timely manner.

Is the service safe?

Our findings

We asked people who were living at the home to tell us if they felt safe or were worried about anything. People's comments included, "Yes, I feel safe as the staff look after me", "I feel comfortable so suppose I am safe here", "I am not a nervous sort of person. I can't move now without help so knowing that I can call on someone to help me makes me feel safe" and "If I feel things are not right with me or I feel unsure I can ring my bell and someone comes to help me."

We received some comments from relatives regarding the safety of their family member. These included, "From what I can see (family member) is safe. (Family member) is bedfast now and very poorly so falling is not now an issue. I have never witnessed any bullying or heard raised voices from the staff. Before (family member) got very poorly (family member) would have told is if (family member) hadn't felt safe" and "Certainly think my (family member) is safely cared for."

A number of people we spoke with and relatives thought that there was insufficient staff on duty at certain times to meet people's care needs. They appreciated this was because there were so many people who needed a lot of care and attention; they told us this was no reflection on the individual staff employed at the home. People living at the home said, "I can wait a very long time if the staff are all in the other side of the home. I can't get out of bed to go to the toilet", "The staff work so hard and do their best to help everyone" and "They come when they can, not always when I want them to. There are far too many other residents who need them more than me, so I have to wait."

Relatives told us, "They (staff) do their job they have no time to come in and sit with (family member). I have visited (family member) and never seen a member of staff, but I can hear them going about their duty. They work very hard" and "Definitely not enough staff. There's no continuity, always new faces." During our two day visit we heard three people ring their call bells for assistance over lunch. Their call was not answered for approximately 15 minutes. Staff were serving and assisting people with their meals at this time therefore causing a delay in answering the call bell. Staff answered the calls as soon as they could.

At the time of our inspection 31 people were living at the home. We looked at the staffing rota and this showed the number of staff available. During our inspection the

manager was on duty with the deputy manager (both the manager and deputy manager registered nurses), five care staff, three domestic staff, a chef and kitchen assistant. The manager informed us that the home was staffed with five carers though there had been occasions previously where this number had dropped to four carers during the day. For example, the staffing rota recorded only four care staff on duty from 27 July 2015 to 9 August 2015 with this number dropping to three care staff in the evenings on nine occasions. The manager said the same number of people were living at the home at this time and the shortages had been due to sickness and the rota not always being flexible enough to afford change. We discussed the staffing rotas with the manager who informed us that a number of staff worked part time and/or worked set hours and therefore it was difficult on occasions to provide cover for shifts.

The staffing rotas showed two nurses on duty in the morning. Dovehaven Nursing Home is divided into two houses linked by a corridor and therefore to provide adequate cover during the day each house has a registered nurse on duty to primarily oversee the clinical care and administer medicines. Nurse cover dropped to one from late afternoon on most days.

To assist the manager to plan staffing to meet the care needs of people there was a 'dependency' assessment tool. Following the inspection the manager provided us with a copy of this tool. The tool was based around activities of daily living such as, eating and drinking, personal hygiene, communication, behaviour and elimination. The manager told us the number of people living at the home was also taken into consideration when determining the staffing levels.

The manager informed us that at this inspection 25 people were being nursed in bed and needed full nursing care; this included assuring people's position was changed in bed and approximately 18 people needed assistance with their eating and drinking. During the course of our visit we did not see staff rushing but we did note that staff were very busy and their interactions with people tended to be task led. We did not see staff being able to sit with people to have a conversation, other than when supporting their care needs and to check on their wellbeing.

Staff told us that at times they could do with extra staff due to the high level of care and support people required. They told us that a number of people who were living at the home had complex nursing needs and needed a lot of

Is the service safe?

support with personal care such as washing, dressing, change of position and helping people with their meals. They said this was due to people's frailty and poor health. Staff fed back that current staffing numbers did not provide time for social activities or to be able to provide that 'little bit of extra time' to sit and chat with people. A staff member said, "I would love to stay longer but there are so many people who need us," and "We just don't have a great deal of time to spend with people, there is no time for social activities."

