

Kenneth Barker

# Dawn Rest Home

## 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?

Requires Improvement 

### Overall summary

This comprehensive inspection took place on 1 and 7 May 2015

Dawn Rest Home provides accommodation, care and support for up to 18 people. At the time of the inspection there were 17 people living at the home. People who lived at Dawn Rest Home included some people who usually lived independently but were recuperating post-operatively, people on temporary respite care and people living with age related frailty.

Every person living at the home had the opportunity to provide feedback to CQC at this inspection and also to Devon Healthwatch who had visited the home recently and who shared their findings with us.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 told us and our observations confirmed that the service was safe. Care was provided in a safe, well maintained environment and equipment used by people and staff was checked regularly to ensure its on-going safety. People told us that they felt safe living at Dawn Rest Home. People appeared relaxed and confident with each other and with staff. Staff were aware of the signs of abuse and knew the steps they should take in order to protect people.

The service was effective in many areas but was not effective in ensuring that all staff training, including medicines training, was up to date. This posed a risk that staff might not have the most up to date knowledge to effectively support people in some areas.

People and health professionals who visited regularly praised the way that staff met people's health and nutritional needs. People told us that they had opportunities to make decisions in respect of treatment, care and everyday living and we observed this to be the case. Staff had knowledge of their legal responsibilities if a person lacked capacity to make decisions for themselves.

The design and layout of the home supported people's independence and their privacy. People told us they valued the homely atmosphere at Dawn Rest Home.

The service was caring. People were very positive about the caring attitude of the staff. We observed respectful, friendly interactions between staff and people. Staff treated people with patience and were attentive and knowledgeable about their lives and specific care needs. People confirmed that staff were always sensitive and respectful and ensured their privacy.

The service was responsive. People and relatives we spoke with told us they felt the staff treated everyone as individuals and responded well to people's particular health or care needs. People told us that when they asked for help staff responded in a timely way.

People's needs were assessed before they came to the service to ensure that those needs could be met at this home. Records showed that where people's needs had changed this was reflected in their care plans and assessments had been adjusted as their need for support had either increased or decreased.

People and relatives told us that they would not hesitate to raise concerns or complaints with staff or the registered manager. They were confident that the service would be responsive to any issues raised, though they had not felt the need to complain or raise issues themselves.

People's risk of social isolation was low. We saw people sitting chatting in lounges together, doing crosswords, reading novels and taking part in exercise sessions and jigsaws. A number of people went out with visiting friends or relatives or to a local lunchtime club. People were supported to maintain their interests, as far as they were able or wanted to.

People told us the home had an open, family ethos and our observations over two days supported that view. However, the service was not always well led as there were not always clearly understood lines of responsibility. It posed a risk that staff would not be clear on the extent and limits of their responsibilities. Some staff told us that a more assertive management approach was sometimes needed to deal promptly with staff issues when they arose.

The management team displayed candour and acknowledged that some areas of leadership could be improved and that the facilities manager had been reviewing this. They were also working to improve clarity about roles, undertake quality assurance and have oversight of staffing issues. They had very recently drawn up an action plan. Leadership training, mentoring and communications of responsibilities had been identified as key issues. The plan had not yet been implemented at the time of inspection but actions, individual responsibilities and target dates had been set.

# 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 safe. Risks to people's safety had been assessed and measures had been put in place to reduce individual risks.

The service provided care in a safe environment with regular checks on equipment and the safety of the building.

There were enough staff to safely meet people's needs and staff were able to provide care in an unhurried manner.

Good



### Is the service effective?

Staff received a variety of training to help them support people effectively.

The service met people's health and nutritional needs effectively and health professionals spoke very highly of the care provided.

People's decisions were respected and staff were aware of the legal requirements that protected people who may not have capacity to make some decisions.

Good



### Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were aware of people's preferences and took an interest in people and their lives to provide person centred care.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People had opportunities to be involved in discussing and developing their plans for their care, but many chose not to do so.

