

# Mrs Sushma Nayar and Vipin Parkash Nayar

# Dapplemere Nursing Home

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

We carried out an announced inspection on 17 July 2015.

The service provides accommodation and nursing care for up to 22 older people some of whom may be living with dementia. On the day of the inspection, there were 17 people living in the home.

The service is required to have a 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. The manager took up their post in May 2015 and was not yet registered with the commission. They were in the process of obtaining the necessary documentation to make their application.

People felt safe and they were protected against the possible risk of harm. Risks to individuals had been assessed and managed appropriately. However, people were at risk of developing pressure ulcers because their pressure relieving mattresses were not always set at the correct setting for their weight.

# Summary of findings

There was a robust recruitment process and there were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines, regularly, on time and as prescribed. However, records in relation to medicines had not been maintained as required.

People received care and support from staff who were competent in their roles. Staff had received relevant training and support from management for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the care home were positive. They were treated with kindness and compassion and they had been involved in the decisions about their care. People were treated with respect and their privacy and dignity was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to join in activities provided at the home or outside the service. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

# 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.

There were effective systems in place to safeguard people.

People's medicines were administered safely. However records had not been maintained appropriately.

People were at risk of developing pressure ulcers because their pressure relieving mattresses were not always set at the correct setting for their weight.

One of the bedrooms had a strong and unpleasant odour.

There was enough skilled staff to support people.

Requires improvement



### Is the service effective?

The service was effective.

Staff received effective training to develop and maintain the skills necessary to support people well.

Staff understood people's care needs and provided the support they needed.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Good



### Is the service caring?

The service was caring.

Staff were kind, friendly and caring towards people they supported.

People were supported in a way that maintained and protected their privacy and dignity.

Information was available in a format that people could understand.

Good



### Is the service responsive?

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people who used the service, their relatives and other representatives so that people's needs were appropriately met.

The provider had an effective complaints system.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The manager provided stable leadership and effective support to the staff.

People who used the service, their relatives and professionals involved in people's care were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes were used effectively to drive improvements.

# Dapplemere 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 inspection took place on 17 July 2015 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection we reviewed the information available to us about the home, such as notifications. A

notification is information about important events which the provider is required to send us by law. We also reviewed information about the home that had been provided by staff and members of the public.

During the inspection we spoke with six people and two relatives of people who lived at the home, one nurse, two care workers and the manager. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for five people, checked medicines administration and reviewed how complaints were managed. We also looked at five staff records and reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

We noted that one of the bedrooms had a strong and unpleasant odour. We discussed this with a senior staff who had arranged for the carpet to be cleaned. Also, they were considering whether a different type of flooring would be better for the person so that any spillages could be easily cleaned. However, they were yet to discuss this with the person and their relatives.

People and their relatives told us that they were safe living at the home. One person said, “I feel safe, absolutely.” Another person said, “I know the staff well and get on well with them. If I do not feel safe, I will use the call bell.” A relative said, “I’m here most of the time and I see a lot of what goes on and I have never been concerned about how they look after people.”

Information on how to report any safeguarding concerns had been displayed at the entrance of the home. Staff confirmed that they had attended training in protecting the rights of people to live safely and free from the possible risk of harm. Staff were aware of their responsibilities to report any concerns they might have about people’s safety. One member of staff said, “I am aware of how to recognise the signs of abuse and I would report it immediately.” Staff confirmed that they were aware of the whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace.

People told us that staff had discussed with them about their identified risks. One person said, “Staff explained to me about using my walking frame. I got to be careful with my balance. If not I could fall and hurt myself.” People had various risk assessments in place such as, moving and handling, falls, pain and skin integrity. These had been reviewed regularly. Each assessment identified the risks people could be exposed to, the steps in place to minimise the risk and the actions staff needed to take should an incident occur. However, we noted that the pressure relieving mattress had not been set correctly for a person who was cared for in bed. This increased the risk of them developing pressure ulcers. We brought this to the attention of the registered nurse and they took immediate action to rectify this. We also noted that they had no system in place to check if the settings were correct and they did not have the manufacturer’s guide to help staff understand how to set the mattress correctly.

The service had a plan in place to ensure continuity of service in the event of an emergency. The plan included contact details of the management team, the utility companies and the local facilities where people could be moved to. Each person had a personal emergency evacuation plan as part of the fire safety risk assessment so that they would be evacuated safely in an emergency.

Accidents and incidents were reported including notifying the Care Quality Commission where required. We saw that they kept a record of all incidents, and where required, people’s care plans and risk assessments had been updated. The records had been reviewed to identify any possible trends to enable appropriate action to be taken to prevent recurrence.