We observed on occasions hot drinks were left with people; staff did their best to return to provide encouragement and assistance but some drinks went cold, as staff were needed elsewhere. One person told us they had yet to have a wash and this was at lunch time though we saw other people's personal hygiene needs had been met.

We saw the provider was recruiting new staff to help alleviate this situation though feedback at the inspection from people, their relatives and our observations showed the staff numbers were insufficient at times to consistently meet people's care and wellbeing.

Following the inspection the senior home manager told us the care staff hours were being reviewed and adjusted in accordance with people's dependencies to help provide the care and support people needed.

This was a breach of Regulation 18 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014.

We found concerns regarding fire safety in the home. As we walked round the home we saw the majority of bedroom doors and communal doors were wedged open. This meant the doors were ineffective in the event of a fire. We closed a number of doors and found that even when closed, there was a gap between the door and the door frame which raises risks to people's safety in the event of a fire. We raised this with the manager and senior home manager who told us that plans were in place fix an apparatus to the doors which would be linked to fire panel so they would close in the event of a fire. Following the inspection the senior home manager informed us the wedges had been removed. We were later informed that magnetic catches were being fitted to the doors and these would be activated in the event of a fire. We raised our findings from our inspection with the fire service for further monitoring. The fire service has visited the home to provide advice.

We found the provider had not made suitable arrangements to protect people in the event of a fire.

This was a breach of Regulation 15 (1)(c)(d) and (e) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Other arrangements were in place for checking the environment to ensure it was safe. We were shown a range of weekly and monthly environmental checks carried out by the manager and maintenance person. These included checks on the hot water, legionella compliance, mattresses, moving and handling hoists and fire safety checks. Fire safety checks included, testing of the fire alarms and equipment. Fire drills took place. A fire drill was last conducted in November 2014 and the manager told us one as taking place later this month. Personal emergency evacuation plans (PEEP's) were available for the people living in the home.

A maintenance team oversaw general repairs on a day to day basis. We checked safety certificates for services such as, electrical safety, gas safety, fire safety equipment and legionella compliance. These were up to date.

We looked at how medicines were managed; this included viewing a number of medicine administration records (MARs). These were easily to follow and contained a photograph of each person for identification purposes, date of birth and known allergies. The MARs provided a record of medicines received from pharmacy to ensure an accurate stock control for auditing purposes. We checked some stock quantities and found these to be correct; this helped to show people had received their medicines in accordance with their prescription.

The MARs recorded staff signatures for oral medicines administered. We noted two gaps where staff had not signed the MARs and there was no reason recorded as to why the charts had not been signed. This was brought to the manager's attention to action. In respect of topical preparations such as creams, these were not recorded as given. We saw PRN (as needed) protocols for creams to be administered. The manager told us staff were currently not recording when creams were applied or when thickening agents were added to people's drinks. These are used to support people who have difficulties swallowing. A lack of staff signatures meant it was difficult to ascertain whether people had received their creams or thickening agents in accordance with their prescription and plan of care.

Is the service safe?

Following the inspection the manager told us these were now being signed on the MAR and a record had been introduced for recording thickening agents. Staff were aware of who was had creams applied and who needed thickening agents for their drinks. Wound dressings were recorded in accordance with people's treatment plan.

We looked at the home's medicine policy and found this was for a domiciliary care setting rather than a nursing/residential service. This meant the staff did not have all the correct information they needed to support people safely with their medicines. Following the inspection we were informed the Dovehaven Nursing Home medicine policy had been put in place along with guidance around the administration of PRN 'as required' medicines. National guidelines for the safe management of medicines were available for staff to follow.

The provider had not always ensured the safe management of medicines.

This was a breach of Regulation 12 (2)(g) of the HSCA 2008 (Regulated Activities) Regulations 2014.

We observed the lunch time medicines being given out on day two of the inspection. These were given on time. The nurse stayed with each person till they had been administered safely. The nurse completed the medicine administration record (MAR) once the medicines had been taken. Medicines were securely stored in a treatment room when not in use.