People told us they felt they had little to complain about but knew how to raise concerns. They felt confident that these would be addressed promptly.

Good



### Is the service well-led?

The service was not well led in some areas. There were not always clear lines of accountability and the system for ensuring staff had all the training they needed was not robust.

CQC were not always notified of incidents as required.

People and staff told us that they valued the open, family ethos at the home.

Requires Improvement



## Summary of findings

Quality checks were undertaken. The management team had produced an improvement plan that identified the need for additional checks in some area such as leadership. There was a schedule for completion of the plan.

# Dawn Rest 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 was 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 1 and 7 May 2015. The first inspection visit was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. The provider had sent us a Provider

Information Return (PIR) in August 2014. This is a form that asked the provider to give some key information about the service, what the service does well and improvements they planned to make. This information was not accessible prior to this inspection but was seen and used during the inspection process.

We met and spoke briefly with most of the people living at Dawn Rest Home during our two day inspection visits. We spoke in more depth with 6 people and three relatives and friends of people living at the home.

We met with Devon Healthwatch to discuss feedback from their “enter and view” visit to the home on 28 April 2015. Devon Healthwatch is the consumer champion for users of health and social care services and “enter and view” visits

are one of the ways they engage with and obtain feedback from people. The full report of their visit can be found on their website. We were able to confirm with Devon Healthwatch that every person living at Dawn Rest Home had spoken with either Healthwatch or a CQC Inspector between 28 April and 7 May and had been given an opportunity to tell us about their care. Everybody living at the home was able to talk with us and communicate their views.

We received written feedback from GP’s and district nurses who regularly visited Dawn Rest Home on their views of the care provided at the home. During our visit we also spoke with a physiotherapist who was treating people at the home. We later spoke with pharmacy staff who had carried out the most recent external audit of the safe storage and use of medicines at the home.

The registered provider of the service was on holiday during our inspection visits. However, they emailed us after our visit on 1 May to confirm that the facilities manager for the service was authorised to act on their behalf in their absence. We spoke with the registered manager and the facilities manager throughout our inspection. We also spoke with the cook, a cleaner, a deputy manager and five care workers.

We observed how people were supported and looked at four people’s care, treatment and support records and four people’s medication administration records. We also looked at other records relating to the management of the service including staffing rotas, recruitment and training records, premises maintenance records and a meeting agendas and notes.

# Is the service safe?

## Our findings

People told us that they felt safe living at Dawn Rest Home. One person told us, “They are all kind to me and to each other here, I have no worries”. Another person told us, “Safe? Absolutely I am, why wouldn’t I be? It’s very happy and easy going here”. People told us if they had any worries about their safety they would raise them with individual named staff or the registered manager. Relatives told us they thought the service was safe.

Staff at Dawn Rest Home did not appear rushed and they took time when supporting or assisting people to ensure they did so safely. Records showed that equipment used by staff and people had been serviced regularly to ensure its on-going safety. People told us that they had confidence in the staffs’ ability to support them safely, for example, if they needed assistance with bathing. The majority of people living at Dawn Rest Home required lower levels of support, such as encouragement when moving around the home. People told us they felt very safe with members of staff and with other people living at the home. We observed that people appeared relaxed with staff and with other people.

Staff told us how they would recognise signs of potential abuse and knew how to report concerns to the registered manager or external agencies. The home had policies and procedures to guide staff about their responsibilities and rights in relation to whistle blowing. Records showed and staff told us that they had completed training in protecting people from abuse. Some newer staff had not yet completed external training, but had access to DVD training about keeping people safe from abuse. We saw confirmed bookings for external training dates for additional safeguarding training.

