

Midland Health Care Limited

Dove House Care Home

Inspection report

Dairy Lane, Sudbury,
Derbyshire, DE6 5GX
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Website:

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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

We inspected this service on 12 June 2015. The inspection was unannounced. At our previous inspection in September 2013, the service was meeting the regulations that we checked.

Dove House is registered to provide accommodation and nursing care for up to 42 older people. The manager told us that the home was not currently providing nursing care to anyone. There were 36 people who used the service at the time of our visit.

The home is required to have a registered manager in post. 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. There was no registered manager in post at the time of our inspection. The manager was in the process of registering with us at the time of this inspection.

Assessments were generally in place that identified risks to people's health and safety and care plans directed staff on how to minimise the identified risks. However one area of the home was not independently accessible to people with limited mobility and people needed staff support to ensure their safety was maintained.

Summary of findings

The dining experience for people required improvement to ensure people were supported to enjoy their meal in a relaxed atmosphere.

Staff understood people's needs and abilities but further development was needed to enhance people's social and therapeutic needs.

People we spoke with told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Staff had all the equipment they needed to assist people. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Checks were made to confirm staff were of good character to work with people and sufficient numbers of staff were available to meet people's needs. Staff received training to make sure people's medicines were stored, administered and disposed of safely.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

People knew how to make a complaint if they needed to. They were confident that the manager would listen to them and they were sure their complaint would be fully investigated and action taken if necessary.

Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement. Accidents, incidents and falls were investigated and actions put in place to minimise the risks of a re-occurrence. People and their relatives were encouraged to share their opinions about the quality of the service.

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?

The service was not consistently safe.

Most risks to people's health and welfare were identified and actions were in place to minimise risks. One area of the home was not suitable for people with limited mobility to manage independently and no action had been taken to address this. People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Requires Improvement



Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People's nutritional needs and health needs were monitored to ensure any changing needs were met.

Good



Is the service caring?

The service was caring.

People were supported to maintain their dignity and privacy. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. People's visitors were made to feel welcome by staff.

Good



Is the service responsive?

The service was not consistently responsive

People's social and therapeutic needs were not fully met. Meal times were not structured to provide people with a relaxing environment. People and their relatives were involved in the development and reviews of their care. Complaints were responded to appropriately. The provider's complaints policy and procedure were accessible to people who lived at the home and their relatives.

Requires Improvement



Is the service well-led?

The service was well led.

Good



Summary of findings

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Dove House 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 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.

We carried out this inspection on the 12 June 2015. The inspection was unannounced.

The inspection team included two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service.

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. As part of our planning we reviewed the information in the PIR and other information we hold on the service, such as notifications received from the provider. A notification is information about important events which the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with two people who lived at the home and four visitors. We also spoke with five care staff, the cook, and the manager.

We observed how staff interacted with people and looked at two people's care records to check that the care they received matched the information in their records. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records for four people to check that people were given their medicines as prescribed and in a safe way. We looked at other records that related to the care people received. This included the training records for the staff employed, to check that the staff were provided with training to meet people's needs.

We looked at the systems the provider had in place to monitor the quality of the service, this included satisfaction questionnaires, audits and the maintenance and servicing of the equipment.

Is the service safe?

Our findings

A refurbishment plan was in place but some areas were not part of the refurbishment plan and required improvement. These were required to ensure communal areas were independently accessible to people with limited mobility. There were steps down into the courtyard with no ramp in place to enable people to access the courtyard safely. We observed a member of staff supporting a person that used a walking frame down the steps. The person could not use their frame down the steps and was unsteady, despite the member of staff supporting them. Since our inspection the manager advised us that a ramp is now in place. This means that the risk to people with limited mobility had been reduced. Although actions had now been put in place to reduce the risk, this was not adequately assessed prior to our inspection. This means risks were not assessed correctly to ensure they could be reduced to minimise the risks to people.

Several people referred to the staff and other people that used the service as 'one big family' and said they were comfortable with the staff team and felt safe. The majority of people were living with dementia and some were unable to give us their opinion of the support they received. We saw from people's interactions with staff that they were relaxed and comfortable in their company, for example we observed people smiling when staff spoke with them. This showed us that people trusted the staff.

Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy during their induction. This is a policy to protect staff if they have information of concern. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. One member of staff told us, "I would report any concerns to the manager or person in charge." Information sent to us by the manager demonstrated that they knew how to refer people to the local safeguarding team if they were concerned that people who used the service might be at risk of abuse.

We saw staff supporting people with moving and handling equipment in a safe way. We observed two staff supporting a person using equipment. They took time to explain what

they were doing and talked to the person throughout the procedure. This demonstrated that staff supported people with consideration and ensured their safety was maintained.

