

Dr Rais Ahmed Rajput

Dover Cottage Rest Home

Inspection report

Dover Farm Close
Stoneydelph
Tamworth
Staffordshire
B77 4AP

Tel: 01827331116

Date of inspection visit:
06 January 2017

Date of publication:
13 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 January 2017 and was unannounced. On our previous inspection in July 2016 we found improvements were needed with how people were supported to make decisions. On this inspection we found improvements had been made. When people were not able to make decisions for themselves; capacity assessments had been completed and decisions about their care and support were made in their best interests. Where restrictions had been identified; applications to restrict people of their liberty had been made to ensure this was lawful.

Dover Cottage provides residential care for up to 15 older people, some of whom may be living with dementia. There were eight people living in the home at the time of our inspection.

The service does not have a registered manager in post. 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. The current manager of the service is completing an application to register with us.

Quality assurance systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. However improvements were needed with how medicines were audited to ensure there was an accurate record of all medicines kept in the home.

People were protected from abuse as staff knew how to identify harm and were confident about how to raise any concerns. Potential risks to individuals were identified and staff supported people in a safe manner. There were enough staff to meet people's needs and staff were recruited in a safe way.

Staff had received training so that people's care and support needs were met. People had sufficient to eat and drink to maintain their health and there was a choice of food and drink at each mealtime.

People were treated in a kind and caring way, and their dignity and privacy was promoted and respected. Relatives were also encouraged to be involved with the planning and review of people's care. Staff knew people well and supported them to take part in activities and follow their interests.

People knew how to raise any issues or complaints and were encouraged to share their experiences of the service and felt their views were listened to.

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.

People were safe and protected from harm and abuse and staff knew how to act if they had any concerns. Risks to individuals were assessed and these were reviewed regularly. There were enough staff to meet people's needs and keep them safe. The provider recruited staff in a safe way and people received their medicines when these were expected.

Is the service effective?

Good 

The service was effective.

Staff understood the importance of gaining consent from people prior to providing care. When people were unable to make decisions, capacity assessments had been carried out and decisions made in their best interests. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring.

People received support from staff who were kind and caring. Staff knew how people wanted to be supported and provided care in line with their preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care; their views were listened to and acted upon.

Is the service responsive?

Good 

The service was responsive.

People were able to continue with their hobbies and interests and activities were provided according to people's preferences.

People's care was reviewed with them to ensure it reflected how they wanted to be supported. People knew how to complain and the provider responded effectively to people's complaints about the service.

Is the service well-led?

The service was not always well-led.

There was no registered manager in the service and quality assurance reviews for medication were not always effective. People were able to approach the manager who was supportive and sought their views and opinions about the service. Staff were supported in their role and able to comment on the quality of service and raise any concern.

Requires Improvement 

Dover Cottage Rest 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 inspection took place on 6 January 2017 and was unannounced. Our inspection team consisted of one inspector.

We spoke with four people who used the service, one relative, three members of care staff and the registered manager. We did this to gain views about the care and to check that the standards were being met. We observed care in the communal areas so that we could understand people's experience of living in the home.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at three care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt safe living in the home. One person told us, "The staff are lovely here and are so kind. They always make sure I'm well and safe." Staff knew where risks had been identified and took the steps they needed to take to minimise them. For example, some people were at risk of developing sore skin; we saw staff followed guidance to encourage people to stand up and then sit down so they changed position in their chair. We also saw that when people needed special cushions or mattresses to protect their skin these were available. People were encouraged to walk around when they could. When people were supported to move, staff were patient and encouraged them to stand and walk at their own pace. One person told us, "The staff make sure we have everything we need and when I go anywhere, they are always around so they watch and make sure I don't fall."

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow and report concerns and were confident these would be dealt with by senior staff. One member of staff told us, "We have had safeguarding training and we know who we need to report any issues to. We have very good relationships with people and I'm confident that action would be taken if there were any concerns."

People felt there were enough staff working in the service to meet their needs. The provider told us that staffing was reviewed with the manager each week. They said, "Our staffing is flexible. When we have more people move into the home or their needs change, we review the staffing we have here." We saw that staff were available at the times people needed them and they received care and support that met their needs and preferences. The staff told us that they worked together to ensure that vacancies or unplanned absences were covered in the team. One member of staff told us, "In such a small home, it's so much better that we work together and cover all shifts and we know people so well."

People received their medicines as prescribed and we saw people were offered their medicines with a drink. People were told what their medicines were for and staff spent time with them to ensure they took them. One relative told us, "The staff always give [Person who used the service] their tablets in a little cup, so they can take them. They watch and check everything is ok too." Where people needed certain medicines 'as required' (PRN); individual plans were agreed so that staff knew when to administer the medicine and the amount to give. One member of staff told us, "That's one of the advantages of this home being small is that we know people so well, and can tell if they are in pain or need anything." All medication was kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people.

