

Sanctuary Care (UK) Limited

Dovecote Residential and Nursing Home

Inspection report

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10 January 2020
15 January 2020
23 January 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dovecote Residential and Nursing Home is a care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service can support up to 61 people across two floors. Nursing care was provided on each floor.

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

The provider had introduced an electronic care records system and archived people's paper care plans. The new system did not permit staff to add more than one plan, subsequently information was missing from the records of people with more complex needs. Staff had received insufficient training and support to use the new records. This resulted in poor record keeping and people were placed at risk of receiving inappropriate treatment. During the inspection and after our site visits the management team provided reassurances actions would be taken to address the deficits. Work was started immediately to make improvements.

Recruitment of staff was safe. Staff underwent pre-employment checks before they began working in the service. Staff were supported through an induction and with supervision. Some staff needed to bring their training up to date.

The provider had systems in place to maintain people's safety. Whilst regular fire and safety checks were carried out to ensure people lived in a safe building, there were some safety aspects of the service which needed to be addressed. The home was clean and tidy. Actions had been taken to make improvements to the bathrooms.

There were examples where people's dignity was compromised. People told us staff acted in a kind and caring manner towards them. One person said, "All of the staff here are lovely - happy to help you and they have a joke as well, with you. They are kept very busy." Relatives felt welcomed in the service.

Audits use to monitor the service had not found the areas of the service which required improvement.

Further work was required to develop people's communication plans so staff were able to make information accessible to people. We have made a recommendation about this.

People's medicines were managed in a safe manner. Improvements had been made to the use of topical medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they enjoyed the food. One person said, "I have no complaints with the food here it's not bad

at all."

Staff worked with visiting healthcare professionals to promote people's health and well-being.

Staff, people and relatives were complementary about the registered manager. Staff felt supported by them.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 15 February 2019) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out this inspection earlier than planned. This was prompted in part due to concerns received about the number of safeguarding incidents and concerns about inaccurate records. A decision was made for us to inspect and examine those risks. We found evidence that the provider needs to make improvements. Please see the key question sections of this full report.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

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

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 two inspectors 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

Dovecote Residential and Nursing Care Home 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 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 11 relatives about their experience of the care provided. We spoke with 19 members of staff including the regional director, the regional manager, the registered manager, the clinical lead, nursing staff, senior care workers, care workers and activities, kitchen, laundry, administration and maintenance staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- Risks were not always appropriately assessed, and action taken to reduce them. Staff had failed to ensure people wore appropriate footwear in line with best practice guidance. People were observed slipping on the floor wearing only socks.
- Risk management did not always follow the provider's policies. Following an incident in the mini bus the registered manager was unable to provide personalised risk assessments in line with the provider's policy.
- Emergency pull cords were not always accessible if people fell to the floor.
- Inspectors raised concerns about the measurement and monitoring of people's pain levels when people shouted out when receiving personal care. Staff thought the new electronic recording system asked a question about a pain assessment, but they were not directed to a pain assessment tool.
- The registered manager monitored accidents and incidents each month. There were gaps in the accident analysis with not all accidents analysed.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They changed one person's care plan to describe appropriate footwear. Risk assessments were put in place for everyone to use the mini bus.

- Regular checks including water and fire safety were carried out by maintenance staff.
- People and their relatives confirmed they felt safe using the service. One relative told us, "It is safe enough yes, think it is fine and my family member seems happy."

Using medicines safely

At our last inspection the provider had failed to accurately document the application of people's prescribed topical medicines. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in this key question.

- People's medicines were managed in a safe manner. Suitable arrangements were in place for ordering,

receipt, administration and disposal of people's medicines.

- Improvements had been made to documenting people's topical medicines.
- People and relatives were happy with the administration of medicines in the home. One person said, "The staff give me my medication in the morning and in the evening."

