Adiemus Care Limited

Dungate Manor

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

Dungate Manor is a care home providing accommodation and personal care for up to 39 older people, who may also be living with dementia. There were thirty people living in the home at the time of our inspection.

The inspection took place on 16 July 2015 and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staffing levels were not sufficient to meet people's needs. We saw throughout the day that people had to wait to receive care. For some people this meant that they had to wait to use the toilet, for others they were woken for lunch because staffing constraints meant that they could not delay the serving. A vacancy for senior staff meant that there was only one senior staff member working in

Summary of findings

the home. There were a lot of tasks that the senior staff member was responsible for and they did not have time to do everything allocated to them. There were not always sufficient housekeeping staff on duty which meant that in some areas, cleanliness of the home could be improved.

People told us that they felt safe and relatives said they felt confident that their family members were well looked after. We identified however that people were not always properly protected from risks of avoidable harm. Some parts of the home that were not safe for people living with dementia to access were left unsecured. Appropriate measures to reduce the risk of people falling had not always been followed.

Whilst each person had an individualised plan of care, the information recorded was not always reflective of people's current needs. For example there was conflicting information about how one person mobilised. For another person, the risk assessment for falls had not been updated to reflect their increased level of risk. For a person receiving respite care, the home had not taken the same time to get to know them as they had with people living permanently at the home.

There were a range of activities for people to participate in, but due to the vacancy for a full-time co-ordinator, the current programme did not meet people's diverse needs. Several people commented that they were sometimes bored at the home. Activities available didn't always reflect people's individual hobbies and interests.

People described staff as "Lovely", "Friendly" and "Kind". We saw lots of positive interaction between staff and people and people were supported in a caring way.

Medicines were managed well and senior staff took the time to explain to people about their medicines and where it was safe, gave them choice about when to take them.

Appropriate recruitment checks were undertaken when new staff were employed to ensure they were suitable to work with people living with dementia. Staff received necessary training and support to enable them to do their jobs. People's legal rights were protected and they were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

People told us that the quality of food was good and that they were given choices at every meal. We saw that people were supported to maintain a healthy diet. Where people required support to eat this was provided in a dignified and unhurried way.

People were supported to maintain good health and had regular access to a range of healthcare professionals who told us that they worked collaboratively to keep people well.

People and their relatives spoke highly of the management team which was described as "Friendly and efficient." We saw that the home had an open culture in which people were encouraged to share their experiences and feedback was used to continually improve the home. With one exception, people's complaints were listened to and thoroughly investigated. The registered manager was competent in her role and had a good knowledge of the home and the people who lived there.

We found a number of breaches of regulations. You can see what action we asked the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not safe.

Staffing levels were not sufficient to meet people's needs in a timely way.

People were not always protected from the risk of avoidable harm.

Medicines were administered and managed safely.

People were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Appropriate checks were undertaken when new staff were employed.

Is the service effective?

Good

the service was effective.

People were supported by staff who were appropriately trained and competent to carry out their roles.

People's legal rights were protected because staff routinely gained their consent and where possible allowed people to make decisions for themselves.

People were provided with food and drink which supported them to maintain a healthy diet.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People felt that staff treated them with kindness and respect and we observed positive relationships between people and the staff who supported them.

People had choice about their daily routines and were regularly consulted with about their life in the home.

We saw care that promoted people's privacy and dignity and treated them as individuals.

Relatives were made to feel welcome in the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records had not always been updated to reflect people's current needs.

People were not always supported to maintain hobbies and interests that were important to them.

Summary of findings

People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated.

Is the service well-led?

Good

The service was well-led.

The home had a positive and open culture where people were encouraged to express their ideas and thoughts.

The manager maintained accurate records which were easy to read.

Quality assurance audits were carried out to ensure the quality and safe running of the home and identified actions from these audits were routinely addressed.

The manager provided staff with a programme of training and undertook her own personal development in order to provide best practice care.

The manager had systems in place to ensure that staff received on-going supervision and appraisal.

Dungate Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 July and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were carrying out this inspection in relation to some concerns we had about the home.

As part of our inspection we spoke with 15 people who lived at the home, four relatives, five staff, the registered manager and five other health and social care professionals. We also reviewed a variety of documents which included the care plans for seven people, five staff files, medicines records and various other documentation relevant to the management of the home. Some records were held centrally and as such we also visited the provider's main office as part of the inspection.

