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Dover Cottage Rest Home

Inspection report

Dover Farm Close
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on the 14 December 2015. At our last unannounced inspection in July 2015 multiple regulatory breaches were identified and the service was judged to be 'Inadequate' and placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

This meant the service would be kept under review and inspected again within six months. We told the provider they needed to make significant improvements in this time frame to ensure that people received safe care and treatment that was responsive to their changing needs, were protected from abuse and not unlawfully restricted.

We also told them that they needed to ensure that effective systems were in place to monitor the quality and safety of the service and to drive improvement. At this inspection, we made the judgement that the provider had made sufficient improvements to take them out of special measures but some further improvement was needed to ensure the quality and safety of the service was effectively monitored.

There was a new manager in post, however they had not yet registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were not always managed safely and the guidance for staff to follow on the administration of 'as required' medicines was not clear.

People's right to privacy and their dignity was not always respected

People were safeguarded from abuse and the risk of abuse as staff knew what constituted abuse and who to report it to. The manager had made referrals for further investigation when they had suspected abuse had taken place.

People were supported to be as independent as they were able to be by staff that knew them well and the following of people's risk assessments.

There were enough suitably qualified staff who had been recruited using safe procedures available to maintain people's safety and to support people in hobbies and activities of their choice.

The provider was working within the guidelines of the Mental Capacity Act 2005. The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interest and was the least restrictive.

People and their representatives were involved in decisions relating to their care, treatment and support. Care was planned and delivered based on people's preferences and regularly reviewed with people.

People were supported to have a healthy diet dependent on their assessed individual needs. People were given choices and asked what they would like to eat and drink.

People had access to a range of health professionals and staff supported people to attend health appointments when necessary.

Staff felt supported to fulfil their role effectively through regular support, supervision and training applicable to their role.

The provider had put systems in place to monitor the quality of the service and an on-going improvement plan. Further improvements were required to ensure people's needs were met in a dignified manner.

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 consistently safe. People medicines were not always administered safely. People did not always have the equipment they needed to keep them safe. People were protected from harm and the risk of abuse as staff knew what to do if they suspected abuse. There were sufficient staff to keep people safe.

Requires Improvement ●

Is the service effective?

The service was effective. People were supported by staff who were effective in their role. The provider was working within the principles of the MCA to ensure that people were consenting to their care. People's nutritional needs were met. People had access to a range of health care professionals.

Good ●

Is the service caring?

The service was not consistently caring. People's right to privacy was not always upheld. There were times when staff made assumptions and people were not offered choices. Staff spoke to people in a kind and caring manner.

Requires Improvement ●

Is the service responsive?

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. People and their representatives knew how to complain if they needed to.

Good ●

Is the service well-led?

The service was not consistently well led. There was no registered manager in post and the manager was yet to submit an application. Improvements had been made since our last inspection and there was a plan for continuous improvement. Staff told us they felt supported to fulfil their role and the manager was approachable.

Requires Improvement ●

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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.

The inspection took place on 14 December 2015 and was unannounced. This inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. These are notifications about serious incidents that the provider is required to send to us by law.

We spoke with four people who used the service, one relative and two care staff, the manager, deputy manager, the provider and a consultant employed by the provider.

We observed care and support in communal areas and also looked around the service.

We viewed four records about people's care and records that showed how the home was managed including quality monitoring systems the provider had in place. We looked at staff recruitment files and medication administration records for several people.

Is the service safe?

Our findings

At our previous inspection people were not able to have their medication when they needed it as staff who worked during the night had not been trained to administer medicines. We found that the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that they were no longer in breach of this Regulation, however further improvements were required. We found that all staff were now medication trained and people would be able to have their as required (PRN) medication such as pain relief when they required it. We saw one person had been administered a PRN medication the previous evening which was prescribed to support the person at times when they became anxious and agitated. The person's daily records stated that the person had been fine all day and there was no record of agitation or explanation as to why the medicine had been administered. Staff told us that they had not been informed that the person had been given this medication and could not tell us why it had been given. We looked at this person's medicines records and saw that it stated that this person could have this medication when agitated. The guidelines were not clear as it did not tell staff what signs and symptoms this person may exhibit when agitated. This meant that this person was at risk of not having their medicines when they needed them or being administered their medicines when they were not required.

