

# Leyton Health Care (No 8) Limited

## Sister Dora 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?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on the 10 December 2014 and was unannounced.

At our previous inspection in June 2014 we found the provider did not keep protect people from the risks associated with the unsafe management of medicines. People's care and welfare needs were not always met. The provider's quality monitoring systems were not effective and staff were not supported to fulfil their roles. Due to the seriousness of the issues relating to the safe management of medicines we issued the provider with a

warning notice. We conducted a follow up inspection in August 2014 to look to see if improvements had been made in this area and found that although some improvement had been made the provider was still not managing people's medicines safely.

Sister Dora provides accommodation and nursing or personal care for up to 47 people. At the time of the inspection 34 people were using the service.

The home has a registered manager although they had been absent from the service since May 2014 and the

# Summary of findings

deputy manager was acting as the manager in the interim. 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.

At this inspection we found that the provider continued to not ensure that people's medicines were managed safely. Medicine were not administered safely and people were at risk of receiving medicines that were out of date.

The provider was not following the principles of the Mental Capacity Act 2005 and The Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards are for people who cannot make a decision about the way they are being treated or cared for in a hospital or care home, where other people are having to make this decision for them. Not all people had not been involved in the decision making about their own care, treatment and support. We raised a safeguarding referral with the local authority for one person who may have been restricted of their liberty.

People told us and we saw that people who used the service were treated with dignity and respect and their privacy was ensured at all times. Activities were on offer dependent on people's individual preferences.

Staffing levels were sufficient to meet the needs of people who used the service. People did not have to wait to have their care needs met.

Staff had received a period of induction and training to become competent in their role.

People received health and social care support when they needed it. When people's needs changed or they became unwell the relevant professional advice was gained in a timely manner.

People who used the service and their relatives were kept informed and involved in the running of the home. There was a complaints procedure and we saw that formal complaints had been managed appropriately.

# 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 safe.

People's medicines were not managed safely.

Staff knew what constituted abuse and who to report it to.

There was sufficient staff to meet people's needs and they had been recruited within good practice guidelines.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

People who used the service were not always consulted with about their care, treatment and support. The provider did not always follow the principles of the MCA.

People's nutritional needs were met.

People had access to a range of health and social care professionals.

**Requires Improvement**



### Is the service caring?

The service was caring

Staff treated people with dignity and respect.

People's privacy was respected.

**Good**



### Is the service responsive?

The service was responsive.

People received care that was relevant to their individual needs and preferences.

People were able to continue with their chosen hobbies and interests.

There was a complaints procedure and people were asked their views on the service.

**Good**



### Is the service well-led?

The service was not consistently well led.

Although audits were in place they were not effective in making the required improvements to the management of people's medicines.

Staff received support from the management to fulfil their roles.

**Requires Improvement**



# Sister Dora 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 10 December 2014 and was unannounced.

The inspection team consisted of two inspectors 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.

Prior to the inspection we looked at the information we held about the service. This included notifications the service had sent us. A notification is information about

important events which the provider is required to send us by law. The provider had 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. We also received information from two health and social care professionals who support people who use the service.

During the inspection we spoke to 10 people who used the service and one visitor. We spoke to eight care staff, the acting manager and regional manager. We pathway tracked two people. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about whether the service is meeting the essential standards of quality and safety. We looked at the care records for a further six people and saw staff rosters, the training records, evidence of staff support and supervisions, three staff recruitment files and quality monitoring audits the provider had in place.

# Is the service safe?

## Our findings

At our previous two inspections in 2014 we had found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010, Management of medicines. Following the last inspection the provider had sent us an action plan telling us how they planned to make the required improvements.

We saw one nurse and a care staff member count and sign a controlled drug (CD) and both sign the administration record, however only the care staff member went to administer the medication to the person. The policy for administering controlled drugs states: 'Both practitioners involved must be present during the whole of the administration procedure and must both witness, the preparation of the medicines, the medicine being administered and the destruction of any surplus drug.' This meant that the provider was not following the correct procedure in the management of CDs.

Previously we had found out of date eye drops were in use. At this inspection we again found that there were three opened boxes of eye drops for one person, all of which were open. The date of opening was not recorded on the boxes and one prescription label read that they had been opened and were now out of date. The instructions on the eye drops stated that they should be discarded four weeks after opening. Staff could not tell us which eye drops were in use and which were not. This meant that people were at continued risk of receiving out of date medication.