People's plan of care recorded use of PRN medicines, so that staff knew when these medicines were to be given. These were subject to regular review to ensure they were given as directed.

Not everyone was able to tell us about their medicines though one person told us they had no concerns, their medicines were explained to them and they got them on time. People said if feeling unwell or had a headache they could ask for Paracetamol. Relatives we spoke with did not raise any concerns about the management of medicines.

The manager informed us no one was receiving their medicine covertly (without their knowledge but in their best interest). The manager was aware of the principles that would be applied if this was required.

The care files we looked at showed risks to people's safety were assessed and this information was used to record a plan of care. We saw this in areas such as nutrition, risk of falls, moving and handling and care of vulnerable skin. These assessments were subject to review to ensure accuracy and help support the plan of care.

We spoke with staff about what constitutes abuse. The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. A staff member said, "I would always speak up." A staff member who held a senior role was unfamiliar with the reporting system for an allegation of abuse to external agencies though they told us any concerns they would report to senior management immediately. The manager was well aware of their responsibilities to report abuse to relevant agencies. Following our inspection the manager informed us they were providing further safeguarding training for all staff. Policies and procedures and the Local Authority's guidelines were in place to support staff knowledge and safe working. Contact details for the Local Authority were displayed during the inspection for staff referral.

We looked at how staff were recruited. This included the processes to ensure staff were suitable to work with vulnerable people. We looked at five personnel files; this included three staff who had recently being recruited. We asked the manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw recruitment checks had been made so that staff employed were 'fit' to work with vulnerable people. For staff who were employed from overseas their police check was from their country of origin. Following the inspection the manager informed us they had applied for police checks in this country to strengthen existing recruitment practices. We saw that one staff file did not record a record of interview. These were however in place for other newly staff recruited.

We found the home to be clean and this included the laundry room and kitchen. Staff advised us they had plenty of gloves, aprons and hand gel in accordance with good standards of infection control. We saw these in use during the inspection.

Is the service effective?

Our findings

People told us they had access to external professionals such as, GP, dietitian and attended hospital appointments. A relative told us the staff always contacted a GP if they had any concerns about their family member's health. We saw people needed a high level of care and support to ensure their comfort, safety and wellbeing. Staff were able to tell us about people's care needs, people's plan of care and also how they supported people to communicate their needs.

People told us they were able to make individual choices such as, the time of having meals and getting up and going to bed though at times this was affected by the availability of staff support. A person told us they were not really aware of their plan of care or had been asked to sign anything around consent for their care. They told us however that the staff always checked to see if they were happy with the support they received.

Relatives told us the care given by the staff was good and the majority of staff had knowledge and understanding of how their family member wished to be supported. A relative told us their family member always looked comfortable and the staff consulted them about their family member's care needs and support.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. (DoLS). DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We talked with the manager about decisions currently being made for people in the home and whether restrictions to people's liberty might amount to a deprivation of liberty. The manager agreed that they needed to assess this with urgency as this would apply to a number of people living in the home. Following the inspection we were informed by the manager that they were liaising with social services and family powers (who were legally empowered to do so) regarding the submission of DoL applications.

Staff told us they always asked for people's consent prior to assisting them. This we saw as staff assisted people with different tasks and activities. People's consent (or relatives who were legally empowered to do so) was however not always documented in the care files we saw to evidence their inclusion in key decisions.

The provider did not have procedures in place to obtain valid consent to care and to adhere to the principles of the Mental Capacity Act (2005).

This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people were being nursed in bed due to their frailty and condition. People had equipment in place to help protect their skin and ensure their comfort. For example, pressure relieving mattresses and a nursing bed to reduce the risk of their skin becoming sore. People appeared comfortable and settled. Staff attended to people's needs and this included personal care, a change of position in bed and assistance with meals and drinks. The nurses completed daily notes regarding the care provision in accordance with people's plan of care. We did not see charts such as, fluid/diet or pressure relieving charts for those people who required specific monitoring. We brought this to the attention of the manager. During the inspection the manager put a number of charts in place. Following the inspection the manager informed us these charts had been instigated for all people who were vulnerable and needed a 'higher' level of staff support.