People were protected by robust recruitment procedures. We looked at four staff files and these indicated that the registered provider had safe recruitment processes in place. People’s work history, references, proof of identity had been obtained and a DBS (Disclosure and Barring Service) check had been completed. This helped to reduce the risks of people being cared for by staff who were unsuited to work with vulnerable people

The provider had arranged for a pharmacist to conduct an external audit of medicines at the home in November 2014. The audit had found areas of good practice at the home and also made some recommendations for further

improvements. Following our inspection and receipt of the audit report the provider sent us details of additional external medicines training which staff would be undertaking in June 2015.

Four people told us they received their medicines when they needed them and safely. We reviewed four medication administration records (MAR) and found all medicines given had been signed for, indicating people were having their medicines as prescribed. Where people had allergies to certain medicines, these were clearly recorded on the MAR to ensure they were not prescribed for the person.

There were systems in place at Dawn Rest Home to promote safe care. Staff demonstrated knowledge of potential risks for people and steps they took to reduce those risks. Records showed that individual risk assessments were in place and had been reviewed regularly or when circumstances changed. We reviewed the care of four people to evaluate how care needs were assessed and their care was planned and delivered. Individual risk assessments were in place for areas of risk such as falls, moving and transferring, and pressure area care. Records showed that if people’s health was deteriorating or if a health risk was identified they were referred to health care professionals.

Many people had high levels of independence. Risks were managed positively with people telling us they still felt “in control”. For example, one person’s mobility was variable and they sometimes did not use their mobility aid. They told us they were aware of the risk of not doing so but sometimes felt able to manage without. They said staff would remind and prompt them but “never force me”. The need to remind and prompt was recorded in the person’s care plan.

People told us they felt there were enough staff to meet their needs safely by day and also at night. Their comments included, “I don’t have to wait long if I want anything” and “I ring the bell if I need to. If they are going to be a few minutes they will pop their head in and say so, but they are usually back very quickly”. We observed that there were enough staff employed to safely meet people’s needs. The registered manager showed us the staff rotas for a two week period which reflected the levels of staff on duty during our inspection visits. This indicated that staffing levels were consistent to support safe care.

## Is the service safe?

Staff also told us they felt there were enough staff on each shift to manage the needs of the people living at Dawn Rest Home. The registered manager explained and records showed that they had assessed the need for more staff in the mornings. This was to avoid people having to wait for lengthy periods to get up or to have their breakfast. Staff told us this system worked well. For example, on the first day of our inspection in addition to the registered manager there was a senior, two care workers, a cook and a cleaner on duty. The registered manager told us they constantly

reviewed the needs of people to ensure the correct levels of staff were available on each shift and additional staff would be called in as needed. Senior carers told us that they would be permitted to call in additional staff if the need arose to ensure safe levels of staffing.

There were systems in place to deal with accidents and to keep people safe in emergencies. For example, fire risks had been assessed along with emergency evacuation plans for people.

# Is the service effective?

## Our findings

Staff had completed a range of training to support them to provide safe and effective care. However, nine staff required updated first aid training and five staff had not updated their medicines training since 2011. Records showed that staff had undertaken an induction and training in area such as moving and transferring people, food hygiene, fire safety, and safeguarding. Some staff had also completed additional training in diabetes awareness, dementia, and pressure ulcer care. The facilities manager told us that additional training and refresher training in a number of areas was planned between the May and September 2015. We saw records of the external bookings for this.

People told us they felt they were cared for effectively by the staff at Dawn Rest Home. One person said, “The staff are lovely and very good at what they do”. Another person told us, “The staff here are good they seem to be well trained and know what they are doing”.

The registered manager was aware of the new Care Certificate standards. These were introduced in March 2015 to ensure common standards for health and social care workers in their daily working life. They were designed to give all care workers the same introductory skills, knowledge and behaviours to provide safe and high quality care and support. We were told that new workers would be enrolled and that the registered manager also intended to complete the training in order to be able to better understand and support staff through the process.

