Adiemus Care Limited

Dove Court

Inspection report

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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?	Good

Overall summary

This unannounced inspection was completed on 06 October 2014. Dove Court provides a service for up to 76 older people including those living with dementia. There were 55 people living at the home when we visited.

The home did not have a registered manager in post. They left their position in July 2014. However, a manager was in the process of applying to the Care Quality Commission (CQC) to become 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 and associated Regulations about how the service is run.

At our previous inspection on 29 April 2014 we found the provider to be in breach of three regulations and three compliance actions were issued. These were in relation to people's care and welfare, monitoring the quality of the service and safety and suitability of the premises. The provider wrote to us and told us they would take corrective action to address our concerns and meet the

Summary of findings

required standards by 30 June 2014. At this inspection of 06 October 2014 we found that the provider had made significant improvements in the care it provided and that these regulations had been complied with.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests.

A process was in place to ensure that people's health care needs were assessed, so that care was planned and delivered in a consistent way. Staff were seen to support each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to have sufficient quantities to eat and drink.

Staff respected people's privacy and dignity. Staff were seen to seek the person's permission to provide personal care and support prior to carrying it out and they were seen to knock on the person's bedroom door and wait for a response before entering.

Care records showed us that wherever possible people were offered a variety of chosen social activities and stimulation. These were based on people's known hobbies and interests. People were able to change their minds if they did not want to take part.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used and visited the service.

The provider had a safe recruitment process in place. Records we looked, and staff we spoke with confirmed that staff were only employed within the home after all essential checks had been satisfactorily completed.

The provider had an effective quality assurance system in place to monitor and improve the quality of care it provided. There was a programme of audits that involved people who used the service, families, health care professionals and others on a regular basis.

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?

Good

The service was safe.

Staff responded appropriately for people with behaviours which could challenge others. People could be assured that this was done in a safe way.

Staff's understanding of safeguarding people demonstrated to us that correct actions would be taken if they suspected abuse. Their knowledge of the Mental Capacity Act 2005 was evident in how the care was recorded and provided in the person's best interest.

A sufficient number of staff with the appropriate skills were employed at the home. The home only employed staff after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

People's care plans provided clear guidance for staff. Changes and improvements to people's care needs were made where this had been identified. This helped ensure that the care provided would meet people's needs effectively.

Staff had up-to-date training and supervision which they used to support people in a way that met their needs.

People were provided with sufficient quantities to eat and drink throughout the day and were offered support with their eating and drinking whilst respecting people's independence.

Is the service caring?

Good

The service was caring.

Staff understood and provided people's care with sincerity, compassion and respect in a consistent way.

People were supported to access health care professional support in a timely manner and the recommendations from these professionals were followed.

Relatives we spoke with provided us with positive comments about their family member's care and said that they had no concerns regarding the care that was provided.

Is the service responsive?

Good

The service was responsive.

People were involved with their care plans as much as practicable. People were supported with their chosen social activities and other interests which were important to them.

Relatives told us they were always kept very well informed about anything affecting their family member. They had been very impressed with the way the home had responded to the needs of their family member.

Summary of findings

Regular reviews of the quality of people's care were completed and this helped inform changes to people's identified care and support needs.

Is the service well-led?

Good

The service was well led

All of the care and non-care staff we spoke with were extremely complimentary about the way the manager led the home.

The home had an effective quality assurance process in place to ensure people's care was kept under constant review.

The provider used a variety of ways to assess the quality of care it provided. Where actions were identified to improve the quality of care we saw that these had happened or were planned to take place.

Dove Court

Detailed findings

Background to this inspection

We carried out this inspection on 6 October 2014 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was completed by two inspectors.

Before our inspection we looked at and reviewed the information the provider is required to send to us. This included notifications. These are information about important events the provider is required by law to tell us.

During the inspection, we spoke with nine people living at the home, the home's manager, four relatives, six care and two non-care staff and a visiting health care nurse.

We also used 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 also obtained information from two GPs and community nurses regarding people's care. We also sought comments and information from the service's commissioners.