Care records showed visits by a wide range of health and social care professionals. These visits were requested when staff had concerns about a person's health or they required support with their healthcare needs. This included visits from GPs, dietician, member of the SALT (swallowing and language therapy) team and other clinicians.

We looked at staff training and support. Staff received training in subjects such as, moving and handling, infection control, food hygiene, health and safety and first aid. Following the inspection we were provided with a copy of the current training plan and confirmation of three new staff completing their induction. As part of the induction new staff worked with senior staff as they became familiar with the service. For staff whose first language was not English a course was offered to them at a local college to help improve their communication skills. Specific training

Is the service effective?

for staff was also provided. For example, privacy and dignity, confidentiality and challenging behaviour. Staff told us they had access to a good induction and learning programme through face to face training or e-learning.

Care staff were enrolled on the Care Certificate. This is 'an identified set of standards that health and social care workers adhere to in their daily working life'. Formal training in NVQ (National Vocational Qualifications) in Care/Diploma had also been obtained by a small number of staff as part of their learning and development.

Staff told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. Staff told us they attended staff supervision meetings and received daily support from senior staff.

We observed the lunch time meal. This was served by the staff to people in their own rooms. No one was able to use the dining room as their health was frail and some people had chosen to stay in their room for lunch. Staff told us no one used the dining room at meal times as people were not well enough to sit there.

People living in the home we spoke with told us they were very happy with the food provided. A person said, "I am very happy with the choice of meals, always well cooked." People said the chef was very friendly and would make them anything they asked within reason.

We saw the menu in the kitchen. People told us they were not provided with a menu though a member of staff came round daily to advise them about the choice of menu. None of the people had the opportunity to pursue a menu and people told us they would love to see one. The current method of ordering food did not empower people who were able to make informed choices for themselves. The senior home manager informed us menus were being included in the home's brochure which was being made available in people's rooms.

Kitchen supplies appeared plentiful and fresh fruit was available during the inspection. A person however told us, "I like lots of fruit and vegetables, we do get some but not enough for my liking." Another person told us they were offered plenty of fresh produce.

Staff served meals on trays and these were nicely set with condiments and napkins. Trays were placed in easy reach so people were able to eat their meal independently where able. Lunch was served on time and staff supported approximately 18 people with their meals. They told us that the number of people they needed to support meant this could impact on the time spent with each person. Over the lunch time period everyone had their meal and they were served hot.

We received mixed feedback about the availability of an early morning drink on waking and also what was available to eat and drink at suppertime. One person said, "We have tea about 5pm then nothing till breakfast the next day. I wake at 7am I have to wait till 9am for my breakfast" and "No drink on waking till breakfast. No hot drink of choice at night." One person said they were sure they were offered something to eat later in the evening, likewise another person said, "I get offered a hot drink late evening". The senior home manager said they would look at the availability of early morning drinks and supper as they were not aware of any issues relating to this.

We saw people being served drinks during the day, there was a choice of juice and tea and coffee. A person said, "If I want another cup of tea at any time during the day I only have to ask."

People's dietary requirements, preferences and choices were recorded in their plan of care and the chef and staff were knowledgeable regarding people's dietary requirements and preferred meals. A person said, "My meals are just what I need."

Is the service caring?

Our findings

People told us the staff were polite, friendly and kind in their approach. People said the staff gave good care and their views were listened to. They said staff were busy and it could take them time to help them but this was not due to them not caring, just being so busy. People's comments included, "The staff are very nice and so helpful", "The staff are very kind" and "All the staff are friendly". People told us they could choose to have a male or female carer to assist them; this shows a mark of respect. People told us their privacy and dignity was respected and one person said, "The staff always close the door when they are helping me to get undressed or have a wash."