Staff supervisions and appraisals had been sporadic over the preceding year but staff told us and records showed that this had improved significantly recently. The facilities manager was part of the management team at the home and had recently undertaken supervision meetings for staff. We looked at records for 8 of these and noted that they were more detailed and with clearer discussions and actions points than previous records. Some staff told us they were waiting for the written record of their recent supervision but were confident that the meeting had been useful and had identified training and development needs.

People had their health needs met. Care records reflected this and people confirmed that they had access to external health professionals. For example, one person told us about the recent physiotherapy session they had and that doing exercises later with staff had benefited them.

External health professionals we contacted spoke very positively about the care home, the management and the staff. Four GPs who visit the home told us that staff raised concerns about people’s health appropriately and quickly. They told us that staff had very good knowledge about people’s needs. We spoke with a physiotherapist who was visiting the home during our inspection. They told us that they had been very impressed by the way in which people who had been at the home on respite care has been supported. They described the effective way the staff had supported and encouraged people to improve their mobility to enable them to return to their own homes. The GPs told us that in their view people at Dawn Rest Home were well cared for, that medical help was sought early and appropriately and that the registered manager knew people really well. They said that sending a senior member of staff to meet and accompany a doctor to bring them to their patients helped make handover of information easier and supported good communication.

People’s nutritional and hydration needs were met effectively. We sat in the dining room during a lunchtime meal and observed that it was a relaxed, sociable occasion and people appeared to enjoy the freshly prepared food that was served. People told us that they appreciated the good food at the home and that the menus and choices suited them. Several people were very complimentary about the cook saying they were “excellent”. On both days of our inspection we saw the cook talking to people about menu choices and their preferences. The cook showed us the system for recording food preferences, dislikes or allergies which supported them to meet individual’s dietary needs. The service had made adaptations to the menu to try to meet individual needs. This had included offering and producing macrobiotic food (a diet based on whole grains and vegetables) when required.

Nearly all the people living at Dawn Rest Home had capacity to make decisions about their daily lives. We observed people being offered choices about their care and activities of daily living such as going to community lunch clubs. Some people who lived at the home told us they had understood their care plan but had no wish to be involved in planning their care at all. We saw that this was recorded in care plans, had been reviewed regularly and people told us they knew they could change their decision

## Is the service effective?

at any time. They told us that they were asked regularly by staff about their wishes and views on this. They also told us that staff always checked with them that they consented to the care that was offered to them.

We observed that people's decisions were respected. Staff recognised people's right to make a decision that may appear unwise to others. For example, one person was going out independently on to the moor, telling staff the area they planned to visit. Staff asked if they were bringing their mobile phone with them. The person responded that they were not bringing it and would not be long. Staff asked simply "Are you sure?" and the person responded that they were and left. During our inspection we spoke briefly with the person. They confirmed that they understood risks and that although staff were aware of their safety they always respected the person's decisions.

One person at the home had been assessed as having reduced or variable capacity to make some decisions. Appropriate systems were in place to ensure that, should it be necessary, decisions could be made in their best interests, in line with the Mental Capacity Act (MCA). This Act exists to ensure that people who are unable to make their own decisions have their legal rights protected. It provides a legal framework to assess people's capacity to make certain decisions. Staff that we spoke with understood the need to obtain consent from people before care was given and showed knowledge of the MCA.

Training records showed that the registered manager and senior carers at the home had completed Mental Capacity Act training and Deprivation of Liberty Safeguards (DoLS). Other staff were due to complete the external training over the coming months and evidence of forthcoming training bookings for this was provided. Nobody at the home was subject to the Deprivation of Liberty Safeguards (DoLS).

These safeguards aim to protect people who do not have the capacity to make significant decisions from being inappropriately deprived of their liberty. They can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rests with the registered manager. The home operated an "open door" policy and there were no restrictions upon people leaving the home. We observed people leaving to go for a walk, sit in the garden or drive themselves for a trip out.