Some people lacked capacity to be able to inform staff that they required their prescribed medication as they were living with dementia. We had previously asked the provider to develop clear guidance to staff in the form of protocols for when people may require 'as and when medication (PRN) for example, pain relief. The deputy manager showed

us one person's PRN protocol and we saw that the signs and symptoms the person may display were clearly recorded. We checked other people's PRN protocols that also lacked the capacity to inform staff when they may have required PRN and found these were incomplete. This meant that people may not always be given their prescribed medication at the correct times.

### **These issues constituted a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

Staff we spoke with knew what constituted abuse and told us if they suspected abuse they would report it to the nurse or manager. However we saw that on one occasion a person using the service had been hit by an object thrown by another person, this had not been dealt with as suspected abuse.

We observed people's care and saw that people did not have to wait an unacceptable amount of time before having their care needs met. One person told us: "If you ring the call bell the nurse will come quickly". All the staff we spoke to told us that they felt there were sufficient staff to meet people's needs in a timely manner. Staff told us that if someone rang in ill for work, the management did what they could to cover the shift and that it was rare that they were below their assessed staff levels.

New staff's suitability to work was checked prior to being employed at the service. We looked at three staff recruitment files and saw that checks to assess people's fitness to work at the home had been made. Staff we spoke to told us they had a period of induction before they were deemed competent to work alone. This meant that the service was following safe and robust recruitment procedures.

# Is the service effective?

## Our findings

Some people who used the service lacked the mental capacity to make decisions for themselves. We looked to see if the provider was following the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Several people had a Do Not Attempt Resuscitation order (DNAR). This is a legal order which tells a medical team not to perform CPR on a person. We saw that one person had been assessed as having capacity to be involved in all decision making processes. This person's DNAR was signed by the person's GP and relative, the person themselves had not been involved in the process. This meant that the provider was not following the principles of the MCA and ensuring that people were involved in decisions about their care, treatment and support.

Staff told us that some of the people who used the service at times became anxious and demonstrated behaviours that challenged. One person was resistive during personal care interventions. Staff told us they often got scratched and injured whilst supporting this person with this task. We saw there was a care plan which informed staff how to verbally approach this person at these times. Staff told us they had not been trained to support people with behaviour that challenged. One member of staff told us: "I have asked for this training, but we haven't had any". We saw this person's behaviour monitoring records and saw two recent records where staff had recorded that the person had been resisting personal care but they continued to deliver it anyway. One record stated: 'It took three members of staff'. There was no DoLS authorization in place to legally restrict this person of their rights to refuse personal care. Following the inspection we raised a safeguarding referral to the local authority to investigate these concerns.

**These issues constitute a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Consent to Care and Treatment.**

Staff told us and we saw that there was a programme of training. New staff we spoke to told us that they had a period of induction prior to working alone. This included core training and shadowing more experienced members of staff. One new staff member told us: "I couldn't use the hoist until I had my training in how to use it, I used to have to stand and watch".

We observed the meal time and saw that the food looked hot and appetizing. There were plenty of fresh vegetables on offer. One person told us: "If you don't like what's on offer they will always make you something else". We saw that when some people required support while eating or needed a soft diet, they received it. Care plans were in place for people's dietary needs. We saw that one person liked to drink through a straw from a feeder cup that had handles on it. This was in line with observations we made at the meal time. We saw that the texture of people's diet and drinks was also recorded, for example one person records stated: 'Softer diet, moisture soft sandwiches, and normal fluids'. One person told us: "I'm on soft food diet because of my stroke". This was consistent with their care plan.

People had access to a range of health and social care professionals. People were supported to attend health appointments such as dentists, doctors and opticians. We saw that when required people's dietary intake was also recorded. Repositioning charts were in place for people who required pressure relief and that pressure relief and repositioning had taken place in line with the identified timescales. One member of staff told us that some people had behaviour charts. One staff member said: "If someone has gone down in health I will report it."

# Is the service caring?

## Our findings

People who used the service told us that they were treated respectfully and staff cared about them. One person told us: “I am ever so happy here, you couldn’t ask for a nicer bunch of people”, another person told us: “I don’t want for anything”.

Relationships were supported within the service. A couple were residing at the service and spent their time in their room together. Some people sat and chatted in the lounge area. We were told by staff that there were no restrictions on visitors to the home.