Relatives' comments included, "I think the staff do their best - they are just so busy" and "The staff are lovely but have so many people to care for all the time, we come in to help." Relatives told us they were involved in their family member's care and staff would advise them of any changes in their condition. This helped to show that the home had taken an inclusive approach by ensuring the person's view was represented when their care was reviewed.

Not everyone we spoke with were aware if members of the clergy visited. The manager confirmed services were held in accordance with people's faith and individual requests.

We observed the support provided by the staff in order to help understand people's experiences around care. Personal care activities were carried out in a discreet way. During the course of our inspection we saw that staff were caring towards people and they treated people with

warmth and respect. Some people were cared for in bed due to progression of their condition and associated needs. Staff spent time with the people in their bedrooms supporting them with their nutrition and personal care. Staff took time to listen and to respond in a way that the person they engaged with understood. Staff ensured people's comfort before leaving them despite the time constraints they were under.

Care plans viewed included some details of a person's life history and preferences and staff were aware of these. Staff told us the staff team worked well together to endeavour to provide support in accordance with people's individual needs and wishes. We saw this during our visit; the staff interacted well and demonstrated a good knowledge of people's individual care, their needs, choices and preferences.

People's dignity was observed to be promoted in a number of ways during the inspection, for instance, staff were observed to knock on bedroom doors seeking permission before entering and using a person's preferred term of address. People who were able to eat their own meal without staff support were not rushed.

There were a number of friends and relatives visiting during the inspection and there were no restrictions on visiting times, encouraging relationships to be maintained.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so with or without staff support.

Is the service responsive?

Our findings

The people we spoke with who lived at the home were happy that the staff knew what care they needed. A person told us, “If I am unwell the staff would make sure I get the help I need.”

We looked at how people were involved with their care planning and saw some evidence that people’s plan of care had been discussed with them and/or their relative. The manager said they would look at different ways of evidencing people and their relative’s inclusion in the plan of care as this was not always documented.

When talking with people and relatives they were unsure about their involvement with the care records. People told us however the staff always talked through things with them. A relative said, “I know what’s happening and the staff keep me informed of any changes. Relatives told us that the home was very responsive at informing them if their family member was unwell or needed to see a doctor.

Throughout the inspection we observed staff providing people with care and support. Staff had a good knowledge of how to support each person in a way that they liked.

People had a plan of care. We saw two people’s plan of care had not been updated to reflect recent changes around the support they needed. For one person this was around the use of thickened fluids to help them swallow safely and for a person who was now being nursed in bed due to frailty to help monitor their wounds. Clear and detailed care plans are important to ensure consistency of approach, particularly for staff who may be unfamiliar with the person; the manager updated these documents during our visit. Other care plans viewed included information such as, people’s sleep routine, communication, mobility and personal hygiene. These held information about people’s current needs and support. Specific care around management of wounds was clearly recorded and treatment plans were current. Care plans were reviewed each month and they provided an over view about the person’s wellbeing over a ‘set’ period of time.

Staff were able to describe the care people needed and we observed this in practice during our visit. Staff we spoke with told us they were informed of any changes within the home, including changes in people’s care needs. This was achieved through staff handovers, meetings and having

access to the care files. An external health care professional told us the staff responded well to their advice and provided care and support in accordance with the treatment and support people needed.

We asked about social activities for people and how people spent their day. People told us there was ‘nothing going on’ in the home and they were not aware of any social events or activities. Several people said they would like to go out either in the garden or into Southport but they appreciated it was difficult with the current staffing arrangements and time constraints. People told us they watched television in their room. People’s comments included, “I like being outdoors but there is no one to take me into the garden here”, “There is a TV in the lounge but there is never anybody in the lounge so what is the point in going there” and “There is not a lot to do.” People told us they were mainly reliant on friends and family for social stimulation though they appreciated and enjoyed the time staff were able to spend with them. One person told us they occasionally went out with a member of staff.

Staff said they tried to spend some social time with people but their time was limited. They told us they always chatted to people when providing personal care and during meal times.