There had been no new staff who had started working in the service. When we checked this on our last inspection we saw when new staff started working in the service, the manager checked staff were of good character, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Is the service effective?

Our findings

On our last inspection visit we identified concerns with how people could make decisions when they no longer had capacity. This constituted a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where staff had identified that people may no longer have capacity to make certain decisions, capacity assessments had been completed and a best interest decision recorded. One member of staff told us, "We've had MCA training and we know that it's about how we support people to make a decision. Their ability to make decisions can change at any time and we have to make a judgement about capacity when we are doing the assessments." Where people had made an advance decision to refuse specific treatment made on personal beliefs, the staff knew about this and respected people's decisions. Where people had a Do not attempt cardio pulmonary resuscitation (DNACPR), we saw there was a specific capacity assessment and information showing how a decision had been reached in their best interest. We saw family members were able to express their opinions about people's care and treatment. However where people had capacity, relatives were informed that people were responsible for making their own specific health treatment decisions.

Where there were concerns that people may be restricted, applications to lawfully deprive people of their liberty had been made. One member of staff told us, "Everyone here needs support when they go out and we did capacity assessments about whether they understood how to keep safe. Because of this we put in the DoLS applications." This meant the restriction could be assessed to ensure it was lawful.

There had been no new staff who had started working in the home recently and there was a stable small team of staff who had worked in the service for a long time. The staff told us that new staff members would complete an induction when they first started to work in the home and were given the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People were confident that staff supported them in the way they wanted to receive care. Staff received on-going training to meet people's care and support needs. One member of staff told us, "We recently went on

a course to understand diabetes and what food people should eat. We now need to look at the menu and make sure we are providing the right food for people. It was really interesting." The manager checked that staff had understood any training and this was implemented into their work. Observations were carried out of staff performance. This included how staff supported people to move, how they interacted with people and how standards for infection control was carried out. This meant checks were made to ensure staff were effectively carrying out their role.

People were provided with a varied diet and there was a choice of food and drink. People were independent and sat together at meal times. One person told us, "I speak with the cook and they prepare me what I like to eat. The food is really good, homemade and so much choice. If there's something I don't like, they will get me something else." Another person told us, "My favourite meal is faggots and peas and they cook this sometimes because they know how much I like it." We saw people were asked what they wanted to eat when they were seated at the dining table. A relative told us, "The food is always top quality. I can't believe how much is prepared. Every meal time there is a choice of hot or cold food."

People were supported with accessing health care services such as GPs, dentists and opticians. One relative told us, "[Person who used the service] has been ill recently and they called the doctor and got some new medication. They don't hesitate if anything is wrong." Where people needed medical support due to changing health needs, we saw this was obtained and changes to people's care was recorded. People received support from the district nursing team where they needed any dressing changed or wounds monitoring. This support was recorded in the care records to ensure all staff had the necessary information to provide the support people needed.

Is the service caring?

Our findings

People's comfort was important to staff and we saw staff provide support with care and compassion. The staff understood why people may be upset or distressed and sat with them, giving them time to speak. We saw there was a relaxed atmosphere and people were comfortable with staff and laughed with each other. Staff knew people well and were interested in them. We saw staff looked through photographs of past events and they knew information about their friends and family. They were able to talk with people about the photographs which encouraged further conversations of interest.

People were complimentary about the care and support they received and felt able to maintain important relationships with their friends and families. Relatives told us they were able to visit at any time. One relative told us, "It's like a big family here. It's really nice. I wouldn't like [Person who used the service] to be anywhere else. They know people here so well and always let us know if anything is wrong. I'm really happy with the care here. I'm over the moon that they are here and they couldn't be anywhere better. I'm never left out and the staff are like family now. They probably know [Person who used the service] as well as I do and that's comforting."

The staff treated people with respect and they were able to make choices about their care. We saw people chose when they wanted to go to bed. We saw some people chose to go to bed early in the evening and they were supported to change and offered a drink before they retired. A member of staff told us, "People can choose what time to go. A lot of people go quite early but that's their chose and we respect this."

People liked living in the home and were able to choose to share a bedroom or be on their own. One person told us, "It's very homely here. I wouldn't be here if I didn't. I like sharing a bedroom to so I'm not lonely."

People's dignity and privacy was respected by staff. Staff greeted people by their preferred names and when staff came on duty, they spoke with everyone, saying 'hello' and asking how they were.