Staffing and recruitment

- The provider had arrangements in place for pre-employment checks to assess if prospective staff were suitable to work in the home. Pre-prepared interview questions were available for interviewers to assess applicant's competencies. In one interview record several questions had been crossed out as not being appropriate, but the applicant had been appointed.
- There was enough staff on duty. Staff responded promptly to call bells and were visible on each floor throughout the inspection visits.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguarding people from abuse including staff training. Staff felt able to approach the manager with concerns. When the local safeguarding team had asked the service for a review following a safeguarding incident, reviews had not always addressed each concern.

Preventing and controlling infection

- The home environment was clean and tidy. Some odours were detected coming from lounge and dining chairs.
- Staff had access to and used gloves and aprons to reduce the risk of cross infection.
- Actions had been taken to eradicate the odour in the communal bathrooms. New extractor fans had been ordered.

Learning lessons when things go wrong

- Events which occurred in the home had been reviewed and lessons had been learnt.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Electronic records used in the home were incomplete and failed to demonstrate people's needs and choices had been assessed correctly.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate assessing people's needs and choices was effectively addressed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided assurances work would be undertaken to improve the electronic assessments.

Staff support: induction, training, skills and experience

- Staff were supported through a programme of induction, skills and training. The Care Certificate is a nationally recognised training tool for staff who are new to the care industry. Two staff members had not completed this certificate.
- The registered manager maintained a matrix of staff training. The training matrix showed staff who had been employed in the service for several months had yet to complete training to be able to meet people's needs. The registered manager stated they had addressed training completion with staff in supervision meetings.
- Staff had not been provided with enough support and learning to use the provider's new electronic records. Consequently, staff were unable to demonstrate people had received the appropriate care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff had been in receipt of sufficient learning to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They planned for additional support to staff to improve their learning.

- Training had taken place and further training was planned to ensure nurses were competent to carry out their duties.

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

- Records failed to demonstrate if people had lost weight. Staff had failed to transfer six months of people's weights into the new electronic system. This meant staff were unable to have an overview in line with a malnutrition screening tool of any weight loss. This was drawn to the attention of the regional manager and the registered manager who provided reassurances historical information would be immediately added to the system so staff could assess people's needs.
- Staff provided positive encouragement to people to eat. A tea trolley with a selection of drinks and snacks for people was provided every morning and afternoon. Specialist diets were catered for.
- People made positive comments about the meals, one person said, "I don't really eat that much, am not a big eater but I enjoy the food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff engaged professionals from other agencies to ensure people received effective care. There was frequent contact with GPs and district nurses. Staff had requested referrals for people when required to specialist services such as dieticians and the Speech and Language Team.
- People and their relatives confirmed staff facilitated access to other healthcare services when needed.

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

- The home was purpose built and had suitable corridors with accessible toilets and bathrooms. There were signs of wear and tear throughout the building.
- Adaptations had been put in place to assist people living with dementia.

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 mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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. In care homes, and some hospitals, this is usually through MCA application procedures 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.

- The service was working within the principles of the MCA.
- The service had made DoLS applications to the local to deprive people of their liberty and keep people safe.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always support people to retain their dignity. People were found to be dressed in stained clothes and they had dirty nails and feet. Inspectors drew the attention of staff to situations and requested they provide support to people to maintain their dignity.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's dignity was effectively managed. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff began to take action. By the end of the inspection visits people wore cleaner clothes and had their feet washed.

- People who were able to verbally communicate told us staff respected their dignity and privacy. They said if they needed any help with personal care, bathing, or other assistance they felt very respected and advised curtains were always pulled across, or doors closed for privacy and dignity.

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

- People and their relatives made positive comments about the staff. One person said, "All, of the staff here are lovely - happy to help you and they have a joke as well with you. They are kept very busy." Another person said, "Staff are all good eggs."
- Staff spoke to people using kind tones. They used humour to engage people and were patient.
- Staff responded to people's requests for assistance. They respected and understood how people communicated. One relative said, ""All of the staff are good and caring and they try hard."