The design of the home and effective adaptations made by the registered provider supported people's independence and created a homely atmosphere. There was a lift which enabled people on the two upper floors to access the ground floor and there was level access to outdoor areas. One area of the second upper floor had a small number of steps and some sloping ceilings. We spoke to the people whose rooms were in this area and they all expressed satisfaction with their rooms and accessibility for them. One person said "Even without steps I would still need a bit of help to get down stairs, so it is not a problem". The registered provider had made adaptations to a number of rooms to enhance the view across to moorland or garden areas. People told us they enjoyed the views and peaceful location of the home.

People told us that they enjoyed having a choice of communal spaces in which to spend their time. People used and moved between two lounges and the homes reading room. All communal rooms were comfortably furnished. A second smaller lounge resembled a sitting room from the 1950s. One person and a visitor told us that it was "really cosy" and "just like being in a front room". Several people commented to us on the "homely" decorative style of Dawn Rest home.

# Is the service caring?

## Our findings

People were very positive about the caring attitude of the staff. Many people told us they found the staff “kind and caring” and one person told us “I enjoy living here as I am never lonely and the staff are so, so kind”. A visiting relative told us they were really pleased with the care provided by the staff and stated, “I’m so relieved we managed to get a place here, everyone is so helpful, friendly and kind. I am very happy with the care that’s provided”. Staff told us that they enjoyed working with the people who lived at the home. A typical comment was “I treat everyone as an individual, and it is lovely spending time getting to know them; I treat everyone as I would like to be treated myself”.

We observed respectful, friendly interactions between staff and people. There were strong indications that staff had developed positive, caring relationships with people. Staff treated people with patience and were attentive and knowledgeable about their specific care needs. We heard staff speaking in a relaxed manner with people and we observed that people sought staff out to have a chat. They appeared relaxed and comfortable with them. Staff spoke knowledgeably and fondly about people’s lives before they came to live at the home, their everyday preferences in food, activities and socialising.

People and their relatives had opportunities to be involved in planning their care. However, some people chose not to

be actively involved. This choice was recorded in care plans we reviewed and we confirmed this with the people concerned. One person said, “The manager will come and talk about all that, but to be honest I don’t want to have to get involved at all. So I am very happy not to”. A visiting relative told us, communication in the home was, “Very good, they will discuss things and listen to you”. They said they were always kept fully up to date with any changes with their relative and felt they could be fully involved in their care and welfare.

People’s privacy and dignity were respected. Staff explained how they maintained dignity for people when they assisted people with personal care, such as bathing. People confirmed that staff were always sensitive and respectful and ensured their privacy. People’s personal records were kept secure and no personal information was left on display.

People and relatives we spoke to valued the privacy afforded by the home having two lounges and a reading room. They told us they could always find plenty of space to chat to visiting friends and family in private. The home’s smaller lounge had been used by some people for extended family gatherings. This had enabled people to celebrate events in private, in a way they would have previously done in their own home.

# Is the service responsive?

## Our findings

People and relatives told us they felt the staff treated everyone as individuals and responded well to people's particular health or care needs. A typical comment was, "I'm looked after very well and if I feel poorly they will get the doctor or whatever I need". People told us that when they used call bells these were responded to in a timely way.

Staff asked people for their views about their care but some people chose not to be actively involved in developing their care. However, we also spoke with other people who told us they were pro- active in decisions about their care. For example, we observed that one person we had spoken with was very engaged in working with staff to recover and improve their mobility.

Records showed that where people's needs had changed this was reflected in their care plans and assessments had been adjusted as their need for support had either increased or decreased. Staff had received training in dementia awareness, however, the home was not a specialist dementia home and its promotional materials made this clear. We saw records that showed that when the service was unable to meet people's needs referrals had been made to services which were more suited. Similarly, the registered manager and facilities manager provided examples of where pre – assessment visits had led them to signpost people to more specialist care homes.