The home was last inspected in January 2014 when we had no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us "I am perfectly safe" and "I feel quite safe here, that's very important isn't it." People consistently said that they felt the home was a safe place to be and that their possessions were secure.

Even though people said that they felt safe, we found that they were not always adequately protected from the risk of avoidable harm. Some parts of the home presented a risk to people. For example, on the top floor there was a room being used by the maintenance person which was found unlocked. This left chemicals and tools accessible to people. The registered manager said that this area was usually secured, but we saw that this area was open for half an hour and only locked once we raised concerns. A fire door on the first floor was found open all day despite a keypad system indicating it should be kept closed. The top floor bathroom also contained two floor height cupboards which provided access to the water tank and exposed pipes. Both had padlocks on them, but neither were secured. This meant that people could access areas that were unsafe for them.

During the inspection, we saw that known risks to people were not always managed well. We read in the care plan for one person that they were particularly vulnerable and as such staff should be aware of their location at all times. Staff told us this was necessary for this person. We observed however that this supervision did not always occur. For a 20 minute period we saw that staff were not aware of the person's location until we raised the concern. This person was found to have accessed the upper floor independently via the stairs when it was assessed that this was not safe for them to do so.

We identified that the risk of falls for one person was not being managed appropriately. The person had been assessed by the local authority as having frequent falls and declining mobility, yet this information had not been transferred to the person's care plan. Accident records showed that this person had experienced four falls since moving to the home the previous month. The risk assessment in place for falls had not been updated to reflect this and as such the support provided for this person did not represent the real risk.

The way people were supported to move around the home was not always safe. We saw staff give two people zimmer frames which belonged to other people. This meant that they were walking with mobility aids which were not the correct height for them. We also observed two members of staff on multiple occasions lifting people under their arms. This is not a safe practice for the moving and handling of older people and presents a risk of harm to the person being moved.

At lunchtime we observed that one person was repeatedly coughing as they were supported with their meal. When we looked at the care plan for this person we read that the speech and language therapist had made a number of recommendations in February 2015, including that the person be placed on a soft diet (but not pureed) due to their dysphagia. The care plan for this person had not been updated to reflect this advice and the person was still being fed pureed food. The failure to follow this advice fully placed the person at risk of choking.

The provider had not ensured people were protected from possible harm and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people told us that they sometimes had to wait for their care because staff were busy helping other people. During the inspection we saw one person sitting by the entrance in their wheelchair. They said "I am in my waiting position". We asked what they were waiting for and they replied "I'm waiting for the toilet, I can't go on my own so I have to wait." When we spoke with another person about staffing levels they said "I've told staff if they're busy with someone, don't worry, I can wait."

When we arrived at the home we heard one person who lived on the top floor calling out for help in a distressed state. We went into the room and asked if they were ok. They told us that their trousers were wet and they were desperate for the toilet. We asked if they had used their call bell and they told us "You ring your bell, but you still have to wait all day." We rang the call bell for them, but after five minutes there were still no staff on the top floor. We went and found staff from another floor and asked them to assist the person. This meant that this person had been waiting for support for more than ten minutes and only received it then because we had intervened.

Feedback from two professionals who regularly visited the home was that there were not enough staff and in particular, a lack of senior care staff. One professional told

Requires Improvement

Is the service safe?

us that they would like staff to introduce them to people when they visit, especially if they have not met them before. They said however, this was not possible because "Staff are too busy." They also said that on more than one occasion, they had had to call staff to support people they were visiting because they had found them wet in bed.

The registered manager told us that current care staffing levels provided four care staff and one senior staff member during the day. In addition she said that there were usually two housekeeping staff, a chef and a kitchen assistant. The registered manager said they were recruiting for a second senior staff member and a full-time activities person. We observed that current staffing levels did not provide staff with sufficient time to do their jobs. We saw that people were frequently having to wait to receive care. We also saw that support was sometimes task focussed rather than personalised because of the constraints on time. For example we noticed that two people were woken up to be taken for lunch. Staff confirmed that this was because there was not time to offer a later serving. Furthermore, the rota for the previous four weeks showed five occasions where even these minimum staffing levels had not been maintained.

We identified that parts of the home were dusty and some areas in need of a deep clean. The top floor bathroom did not contain toilet roll and the sink was heavily stained. The commode in the top floor shower room was also soiled. The rota for the previous four weeks recorded 15 days where there had only been one cleaner on duty.