We looked at six people's records and other records related to people's care such as medicines administration, inspection records for things such as gas and electrical systems, staff meeting minutes, service user quality assurance survey questionnaires, staff recruitment and personnel training records.

Good

Is the service safe?

Our findings

We asked people how they would let staff know if they were concerned about anything to do with their care or if they were worried. One person said, "I feel safe living here and why wouldn't I." Another person told us, "I definitely feel safe. Things are done properly here" and "I feel quite safe here." Two family members and a visiting nurse we spoke with confirmed to us that they had no concerns about people's safety. Another relative told us, "I trust the staff. I know my [family member] is safe here."

All staff we spoke with told us they had received training and were knowledgeable about safeguarding people and whistleblowing. (Whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work on poor standards of care if this was required). Staff were aware of the different types of abuse that people might face. They were clear about reporting procedures if they suspected a person was a victim of abuse. Information was displayed in the home so that people, visitors and staff had access to other organisations they could report abuse to if this was required. This meant that people were supported to be as safe as practicable.

People's health risk assessment records we looked at demonstrated that people's individual health risks were safely managed. This included people who had been identified as being at an increased risk of developing a pressure sore, choking or falls. This showed us there was safe management of risks to people's health needs which included bed rails and repositioning in bed.

We found there was a sufficient number of staff employed with the right skills to safely meet people's identified care needs. People, relatives, health care professionals, care and non-care staff we spoke with also confirmed that this was the case. The manager explained and staff told us how people's care was provided if staff rang in sick or were on training. For example, by staff swapping shifts or covering extra shifts. All of the people we spoke with were happy with the number of staff. One person said, "I trust the staff as I know them all well." The manager had processes in place to have the right staff numbers.

Staff were only employed at the home after all essential pre-employment checks had been satisfactorily established. Staff we spoke with told us that they had not been offered employment until these checks had been carried out. This meant that people could be confident that they were cared for by staff who were safe to work with people who lived at Dove Court.

People were reassured and made to feel safe. All of the staff we spoke with knew and supported people well. They knew what made them anxious and how to re-assure them. One member of staff said, "Since I have completed all my training I am now confident in managing people's behaviours which could challenge others and also, as far as possible, prevent people ever having such behaviours as I know what things to avoid."

People could be assured that they would be safely administered their prescribed medicines by staff who had been regularly trained and assessed in medicines administration. From the medicines administration records and procedures viewed we found clear guidance for staff detailing the administration for each person. This included medicines which had to be administered at a particular time of day or in a certain way. Staff had accurately recorded, in line with the prescribers instructions, when they had administered people's medicines. We found that medicines were stored correctly, securely and there were safe disposal procedures in place.

Regular checks had been completed on people's call bells, fire alarms, fire detectors, legionella bacteria prevention, lifting equipment and environmental checks to ensure hazardous areas were kept safe. One person told us, "If I use my call bell staff don't take long to come to me. Usually within a few minutes." This meant that people's safety was considered at all times.

Good

Is the service effective?

Our findings

All of the people we spoke with told us that they were able to see health care professionals whenever they wanted. These included eye tests, oral examinations and support from their GP, district nurses and speech and language therapists (SALT).One person told us, "If I need to see a doctor the staff arrange this for me very quickly." This was also confirmed by visiting health care professionals we spoke with. This meant people could be confident that their health care needs would be reliably and consistently met.

Staff told us they received sufficient induction and training to support people including those living with dementia. Staff were offered and accepted training opportunities to gain additional health care related qualifications. The manager told us that wherever possible they would develop the service in response to people's care and support needs rather than the person having to move to an alternative carer.

We found that staff were supported with regular and effective supervision. All of the staff we spoke with told us that they were kept up to date with care practice appropriate to their role. This showed us that the provider took steps to ensure staff had the skills to carry out their role.

Staff told us they had been given information or training to help them calm people who became anxious or agitated, especially those people living with dementia. One member of staff told us, "People are all so unique and have different ways. We have to learn what their routines and preferences are." The atmosphere in the home was calm and we saw that staff talked to people at a pace the person was comfortable with and ensured a good understanding of what they were communicating to the person.