There were robust recruitment procedures in place. Relevant pre-employment checks had been completed so that only suitable staff had been appointed. The checks included reviewing the applicants’ employment history, obtaining references from previous employers and Disclosure and Barring Service (DBS) reports. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

There were sufficient numbers of staff rostered on duty to care and support people safely. One person said, “There are enough staff on duty to make me feel safe.” Another person said, “They respond to call bells remarkably well.” Staff confirmed that there were always enough of them on each shift to look after people and meet their needs. They said that when they were short of staff, the manager would call other members of staff who lived locally or the agency for nurses to provide cover. The provider told us that they did not use a recognised dependency tool but they discussed as a team to review staffing levels when a person was admitted. A review of the duty rotas showed that there were sufficient numbers of staff rostered on duty, both day and night. We observed there was a constant staff presence in the communal areas and call bells had been answered in a timely manner.

People told us that they received their medicines regularly and on time. One person said, “The staff give me my medicines.” People’s medicines had been stored safely and kept locked in the medicine trolley.” Staff confirmed that they had received training in the management of medicines and only registered nurses were able to give medicines. However, we noted that there were gaps in some of the records that care staff completed to indicate

## Is the service safe?

that they had applied people's creams during personal care. We also found gaps on the medicine administration

record (MAR) for a person who was on food thickener. A record of the quantity of medicines received had been maintained and checked regularly against the MAR to ensure the correct balance had been kept.

# Is the service effective?

## Our findings

People and their relatives were complimentary of the staff. People felt that staff had the right skills and knowledge to support them appropriately. One person said, "From their general attitude, they are caring and knowledgeable on how to help me." Another person said, "The staff are trained and very skilled. I have had one or two emergencies and they have risen to the occasion extremely well."

People told us that staff always sought their consent before supporting them in meeting their needs. We noted from the care records that consent to medication, photographs and personal care had been obtained. Care records showed that people who lacked mental capacity had an assessment carried out so that any decisions made regarding their health and welfare would be made in their best interests. For example, we saw the required documentation had been completed to allow staff to attend to people's personal care and maintaining their wellbeing. Also for one person, it was to determine whether it was safe for them to go outside of the home unaccompanied. A Deprivation of Liberty Safeguards (DoLS) application had been completed and sent to the local authority, but they were still awaiting an assessment and authorisation from the supervisory board. Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate that they understood the requirements of the Mental Capacity Act 2005. One member of staff told us, "When people are not able to make decisions for themselves, then the professionals involved in their care and the relatives would meet to make decisions that would be in the person's best interests."

Staff told us that they had received training to help them in their roles. One member of staff said "I have completed all the mandatory training." Another member of staff told us,

"We are given opportunities to attend other training such as dementia care, wound and catheter care." We looked at the training matrix and noted that the majority of staff had kept up-to-date with their training and others were due to complete this in the coming months. Staff told us that they had completed an induction programme and had worked alongside other experienced members of staff when they had first started work at the care home. They also said that they received support by way of regular formal supervision and appraisals. Staff told us that they discussed work related matters and training requirements during their supervision meetings.

We observed the lunch time meal and the food appeared well cooked and appetising. People were given a choice of food and there was a choice of low sugar puddings for people living with diabetes. People were complimentary of the food provided. One person said, "I always enjoy the food. I would complain if it wasn't good. It's like what I would eat at home." Another person said, "It's nicely balanced for health reasons." A relative who visited daily because they liked supporting their relative to eat said, "The food is really good. They always offer me some when I'm here, but I normally just have puddings." We saw a delivery of fresh fruits and vegetables. There was a system in place to monitor people who were more at risk of not eating or drinking enough. However, we found that there were gaps in a number of the food and fluid charts that staff would be required to complete in order to monitor a person's food and fluid intake, but the records showed that people had mainly maintained stable weights.

There was evidence of involvement of other health and social care professionals, such as GPs, dieticians, chiropodist and physiotherapists. For example, a person who had lost weight since admission to the home had been referred to the GP and a dietician, and a new plan of care and treatment had been agreed. Records showed that this was being followed by the staff.



# Is the service caring?

## Our findings

People and their relatives told us that staff were kind and caring. One person said, “I like it here and people are nice to me.” Another person said, “Nurses are kind here, but it is not the same as being in my own home.” A relative of one person said, “They are very caring to [relative]. We wouldn’t manage without their help.”

We observed positive interactions between staff and people who used the service. Staff were kind and caring towards people. There was a happy and friendly atmosphere throughout the home and staff spoke to people each time they came into the communal areas. While supporting people, we noted that staff gave them the time they required to communicate their wishes and it was clear that they understood people’s needs well to enable them to provide the support people needed. A relative of one person said, “Staff are always helpful and patient.” We observed that people enjoyed each other’s company too as some of the people were chatting with those they were sitting next to in the communal areas of the home.

Some people and their relatives told us that they had been involved in developing the care plans. One person said, “I know that they write stuff about what care I need, but I just leave it to the nurses because they know what I need.” A relative of one person said, “I know about [relative]’s care plans. I have had discussions with [relative]’s social worker to make sure that they got the care they needed.”