The lack of sufficient staff to meet the needs of people living at the home was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had clear policies and procedures in respect of safeguarding people, with a flow chart of who staff should contact if they suspected abuse. All staff spoken with were confident about their roles and responsibilities in respect of safeguarding and said they would not hesitate to report any concerns. A review of the records in relation to safeguarding showed that any concerns were handled quickly and appropriately.

Medicines were handled safely and securely. People told us that staff managed their medicines when they needed them. We observed senior care staff administer the lunchtime medicines. We saw that this was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. One person declined one medicine and we saw that this was stored separately and the staff member removed the person's record to remind them to re-offer in 15 minutes. People were given a drink to assist the swallowing of their tablets and the staff member spent time with them to ensure they were not hurried. The staff member was able to explain the correct medicines procedures and why it was important medicines were dispensed to people in a safe way.

We saw that Medication Administration Records (MAR) were completed accurately following administration of medicines. Each record contained a photograph of the person it related to, to ensure the medicine was given to the right person. Records also contained details of people's allergies and the guidelines for administering any 'as required' medicines. There was a list of specimen staff signatures so it was possible to track who had administered which medicine.

Medicines were checked and accounted for weekly and the provider completed additional monthly audits too. This helped to ensure that any discrepancies were identified and rectified quickly. The senior member of care staff said that if any mistakes were identified then they introduced daily checks for a few days to ensure all staff followed the correct procedures. There was a system for recording the receipt and disposal of medicines to ensure that they knew what medicine was in the home at any one time.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files had all the required information, such as a recent photograph, written references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Good

Is the service effective?

Our findings

People spoke highly of the staff who supported them and said they thought they were competent in their roles. Relatives were also positive about staff. One relative told us "I think they are absolutely brilliant carers, my mum can get pedantic but they deal with her very well."

Staff told us they received on-going training and that they felt well equipped to do their jobs. They were confident in the way they described their roles and responsibilities. We saw that new staff completed an induction programme which included both attending training and shadowing other staff. Lists of training courses which staff had completed or were scheduled to complete were on display in the staff room. These included courses such as manual handling, safeguarding and dementia awareness. The senior staff member told us that they had also recently completed a vocational qualification in dementia care. We observed that staff carried out work diligently and competently. We saw that where people were hoisted, this was done safely in accordance with best practice.

In addition to training, staff received on-going support through the attendance of staff meetings and regular 1-1 supervision meetings with either the senior staff member or the manager. We read that supervisions and appraisals were used to discuss the staff member's practices, training and areas for development. Staff told us that they felt well supported in their role.

People told us that staff always asked for their consent and respected their capacity to make decisions. Staff demonstrated that they understood people's legal rights and had knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff talked to us about a best interests meeting that had been held for one person who lacked capacity in respect of covert medication. Covert medication is where medication is hidden in a person's food or drink.Whilst it was clear that this person's rights had been protected and the GP had been involved in this process, the care records did not fully reflect the work that had been done around this. Appropriate referrals had been made to Surrey County Council, where it was believed that people were being deprived of their liberty. The home had a keypad entry system, but staff recognised this restriction and provision was made for people to go out either independently or escorted by staff as they wished.

People told us that the food was good and that they had a choice of meals. One person said "The food is good here which is important." People said they were always asked about what they wanted. One person said that they usually liked to have toast for breakfast, but that morning had asked for a cooked breakfast because they felt unusually hungry. Relatives told us that they were confident that their family member had a choice of meals and plenty to drink.

We joined people at lunchtime. The mealtime was staggered which allowed staff the time to support those people who required assistance. People who required support were assisted to eat their meals in an unhurried way.

People told us that they could choose where to take their meals and we saw that people's requests about this were respected. For example, one person asked to eat in the lounge instead of the dining room and this was arranged without hesitation. For those people eating in the dining room, we saw that the lunchtime meal was a social occasion and people chatted happily to each other and staff. The food was observed to be appetising and served hot. Vegetables were served in dishes on the tables so that people could help themselves. People remarked that the food was good and we saw drinks offered throughout the meal.

People were involved in decisions about what they ate. The chef said they spoke with people each day to offer them choices for the main meal, but said any request for something different could always be accommodated. The chef demonstrated a good knowledge of people's food preferences and dietary needs. Menus were based on the likes, dislikes and feedback of people who lived in the home.