We saw the home had a Christmas newsletter which had been sent to the relatives. Relatives had been invited to spend Christmas meals at the home with their loved ones.

Where able people had signed their own care plans and we saw that relatives had been involved in the care planning process. We saw people had been asked about their preferred names and the preferred gender of staff they

would like to be supported by. One person had identified that they preferred female staff for more intimate care. When asked, a member of staff was able to tell us who preferred female carers.

We spoke to staff about how they communicated with people. One staff member said: “When you get to know people you can read their body language.” They told us of a person who could not communicate verbally but explained how the person expressed choices through their body language.

The provider had begun to hold residents and relative meetings. We saw minutes of these which showed that people were kept informed of any changes within the home and that they were involved in the decision making process for future plans or activities.

Everyone had their own bedroom, where they were able to go when they wished. The bedrooms were personalised with people’s own personal belongings and were decorated to meet people’s individual preferences. Some people liked to spend time in their rooms during the day, we saw that people were able to do this and that their privacy was respected by staff.

# Is the service responsive?

## Our findings

People told us that the home was responsive to their individual needs. There was a pantomime which people were invited to attend. We saw some people joined in but if people refused then this was respected. There was an activity plan for the month which included Christmas parties for people who used the service and their relatives, carol singing and a number of other Christmas activities. One person told us: "I love the PAT (therapy) dog, it comes to visit us regularly".

People's preferences were respected. People's life histories were recorded along with their hobbies and interests. In one person's record it was recorded that they liked watching soaps on television; they enjoyed music and could play a piano, they used to enjoy gardening and travelling abroad with their relatives. We saw that people's food and drink, likes and dislikes were recorded. We saw that people's drink preferences were available on the drinks trolley to ensure people had them as they preferred. One staff member told us: "People's preferences are recorded in their care plans but most people will tell us". One member of staff told us about some of the activities that take place. They told us one person who had diabetes had participated in a baking activity where they helped to make a diabetic cake that the person would be able to eat.

People were asked whether they preferred a shower or a bath. One staff member said: "There is a shower and bath.

If a person wanted a shower we would make sure it was done. People's preferred style of dress was recorded, for example one person liked to wear casual trouser suits it read: 'I am a smart lady and like to wear jewellery and accessories.' We observed the person to be wearing trousers and to be smart, clean and tidy. Another person liked to wear a cardigan as they felt the cold. We observed that they were wearing a cardigan. This meant that people's preferences were being respected.

There were systems in place to share information and seek people's views about the running of the home. There were meetings for people who used the service, a comments box which enabled people to make anonymous suggestions if they wished and satisfaction surveys. This enabled the provider to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's preferences and individual needs.

The provider had a complaints procedure. We saw that a record of complaints was maintained. Our check of one complaint showed that it had been dealt with appropriately.

Staff were able to tell us what they would do if someone had a complaint about the service. One staff member said: "If someone wanted to make a complaint I would ask if I could help. If I couldn't I would report it to senior staff. Another member of staff told us they would report the person's concern or complaint to a senior staff to action.

# Is the service well-led?

## Our findings

The provider had previously been in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that there had been some areas of improvement, however the management of CD's and storage of out of date medicines meant there was a continued breach of this Regulation. We saw that following our last inspection the deputy and regional manager had held staff meetings and individual support and supervisions with staff to reinforce and encourage improvement in this area but there were further improvements required. The provider had implemented a medication audit this too had not identified areas that required improvements to meet this Regulation. This meant that although processes had been put in place to put things right they had not been effective.

People who used the service spoke highly of the staff at Sister Dora. One person told us: "Nothing is too much trouble". The registered manager was absent from the

service and the deputy was acting as manager. Staff told us they felt supported by the acting manager and that they were approachable. One member of staff told us: "I can't think of any improvements I would make. We are always told that record keeping needs to be tip top." They also said: "I love it here. Everyone is close knit. The seniors and managers are more like friends, we can talk to them. It is absolutely lovely here. One staff member told us: "I feel supported." Another member of staff told us: "The service here is outstanding. I have never seen kitchen staff so involved and they know each resident."

Regular staff meetings and staff support and supervisions took place. These gave staff the opportunity to discuss their own personal development and influence the way in which the service was run.

The deputy manager had notified us of all significant events which had occurred in line with their legal responsibilities. This showed that they were open and transparent in the management of the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safekeeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.</p>