

Midland Healthcare Limited

Dove House Care Home

Inspection report

Dairy Lane
Sudbury
Ashbourne
Derbyshire
DE6 5GX

Tel: 01283820304

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Dove House is a care home that provides accommodation and personal care for up to 42 older people, some of whom are living with dementia. At the time of our inspection, there were 32 people living at Dove House.

People's experience of using this service:

Medicines were not always managed safely.

Care plans were not always personalised, and improvements were required to ensure the information contained within people's care records was consistent. People were supported to have their end of life wishes met but this information was not always consistently recorded. The service was in the process of developing this practice.

People received enough food and drink to meet their nutritional needs, however improvements were required to make meal times a more positive experience for people. After our inspection, the area manager sent us an action plan of planned improvements. Actions had been taken to address the shortfalls we had found.

Activities for people were provided, however, these were not always meaningful for people and the service was going through the process of recruiting an activities coordinator.

There was no registered manager in place.

Further improvements were required to the systems that measured the quality and safety of the service.

People were protected from the risk of harm and abuse.

People were treated with kindness by a staff group who were caring and knowledgeable about people's care and support needs.

People knew how to make a complaint and complaints were addressed in line with the service policy.

The senior management were in the process of improving the service to fully imbed the changes that had been and were still being adopted. People, relatives and staff spoke positively about the improvements that had been made.

Rating at last inspection:

At our last inspection in October 2018 (report published 12 January 2019) the service was rated Requires Improvement with the key question of Safe rated as Inadequate.

Why we inspected:

This was a planned inspection based on the date and the overall rating of the last inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will return to re-inspect in line with our inspection programme for Requires Improvement services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

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 ●

Dove House Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and one 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:

Dove House is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The home is set out over two floors and has two communal areas and dining room. There is a private garden to the rear of the property.

There was no registered manager in post. An acting manager had been in post since October 2018 but had not registered with the Care Quality Commission. A registered manager is a person who has registered with the CQC 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 and for the quality and safety of the care provided. The acting manager was not present on the day of our inspection.

Notice of inspection:

The inspection was unannounced and took place on 1 and 2 May 2019.

What we did:

Before the inspection we reviewed the information we held about the service. We looked at the Provider Information Return (PIR). This is a document that the provider sends us telling us about key information about the service such as what it does well and any planned improvements they plan to make. We looked at

notifications that we had received. A notification tells us about events that have taken place at the service such as serious injuries and deaths. We liaised with external organisations such as the Local Authority to seek their feedback about the service. We used this information to help us plan our inspection.

During the inspection we spoke with 10 people using the service, four relatives, two care staff, the maintenance person, two cooks, the deputy manager, the area manager and the group operations director. We observed staff members to assess how they supported people.

We looked at four care files, four staff files and we saw records that related to the management and running of the service such as audits and records of accidents and incidents and policies and procedures and we reviewed the way medicines were stored and managed.

Following the inspection, we received further evidence from the provider showing their staff training requirements, additional policies and procedures and a service action and improvement plan.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

At our last inspection we found that systems were not effective to ensure people would be safeguarded from abuse. Risks were not always managed well and there was not always enough staff to sufficiently meet people's needs. People did not always receive safe care and treatment which included the proper and safe use of medicines. This was a breach of Regulations 12, 13 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that enough improvements had been made so that the provider was no longer in breach of these regulations. However, there were still areas that required further improvement.

Using medicines safely:

- Medicines were not always stored in a safe way.
- Some medicines we saw were not dated when they were opened. This meant that people were put at increased risk of being administered medication that had expired.
- Room and refrigeration temperatures were not consistently recorded. This meant that some medications may have been less effective due to their storage temperatures being too high or too low.
- Medication audits had not been consistently completed. This meant that the shortfalls that we identified during our inspection had not been picked up during the quality monitoring process. A member of senior care staff had now been delegated this task.
- Protocols were in place to guide staff when administering medicines that were required on an 'as needed basis'. The protocols were kept with the medication trolley and the Medication Administration Records (MAR) however, the staff we spoke with were unsure where the protocols were stored. We brought this to the area manager's attention who said they would address this issue straight away and communicate this to all staff.
- People received their medication on time. We observed staff administering medications in a competent way describing to people what the medication was and how it would help.
- Where people had specific health conditions, information was in place for staff to follow to manage people's health conditions.

Staffing and recruitment:

- There was a recruitment process in place. Staff were subject to a Disclosure and Barring (DBS) check prior to commencing their employment to prevent unsuitable people working with vulnerable adults.
- Risk assessments were completed for staff who had been identified as having previous criminal convictions prior to working at Dove House. We made a recommendation to the area manager for these risk assessments to be more thorough.
- There were enough staff to meet people's needs. People had their needs met in a timely manner.

Assessing risk, safety monitoring and management:

- The service had improved systems in place to identify and mitigate people's risks, however, there was a lack of consistency in detail within some of the risk assessment documentation. We informed the deputy manager and the area manager who evidenced that the care plans were in the process of being updated and this would include people's individual risk assessments.
- People had their risks managed because staff knew people well and could tell us about the actions they took to support people and keep them safe.