Water in jugs and juice were available for people in the lounge and their bedrooms during the day. Where staff had concerns about people's food or fluid intake, monitoring charts had been implemented. From looking at these, we saw that people had been supported to eat and drink sufficient quantities to keep adequately nourished and hydrated.

Staff ensured people had access to external healthcare professionals and people had choice about the health care support that they received. People had access to health

Good

Is the service effective?

care professionals, including doctors, dentists, opticians and dieticians. Feedback from visiting professionals told us that staff had a good knowledge of people and that they worked collaboratively with them.

Good

Is the service caring?

Our findings

People told us that staff were friendly and kind. One person said "I like the care staff very much, they are always polite and friendly." Another commented "The staff are beautiful. They are diamonds." Relatives were equally positive about the way their family members were cared for. One relative told us "I can honestly say that they are all very nice, very happy." Relatives appreciated the fact that they could visit at any time and remarked "They [care staff] never make you feel that you are a nuisance or in the way." Feedback provided by visiting professionals was also positive. One social care professional said "All the residents seemed to be extremely content and cared for during our visit." They also went on to tell us "We often receive excellent feedback from families who view Dungate Manor. They have remarked how lovely and warm the home and its environment are, as well as the positivity and kindness [of the manager]."

We also observed lots of very caring practices in which staff spoke with people kindly and in a caring manner. We saw that there was lots of friendly banter between people and staff and relatives. Staff kept people informed about what was happening and explained what they were doing when they transferred them and what the food was when they supported them to eat. We heard one person ask a staff member what one of their medicines was and the staff took the time to explain what it was and why they needed it. The staff member then gave the person the choice of taking it then or later. We overheard the person tell their neighbour afterwards "They are very thoughtful here."

Staff demonstrated a commitment to providing good care. They spoke enthusiastically about their job and compassionately about the people they cared for. Through talking to staff and listening to their conversations with people it was evident that they had a good knowledge about people, including their likes and dislikes. The diversity of people was respected with people treated as individuals with their own needs. For one person whose first language was not English, staff had taken time to learn some key words in the person's own language to improve communication with them.

We highlighted to the registered manager that we saw a couple of examples where greater respect could have been shown to people. Firstly, three people were watching the television, when a staff member walked in and without talking to anyone swapped the channel and walked out of the room again. We also noticed that an area of damaged paintwork in one person's room had been repaired using a different colour paint to the rest of the wall. From discussions with this person it was clear that having a nicely decorated room was important to her.

We saw that staff routinely knocked on people's doors and requested permission before entering their rooms. People were encouraged to personalise their rooms and bring their own furniture from home. Some people had daily newspapers that were delivered to their rooms in the morning. People were able to make decisions about their care including when to get up, go to bed and how to spend their time during the day.

Requires Improvement

Is the service responsive?

Our findings

People told us that there were activities to take part in, but some people said that they sometimes got bored. One person commented "We do get bored occasionally, but we do get activities." Similarly, another person said that she went to some of the activities because "It's better than to sit down all day than do nothing", but also said that they sometimes got bored.

In the morning we observed that music was playing in the conservatory and a lady came in with a PAT (Pets as Therapy) dog and spoke with most people. We saw that people were engaged and enjoying stroking the dog and it was evident that the lady knew people well. We later saw two in-house activities take place which engaged people to varying degrees.

The registered manager told us that they were currently recruiting a new activities co-ordinator as the previous person had left. In the interim period, activities were being arranged by a member of care staff working in this role on a part-time basis. It was clear that some activities were happening, although more efforts were needed to ensure these were appropriate and meaningful to the people who lived at the home. One person told us that they really missed playing bowls and that prior to moving to the home they had been a member at a local club. We saw that this was documented in the person's initial assessment, but no efforts had been made for this person to continue this hobby.

Each person had a personalised plan of care which provided detailed information about people's support needs. It was however not always clear which information was the most current because some parts of the care plan contradicted other guidelines in place. For example, it was not clear what support one person required to move because in one part of the care plan it stated that they used a zimmer to mobilise and in other section it stated that due to the person's reduced mobility they now required the assistance of two staff for all transfers. We observed that the person received the right support and staff were clear about the person's current needs, but new staff following the care plan would not be able to establish this from the guidelines in place. For the same person, the communication guidelines stated that they used communication cards to make choices because their first language was not English. These were not seen to be used and care staff said that was because they knew the person better now these were no longer used.

