

Nellsar Limited

The Old Downs Dementia Residential Care Home

Inspection report

Castle Hill
Hartley
Dartford
Kent
DA3 7BH

Tel: 01474702146
Website: www.nellsar.com

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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

This inspection took place on 8 June 2016 and was unannounced. At our previous on inspection 17 February 2014 we found the provider was meeting the regulations we looked at.

The Old Downs Residential Care Home provides accommodation and support for up to 41 people living with dementia. At the time of our inspection there were 38 people using the service. There was a new manager in post since April 2016 and they had applied to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's medicines were not always managed safely. Appropriate procedures were not followed in managing covert medicines and medicine risk assessments were not carried out. Malnutrition Universal Screening Tool (MUST) records were not always completed to identify adults who are malnourished, at risk of malnutrition (undernutrition) or obese. There were systems in place to monitor the quality of the service but these systems were not always effective. For example, pharmacy advice had not been sought regarding the administration of covert medicines. You can see what action we have told the provider to take at the back of the full version of this report.

People using the service said they felt safe and were well cared for. Safeguarding adults procedures were in place and staff understood how to safeguard the people they supported. Risks to people were assessed and monitored regarding falls, call bells and moving and handling and guidance was available to staff on how to safely manage these risks.

Staff had undergone an induction when starting work and had received appropriate training to ensure they had the skills required for their roles. Staff were also supported in their roles through regular supervision.

Staff sought consent from people when offering them support and the registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff treated people with dignity, kindness and consideration. People's privacy was respected. People were provided with information about the service when they joined in the form of a 'service user guide' which included details of the provider's complaints policy.

Relatives were involved in people's care planning. The care and support they received was personalised and staff respected their wishes and met their needs. Care plans provided clear information for staff on how to support people using the service. They were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People were supported to be independent where possible, for example by attending to some aspects of their own personal care.

Staff were knowledgeable about people's individual needs. There were a variety of activities on offer that met people's needs. People's cultural needs and religious beliefs were recorded to ensure that staff took account of these areas when offering support.

Relatives knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary. They spoke positively about the management of the service and staff told us the management team were available to support them when needed.

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 always safe.

Medicines were not always administered safely and effectively. Staff had not fully followed the provider's policy on covert medicines administration. Medicines risk assessments were not carried out.

Relatives told us that they felt people were safe. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these.

People were assessed for risks of falls, moving and handling and call bells were assessed and monitored, and guidance was available to staff on how to safely manage these risks.

There were enough staff deployed to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good ●

The service was not always effective.

Malnutrition Universal Screening Tool (MUST) records were not always completed to identify adults, who are malnourished, at risk of malnutrition (undernutrition) or obese.

Overall staff training was up to date and staff received appropriate supervision and appraisals.

Staff asked for people's consent when providing them with support. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff supported people with kindness and respected their dignity and privacy.

People and their relatives told us they were involved in decisions about their care.

Staff demonstrated a knowledge and understanding of the people they supported and supported them with their religious and cultural needs.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's support needs and preferences in order to provide a personalised service.

There were a variety of activities on offer that met people's needs for stimulation.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and were given information on how to make a complaint.

Is the service well-led?

Requires Improvement ●

An aspect of the service was not well-led.

There were systems in place to monitor the quality of the service but these systems were not effective.

Staff said there was a good atmosphere and open culture at the service, and that both the registered manager and the deputy manager were supportive.

The provider did take into account the views of people using the service and their relatives.

The Old Downs Dementia Residential Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 8 June 2016. The inspection team on the day consisted of one adult social care inspector 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.

Before the inspection we looked at the information we held about the service including notifications they had sent us. Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During our inspection we spent time observing the care and support being delivered. We spoke with six people using the service, five relatives, eight members of staff, the deputy manager and the new manager. We used the Short Observational Framework for Inspection (SOFI).

SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed records, including the care records of four people using the service, four staff members' recruitment files and training records. We also looked at records related to the management of the service such as surveys, accident and incident records and policies and procedures.

Is the service safe?

Our findings

Relatives of people who used the service said they felt safe and were well cared for. One relative we spoke with told us "My [loved one] is safe and well cared for. I don't have to worry about [them] when I leave." Another relative told us "They [staff] are very supportive and we feel [my loved one] is very safe here."

We identified that covert medicines were administered within the home for two people using the service. A policy was in place for the management of covert medicines; however, we found that the policy had not been followed. Although consent of the GP had been obtained; pharmacy advice had not been sought in line with the policy to ensure there were no risks associated with the covert administration methods used. Medicines were therefore not safely administered.

We also observed one person refusing their morning medication. We saw that this had been recorded on the back of their Medicine Administrations Record (MAR) chart. We spoke to the staff member administering medicines during our inspection and were told that the person was offered their medicines at a later time that morning. However, there were no notes recorded to show that this had happened. We saw that the MAR chart for May 2016 showed that the same person had refused their medicines on one other occasion. There was no record to show whether or not the medicines were offered at a later time or not.

We also saw that risk assessments regarding medicines had not been completed by the service. This meant, risks regarding medicines could not be identified and the relevant guidance for staff on how to support people to reduce the likelihood of any harm to people was not available. For example the risks associated with people refusing their medication and the action that should be taken if this were to happen.

We looked at Malnutrition Universal Screening Tool (MUST) records for six people. A MUST record identifies adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. We found that three people who had lost a significant amount of weight in a short period of time had MUST records that were not fully completed. For example, information such as BMI or percentage of weight loss was not completed in order for the assessment to determine risk likelihood. This meant that required referrals to other healthcare professionals had not been made and advice was not sought around eating and drinking.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised the issue of incomplete MUST records with the deputy manager who told us that they completed the majority of MUST records but had not received any training on completion of these records as they were new to the post. The registered manager confirmed that training in completing MUST records would be provided for all staff as soon as possible. However, we were unable to monitor this at the time of our inspection and will check this at our next inspection.

We raised the issue of medicines risk assessments with the manager who said that they would immediately contact the pharmacist for advice with regards to the two people receiving medicines covertly as well as

start carrying out medicines risk assessments. However, we were unable to monitor this at the time of our inspection and will check this at our next inspection. We saw that medicines were safely stored and Medicine Administrations Record included people's photographs and details of their GP.

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the types of abuse that could occur, they told us the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff knew who they would report any safeguarding concerns to and were aware of the provider's whistleblowing policy which they said they would use if they needed to.

We saw a signing in book was in use in the reception area, to maintain a record of visitors to the home. This was designed to protect people using the service and we observed that staff asked visitors to sign in and out.

Risk assessments were completed for each person relating to falls, moving and handling and call bells. These had been reviewed on a regular basis to ensure they remained up to date and reflective of people's current needs. The risk assessments contained detailed descriptions of the identified risks and guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, where a concern had been raised about someone's mobility whilst bathing, control measures had been identified to reduce the level of risk.

We saw that there were enough staff members on duty to meet people's needs. However, improvements were needed as we saw staff did not appear to be organised. For example, at lunchtime we saw that people who used the service came into the dining room then waited to be directed where to sit, a lot of them were unsteady on their feet and had walking aids. Although there were a number of staff present they did not appear to have any allocated duties, know what their duties were or be aware that people were waiting to be seated. We raised this with the manager who told us that staff should know what their duties are for the day and would ensure this in future.

Appropriate recruitment checks took place before staff started work. Staff files contained evidence confirming that the provider had sought references, reviewed applicant's proof of identity and undertaken criminal record checks for each staff member to reduce the risks associated with employing unsuitable staff.

