

Mrs Wendy J Gilbert & Mr Mark J Gilbert

Dovehaven Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dovehaven is a Care Home with Nursing and provides accommodation for up to forty elderly people. The home is situated in a residential area of Southport, close to the town centre and local amenities.

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

Records did not always consistently record information about people's care and support. People told us they sometimes had to wait for care and support if they needed help. These shortfalls had been identified by the provider who was taking action to make improvements.

Policies guided on recruitment processes to ensure suitable staff were employed. Risk assessments were completed and reviewed to promote people's safety. Staff told us they would act to protect people if they believed them to be at risk of avoidable harm. Staff could explain the needs and wishes of people and how they helped them to remain safe.

Medicines were stored securely and administered by staff who had received training and assessment to ensure they were competent.

The service did not have 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. The manager in place at the time of the inspection did not have sufficient oversight of the service. The provider arranged alternative manager oversight prior to the inspection concluding.

Quality checks and audits were carried out to enable areas of improvement to be identified and successes celebrated. The service worked with other health professionals to provide identified health services where this was needed. People were also supported to access medical advice when this was required.

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

Rating at last inspection

The last rating for this service was Good (15/09/2018).

Why we inspected

We reviewed the information we hold about the service and noted information which indicated risk within the key questions safe and well-led. A decision was made for us to inspect and examine those risks. We carried out this focused inspection to review the key questions of safe and well-led only. The provider had identified where improvements needed to be made and was taking action to improve the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach of regulation as sufficient staff were not effectively deployed.

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

Follow up

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

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

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

Dovehaven Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector

Service and service type

Dovehaven Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider was recruiting for a manager. When a manager is recruited and they become registered with the Care Quality Commission they and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service and contacted other professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the interim manager, nursing staff, care workers, housekeeper and the chef. We also spoke with three members of the senior management team and a manager from another of the provider's homes.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with relatives and staff by phone.



Is the service safe?

Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff did not always respond to people in a timely way. One staff member said, "I can't get there quick enough, we're always rushing." A further staff member said, "I'm always saying sorry because I can't spend time with the residents or get there when they ring their bells." A third staff member said, "Doing the basics is all I can do." People consistently told us they sometimes had to wait for help when they asked for this. One person commented, "Staff come as quickly as they can and that's not quick." A staff member we spoke with confirmed they were often too busy to answer the door, or the phone.
- Following the inspection visit we received concerns from a health professional that the staffing provision was insufficient.
- We discussed staffing arrangements with the senior management team. They explained they had an arrangement with the local Clinical Commissioning Group (CCG) to provide community beds for people who needed care and support and there had been challenges in the way the agreement was implemented. They were consulting with the CCG to ensure the terms of the agreement were understood and implemented. In addition, a review of staffing provision had been carried out at the home. The number of staff available to support people was being increased and the deployment of staff was being reviewed. These changes had not yet been fully implemented at the time of the inspection visit.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the provider had not provided and deployed sufficient staff to support people in a timely way.

- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home.

Using medicines safely

- The provider had procedures to guide staff on how to manage medicines safely. Medicines were administered to people by staff who were trained and assessed as competent.
- We noted some gaps in records relating to the administration of medicines. For example, medicine records were not always signed by two staff. The provider acted swiftly to address our concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff carried out risk assessments to ensure the risk of avoidable harm was minimised and people's safety was promoted. Risk assessments in key areas such as skin health, falls management and nutrition were completed. In one record we noted information to manage risk was not consistently recorded in care plans or was not present. The provider took swift action to ensure this was addressed.
- The provider reviewed accidents and incidents to see if there were lessons to be learned. Action was taken to minimise the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- The provider had a policy in place to guide staff when considering if a safeguarding needed to be made. Staff we spoke with told us they had received training in safeguarding, and they would act to keep people safe. They were able to give examples of abuse and said they would raise any concerns with the provider, or the local safeguarding authority to ensure people were protected.
- The provider worked with local safeguarding authorities to protect people from harm. During the inspection we were made aware of a safeguarding being made in response to some concerns made. The provider had acted appropriately and had raised the concerns to the local safeguarding authorities. We were also made aware of a further safeguarding which we passed to the local safeguarding authorities for their consideration.

Preventing and controlling infection

- Staff followed infection prevention procedures to minimise the risk and spread of infection. Personal protective equipment was worn by staff and risk assessments to identify and control individual risk were being completed with staff. Increased cleaning of the home took place. Staff had received training in infection prevention and control.

Is the service well-led?

Our findings

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

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of the inspection there was no manager registered with the Care Quality Commission at the home. On speaking with the interim manager, we were not assured there was a clear vision and credible strategy in place. The interim manager did not have oversight and knowledge of the service being delivered. They were open and transparent in sharing this.

We discussed this with the provider who took action to ensure the home had alternative management support in place.

- The provider had not ensured changes to staffing requirements were implemented in a timely way when there was an increase in people who lived at the home. We discussed this with the senior management team who explained the manager had not raised concerns regarding staffing.
- Quality audits were carried out in areas such as medicines, environment, infection prevention control and incidents and accidents.
- Staff told us they were clear about their responsibilities and the expectations of the senior management team.

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

- The senior management team told us when things went wrong or could have been done differently, investigations took place to check if there were any lessons learned. During the inspection the provider started an investigation into a complaint raised. We viewed the outcome and considered the investigation process could have been more robust and further information could have been sought from staff. We have passed this to the senior management team for their consideration.
- The provider had engaged with the local authority and clinical commissioning group to shape the service provided. The home provided assessment and care to people as part of a planned discharge process from hospitals.
- The provider was considering how to support and develop effective working relationships with other professionals. Consideration was being given to how the communication systems in place could be developed to support effective engagement.

- Staff worked with other health professionals to promote people's well-being. Records showed people were supported to access health professional advice if this was required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff supported people to remain engaged with others who were important to them during the Covid-19 pandemic through use of technology and telephone calls. There was a "visitors' pod" which enabled people and relatives to meet in a way that minimised the risk of infection.
- Staff spoke with people to seek and share feedback on their views with the service. For example, the staff provided feedback on the meals to the chef.
- The provider was developing a survey to gain people and relatives views on how the service had responded to the Covid-19 pandemic.
- Staff shared they could approach the newly recruited manager and they could also speak to the senior management team.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient staff were not always deployed to meet people's needs.