The information that was recorded about people was not always respectful to people. For one person living with dementia the section in their care plan relating to family involvement and important dates, it was written 'Not applicable because of advanced dementia.'

It was clear that people had been appropriately referred to other healthcare professionals such as the GP, district nurses or speech and language therapists in response to their needs. Latest advice from these visits however had not always been accurately recorded in the care plan. For example one person's care plan said that the district nurses were to review the person's pressure area on a monthly basis, when in fact at the latest visit, the person had been signed off by the district nursing team. Again it was evident that the person was receiving the right care in respect of this historic wound, but the records were not a reflection of what was needed.

The care plan for a person in receipt of respite care did not provide sufficient detail to meet their needs. Information about the person's safety and falls history had not been completed, despite these both being areas of identified risk for the person. There was also no recorded information about the person's preferred daily routine or whether they liked to be supported by male or female care staff. Staff told us that there was only a limited care plan for this person because they were only staying on respite. This person had been living at the home for more than a month when we met them. The person told us that they wanted to return home and whilst it was evident that the home had taken appropriate action with the social worker in respect of this, they had not taken adequate steps to provide more personalised support to see if that improved the person's experience of residential care.

These gaps in providing person centred care that is responsive to people's needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that where people required support to prevent pressure wounds, this was managed well. People who were at risk of pressure sores were seen to be using appropriate

Requires Improvement

Is the service responsive?

equipment, such as pressure relieving mattresses and cushions. Staff were observed regularly supporting people to change their position and the records in respect of this reflected that this was on-going.

Most care plans contained detailed information about people and how they preferred their support to be provided. Information about people's likes and dislikes and life histories were well documented and staff were seen to know people well. Information about people's specialist needs such as how they should be hoisted or supported if distressed were well documented and reflected in staff practice.

People told us that they knew how to complain and would feel confident to do so if they needed to. People felt that any comments they raised were taken seriously and acted on. Copies of the complaints policy were clearly displayed on noticeboards around the home and people and were aware of who to contact in the event of any concern. Relatives spoken with said that any problems they ever had were sorted really quickly.

The registered manager showed us a log of complaints and compliments and it was evident that any concern was recorded, whether it was made verbally or in writing. In addition to the formal complaints log, the registered manager also showed us a 'grumbles book' which she used to record minor issues that were raised, but which people did not wish to pursue formally as a complaint. With the exception of one complaint, we saw that complaints were acknowledged and investigated, in accordance with the complaints procedure.

Good

Is the service well-led?

Our findings

People told us that they thought the home was well managed. People said that they felt valued and listened to. Relatives also said that they had confidence in how the home was run, with one person describing the management team as "Friendly and efficient." Health and social care professionals informed us that they had good working relationships with the registered manager and senior staff and found them to be honest and transparent in dealing with any issues or concerns.

We found the culture of the home to be open and positive and saw that there were various ways in which the home encouraged people and their relatives to express their ideas and thoughts. We saw that feedback meetings involving people and their families had led to the purchase of a minibus for outings and professional manicures as an activity. Satisfaction surveys were also used as further means of gauging people's opinions on key topics such as food. A recent catering survey had led to the introduction of fruit being offered at snack times.

The registered manager had a good understanding of their legal responsibilities as a registered person, for example sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals. The registered manager was also knowledgeable about the people who lived at the home, the staff employed and displayed an openness and transparency about the areas that needed to improve. Records relating to the management of the home were well maintained and confidential information was stored securely.

The registered manager had systems in place to ensure that staff received on-going supervision and appraisal. Staff were involved in the decisions about the home and their feedback about the running of the home was also sought. There were regular staff meetings and we read in the minutes how staff were encouraged to speak openly with the management team and each other about how to work effectively together as a team.

Policies and procedures were in place to support staff so they knew what was expected of them. The registered manager held a file which contained policies useful for staff. For example, this included the providers' whistleblowing policy, safeguarding information, the fire procedure and MCA and DoLS guidance. Staff told us they knew where the policies were kept and could refer to them at any time.

There was a monitoring system to check that a good quality of care was being provided. The management team carried out a number of checks and audits, which quality assured areas such as accidents, medicines and people's weights. Actions were set on areas that required improvements and there was evidence that these led to improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 **The registered provider had not ensured that people were protected from identified risks.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider had not ensured there were sufficient numbers of staff to meet the needs of people.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered provider had not ensured that care and treatment was provided to meet people's needs.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.