We saw that one person had recently been assessed as at high risk of receiving pressure areas and had a pressure cushion to sit on to reduce the risk. We found this person was sitting in the communal areas and the pressure cushion was in their bedroom. Staff told us and we saw that this person often walked about and moved from seat to seat. Staff recognised the need to ensure that the pressure cushion was moved when the person moved to a new sitting area. Not having the pressure cushion put the person at risk of pressure areas. We saw when people required equipment to keep them safe that it was now regularly checked and maintained. Regular checks of pressure relieving equipment were undertaken and equipment was serviced as required.

Previously people who used the service were not safe and were at risk of abuse and had been abused by other people who used the service. We had seen records and staff confirmed that one person had been assaulting other people who used the service on a regular basis. It was recorded that people had become distressed following the assaults. Since the last inspection staff had received support and advice from other professionals to support this person and others at the times they needed it. Staff had received training in safeguarding and the staff we spoke with now knew what constituted abuse and who they should report it to if they suspected abuse had taken place. We saw the safeguarding procedure was visible by the phone. One member of staff told us: "You would tell the manager or ring the safeguarding team and wait to see what action to take". Since the last inspection the manager had raised safeguarding referrals with the local authority when incidents of abuse had taken place.

People had been restricted from the activities they enjoyed or that promoted their independence as staff had deemed they had put them at risk of harm. We found that now risk assessments were in place to support people to maintain their independence but minimise the risk of harm. For example one person was now enjoying their chosen lifestyle activity with the support of staff to maintain theirs and others safety.

Another person who had been restricted to their bedroom because of the risk associated to moving them had now been assessed by an occupational therapist. Specialist equipment had been purchased and the staff had all received training in its use. We observed that the person was now enjoying spending time in the lounge with the company of others, safely.

Staff told us and we saw that there was sufficient staff to meet people's needs in a timely manner. New staff had been recruited since our last inspection and we saw that checks had taken place prior to their employment to ensure they were of good character and fit to work.

Is the service effective?

Our findings

At our last inspection we had found that people who used the service were not consenting to their care and the provider was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not following the guidance of the Mental Capacity Act 2005 (MCA). The 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's mental capacity had not been assessed and decisions were being made on their behalf by staff. At this inspection we found that people's capacity to make specific decisions had been assessed when appropriate. We saw if people required support to make decisions this was done with them and their legal representatives. Two people had advocates and we saw they were involved in the decisions about their care. Decisions were now being made in people's 'best interests' following the guidance of the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). Previously we found that people were being unlawfully restricted of their liberty because although some DoLS referrals had been made, the manager had been unable to show how they were restricting people in the least restrictive way whilst they waited for the DoLS authorisations. We saw that since our last inspection the new manager had implemented risk assessments which recorded what restrictions were in place for people and why they were necessary. This meant the provider was following the principles of the MCA and DoLS procedures and ensuring that people were consenting to their care.

Staff told us that they felt supported to fulfil their role. Training was in the process of being up dated and refreshed. The manager told us and showed us records of observations they had undertaken to ensure staff were competent in their role. Staff had received training on specific people's needs, for example one person used a catheter and the district nurses had showed the staff how to change the bag safely and look for signs that may require further attention from the nurses. Staff had regular support and supervision and appraisals were being introduced. A member of staff told us: "Yes we are supported, we can speak to the manager and deputy any time we need anything".

Previously people had not received health care in a timely manner. We saw that improvements had been made and records that showed that staff had recognised and responded when people showed signs of becoming unwell. Referrals for advice and support were made and guidance from health professionals was being followed. People had access to a wide range of health professionals. We saw a visiting GP on the day of the inspection that had been called by the staff to visit a person to check their wellbeing.

People's nutritional needs were met. We saw people had access to a choice of food and drink. People had two choices of main meal, however we saw two people refuse the food on offer and they were both offered an alternative which they ate. People's food and fluid intake was monitored and action taken if there were

any concerns. We saw one person had been referred to the speech and language therapist, who had advised that the person could have a normal diet with 'thickened' fluids. We saw that these were made available to the person.

Is the service caring?

Our findings

People were mostly treated with dignity and respect. However we saw that people's right to privacy was not always upheld. One person was visited by their GP. We observed that the GP was supported by a member of staff to hold his consultation with the person in the dining room where the person was having their lunch. There were several other people in the room and the GP talked to the person about their health in front of others. The GP was not offered a private area to discuss with this person or the staff member if the person had refused to move and this person's right to privacy was compromised.

On another occasion prior to lunch a member of staff said to several people who used the service: "Right I'm going to get your aprons to put on for lunch". One person said to another member of staff: "Why do we have to wear aprons?" This person was unwilling to tell the staff member that they didn't want an apron. People were not asked if they wanted to wear aprons which would have allowed people to choose. This showed that people were not always treated with respect and their right to refuse acknowledged.