Systems and processes to safeguard people from the risk of abuse:

- The service had improved their systems to ensure people were protected from the risk of harm and abuse.
- Safeguarding concerns were recorded and reported in a timely way.
- Staff could recognise the signs of abuse and knew how to report any concerns. One staff member said, "I wouldn't wait; if I had any worries or concerns I would report them straight away."

Preventing and controlling infection:

- Staff were observed using Personal Protective Equipment (PPE) to help reduce the risk of the spread of infection.
- The service employed housekeeping staff who were observed undertaking their cleaning duties throughout the inspection.
- The home was clean and odour free. One relative said, "It's the best for cleanliness, it is lovely and clean."

Learning lessons when things go wrong:

- Accidents and incidents were recorded and then audited on a weekly basis by the area manager to identify trends and patterns. Actions were taken where necessary to reduce the likelihood of reoccurrence.
- The area manager had produced a service improvement plan from their last CQC inspection report and this was being used to improve quality and safety to provide positive outcomes for people.

Is the service effective?

Our findings

Our findings - Is the service effective? = Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection we found that people's needs were not always effectively responded to, including support with meals and drinks. People were not always supported in line with the Mental Capacity Act 2005 and the design and décor of the premises was not designed around the needs of the people using the service. At this inspection we found that some improvements had been made but there were still areas that required further improvement.

Staff support: induction, training, skills and experience:

- The area manager used a training matrix as a mechanism to identify training staff had received and when updates were due. This matrix showed some gaps in essential staff training such as safeguarding adults. The area manager had introduced a deadline for staff to complete this mandatory training.
- Staff received monthly supervisions, and this was used as an opportunity to discuss staff development, progression and training requirements.
- We observed staff supporting people to transfer with the aid of equipment such as a hoist. These practices were executed in a safe and dignified way for people.

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

- Care plans were completed in line with people's needs, however, the information contained within the care plans was not always easily accessible and the information within the files was not consistently stored in the same way. Following our inspection, the area manager sent us an action plan of planned improvements, detailing actions that were going to be taken to address the shortfalls we had found.
- People had received an assessment of need prior to moving to Dove House.
- Care plans had been reviewed and were also being re-written to ensure the care file system was consistent across the service.

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

- The system in place for serving hot meals meant that some people were left waiting for extended periods of time before receiving their meal. We brought this to the area manager's attention. Following our inspection, the area manager sent us an action plan of planned improvements. Changes had been made to address the issue we found to ensure people received their meals together without delays.
- People had their dietary requirements met.
- Where people had specific nutritional needs, advice was sought from healthcare professionals and staff knew how to meet these needs.

- People told us that they enjoyed the food and that they were given choice. Comments we received included, "The food is very nice." and "I always enjoy my meal."
- We observed people being offered drinks and snacks throughout the day. People told us that they received two choices at meal times and we observed staff showing people two plates of the available choice at lunch time to support people with their decision making.

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

- Referrals had been made to relevant professionals as and when required. For example, one person had experienced a number of falls. A referral had been made to the occupational therapy falls team for further advice, guidance and support for the person.
- The local general practitioner held a regular surgery each week at the service for people as required. Where people required emergency medical attention, this was sought in a timely way.
- The service had been working closely with the local authority to develop and improve working practices to enhance outcomes for people living at Dove House.
- The service had introduced a 'stand up meeting' held each morning with the senior staff member from each department. The aim of the meeting was to discuss any issues and concerns and to highlight the day's events so that the service could run more smoothly.

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

- People were encouraged to bring their own belongings with them to Dove House in order to create a homely environment.
- The layout of the home allowed people to walk freely around the property as they so wished and we observed people moving around safely during our inspection.
- People had the opportunity to move rooms in line with their assessed needs. For example, one person had moved rooms due to there being limited space to manoeuvre some equipment. The deputy manager had been integral in facilitating the move.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- People had mental capacity assessments in place.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people were being deprived of their liberty, applications had been made to the local authority to ensure this was being done lawfully.
- The deputy manager kept a log of all applications that had been made and used this follow up any outstanding applications and authorisations.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we found that the service was not consistently caring, and people did not always have their dignity respected. People were not always involved in their own care and staff did not consistently engage with people. At this inspection we found that the required improvements had been made.

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

- People were treated well by a kind and caring staff team.
- One person told us, "The staff are nice here, they talk to me. I get on with them all, it's great." Another person said, "I like it here, I do. It is a great place."
- A relative said, "Staff show kindness to everyone. One staff member has been so lovely to [relative's name] and they have built up a lovely rapport. I just wanted my [relative] to go somewhere where I would be happy to live myself."
- We observed staff engaging with people and taking the time to talk with people. People responded with smiles and laughter and body language indicated that people were enjoying the interaction.
- We observed one person become distressed and emotional. A member of staff used appropriate touch to help reassure the person and spoke to them in a calm and compassionate way. The person responded to this and we observed their mood and emotion positively change.
- The service had an Equality, Diversity and Human Rights (EDHR) policy in place and took into consideration the protected characteristics of people and staff under the Equality Act 2010 such as race, religion and sexual orientation.