People told us that staff provided care in a way that respected their dignity, privacy and choice. One person said, “Staff always treat me with respect. They knock on the

door and wait for an answer before they come in.” Another person said, “Staff ask me whether I would like a shower or a bath. So I choose what I want or not.” Staff told us that although they were aware of people’s choices and preferences, they always asked them how they liked to be supported, choices from the menus, clothes they would like to wear and activities they would like to join in. Staff also demonstrated that they understood the importance of respecting people’s dignity and choice. For example, we observed that they addressed people using their preferred names, as we noted that one person was known by a different name from their legal one. One relative said, “They are always respectful when speaking to people.” Staff were also able to tell us how they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in people’s care.

People’s relatives or friends could visit them whenever they wanted. We spoke with a relative who visited the home daily and they were happy that there were no visiting restrictions. One person also said, “My family visits regularly and I enjoy it when they are here.” We found this enabled people to maintain their social networks and relationships with loved ones.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. Some of the people’s relatives or social workers acted as their advocates to ensure that they understood the information given to them and their views were acted on so that they received the care they needed. Information was also available about an independent advocacy service that people could access if required.

# Is the service responsive?

## Our findings

People told us that an assessment of their needs had been carried out before they came to stay in the home. They also said that they had provided information about themselves, their preferences and likes and dislikes so that staff would know how to support them. Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. One person said, "Staff know what time I go to bed and what time I get up in the morning." People said that staff respected their choices and preferences and always supported to make choices regarding food, drinks, clothes and the activities provided.

We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. The care plans were detailed and covered important areas of care such as personal care, mobility and nutrition. There was also evidence that care plans had been reviewed regularly or when people's needs had changed. A member of staff told us that they found the care plans informative and easy to follow. One person said, "I get the care I need. I am well looked after and staff know how to support me." Another person said, "I choose to stay in my room. The staff know what food I like and things I like to do." Staff told us that they had got to know people's needs very well and each person was treated as an individual so that they received the care they required.

One person told us, "I go regularly to the church, I help to run the church and I enjoy it." However, people had

differing experiences about pursuing their interests. Whilst people were given opportunities to take part in organised events, further exploration was needed to consider how people liked to spend their time on a day to day basis. One person, who walked around using a walking frame, showed us that they had access to a courtyard area off their bedroom, where they planted tomatoes and beans in pots. However, one person had told us that they would like to go into the garden more, but they were not always able to do so because they needed assistance. During the afternoon music was playing in the larger communal room and two people were watching TV in the lounge. We also observed that some people chose to spend time in their bedrooms. We did not see any formal activity opportunities during the afternoon of our visit however relative told us of a recent barbecue that had been enjoyed by all. Seasonal activities were planned and provided which people said that they enjoyed.

The provider had a complaints procedure in place and people were aware of this. People told us that they were mainly happy with their care and have had no reason to complain. One person said, "There is no point of grumbling. I am lucky I have grandchildren and great grandchildren too." A relative of one person said, "I have no complaints at all. If I had I will tell them." People and their relatives were aware of the complaints procedure and a copy was displayed on the notice board. We noted from the complaints log that there had been five recorded complaints in the last 12 months prior to the inspection and these had been investigated in accordance with the provider's procedures.

# Is the service well-led?

## Our findings

People told us that the service was good and provided the care they needed. One relative was appreciative of how well the staff had looked after their relative. They said that they had to 'fight' with social services for their relative to remain at the home, because they felt that it was the best place to meet their needs. They were also complimentary of the staff working at the home, a number of whom were from overseas.

The manager has been in post since May 2015 and was waiting for their Disclosure and Barring Service (DBS) check to be completed before submitting their application for registration. We evidenced that the manager had been tracking their DBS application so that they would be able to forward their application for registration as soon as possible. One person said, "The manager has just been appointed. They talk to me virtually every day and he is easy to talk to." They also said if the criteria for the home are to keep people warm, safe and well fed, then they meet all these criteria.

Staff told us that the manager was supportive, provided leadership in caring for people and that they worked as a team. The manager told us that they had good relationships with staff and other health professionals who visited the home. Staff told us that they attended regular staff meetings and we saw that minutes of these had been documented and were available to staff who were unable to attend.

The manager spoke positively about the quality of service they provided and their priority was to ensure that all vacancies for nurses were filled so that the use of agency staff would be minimal. The manager also said that they continued to create a learning culture where all staff would be provided with additional training to enhance their knowledge and skills in meeting the needs of people.

The provider carried out yearly questionnaire surveys from people who used the service in their aim to continuously improve the quality of service. The manager said that they had done a survey in June 2015, but had not yet analysed the data to produce a report. However, we noted from the last 'residents meeting' held in July 2015 that the feedback had been positive, particularly about the barbeque they had.

Regular audits had been carried out which included people's care records, health and safety, medicines management processes and infection control procedures. Issues had been identified from these audits had been addressed. Appropriate records had been kept regarding people who used the service, the staff employed at the home and how the quality of the service was assessed, evaluated and monitored. There was evidence of learning from incidents and that appropriate actions had been taken to reduce the risk of recurrence

During our feedback, we discussed with the provider about the general décor of the building and they showed us that painting in some areas had already started and that carpets were being replaced.