

Sanctuary Care (UK) Limited

# Dovecote Residential and 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Dovecote Residential and Nursing Home provides residential and nursing care for up to 61 people. At the time our inspection there were 45 people using the service.

People's experience of using this service:

Staff and relatives were complimentary about the manager who explained to us that they understood improvements were required in the service, but they wished to build a culture of staff involvement. The manager recognised this would take time.

Records held in the service were not always accurate and up to date.

The manager and the staff team were responsive to issues we raised and took action to resolve issues during the inspection.

People could be confident they lived in a safe environment due to the number and frequency of checks carried out on the building and its contents.

Pre-employment checks were carried out to ensure staff were suitable to work in the home.

Sufficient staff were on duty. However, we found mealtimes in the upstairs area of the home were a pressured area as there were a number of people who needed support to eat. The manager agreed to address this.

People's personal risks were identified and actions put in place to reduce the risks of harm to people. Where accidents and incidents had occurred, these were monitored to see if they could have been prevented.

Cleaning was ongoing in the home to reduce the risk of cross infection. Staff had access to personal protective equipment to support them in their duties.

Induction, training and supervision was provided to educate and support staff carry out their respective roles. The manager had involved partner agencies to develop staff skills.

Information was provided to kitchen staff about people's dietary needs. Kitchen staff understood how to prepare food to meet individual requirements. Staff had referred people to other healthcare professionals when people had lost unexplained weight.

Staff felt they worked as a team and had communication systems in place to share information so they were up to date with people's care needs.

Changes were in progress to improve the environment. The manager was aware of the need to create environments suitable for people living with dementia and explained their rationale for the steps they had taken.

People were supported with their health by staff who had regular contact with other healthcare professionals to discuss people's conditions and seek advice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were given choices and their decisions were respected.

Staff treated people with kindness and respected people. They protected people's dignity and supported their independence.

People had the opportunity to give their views about the service and a complaints procedure was available.

Activities were provided in the service. An activities co-ordinator was supported by staff to engage people in meaningful activities during our inspection.

The management of the service was supported by a quality team who identified areas for improvement in the home. Audits used in the service assessed regulatory requirements.

Rating at last inspection: At our last inspection in December 2017 we rated this service as requires improvement in each key question. The report was published in May 2018.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will be speaking to the provider and the registered manager about their next steps to improve the service to an overall rating of Good.

## 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Dovecote Residential and 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 checked 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.

**Inspection team:** The inspection team consisted of one adult social care inspector, an assistant inspector and a specialist advisor in nursing care.

**Service and service type:** Dovecote Residential and Nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had made an application to register with the Care Quality Commission. We had accepted their application and were awaiting a registration inspector to assess the manager's suitability. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This was an unannounced inspection. We did not give any notice of our intended arrival.

**What we did:**

Before the inspection we reviewed the information, we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. Notifications enable us to monitor the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and

improvements they plan to make. We also spoke with local commissioners and the safeguarding team.

During the inspection we spoke with people who used the service and five of their relatives. We carried out observations of people who were unable to speak for themselves. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke to 18 staff including the regional manager, the manager, the deputy manager, nursing staff, senior care staff, care staff, activities co-ordinator, administrator, kitchen and maintenance staff.

We reviewed six people's care documents in detail and gathered information from other records held by the provider in relation to the regulated activity. These included records about medicines, complaints, audits and cleaning records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection in October and November 2017 the provider had failed to ensure they met the requirements of Regulation 12 - Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 12.

Using medicines safely

- There were gaps in the topical TMAR charts where staff had failed to document the application of people's prescribed topical medicines. This meant we could not be sure people's topical medicines were administered as prescribed.
- We found staff had not always documented the frequency of application required by each person. Following the inspection, the provider alerted us to where staff should have documented the prescribed frequency.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider after our inspection wished to point out the majority of people prescribed topical medicines had good skin integrity.
- The upper and ground floors had treatment rooms where medicines were stored. These were spacious, neat, clean and tidy. Waste disposal bins for infected and general waste and sharps bins were available along with liquid soap and hand sanitizer.
- Suitable arrangements were in place for the ordering, storage, administration and disposal of medicines. Audits to monitor the stock of medicines in the home were correct.
- There were no gaps in the Medicines Administration Records (MAR) for oral medicines.
- Protocols for the administration of medicines required on an as and when basis were in place.
- Staff removed topical creams from a person's room when we pointed out a prescribed medicine was out of date.

Systems and processes

- Staff recruitment met the legal requirements. Pre-employment checks were carried out to ensure staff were suitable to work in the service. Staff employment was overseen by human resources advisors.
- People were protected from abuse by staff who had been trained in safeguarding and felt able to report any of their concerns.