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

- People were encouraged to participate in decision making. People were given choices about their day-to-day living and we observed this in practice.
- People were given support and encouragement to make informed choices. For example, where people were hard of hearing, information was available in writing. Picture cards were used to help people recognise objects and items to help them make decisions.
- People and their relatives were invited to participate in annual review meetings.

Respecting and promoting people's privacy, dignity and independence:

- Staff told us how they respected people's privacy and dignity. We observed this in practice during our inspection.
- A staff member said, "I ensure I cover people over when supporting them with personal care. I always explain to people what I am going to do to help them regardless if they can or cannot understand."

- We observed people receiving visitors throughout the day and a relative told us that they were able to visit Dove House without any restrictions.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At our last inspection we found that people's preferences were not always considered which included activities and support with communication. Complaints procedures were not robust and therefore, not used as a mechanism to help make improvements within the service. At this inspection we found that some improvements had been made but there were still areas that required further improvement.

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

- Some care records we viewed were person-centred. However, not all care files contained detailed information about people's preferences, wishes and life-histories. This meant that staff could not always tailor care to meet individual needs and wishes. We spoke to the area manager about our findings and they evidenced to us that care plans were being re-written, and this would be taken into account.
- People were kept occupied with games and activities throughout the day, but these activities were not always individualised to make them more meaningful and inclusive for people. The service was in the process of recruiting an activities coordinator who could take the lead in organising more fulfilling activities for people.
- The area manager was aware of their duty to meet the Accessible Information Standards (AIS) and reasonable adjustments had been made for people. The AIS places a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.

End of life care and support:

- Some records we viewed contained details of people's end of life wishes and preferences but this was not consistent across the service.
- The deputy manager acknowledged that not everyone had been routinely asked this question but recognised the importance of doing so and informed us that this would be part of the new care plan documentation.

Improving care quality in response to complaints or concerns:

- There was a complaints policy in place.
- Complaints had been responded to in line with the policy.
- A relative said, "I am not sure if I have seen a policy, but I know I could complain if I needed to and staff always call me and keep me updated with what is going on."

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection we found that systems were not effective to ensure the quality and safety of the service and statutory notifications were not submitted to us, as required by law. There was no registered manager in post. At this inspection we found that some improvements had been made but there were still areas that required further improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was no registered manager in post. The failure to ensure that a manager who is registered with the Commission was in post constitutes a breach of Regulation 33 of The Health and Social Care Act (2008). The acting manager had not yet made an application to register with us and was not present for our inspection.
- Improvements had been made to the systems for auditing the quality and safety of the service but not all audits had been consistently completed, such as medication audits as already outlined in this report.
- The area manager told us, "The audit process has become more intense for us; we are looking at addressing issues quickly and addressing them immediately and we want to get confidence in ourselves to continue with this overall audit process."
- In the absence of the acting manager, tasks had been delegated between the area and deputy manager and the senior care staff team. This meant that the service could still continue to try and develop its practices and sustain and imbed the improvements that had been made.
- A staff member told us, "We are all good and work as a team, but we do need to get a registered manager in."

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

- Staff received supervision sessions, however, this had been inconsistent. This meant that staff were not always able to discuss their own practice and development needs and the service could not effectively monitor individual performance. Supervisions had now been scheduled in line with the staff delegation system.
- As part of the planned improvements, the service was looking at re-introducing resident and relative meetings as an opportunity to collate feedback about the improvements and the way the service was running.

Continuous learning and improving care:

- The service had improved its practices to enhance care and support for people. However, time was still needed for the improvements to imbed into practice and for the full effect to impact on people in a positive

way.

- The operations director told us, "I know we have a way to go, we are not perfect; we have improvements still to make and we will make these happen."
- The area manager told us how they utilised best practice initiatives as a mechanism to improve care. For example, the senior staff and management team attended the care show which is the UK's largest care focused event and kept up-to-date through articles in publications such as the caring times.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The senior management team demonstrated that they understood the importance of promoting person-centred, high quality care. The operations director told us, "It hasn't been easy but as a team we are beginning to grow. We are self-aware that things haven't always been consistent, but the staff are taking ownership and making the improvements for people."
- The team understood their responsibilities under the Duty of Candour, that is to be open and honest when things go wrong. The operations director said, "We are open with families about what has been going on in the service."
- People, relatives and staff told us that they felt they could approach the management team to discuss issues as required.

Working in partnership with others:

- The service had developed good links both with agencies and external organisations and within the local community. People had visited the local village festival and the local ice-cream van had been arranged to visit the service on a regular basis through the spring and summer months.
- The district nursing team had made arrangements with the service to undertake some training with staff and to help them keep up-to-date with on-going changes in the health sector.