Previously we saw records that showed that some people on occasions became upset, distressed and aggressive towards others. Although staff had told us how they supported people at these times, their care plans stated that their behaviour was 'being controlled by medication'. The previous manager told us that they had recognised that the terminology used in people's care plans was not respectful and dignified. We found that the new manager had rewritten people's care plans in relation to the management of their anxieties and they were written in a way that was respectful and dignified.

Other interactions we observed were kind and caring. Staff bent down to talk to people and spoke with them at a level and pace they understood. Staff held one person's hand to offer them comfort and the person responded with a smile. A relative told us: "The staff are marvellous, one took me to the hospital once when I couldn't get a lift to see my relative". The relative told us they were free to visit at any time and that they were kept informed of their relatives welfare.

Two people had advocates who supported them in having their say about how their care was delivered. An advocate is a person who will represent the person's views and who is independent from the service. We saw examples and staff told us how they contacted the advocates for people when decisions needed to be made about their care. One member of staff told us: "[Person's name] advocate always rings and checks how they are or we ring them and ask them to visit". This meant that people were being supported to maintain relationships with people who were important to them.

Is the service responsive?

Our findings

Previously people were not receiving care that was personalised and met their individual needs and the provider was in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to ensure that people now had care that reflected their assessed needs and preferences and the provider was no longer in breach of this Regulation. One person had been cared for in bed as they had been assessed as being unpredictable when being supported to move. This person was at risk of social isolation. Staff had told us that this person was no longer unpredictable and yet they were still being cared for in bed. We found since the last inspection that this person's needs had been reassessed and support and advice had been gained from other professionals and they were no longer being cared for in bed. Staff were following the advice and we saw the person was now spending periods of time in the communal areas in the company of others, engaging in activities of their choice. This meant that this person was no longer at risk of social isolation.

New personalised care plans were still in the process of being implemented. A key worker and co-worker system had been implemented and everyone who used the service had been allocated a key person who was responsible for gathering people's preferences for the new care plans. The purpose of this was to ensure each person had key members of staff whose function was to take a social interest in them and develop opportunities and activities for them to participate in. There were regular key worker team meetings for staff to discuss any ideas and activities that may improve people's experience at the service.

At our last inspection we had seen and people had told us that there were limited hobbies and activities available to people. We saw that people were now involved in hobbies of their choice. One person was reading a paper, someone else was drawing. There were sensory items for people with dementia to stimulate their senses. People were offered choices of activities they would like to participate in. We saw that there was planned entertainment including Irish dancing and a singer. The provider told us of their plans to purchase a minibus to share between the three services run by the provider so people would be able to access the community.

A relative we spoke with told us they knew who to and how to complain if they needed to. They said that the manager was responsive and they were sure they would take their concerns seriously and act upon them. There was a suggestion box in the reception area and quality surveys that visitors' or people could fill in at any time. The manager told us there had been no recent complaints.

Is the service well-led?

Our findings

The provider had put in place a new manager and deputy manager since our last inspection, however the manager was yet to submit an application to register with CQC and the previous manager had not deregistered. A human resources advisor and consultants in dementia care had also been employed to help to make the improvements required following our previous inspection.

At our previous inspection we found that the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that Improvements had been made in the quality of care since our last inspection and the provider was no longer in breach of this Regulation. The service had a service improvement plan. We could see how action had been taken to improve which had been identified in the plan, however further improvements were required.

Management meetings took place on a weekly basis which included the managers from all three of the provider's services. Matters arising at the meetings included safeguarding issues, staff performance and sharing of good practice. This meant that provider and management team were reviewing the progress and looking for ways to improve the service. The manager told us: "We have support now if we need it, we meet every week and I can always get advice".

People and their relatives were now being actively involved in the running of the service through regular meetings, reviewing of care plans and by gathering their feedback. We saw minutes of the meetings and the relative we spoke with told us: "I have been to the meetings and spoke to the provider". They also told us that they felt that the manager would respond if they had any issues.

Supervision and appraisals for staff were in place to support staff to develop and meet targets in their performance. Staff told us that they felt that things had improved and that they felt supported by the manager. One staff member told us: "Things are much improved, I love working here". Staff we spoke with told us that there was always someone on call if they needed help or advice and that they knew that if they had any concerns that the management would support them.

The consultants were working with the manager to support and train staff to improve the standards of care being delivered. One member of staff told us: "It's more professionally run". Policies and procedures were being implemented and audits were being completed internally and by external agencies. The quality of the service was being continually monitored by the manager and management team.