We saw an accident and incident file recording all incidents and accidents for people using the service. We saw that there were no accidents or incidents recorded for the month of April 2016 and that an audit was carried out for the period January to April 2016. We saw there had been some outstanding actions which had all been completed.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire, and they had received first aid and fire training. Records confirmed this. The fire risk assessment for the home was up to date and staff confirmed they undertook regular fire drills so as to be prepared.

Is the service effective?

Our findings

Relatives we spoke to told us that staff were competent and knew what they were doing. One relative said, "Staff know my [relative] and know what to do." Another relative told us "Staff do a good job, are kind and very well trained."

We saw the day's menu was displayed on the notice board in the dining room. There were different options for both the main meal and dessert which people could choose from. People we spoke to told us "The food is good". Another said "I can eat whenever I want".

Staff training records confirmed that they had completed all training except for MUST records. This included induction and mandatory training which included safeguarding, health and safety, first aid, food hygiene, mental capacity, medicines and dementia training. One member of staff told us, "My training is all up to date."

Staff were supported through regular supervision and annual appraisals in line with the provider's policy. During supervision sessions staff discussed a range of topics including issues relating to the people they supported and progress in their role. Annual appraisals had been conducted for all staff that had completed a full year in service. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care. One member of staff we spoke with told us, "I have regular supervisions, I get to put my views across."

Staff were aware of the importance of gaining consent from people when offering them support. One staff member said, "I always ask for people's consent before I offer them support".

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. We checked to see whether people's rights had been protected by assessments under the MCA.

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). The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under each authorisation.

Most people who used the service did not have the capacity to express their view about their care; however we saw that their relatives had been consulted. We found detailed information in the care plans to establish people's preferences over a range of areas such as their diet, personal care and activities. Staff we spoke with explained how they could tell from body language and gestures whether someone was happy with the care being offered or not.

We saw people's healthcare needs had been addressed by the service. They had regular appointments with opticians and chiropodists. Records also showed that GPs had been contacted when staff had concerns about people's health.

Is the service caring?

Our findings

We saw that staff were kind and caring. One person we spoke to told us "The [staff] are nice. I wouldn't want to be anywhere else." Another person told us "Staff are wonderful, just lovely" and a third person said "[Staff] are very nice and very kind." One relative we spoke with told us "Staff treat [my loved one] with such kindness and gentleness and look after them so well".

People were well presented and looked comfortable. We observed staff talking to people in a kind, calm and respectful manner, they interacted well with people overall and during activities encouraging them to participate. We noted that people had a good rapport with staff. Staff showed patience, knowledge and understanding of people's needs and how to help them if they were disorientated. People were supported to go at their own pace and not rushed. We observed distraction techniques used effectively to reduce problems, for example through the offer of a walk or a cup of tea or a chat.

Staff we spoke with had a good knowledge of people's individual needs. For example, the time people liked to go to bed and wake up, their favourite colours and flowers. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy. For example, they told us they knocked on people's bedroom doors before entering and kept bedroom doors closed when they were supporting people. One relative told us "A member of staff helped [my loved one] to the bathroom and waited outside. The member of staff then checked to make sure that their clothing was in order." Staff told us that they promoted people's independence by encouraging them to carry out aspects of personal care such as choosing their clothes and brushing their hair.

People were provided with information about the home in the form of a service user guide. This guide outlined the standard of care to expect and the services and facilities provided at the home, as well as details about how to raise a complaint.

Staff showed an understanding of equality and diversity. Care records included details about people's ethnicity, preferred faith, culture and spiritual needs, and staff confirmed people were supported in these areas where appropriate. For example, regular church services were held at the home for people who wish to attend. One staff member we spoke to told us "People who attend get a lot of comfort."

People's relatives were encouraged to visit with them at the home. On the day of our inspection we observed staff warmly welcoming relatives when they visited. One relative told us, "I like the open door visiting policy." Another told us "I like the open door policy for visiting which I find reassuring. I haven't tried but feel that I could turn up at midnight and be made to feel welcome."