Where risks had been identified people's care plan described how care staff should minimise the identified risk to reduce risks to people's safety and welfare. For example one person had equipment in place to keep them safe when in bed, as their assessment demonstrated they were at risk of falling. This minimised their risk of injury and demonstrated that staff had guidance to follow to ensure people were provided with safe care.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

The manager checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the manager. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The three staff files seen had all the required documentation in place.

People and their visitors told us there were enough staff available to meet their personal care needs. Staff told us there was enough staff on duty to meet people's needs. We saw staff were available to support people as required with their personal care needs. Although no one had raised concerns regarding the numbers of night staff on duty, the manager told us that they were advertising for additional night staff. They said, "I would like four staff on nights, just to ensure we have that additional cover." This demonstrated that the manager monitored the staffing levels to ensure sufficient staff were available to meet people's needs.

We saw that medicines were managed safely as the provider had processes in place to store, administer and control stock levels. We saw that trained staff supported

Is the service safe?

people to take their medicine. Records showed that all the signatures were of senior care staff, who had received the appropriate training. This showed us that people received support with their medicine by staff that were trained.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing. One relative said, "I think the staff are skilled and they have quite a lot of training, it's on the notice board and they all have to go on it." Staff told us that they received the training they needed and confirmed that training included regular updates when required. One member of staff said, "The training we get is face to face and for moving and handling this includes using equipment. Our understanding is checked at the end of the training through a test". Another member of staff told us, "I have just done the dementia champions course, which has made me think differently about the way I support people living with dementia, it has given me a whole new perspective on how to respond and support people."

Staff told us that there was an effective induction process in place to help them understand their role. One senior member of staff told us, "New staff work with more experienced staff for approximately two months. They spend time with people and talk to their families and read care plans. This helps them to get to know people."

Staff confirmed they received regular supervision and an annual appraisal. Supervisions provided staff with an opportunity to discuss any issues and receive feedback on their performance. One member of staff said, "We have regular supervision and the manager is always available if we need additional support."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found staff understood the requirements of the MCA and confirmed that training had been provided to

them. Capacity assessments were in place for people that lacked capacity. We saw that staff gained people's verbal consent before supporting them. This demonstrated that people's rights were protected.

Some people who used the service were assessed as being deprived of their liberty and we saw the manager had made applications for these people. These applications ensure legal issues are appropriately assessed. The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. At the time of the inspection one person had DoLS authorisation that had been approved.

People told us they enjoyed the food and were happy with the quality and quantity of food provided. We saw that meals were attractively presented. Meals for people requiring a soft diet were blended separately, which made them visually appealing. The cook was aware of people's dietary needs and preferences. They confirmed that they used this information to plan meals and told us that new dishes were introduced to people to enhance people's meal choices. They told us, "It's a case of trial and error really with new dishes. I monitor by how much is eaten, as this shows me if a meal is enjoyed."

The care records we looked at demonstrated that people were supported to maintain their nutritional health. Nutritional risk assessments and people's weight had been monitored regularly. Referrals had been made to the appropriate health professionals when a risk to a person's nutritional health was identified.

Records we saw demonstrated that people had access to health care services and received ongoing healthcare support. Visitors said their relative's health care needs were met and that doctors and other health care professionals were contacted as needed. They told us they were kept informed of any changes in health or other matters.

Is the service caring?

Our findings

We saw that people were relaxed in the staff's company. People and their visitor's spoke positively about the staff team and the support they provided. One visitor said, "The staff here are wonderful. They all love [Name] and the support [Name] has received has been incredible, [Name] is the happiest they've been in years."

We observed a warm and caring engagement between people and staff. We saw that staff spent time chatting to people and asking them how they were. We heard one member of staff ask a person, "Are you settling in alright?" The person replied 'yes' and the member of staff chatted to the person about their family.

We saw that people's life histories were recorded in their care records. This provided staff with information to enable them to get to know the person and the people in their life that were important to them. Staff we spoke with had a good understanding and knowledge regarding people's life history and people that were important to them. We saw

examples of how staff supported people to maintain their independence and sense of self. We saw one person spent time sweeping the court yard. This person had undertaken this task when they lived at home and therefore it provided them with a sense of purpose. We saw that staff supported people to make choices, such as offering options at meal times and when drinks were offered. One member of staff told us, "If a person is unable to choose what to wear, I get two or three outfits out for them to pick from."

People and their visitors confirmed that the staff respected their privacy and ensured their dignity was maintained when supporting them. We saw that people that were cared for in bed or supported to move with equipment were supported to maintain their dignity by being appropriately covered.

Visitors we spoke with told us they could visit at any time. One visitor told us, "We are welcomed anytime." Another visitor said, "Whenever we come the staff are always friendly and seem pleased to see us." This demonstrated visitors were made to feel welcome by the staff.