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

- Staff gave people choices to assist them make decisions about their daily care.
- People and their relatives were invited to participate in meetings to discuss their views about the home.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Following the recently implemented electronic care records information was missing from people's care records. People were at risk of receiving inappropriate care.
- People's daily records failed to show their care needs had been met.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's care was planned in line with their needs and choices. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided assurances work would be undertaken to make improvements to the electronic care records.

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.

- The service was partly meeting the AIS. Information was available to people on the home and the provider when they entered the front door. Large menu boards were available to assist people choose their meals.
- Care plans to describe people's communication needs were limited to what people could or could not do. They did not describe ways in which to give people information or make information assessable to them.

We recommend the provider reviews communication plans in the light of the AIS.

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

- The service employed an activities coordinator who supported people to engage in a range of activities and prevent social isolation.
- There was a mixture of feedback about the activities from people and their relatives. One person said, "I don't join in with anything but that is my personal choice I like my own company and peace and quiet." Another person said, "I would love more activities. I know they do what they can, but I do get bored."
- Relatives felt welcomed into the home, so people were not socially isolated.

- The registered manager was bringing in her puppy to the service. People were engaged in caring for the dog.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. No complaints had been received since our last inspection. People and their relatives confirmed they had not made any complaints and if they had a problem they would speak to staff or the registered manager.
- Reassurances were provided by the registered manager that a complaint we received during the inspection would be documented and the policy would be followed.

End of life care and support

- The service had records in place to show how people wished to be cared for at the end of their lives.

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 requires improvement. At this inspection this key question has remained the same. 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure records were up-to-date, accurate and auditing processes were sufficiently robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The implementation of the provider's electronic care records failed to result in accurate and up to date records of people's care needs and support, as reported within the Effective and Responsive domains of this report. The system required improvement to be able to meet people's needs. Staff had not been sufficiently trained to use the electronic records. Audits carried out since the implementation of the provider's electronic system failed to identify the deficits we found in the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate there was good governance in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided assurances work would be undertaken to review the electronic system. They removed people's paper files from the archive and began to cross reference information on paper with the electronic care records.

- Staff were clear about their roles and to whom they were accountable. One relative said, "I am happy with the staff here and the (registered) manager. I feel my family member is in a good place and that they do a good job."
- The provider had a system in place to collate the views of people, their relatives and staff. People who responded to the survey were positive about the service. One relative said, "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so."
- The registered manager had carried out audits in the home and found some areas where improvements were needed.

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

- Staff felt the registered manager was supportive of them. Relatives felt they could approach the registered manager. One relative said, "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so."
- People and their relatives experienced a mixture of outcomes. Most people felt happy with the care they received. The registered manager and staff worked to support people in the best way possible. One person said there are "Some good staff here and they do their best, they really do."

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; Working in partnership with others

- The manager understood the need to be open and honest when things go wrong. However, concerns were raised with us by other professionals that they had not always received information they had requested from the service in a timely manner.

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

- The registered manager had engaged different staff groups in meetings relevant to their area of work.
- Staff worked in partnership with other professionals. Arrangements were place for people to attend events in the community and for a community group to visit the home. The staff had opened the home to relatives and friends on Care Home Open Day which is a national initiative designed to encourage care homes to be a part of their neighbourhood.
- Irrespective of a person's age or disability staff worked to include them in the service and meet their 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 10 HSCA RA Regulations 2014 Dignity and respect |
| Treatment of disease, disorder or injury | Service users were not always treated with dignity and respect. Regulation 10 (1) |
| 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 | Care and treatment were not provided in a safe way for all service users. Regulation 12 (1) |
| 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 | Systems and process were not established and operated effectively to ensure good governance. Regulation 17 (1) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing |
| Treatment of disease, disorder or injury | Staff employed in the service had not received support and professional development as was necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) |