

HC-One Limited

Dovedale Court

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

Dovedale Court is a care home which provides personal care with nursing where assessed as needed to predominately older people, although can accommodate younger adults. The service can also accommodate people with dementia. Dovedale Court is registered to accommodate 76 people. 70 people lived at the service when we visited.

People's experience of using this service and what we found

We found that some people's medicines were not managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. We also found that for some medicines there were no written protocols in place to inform staff on how to prepare and administer. We found audits undertaken had not identified issues with medication management identified during the inspection.

People were supported by staff that were caring, compassionate and treated with dignity and respect. People felt comfortable in the company of staff who supported them. Any concerns or worries were listened and responded to and used as opportunities to improve. Staff were aware of the risks to people and how to manage those risks.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people. Staff were very knowledgeable about people's changing needs and people and their relatives confirmed that changing needs were addressed.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People could maintain friendships and contact with families.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People told us the atmosphere at the home was relaxed and calm.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role. Staff had received an induction that provided them with the training, information and support they required to effectively and safely meet people's needs.

Rating at last inspection:

The last rating for this service was Good (published 12 November 2018).

Why we inspected:

The inspection was prompted in part due to concerns received about the pre-assessment processes and medicine management of the home. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dovedale Court on our website at www.cqc.org.uk.

Enforcement:

We have identified a breach in relation to safe care and treatment at this inspection. The provider responded to the concerns on the day of the inspection.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Please see the action we have told the provider to take at the end of this report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Dovedale Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one Inspector, a medicine Inspector, a Specialist Advisor who was a Registered Nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dovedale Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home consists of two floors, with the nursing unit based on the first floor, and dementia unit on the ground.

The service had a manager registered with the Care Quality Commission. This means that they 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

The inspection was unannounced. We visited the home on 30 September 2019.

What we did before the inspection

We reviewed the records held on the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also reviewed notifications received from the provider about incidents or accidents which they are

required to send us by law. We sought feedback from the local authority and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We looked at five people's care records to see how their care was planned and delivered, including pre-assessment records and risk assessments. Other records we looked at included staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance and overview information about the service.

We spoke with 8 people living at the service and 7 relatives. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We spoke with two care staff, two senior care staff, one nurse, deputy manager, area manager and the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant 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.

Using medicines safely

- During the inspection we found that some people's medicines were not managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. For example, we found one person had been given incorrectly a higher dosage of warfarin medication and then at a later date was given a reduced dosage of warfarin to make up for the previous error. We found no explanation or documentation recorded to state whether a GP had been contacted or medical advice sought. It would appear that staff made the clinical decision to amend the prescribed dose. The registered manager had not been made aware of the mistake.
- Some medicine administration records (MAR) were not able to demonstrate people received their medicines as prescribed. The audit of 20 administration records showed some discrepancies between the quantity of medicines found and the administration records.
- Some people had been prescribed medicine to be used as required (PRN). Supporting information to assist staff in administering medicines prescribed on a 'as required' basis were in place. The information reviewed was person centred and detailed enough to ensure these medicines were administered consistently. However, we found staff were not always knowledgeable about when to administer these medicines. We found two people had been prescribed a sedative on a when required basis, but this medicine was being administered on a regular basis. We found no written evidence that these people required it at the point of administration and staff could not explain why it was being administered in this way.
- Records used to monitor the application of medicinal skin patches were not being completed to a standard that would demonstrate these patches were being applied safely and in accordance with the manufacturer's guidance.
- We found that where people needed to have their medicines administered directly into their stomach through a tube the necessary information was not in place to ensure these medicines were administered safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines.
 - To maintain people's health and wellbeing some people were having their medicines administered by disguising them in either food or drink, this is known as covert administration. We reviewed the information for three people and found the provider did not have protocols in place to ensure these medicines were administered safely.
- All medicines were stored securely. Checks of controlled medicines failed to identify medicines that had a short expiry date when opened were not being dated upon opening and we found some were out of date. There was the potential that people may receive some of these medicines when they have passed their expiry date.
- Those medicines requiring cold storage were refrigerated. The temperature of the refrigerators was

monitored daily, but the monitoring process was not ensuring the medicines stored inside were stored at the correct temperature. As a consequence, the provider was advised that some temperature sensitive medicine might need discarding and to be replaced with a new supply.

The provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people at the home. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; safeguard people from the risk of abuse

- Risk assessments contained adequate information to keep people safe. For example, a person who was at risk of falls had a risk assessment that gave staff clear instructions to follow to keep the person safe such as making observations when mobilising and ensuring equipment such as walking frames were in good order.
- Staff told us they were aware of the risks to the people they supported and were able to provide us with examples of how they managed those risks, for example a member of staff told us, "[Name] can at times get agitated, we try and calm them down, we will sit with them or talk about their hobbies or interests.
- Staff were aware of their responsibilities to keep people safe from harm and were able to describe the types of abuse people living at the home may be at risk of. A member of staff told us, "Abuse can happen in different forms such as physical, emotional and financial. I would report any type of abuse to the manager". Another staff member told us, "If I saw a member of staff abusing a resident I would report it to the manager. If the manager was not available, I would contact the police, local authority or CQC".
- People told us they felt safe. One person told us, "I feel safe here, they look after me". A relative said, "I am secure in the fact that [Name] is safe here, very familiar with everyone, there are very few staff changes. And they are all [Name's] family"
- Where safeguarding concerns had been raised, they had been acted on and responded to appropriately.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "There are very few staff changes, there seems to be enough staff when I visit".
- Each person's staffing needs were pre-assessed on an individual basis.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures. The service was clean and odour free, one person told us, "The home is clean they do a good job".
- A Food Agency inspection in April 2019 awarded the service the highest rating of five out of five.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, a resident who had a fall had their risk assessment updated, immediate actions taken were recorded and a review was conducted.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to the inspection we received concerns in relation to the providers pre-assessment processes. People were at risk of not receiving all the required equipment and medication to meet their needs. At this inspection, we found that the provider had implemented changes to their pre-assessment process, including a new pre-assessment form and checklist. The checklist detailed medication and equipment the potential new resident would need and if the provider already had the equipment available or would need to obtain it.
- People's needs were assessed before the service began to provide support. People and their relatives told us they were involved in this process to help identify the support needed. We saw assessment information enabled the provider to plan how they could meet people's needs effectively.
- Staff applied their learning effectively in line with best practice, which led to good outcomes for people.
- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings. This meant that staff knew when changes occurred that might affect people's support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we observed staff checking and spending time with people if they were anxious or needed help with their daily tasks or plans.
- Staff spoken with had a good understanding of people's day to day health needs and could explain how they would support people in case of an emergency.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments. One staff member told us, "The training opportunities are really good here, I've done safeguarding, mental capacity and much more."
- New staff were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.
- Staff told us that they received regular supervision and had opportunities to discuss issues or development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to maintain good nutrition and hydration.

- We received mixed feedback regarding the food, some people told us the food quality was good and some stated could be improved. The food items recorded on the lunch menu were not the items served during lunch. We raised this with the registered manager who confirmed some food items were out of stock and they were waiting for a delivery.
- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked alongside other agencies to provide person centred and effective care. Care plans and records showed that staff worked closely with other agencies such as dieticians, speech and language therapist (SALT).

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

- People had access to healthcare services and professionals according to their needs. These included their GP, district nurse and chiropodist. People could access optician and dental visits.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Staff told us they were confident that changes to people's health and well-being were communicated effectively. One relative told us, "Any problems at all and they are sorted out straight away, if they weren't I would go to the manager but the staff here are very good. The carers feed [Name] and the nurse flushes and changes the catheter, it's all done here". A nurse told us, "We have daily flash meetings where the department heads highlight any issues or concerns. There is no blame culture here, mistakes are managed through supervision and observations".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty, applications had been submitted and the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- Care plans we looked at contained recorded evidence that 'best interest' meetings were undertaken to ensure consent was obtained before installing bedrails. However, two care records we looked at for people receiving their medication covertly contained no records of a mental capacity assessment or best interest decision made.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

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

- The premises provided people with choices about where they spent their time. We saw people had access to numerous communal areas including various lounges and dining areas as well as their

bedrooms. There was also clear signage for toilets and bathrooms, this on signs protruding from the wall so there were more visible at a distance. We saw there were numerous small seating areas along corridors where we saw several people clearly enjoying sitting.

- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors. Corridors were wide and free from clutter.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People and their relatives were positive about the care they received. People's comments included, "I can visit at any time make a cup of tea or coffee as I want. The communication here is good. There is a chart for his food and drink." "For [Name's] 90th birthday the staff did it all. They organised an area and we had lunch all together. There is a bit of banter between him and the staff. There are lots of activities here something is always going on."

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

- Relatives confirmed staff involved them when people needed help and support with decision making. People and relatives told us they felt listened to. One relative told us, "They always phone and speak to my daughter and let us know how he is, if they are concerned at all they get the doctor. They then ring back and tell us what the doctor said. We always know what is going on."
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible.
- The registered manager has an open-door policy and met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, during personal care covering people with a towel, making sure curtains and doors are closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of personal care people could manage independently and which they needed staff support with. We observed staff checking and spending time with people if they were anxious or needed help with their daily tasks or plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. One person told us that they were able to attend their grandson's wedding due to the help of the care staff and management.
- People were empowered to have as much control and independence as possible, including developing care and support plans. A relative told us, "They communicate really well they keep you up to date at all times. Any changes at all and they telephone you and speak to you and explain what they consider needs to be done."
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities within the home. We observed residents taking part in a quiz. People told us they participated in activities such as going to the local pub, music, board games, trips to the local museum and celebrating events and festivities. One relative told us, "It was [Name] Birthday last week and I talked to staff about it. "They organised for 14 residents to sit together on his birthday and I brought fish and chips in for them all. They did enjoy it and I think the staff did too. They made it happen and encouraged me"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. If required care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open.
- People said staff listened to them and resolved any day to day concerns.
- The provider had a complaints policy and procedure that was on display. Where complaints had been received, they had been responded to and acted on appropriately.

End of life care and support

- The registered manager informed us that no one was receiving end of life care at the time of our inspection. We saw care plans contained information in relation to people's individual wishes regarding their end of life care. If required, they would be able to put these arrangements in place.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Medication audits undertaken by the management team had not identified issues we discovered during the inspection. For example, there were discrepancies between the quantity of medication stored and the quantity recorded on MAR charts. Medication audits had also not identified that some people were receiving PRN medication regularly with no action taken such as reviewing their care needs. Audits undertaken in relation to controlled medicines failed to identify medicines that had a short expiry date, were not being dated upon opening and we found some were out of date. Audits had not identified that medicines requiring refrigeration were not having temperatures monitored. In addition, care plan audits had not identified that medicines being covertly administered had no records of a mental capacity assessment or best interest decision made.
- There was a good communication maintained between the registered manager, seniors and care staff.
- Staff strived to ensure care was delivered in the way people needed and wanted it. Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The management is approachable and supportive and will always roll up their sleeves if required".
- The ethos of the service was to be open, transparent and honest.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff expressed confidence in the management team however stated that the registered manager was new in the role and therefore wanted to more time to pass before giving their evaluation of the management.

One person told us, "Things are good at the moment however more time needs to pass", another person told us, "No complaints, the managers are good"

- People and relatives told us there was a positive and open atmosphere. A relative told us, "The atmosphere is friendly and approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the legal responsibility to notify us of incidents that occurred at the service.
- The registered manager told us if mistakes are made they took full responsibility to ensure that the same

mistake were not repeated. The information was used as a learning opportunity and to improve the service.

- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "Yes I would have no issues raises any concerns."
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

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

- Staff reported positively about working for the service and did not identify any areas for improvement.
- People were positive about resident meetings however relatives told us there was a lack of relative meetings.
 - The registered manager consulted with staff at meetings, to get their views and ideas on how the service could be improved.
- Surveys were regularly completed by people and their relatives. Suggestions were acted upon by the management team. For example, people stated the communal areas could sometimes be noisy. To enable people to enjoy quieter areas, the management team redesigned the seating area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.

Continuous learning and improving care.

- The provider and registered manager used a quality assurance audit system to monitor the quality of the service and this information was shared with staff.
- The registered manager provided regular learning opportunities for staff.

Working in partnership with others

- We saw the service worked in partnership with other agencies and professionals, including the district nursing service, physiotherapy, occupational therapy, social workers, mental health services. The home used four GP practices and the doctors visited regularly.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people at the home. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014