The manager and care staff had completed training and were following the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) for people who lacked capacity to make a decision. They had also completed mental capacity assessments for people who lived at the home. Following recent legal judgements the provider was working with the Local Authority and reviewing each person's care needs to confirm that appropriate safeguards were in place to ensure that people were not unlawfully deprived of their liberties. We found that no one living at the home had been deprived of their liberty.

Best interest assessments had been completed for most situations where people's needs had changed. This was for things such as the way people preferred to have their prescribed medicines administered.

Staff we spoke with were able to tell us the action they would take if they saw or suspected that a person's ability to make decisions about their care had changed. This included contacting the manager or social services for advice, holding best interest meetings and ensuring that people were only provided with care they had agreed to. Staff went on to give us examples for people living with dementia and how they ensured that a valid consent to care was obtained.

We saw all people regularly being offered drinks and where needed supported to drink them. We found that meal menus were planned in advance and included seasonal choices. We also found from records we viewed and speaking with the chef how people's nutritional needs were assessed. People were supported with and were able to choose their meal by physically or verbally selecting from the options they were offered. An alternative choice was always offered if people preferred something else. One person we spoke with said, "I generally like the options available. They always ask me if I want an alternative if I don't like the options offered. For example beans on toast, a sandwich or jacket potato." This meant that people were helped and supported with their nutritional needs.

All of the care records viewed showed us that where people had been identified as having complex care needs including those people at risk of choking had risk assessments and detailed care plans in place to ensure that they were supported with their eating and drinking care needs. This included the involvement and advice of dieticians to ensure people ate healthily. We saw that this advice had been followed. People were supported to maintain a healthy weight.

Staff told us, "Lots of little things have made a big difference. For instance, we used to have white paper place

Good

Is the service effective?

mats in the dining rooms. The plates are white. We now have nice, dark coloured place mats, which means the plates are easier for people with poor eyesight or dementia to see."

Some people required healthcare professional support for pressure sore prevention and diabetes. We saw that records staff used to support people reflected people's needs. This meant people could be assured they would be effectively supported, whatever their needs were. Health care professionals we spoke with confirmed that referrals were made promptly when people's needs changed. Relatives told us, "They always call us and let us know if there's anything to be worried about" and "Staff always call the doctor if they are worried about [family member]."

Good

Is the service caring?

Our findings

All of the people we spoke with were complimentary about their care and support. One person said, "They [staff] are so nice and kind. I don't know what I would do without them." Another person said, "I like to get dressed near lunchtime and the staff respect my wishes." We saw that staff offered care with kindness and compassion including when people who required their care provided in bed. This was by supporting people with their food and drinks in a way that respected the person's dignity. Another person said, "The staff help me to eat." Relatives said, "The care is great. Staff know my family member's needs so well we don't need to tell them much at all."

We saw that people's privacy and dignity was respected. We also saw that when personal care was delivered, this was done in private. Staff were caring and respected people's choices. Some people told us that they liked their own space and didn't like socialising with others whilst others liked to partake in most outings and other social interests.

Staff were observed to interact with people with empathy, kindness, patience and respect. This was by supporting people with care in the way the person preferred. Other people were heard engaged in general conversation about their hobbies and past times. People could be assured that they were cared for as an individual and in a way that the person preferred.

We saw that people's independence was respected whilst dignified support was provided for those people who required this. Throughout the mealtime we saw that staff knew each person's needs well and what the person's likes and dislikes were. This included those people whose health condition meant they needed a soft food diet or had to avoid spicy foods. Staff were seen to respond to people's needs quickly and reassure them to prevent anxieties.

We saw that people could see their relatives when they wished. People were able to lock their room door if they wanted to and were provided with privacy when needed. People had the privacy they needed.