Assessing risk, safety monitoring and management

- Risk assessments were available to staff who worked in the home to prevent any untoward incidents. Staff had completed personal risks assessments for people who used the service and guidance was provided to mitigate risks.
- Accidents and incidents were reviewed by the manager to check if further actions were required to prevent a reoccurrence.
- Regular checks were carried out and actions taken to ensure people lived in a safe environment.

#### Staffing levels

- There were consistent levels of staff deployed in the service. The manager used a dependency tool to calculate the number of staff required.
- We found mealtimes on the upstairs unit was a staffing pressure point as eight people needed support to eat. Staff told us they did their best with the levels of staff present. We discussed the staff deployment at mealtimes with the registered manager who agreed to consider how this pressure point could be eased.

#### Preventing and controlling infection

- Regular cleaning took place throughout the home.
- Staff had access to aprons and gloves to reduce risks of cross infection.
- During our inspection we found personal toiletries and topical medicines in communal bathrooms. We drew this to the attention of senior care staff who immediately removed these items.

#### Learning lessons when things go wrong

- Lessons learnt by staff included people's individual preferences and ways to keep people safe.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in October and November 2017 the provider had failed to ensure people received safe care and treatment and staff received appropriate training. This was a breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulations 12 and 18.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were carried out to ensure the service could meet people's needs. Care plans were drawn up based on people's needs.
- We observed people were walking around the home in fluffy socks which put them at risk of slipping. The National Institute for Health and Care excellence (NICE) provided guidance in 2013 entitled 'Falls in older people: assessing risk and prevention'. We drew the manager's attention to the risks of people walking in fluffy socks and they agreed to review the issue.

Staff skills, knowledge and experience

- Staff new to the service underwent an induction to become familiar with the home and people using the service.
- Training and supervision were provided to support staff. Staff confirmed this took place and records showed staff received this type of support. One staff member said they, "Received training regularly and this is always ongoing."

Supporting people to eat and drink enough with choice in a balanced diet

- People's weights were monitored and referrals made to dieticians as necessary. Advice from dieticians had been incorporated into people's care plans.
- There were inconsistencies in the recording of people's food intake. We drew this to the attention of the manager who agreed to take action.
- Kitchen staff were notified of people's dietary requirements and showed us they understood how to meet those needs.
- We carried out observation in the downstairs dining room at lunchtime and found staff were attentive and supportive to people during their mealtime.
- People were given a choice of meals from a menu. Pictures of the menu were placed on a board in the dining room from which people could choose what they wanted to eat.
- People were offered a varied range of drinks and snacks throughout the day.

Staff providing consistent, effective, timely care within and across organisations

- Staff had handover meetings between each shift to pass on relevant information about people's care

needs. This meant staff received information to provide timely care.

- Diaries were available to staff to document people's appointments. Arrangements were in place for people to be supported to attend their medical appointments.
- Following an outbreak of diarrhoea and vomiting in the home the manager had put in place timely arrangements to prevent the spread of infection.

Adapting service, design, decoration to meet people's needs

- The manager had begun a period of redecoration throughout the home. They were aware of what was required to enable people living with dementia to live comfortably. Large clocks were available in communal areas to orientate people to time.
- Work was underway to change a small and effective dining room into a tea shop. People were no longer kept behind an inner door in the reception area. They now had access to a spacious reception area where they could sit and see people visiting the home.

Supporting people to live healthier lives, access healthcare services and support

- Staff made referrals to other healthcare professionals when required. Their advice was documented and incorporated into people's care plans.
- Staff monitored people's health conditions through monthly reviews.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service had made applications to the relevant authority to deprive people of their liberty. Due to the management changes we found one application which had not been submitted. The manager agreed to address this with immediate effect.
- Mental Capacity issues were well understood and staff we spoke with explained their roles and rationale in acting in a person's best interests.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection in October and November 2017 the provider had failed to ensure people received person centred-care. This was a breach of Regulation 9. We rated caring as requires improvement. Although staff presented as kind and caring relatives reported aspects of care which compromised people's well-being. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 9.

Ensuring people are well treated and supported

- Visitors were very familiar with the home and the staff, and were supportive of the festivities over the Christmas period.
- Staff had positive interactions with people. They were knowledgeable about people's backgrounds and engaged them in conversations.
- Staff at the service displayed kindness and compassion when supporting people. They spoke to people in kind and gentle tones.
- Staff working at the service said that they felt people were well cared for as "staff know people inside out" and the "staff genuinely care".
- One resident said they "loved it here" and that it was "full of nice people". The person said, "All of the staff were nice and so was the food."
- Family members told us they always felt welcomed when they visited the home.
- We observed staff treating people with compassion on numerous occasions and in diverse situations. Staff used humour and non-verbal communication to engage people.