We saw staff speaking with people discreetly about matters of a personal nature. People told us that when they received personal care or had a dressing changed by the district nurse, it was provided in their bedroom so it could be done in private.

Information was available for people if they wished to use an advocate and staff told us that one person used an advocate to help them make decisions about their care and their future. One member of staff told us, "We involve the advocate with any decision and let them know what's happening." Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

Peoples were assessed before they had moved into the home to ensure the staff could meet their needs. One member of staff told us, "We have reviewed our pre-admission assessment so we have as much information as possible. This means we can make the right decision about whether they should move here. We go out and do an assessment and if we feel we can't meet their needs, we are not under any pressure by the provider for them to stay here. We all know what type of service this is and we support people really well. If we can't meet people's needs then we say that. It would be unfair on them and for the people already living here."

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. We saw individual support plans had been completed and included information about how people wanted to be supported and their likes and dislikes. For example, some people wore glasses, and the support plan recorded. 'If you see me not wearing my glasses, can you please remind me to wear them?' A member of staff told us, "It's really important people can see there is a greater risk of falls and injuries when people are not wearing glasses, so this is important." The support people received had been regularly reviewed and care records updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

People chose how to spend their time and what to be involved with. People told us they were happy with the level of activity provided and could choose whether or not to participate. One relative told us, "The staff are very good at recognising when [Person who used the service] are in the mood to join in. Often they prefer to watch what is happening and if they don't want to be involved then the staff leave them alone and don't pester them, which is good." Another person told us, "I like doing word searches and always have what I want near me. I prefer to do this than get involved." When people were watching the television, a member of staff told them what programmes were available and people were able to choose. The staff asked if people were happy to watch it before changing the channel. One person told us, "I like to watch sports on the television with everyone. I like being here (in the lounge) with my friends." Another person told us, "We like to have a sing and a dance." A relative supported this, they said, "[Person who used the service] loves it when the singer comes in and will play the instruments in time to the music."

Photographs were displayed showing people involved with recent events and staff spoke enthusiastically about Christmas. One member of staff told us, "Christmas day was lovely and we had a big Christmas meal to share. People's family were invited, so everybody could join in, if they wanted to." One relative told us, "They always make a big deal about Christmas and make it into a big celebration which people love and they were involved with making and putting up the decorations. I visited and we spent some of Christmas with people and pulled a cracker. It's lovely to be made to feel welcome."

People were supported to practice their faith and staff recognised the differences in how people chose to meet their religious needs. One person told us, "My son brings me in things to read and this is fine. If I wanted to go there myself I would but I'm happy just reading." Staff confirmed that when people wished to

practice their faith they were able to visit a place of worship or a minister was invited into the home. One member of staff told us, "People enjoyed Christmas but nobody here is practicing their faith at the moment, but we do keep asking them so they can change their mind."

People knew how to raise any concerns and make complaints if needed. One person told us, "They are very good here and I've got nothing to complain about." One relative told us, "I could speak to any of the staff or the owner. They are always ready to listen." We saw where people had raised concerns there were arrangements in place to resolve these and people were informed of any outcome.

Is the service well-led?

Our findings

The service did not have a registered manager although there was a manager working in the service. They told us, "I will be making an application to become the registered manager. I meet with the other managers in the other homes and we want to keep developing all the services. I get a lot of support from the provider and the team and will be submitting my application." The staff felt the manager gave clear direction to them and they felt supported and valued, although staff told us they did not participate in regular formal supervision to support them in their role. One member of staff told us, "We can speak to the manager at any time but I think having regular supervision would give us more of an opportunity to say how we are feeling and what we would like to do."

Medication audits were completed by staff and a visiting pharmacist on a monthly basis. However we saw that where people were prescribed medicines when leaving hospital or for medicines when unwell, an accurate record of medicines received was not recorded. This meant checks would not identify whether people had their medicines as prescribed. The provider acknowledged this and planned to put in a new system to ensure all medicines were accurately recorded.

Quality assurance systems were completed to check health and safety in the home, to review accidents and incidents and check care records were completed and relevant for people. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. We saw incidents were reviewed so any trends could be identified and addressed. Fire safety audits had been completed including whether doors closed correctly to ensure protection from fire and smoke. These checks meant that any risks to people were promptly identified.

People were able to comment on the quality of the service and put forward their suggestions and views about the service they received. One relative told us, "We have meetings here that we are invited to and we can talk about what's going on here and if we have any suggestions or ideas about how to do things better. We've had the meetings at different times of the day, so more people can come but if you can't get to the meeting, they put all the information on the notice board so you don't miss out. I've also filled in a survey about what I feel."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the front entrance hall in the service.