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Inspection report

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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 responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 November 2014. At this inspection breaches of legal requirements were found. Staff were not able to correctly identify what they would do to protect people if they suspected abuse. This placed people at risk of harm. There were insufficient suitably qualified, skilled and experienced staff employed by the service to ensure people's needs were met. People were not sufficiently consulted over choice and consent. People's needs were not met in relation to eating and drinking. The environment of the home posed risks to people's safety. People did not have access to sufficient

stimulation or social interaction. Quality assurance systems did not ensure that people were kept safe or that the home was working towards improving people's quality of life.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. They set a number of timescales in relation to meeting the breaches of regulation. They sent us a regular update of this plan with details of how they were improving. We undertook a focused inspection on the 6 August 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

Summary of findings

This report only covers our findings in relation to the breaches we found at the comprehensive inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dulverton House on our website at www.cqc.org.uk

Dulverton House provides accommodation for up to 22 people who require support with their personal care. The home mainly provides support for older people and people living with dementia.

The home has 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 and associated Regulations about how the service is run.

At our focused inspection on the 6 August 2015, we found that the provider had followed their plan and legal requirements had been met.

Staff were trained and knowledgeable about how to protect people from abuse and the risk of harm. There were sufficient staff to care for people safely.

Staff had received training and were knowledgeable around the main points of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to ensure people were protected around issues of consent. The quality and choice of food had improved in consultation with people.

People were protected by the quality assurance systems of the home. The Registered Manager had developed a range of quality assurance audits and checks which provided information to protect people from harm and to improve people's quality of life.

The Registered Manager had plans for improvements to the environment so that it was more suitable for the needs of people who were living with dementia. Some had been achieved, such as improvements in the quality of wall pictures and signage. However, these plans had not all been put in place and we made a recommendation about this in the full version of the report.

The Registered Manager had improved the range and suitability of personalised activities on offer; however, this was work in progress as some plans had not yet been put into place. We made a recommendation about this in the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

Staff were trained and knowledgeable about how to protect people from abuse and the risk of harm. There were sufficient staff to care for people safely.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff had received training and were knowledgeable around the main points of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to ensure people were protected around issues of consent.

The quality and choice of food had improved in consultation with people.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question. We have made a recommendation around adapting the environment for people living with a dementia which means that the current rating remains appropriate.

Requires improvement



Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

Care was now offered in a more personalised way following consultation with people. The Registered Manager had improved the range and suitability of personalised activities on offer. This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question. We have made a recommendation around developing the work already begun which means that the current rating remains appropriate.

We will review our rating for responsive at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve how well led the service was.

People benefitted from an improved quality assurance system.

Requires improvement



Summary of findings

This meant that the provider was now meeting legal requirements.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Dulverton House

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 undertook an unannounced focused inspection of Dulverton House on 6 August 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 27 November 2014 inspection had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well led. This is because the service was not meeting some legal requirements.

The inspection was completed by one adult social care inspector. We spoke with three people who lived at Dulverton House, a visitor, three health professionals, a social care professional, three members of care staff, the cook, a domestic cleaner and the Registered Manager. We tracked the care of four people who lived at the service through their plans of care and other associated records. We reviewed records in relation to safety, staffing and staff development and quality assurance. We spent time observing staff interactions with people and how people spent their time. The service is required by law to notify CQC about specified significant events. We looked at notifications sent to us by the provider.

We ask for a Provider Information Return (PIR) before comprehensive inspections. A PIR 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 this was a focused inspection we did not request a PIR. We gathered information we required during the inspection visit.

Is the service safe?

Our findings

At our last comprehensive inspection 27 November 2014, staff were not able to explain what they needed to do to protect people from abuse or the risk of abuse. People were at risk of harm as a result. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 6 August 2015 we spoke with three care staff about their understanding around protecting people from harm. Staff understood that they would inform the manager if they suspected abuse. They understood that issues of safeguarding would be referred to the lead authority for investigation and they also understood that the police may be involved if there was a criminal element to the alleged abuse. Staff understood the importance of not dealing with any concerns about potential or actual abuse within the home but to refer as required. Staff were able to describe how to recognise potential abuse and how to protect people to minimise the risks which may occur. For example, one member of staff told us, "We report to the manager if a person seems withdrawn and unusually quiet. It may mean that they are unwell or that something has happened to upset them." The Registered Manager told us that staff had received up to date training in the safeguarding of adults and records confirmed this. This meant that staff had the knowledge to provide care which protected people from abuse and the risk of abuse. Regulation 13 was met.

At our last comprehensive inspection 27 November 2014, there were insufficient staff to care for people safely. This has resulted in people not receiving care when they needed it. This was in breach of regulation 22 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 6 August 2015, we looked at staffing rotas for the past two months. This showed that three members of care staff were on duty each morning with the manager, a cleaner and the cook. The manager told us that they spent some of their time in the office and some on caring duties, and so for part of a shift most days they acted as another care worker. During the afternoons there were two care staff on duty with the manager. There were two waking members of staff on duty each night. This was to care for up to twenty two people. The manager told us that they organised the rotas to take account of skill and experience levels and staff agreed that this had been taken into account.