The home did not have an activities organiser however one afternoon, once a fortnight, a person from the Dovehaven group visited the home to give some ‘one to one’ time. We saw a record of this. The manager was aware there was no formal social activities for people at the home and this needed to be addressed. Following the inspection the manager informed us the provider was advertising for a social activities organiser for the home.

Complaints and concerns were logged and we saw the manager had responded to issues raised in accordance with the home’s complaints procedure. Staff told us if concerns were brought to their attention they would inform the manager straightaway. None of the people we spoke with had made a complaint about care, but they told us if they did have a problem they would speak to the care staff or manager. The complaints procedure was displayed for people to refer to should they need this information.

Arrangements for feedback about the service included satisfaction surveys for people who lived at the home and for relatives.

Is the service responsive?

We recommend that the service introduces an activities programme in accordance with people's individual, needs, wishes and preferences to support their autonomy, independence and wellbeing.

Is the service well-led?

Our findings

We found a number of breaches relating to the following: the safe management of medicines, fire safety, staffing levels and the service adhering to the principles of the MCA Act 2005. We therefore reviewed current quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out internally. We however found a number of audits were not as effective as they could be as they had not picked up on the areas of concern we found during our visit. We raised these with the manager and senior home manager during and after the inspection. The manager and senior home manager responded positively to our feedback and following our inspection advised us of the actions they had or were in the process of taking to improve the service.

The provider did not ensure effective systems and processes were in place to consistently assess, monitor and improve the safety and quality of the service.

This was a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a new manager in post. The manager had applied to CQC (Care Quality Commission) for the position of registered manager and their application was being processed at the time of the inspection. Staff told us the manager was approachable and they felt supported in their roles and responsibilities. Staff told us, “The manager is very good and is always here to help us” and “The manager works really hard to get things right.” Staff told us everyone worked well as a team and staff meetings were held. We saw the manager was supported by a deputy manager, a senior home manager and compliance manager. People and relatives said the manager and staff worked hard to ensure people received good care and support.

We saw the manager did not always have supernumerary hours allocated to manage the service as they were working as ‘a nurse on the floor’. Following the inspection the senior home manager informed us the manager has been given extra supernumerary time to enable them to undertake this more effectively.

Accidents and incidents that affected people’s safety were recorded and subject to review to identify trends or patterns, thus reducing the risk of re-occurrence.

A process was in place to seek the views of people who lived at the home and their relatives. This was based around satisfaction surveys and meeting with individual families. We saw satisfaction surveys had been sent out in September 2015 and the manager discussed actions taken following feedback from people who lived at the home and their families. Satisfaction surveys had also been sent to external professionals to gain their views on how the service operated; these provided good feedback.

Minutes of staff meetings were available and staff told us these were a good way of sharing information about the home. This included the implementation of care booklets. These were being introduced as a tool for recording and monitoring standards of care.

We saw some external audits conducted and how the home responded to these. For example, as part of monitoring food hygiene, an Environmental Health Officer visited the home in July 2014 and awarded the home five stars (five stars being the best score). This was based on how hygienic and well-managed food preparation areas were on the premises. Internal audits were also carried out by the home to monitor standards of infection control and hand hygiene.

The manager had notified CQC (Care Quality Commission) of events and incidents that occurred in the home in accordance with our statutory notifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not met:

The provider had not made suitable arrangements to protect people in the event of a fire.

Regulation 15(1) (c) (d) and (e)

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not met:

The provider did not have sufficient numbers of staff at times to consistently meet people's care and wellbeing.

Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not met:

The provider did not always ensure the safe management of medicines.

Regulation 12 (2(g))

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not met

This section is primarily information for the provider

Action we have told the provider to take

Procedures were not in place to obtain valid consent to care and to adhere to the principles of the Mental Capacity Act (2005).

Regulation 11(1)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not met:

The provider had not taken proper steps to ensure effective systems and processes were in place to consistently assess, monitor and improve the safety and quality of the service.

Regulation 17(1)(2)(a)(b)