People and relatives told us that they would not hesitate to raise concerns or complaints with staff or the registered

manager. All the people we spoke to described the registered manager as approachable and friendly. They said they would also be comfortable speaking with the registered provider. The facilities manager was increasingly involved in helping to run the home and some people named that person as someone they would approach. There was a complaints policy in place and people had received information on how to complain. There had been no formal complaints since the last CQC Inspection.

People who lived at Dawn Rest Home included some people who usually lived independently but were recuperating post- operatively, people on temporary respite care and many people with strong links in the local community. We observed that the risk of social isolation was low. We saw people sitting chatting in lounges together, doing crosswords, reading novels and taking part in exercise sessions and jigsaws. A number of people went out with visiting friend or relatives or to a local lunchtime club.

People were supported to maintain their interests, as far as they were able or wanted to. For example, where one person was now physically unable to pursue a particular hobby the staff had offered to help them use the internet to maintain their subject knowledge and interest. People had pieces of their own furniture, pictures, painting and treasured objects in their rooms. One member of staff told us that the often used those visual clues to someone's past life to have enjoyable chats with people. In addition to a range of quizzes and musical activities a local potter visited the home regularly and people could take part in a pottery session.

# Is the service well-led?

## Our findings

We found that in some areas the home was not well led. This was because there was not always clear leadership and an understanding of roles and responsibilities. For example, although there were clear written job descriptions and assigned tasks in some areas, such as for night duty cover, there was no job description or clearly defined responsibilities for the deputy manager or senior carers. This posed a risk that staff would not be clear on the extent and limits of their responsibilities. We were told by the management team that this was being addressed.

The registered manager had not fully met the requirement to notify us about certain incidents. Whilst they had correctly informed us in the majority of cases they were unclear about the need to do so in respect of two incidents. We were given verbal assurance their knowledge would be updated to ensure they met legal requirements.

There was no system in place to ensure that staff had the appropriate training and any refresher training they needed in order to meet people's needs.

However, people told us they did not have any concerns about the way the home was run. They said they knew who the registered manager and registered provider were and could approach them. People spoke positively about the management team and with affection for the care staff. A typical comment was "The manager is around if you want to speak and is very friendly". People and relatives told us that the management team and staff were approachable and they felt the home was well led.

The registered manager told us that they dealt with people, families and care issues but the registered provider dealt with staffing or disciplinary issues. Staff praised the registered manager's abilities in dealing with people who lived at the home. However, some staff told us that a more assertive management approach was sometimes needed to deal promptly with staff issues when they arose.

We spoke with the registered manager and facilities manager about leadership. The management team

displayed candour in their response. They acknowledged that some areas of leadership could be improved and that the facilities manager had been reviewing this. They were working to improve clarity about roles, undertake quality assurance and have oversight of staffing issues. They had recently drawn up an action plan and the document showed that leadership training, mentoring and communications of responsibilities had been identified as key issues. The plan had not yet been completed but actions, individual responsibilities and target dates had been set. For example, additional refresher training re employment issues had been booked for the management team.

Staff told us there was an open culture at the home and that they understood the ethos was to be a family run home where people and visitors should feel entirely at home. They said they would not hesitate to raise concerns. Staff demonstrated understanding of the whistleblowing process which they could follow to alert external agencies if they felt concerns were not being listened to.

The registered manager showed us the systems that were in place to monitor the quality and safety of the service that was provided. There were a variety of quality checks in place on housekeeping, electrical inspection, care plans, infection control, and the premises. We saw corrective actions were taken when issues were identified. Policies and procedures were reviewed on an on-going basis.

The home was maintained to a high standard and there was a regular schedule of maintenance checks for all areas of the premises. We saw recent certificates for electrical and gas safety checks, equipment servicing, and fire and water safety.

Incidents and accidents had been recorded at the service and actions had been taken to review and mitigate risks. Records showed that the service had actively sought feedback and suggestions from people and their families. We saw that where queries had been raised, for example, about the possibility of Wi-Fi access, the provider had responded and confirmed that it was accessible in all rooms as required.