Supporting people to express their views and be involved in making decisions about their care

- Relatives' meetings had been arranged by the manager but no relatives had attended.
- Throughout our inspection people were given choices by staff.
- The manager and the staff had listened to relatives as natural advocates for people who used the service.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. We observed staff knocking on doors before entering and seeking consent before offering assistance with personal care.
- People were supported to maintain their independence. Staff reminded people to continue to eat their meal and encouraged them to walk independently.
- Relatives could speak to people who used the service in the privacy of people's rooms.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

At the last inspection in October and November 2017 the provider had failed to ensure people's care plans were completed. This was a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 17 in this key question.

How people's needs are met

- Since our last inspection everyone's care plans had been transferred onto the provider's new documentation. People's care plans were detailed and reflected people's needs, wishes and preferences.
- There was an array of activities provided in the home. We observed activities taking place in the upstairs lounge where the involvement of care staff in the activities created a good atmosphere for people using the service.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with their personal tastes.
- Relatives were supported to stay overnight when required and during the Christmas period.

Personalised care

- Staff understood people's preferences and were able to tell us how to meet them.
- Care plans reflected people's personal needs. They were regularly reviewed to ensure they were up to date.
- Staff could describe people's backgrounds and have discussions with them relevant to their histories such as their previous employment.
- Staff had engaged with specialist services to support people with diagnosed conditions.

Improving care quality in response to complaints or concerns

- The provider had a system in place whereby any concerns were addressed immediately with staff. The manager had documented their discussions with staff to address any areas of concern.
- The provider had a complaints procedure. Relatives told us they had no complaints. Complaints had been appropriately addressed.

End of life care and support

- Relatives spoke with us about the kindness and support provided by staff at the end of a person's life.
- Information to support people's end of life preferences were in place.
- Staff stood in respectful silence as a person who had passed away was taken from the building.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in October and November 2017 the provider had failed to ensure records held by the service were accurate and contemporaneous. This was a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- One person was prescribed supplements due to being at risk of malnutrition. However, there were no records in place to record the persons food and fluid intake. We spoke with the nurse on duty about this. They recognised this should have been in place and was an oversight. Four people were being monitored through the use of food and fluid charts, one person did not have a food and fluid chart in place until raised as part of the inspection.
- Bathing records in the home showed significant gaps between the times people were offered a bath or a shower. We spoke to staff who confirmed people were offered more frequent opportunities for bathing but these occasions had not been documented. Following the inspection, the provider sent us information to show people who used the service were assisted with full body washes.
- Documents used for the recording of topical medicines were not accurate or up to date.
- Audits had failed to identify issues we found with prescribed topical medicines.

These findings evidenced a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they found the manager was 'great.' They told us the manager was very supportive and proactive. One person told us, "She wants the home to succeed and puts the residents first." Another person said, "The manager is supportive and kind. I feel this is a good place, with good standards of care, I work in other places and this is one of the best."
- The manager spoke with us about their aspirations for the home and recognised they would need time to embed their goals. They demonstrated they were committed to making improvements in the home.
- We discussed adverse information we received about the service. The manager and the regional manager were open to these discussions and provided us with background information and evidence of steps they had taken to resolve issues.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The manager had made an application to CQC to become registered. CQC had validated the manager's application and they were awaiting contact from a registration inspector.
- Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We discussed injuries to people about which we had not been notified. This was a suspected regulatory breach and is being dealt with outside of the inspection process.
- The quality team measured the service against regulatory requirements.
- Audits were in place to monitor care files, staff files and dining experiences. which addressed the regulatory requirements.

Engaging and involving people using the service, the public and staff

- Senior staff were involved in meetings known as "Together for Ten". The manager found 10am was not a suitable time due to people's morning needs, so the meeting was changed to later in the day. We joined one of these meetings and found staff were given opportunities to speak and make suggestions.
- Whilst relatives had not attended relatives' meetings held in the home we found staff worked in partnership with relatives. Staff had documented when relatives were involved in decisions made in people's best interests.
- People's right to family life was supported by staff who welcomed people's relatives into the home.

Continuous learning and improving care

- The manager recognised there were improvements to be made in the home and felt these would be done over a period of time without compromising people's care needs.
- The provider had a quality team who carried out reviews of the service and developed actions to improve the delivery of care.

Working in partnership with others

- During the second day of our inspection there was an outbreak of diarrhoea and vomiting in the home. The manager had taken all reasonable steps to reduce the risk of spreading and had contacted Public Health England. Signs on the door explained to visitors what was occurring and asked for their co-operation. We observed the manager and staff explaining to visitors the actions required to avoid the outbreak becoming worse.
- Staff spoke with us about the manager organising specialist training for health conditions by working with NHS staff.
- Relevant professionals were contacted to work in partnership with the home to meet people's care needs.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users in relation to topical medicines. Regulation 17(2)(b)</p> <p>The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; Regulation 17(2)(c)</p>