People were supported to be involved with their care planning as much as possible. This was generally by a member of staff with this responsibility. The identification of the people's life histories, preferences and healthcare needs helped ensure that people were appropriately cared for based upon known likes and dislikes.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us that they enjoyed the activities that were on offer at the home. One person told us, "We have nice days when there are musical items". Staff told us there were usually planned and impromptu activities during the day and told us of a planned trip to Hunstanton later in the week. A member of staff told us that in addition to organised activities people were also encouraged to participate in activities of daily life, for example dusting.

Most people were supported to take part in their hobbies and interests such as reminiscing about past times and talking with staff. New activities were also used to support people with their interests such as target games to aid people's coordination skills and listening to different singers. People were offered the choice if they wanted to attend activities or not. Where people had preferences about their care these were respected.

People were involved as much as possible in planning their care. All of the people we spoke with told us that they were supported with their care planning and that this was at least monthly. They also told us that if they were not happy, improvements were implemented. Wherever possible people's life histories were used to form the basis of each person's care. The provider had sought to increase the social activities and experiences available for people including new games and social occasions. Staff had involved families, social workers and healthcare professionals where people did not have the capacity to contribute to their care needs.

Healthcare professionals visiting the home told us the provider was focused on providing person-centred care and it achieved exceptional results. They went on to tell us that the manager always implemented changes to care plans following their advice. People's care plans we looked at showed us that people's needs had been regularly assessed and reviewed for things such as support for pressure sores, choking or weight loss. This was to ensure that appropriate steps had been taken to meet people's preferences

There had been one complaint since our previous inspection in April 2014. We saw that complaints were appropriately responded to and managed in accordance with the provider's guidelines to the satisfaction of the complainant. We saw that staff took all appropriate steps to ensure that improvements were made and sustained. Relatives told us that they were kept up-to-date with information from the manager about any concerns or complaints and how any investigation was progressing.

Good

Is the service well-led?

Our findings

All of the people and two relatives we spoke with told us they felt the home was well run and that the staff were very helpful if there was anything they had concerns about or wanted to ask. One person said, "I have lived here a while now and I have never had a problem. The staff know what to do." A visiting community nurse told us that the new manager had made notable improvements to people's care. This included improved and regular training for staff and their understanding of how to implement health care professionals' advice.

At the time of our inspection there was not a registered manager in post. However, the manager had applied to become a registered manager and had made significant improvements. We found that they were submitting notifications in a timely manner. This showed us that there was honesty and transparency, from all levels of staff and management when incidents occurred.

The manager and all care staff we spoke with were passionate and well-motivated about working at the home and making a difference to the people who lived there. Staff all told us that there had been significant improvements in the home since the manager took over. This included things such as staff management, regular meetings, formal supervisions and also being able to talk to the manager at any time. The same staff told us that the manager visited each unit of the home at least once a day, sought assurance that things were alright and took action where improvements were needed. We were provided with positive comments about the service from healthcare professionals. A community nurse told us that the new manager had made such a difference. This showed us that the manager had developed and sustained a positive culture in the home.

All of the staff we spoke with told us that if ever they had the need to whistleblow on poor standards of care that the manager's door was always open and that if any concerns were raised the manager always listened and acted promptly if this was required.

Staff we spoke with knew that the key values of the service were centred upon the people. Our observations showed us that people were the most important part of the home and that staff worked as a team to meet people's needs in the best way possible. Several staff had been nominated and were working as care champions for things such as diabetes care and dementia care. One care worker said, "I have been given more in-depth training and I share this knowledge with other staff."

People, relatives, staff, service commissioners, social workers and healthcare professionals provided us with very positive comments that the manager had very high standards and constantly strived for improvement. The manager said, "There is always something which can be improved, finances permitting. The recruitment of a deputy manager will help with the day to day running of the home and provide consistent leadership."

Audits and quality assurance surveys completed by the management and also by the provider on areas of service provision such as medicines administration, privacy and dignity and accident and incidents ensured that issues were identified in a timely way. Where improvement actions were identified we saw that plans were put in place to ensure that any future potential for reoccurrence was prevented. This showed us that people's views were sought about the service they had received.