Is the service responsive?

Our findings

Relatives told us people received personalised care that was responsive to their needs. One relative told us "I've never had any concerns because I am always consulted about everything."

We saw people's bedrooms were personalised to their own taste. Some people preferred to spend time in or eat in their rooms. One staff member said "The majority of people come down, but if they don't want to then that is fine. We do encourage them, but sometimes they might just not want to come down. We respect what they want."

We saw people's health; care and support needs had been assessed before they moved into the home. People's care files were well organised, easy to follow and the details of their support were reviewed on a regular basis. People's care plans were person-centred and provided clear guidance for staff on how to support them in areas of their daily lives including methods of communication, support with personal care, eating and drinking, and mobility needs. Care files included people's ethnicity, religion, life histories, the name they preferred to be called and their former occupations. Daily progress notes were maintained to record the care and support delivered to people to ensure people's individual needs were met. We saw care files were reviewed monthly or more frequently if required. For example, one person had started to wander out of their bedroom during the night. Measures had been put in place to ensure staff reassured the person and assisted them back to bed.

People were encouraged to participate in activities within the home to offer stimulation and reduce the risk of isolation. These were arranged and delivered by two activities coordinators. There was an activities schedule on display but one of the co-ordinators told us "Although there is a schedule it can change on a daily basis depending on what people want to do." Activities included chair exercise, arts and crafts, games, karaoke and foot spas. We also saw that one person was going to be accompanied to a street party to celebrate the Queen's 90th birthday. One person we spoke with told us "I like the activities, especially singing old songs." Another person told us "I like the games...the [staff] play dominoes with me."

We saw the service had a complaints procedure in place and displayed on noticeboards across the service should people need to raise concerns. However, we noticed that the procedure had contact details of the former registered manager. We brought this to the new manager's attention who told us that the procedure would be updated with the correct details as a matter of urgency. The service's complaints handling process was effective. The service had investigated and resolved complaints received within timeframes set in the provider's complaints policy. Staff told us how they would support people to make a complaint and ensure they received an appropriate response.

Is the service well-led?

Our findings

Relatives and staff spoke positively about the manager. One relative told us "The change of management had been very smooth."

There were processes in place to monitor the quality of the service however improvements were needed as these were not always effective. Records demonstrated regular audits were carried out at the service to identify any shortfalls in medicines but the provider was unable to identify the issues we found at our inspection including the safe management of medicines, medicine risk assessments and completion of MUST records.

The home had a new manager who had been in post since April 2016 and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Throughout the course of the inspection it was clear from the manager, staff, and people using the service that the ethos of the home was to provide a safe happy and secure environment as well as promoting people's independence. Staff we spoke to told us they enjoyed caring for people who used the service. One staff member we spoke with told us "I love caring for the people who live here, it's like we are family."

Staff told us they were happy working in the service and spoke positively about the leadership being receptive to staff input. They told us the manager operated an open door policy and they could go and speak to them at any time. One staff member said, "I have confidence in the manager." Another told us "The manager is approachable and I can go and see them whenever I need to." This meant that staff felt supported by the service.

Staff attended daily handover meetings at the beginning of every shift so they were kept up to date with any changes to people's care and welfare. Regular staff meetings were held and these were used to help share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings confirmed discussions took place around areas such as food and fluid charts, laundry and activities. Staff felt they could express their views at team meetings. One staff member told us "Staff meetings are good, I can learn from them, we can discuss how everyone feels." Another told us "I attend staff meeting regularly, they are useful."

The provider carried out an annual relatives' survey to seek people's views about the service. We saw that the results of the survey for 2016 were yet to be analysed. We could see that overall responses were favourable. The new manager told us they used all feedback to make positive changes.

The manager had a good understanding about when to send a statutory notification to the CQC. A notification is information about important events which the service is required to send us by law.

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 People who use services were not protected from the unsafe management of medicines