Is the service responsive?

Our findings

We observed that the lunch time meal was task led in the support people received rather than meeting individual needs. The meal time was disorganised, we saw staff lifting chairs over people that were seated at tables when further people came in and had no chair. One person was seated at the table waiting for their meal, when their meal arrived they left the table. Due to the busy environment the staff did not notice this. Although staff were seen supporting people, there were occasions when this support was disorganised which resulted in some people not finishing their meal. This had the potential to impact on people's nutritional health needs not being met.

Visitors told us that their relatives' needs were met. We saw that people's personal care needs were met but further improvements were needed to ensure people's social and therapeutic needs were met in an individualised way. There was no one employed to provide social and recreational stimulation to people. This impacted on people's well-being, as most people were reliant on care staff to support them in this area. The manager confirmed they were advertising for an activities coordinator.

We saw limited social or recreational stimulation for people. The majority of people spent long periods of time sitting in arm chairs with no social or therapeutic stimulation. There was a lack of sensory and orientation equipment to reduce confusion, support people's memory and promote interaction. Staff we spoke with confirmed that more social stimulation and sensory equipment was needed to enhance people's well-being. One member of staff said, "We need more dementia friendly things. We haven't got any sensory things and we are advertising for an activities person."

Some people were cared for in bed and had a care plan in place for hand massages to promote their well-being and provide some social and sensory interaction. The records

seen demonstrated that hand massages were provided. However, two people we visited had little visual stimulation in their bedrooms to enhance their well-being. For example, one person who was unable to independently move in bed was turned two hourly to reduce pressure on their skin. Their bed was against a wall which meant they were lying facing a bare wall for several hours each day.

Staff had the relevant information required to know how to support people. We saw that a full assessment had been completed. This included people's care and support needs, their spiritual preferences along with important people and previous lifestyle.

People's visitors confirmed that they were supported to be involved in care reviews. One relative said, "[Name] had meetings with social services every six months, now they are annual but I can speak with the manager whenever I want really."

Staff told us they worked well as a team and that communication was good. One member of staff said, "We have a handover at the end of each shift so we know if anyone is unwell or if there are any changes." This person told us they were a key worker for some people. The key worker role included checking the person had sufficient toiletries, and informing senior care staff if there were any changes in person's needs or health. Another member of staff told us, "When we have a new resident we are informed at handover about them and the support they need, we also read people's care plans and talk to the person's families."

We saw the providers complaints policy was accessible to people as it was on display within the home. People we spoke with told us they felt comfortable speaking to the manager about any concerns or complaints. One person's visitor said, "Any concerns and the manager deals with it." Records were kept of complaints received and we saw that complaints had been responded to in line with their policy.

Is the service well-led?

Our findings

Visitors told us that the manager was approachable and accessible to them and told us that they were asked for their views. One relative said, “We do quite a few surveys, the manager likes to know what we think. We did one a few weeks ago.” The manager told us that satisfaction surveys were sent out to visitors ever six months. We looked at the most recent responses which showed that positive comments were received regarding the service provided to people. The manager has implemented a relative’s forum following the results of the last surveys. This was a support group for relatives of people living with dementia. The manager said, “I think it’s important for the relatives to get together, they can support each other.”

People’s visitors were clear who the manager was and confirmed that they could speak with them when they needed to. They told us that they were confident that the home was managed well and said that since the manager had been in post they had seen improvements. One visitor said, “Staff and residents seem relaxed with each other. They’ve made the home a home, it wasn’t but it is now.”

Staff we spoke with understood their roles and responsibilities and said they were supported by their training and by their manager’s leadership. Staff were provided with regular staff meetings and told us, “We have meetings every month and that gives us an opportunity to

meet up and discuss any changes or ideas.” We saw staff completed surveys to express their views and ideas for improvement. Staff told us the manager had improved care practices and implemented the refurbishment of the home.

The manager conducted regular audits to check that people received good quality care. Audits were undertaken regarding the equipment used to check it was maintained and safe to use. We saw that the manager reviewed records such as food and fluid charts, for people whose diets and fluid intake were monitored. Repositioning charts were also audited for people that were cared for in bed. This showed the care provided was monitored on a regular basis to ensure action could be taken as required.

We looked at the accident audits for people. This was done each month to enable the manager to identify any patterns or trends. People had been referred to the falls prevention team in some instances when patterns were identified, to minimise the risk of further falls.

We saw people’s confidential records were kept securely which ensured only authorised persons had access to records. People’s confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

The manager had sent us statutory notifications in accordance with the regulations. This meant they understood the provider’s legal responsibilities. The manager was not registered with us but was in the process of registering with us at the time of the inspection.