When we observed a meal time, staff interactions were sometimes task based and staff did not always take time to chat with people or to help them feel at ease. However, when we observed later in the day staff were chatting with people in a more friendly way and they told us this was because they had more time to spend with people and carry out activities in the afternoons when most of the personal care tasks had been completed. Our observations showed that there were sufficient staff to care for the people who were living at the service. Staffing rotas were organised so that sufficient staff were on duty with the correct skills and experience for care for people safely. This meant that Regulation 18(1) was met.

We have improved the rating for safe from inadequate to requires improvement. We could not improve this to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

At our last comprehensive inspection 27 November 2014, staff were unable to tell us about the importance of the Mental Capacity Act (2005) (MCA) or how to ensure people were supported around their consent to care. The doors to the front and back of the home were locked and people were not supported to leave the building when they chose to. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection 6 August 2015, the Registered Manager told us that the doors to the front of the building were locked to protect people who lived at the home. However, they had made sure that people were enabled to leave the building when they had capacity to do so safely or when accompanied. We observed that people did regularly leave the building through the front door with support when necessary. A door to the rear of a lounge was open on the day of inspection and people who lived at the home had access to the secure and attractive gardens. People spent their afternoon in the lounge or freely walked to and from the garden either alone or with staff or visitors. The garden had comfortable seating so that people could enjoy their surroundings. People told us they enjoyed the freedom to come and go. One person told us, "We can come out here and sit and sometimes they [staff] come with us for a bit of company." Regulation 11 was met.

At our last comprehensive inspection 27 November 2015, people did not have choices around their meals, and they had not been consulted over their preferences. Hot drinks were dispensed in a way which meant people received cold tea or coffee, food appeared unappetising and people told us that they did not enjoy the food. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection 6 August 2015, people had choice around their main meal. The Registered Manager told us that they had raised the subject of meals in resident meetings and individually with people following the last inspection. Menus had been revised and these showed that there was a choice at lunch and tea time, with other

options available where necessary. During the midday meal time a number of people chose an alternative meal from those choices on the menu and their wishes were accommodated to include sandwiches, salads and cheese and biscuits. People told us that the meals were good. One person told us, "The food is fine most of the time. Sometimes I don't like the main choice, but they are happy to bring you something else." A visitor told us, "I think the meals are great. They are good portions, and attractive on the plate." The cook told us that they had a list of people's likes and dislikes and were careful to ensure people were not given foods they did not enjoy. People made food choices in advance, but the cook told us that if people forgot or changed their minds, there was enough to accommodate this. They told us that they catered for specialist diets, for example, pureed or high calorie alternatives and were aware of allergies.

People were consulted about their preferences around food and this was recorded on care plans. Care plans showed that people's nutritional needs had been taken into consideration and that those people who required a modified diet, for example fortified foods or a diabetic diet had this written into plans and the guidance was shared with the cook. Referrals to the Speech and Language Therapy specialist (SALT) around swallowing and the dietician were made when necessary and advice had been incorporated into care plans. This meant that Regulation 14 was met.

At our last comprehensive inspection 27 November 2015, the environment was not well adapted to the needs of people who may have a dementia related illness. A carpet posed a trip hazard. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection 6 August 2015, work was in progress to adapt the environment to the needs of people living with dementia. The carpets were safe and there were no apparent trip hazards. The Registered Manager had sourced signage for the home and had consulted with a dementia specialist for advice about adaptation which would make it easier for people who lived with dementia to make their way around the home. These plans were not yet fully implemented. Some toilet doors had a pictorial prompt to help to guide people, but others did not and

Is the service effective?

some signage was not clear. The Registered Manager told us they had plans to replace some of the wall pictures with ones which would stimulate reminiscence and discussion and we saw that this work had begun in one of the lounges. People told us that they felt the home was comfortably furnished and adapted and that they were assisted to return to their rooms or to go out outside whenever they wished. However, the internal décor remained confusing in places and did not always enhance people's independence. This meant that although Regulation 15 was met, further improvement could be made for people's benefit.

We could not improve the rating for safe from requires improvement to good because to do so requires further improvement and consistent good practice over time. We will check this during our next planned Comprehensive inspection.

We recommend that the Registered Manager puts in place planned adaptations to the home for the benefit of people who are living with a dementia.

Is the service responsive?

Our findings

At our last comprehensive inspection 27 November 2014, we found that people did not benefit from personalised care which took into account their needs in relation to recreation and social well-being. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 6 August 2015, work had begun to improve this area of care but it was still a work in progress. People had been consulted over the type of recreation they might enjoy and as a result the Registered Manager had sourced games, memory boxes and activity aids which were suitable for people who were living with dementia. These had not yet been purchased. The Registered Manager had visited another care home in the area to research ways in which activities may be adapted to people who were living with dementia to help with this. These plans had yet to have a positive impact on people's quality of life.

However, the Registered Manager and staff told us that they had time to talk with people about their lives and life histories were available in care plans which gave information for staff to use when initiating conversation. People gave us a mixed response about their level of satisfaction with their lives at Dulverton House, for example one person told us that they were often bored and felt there was little going on most days. However, another person told us, "They are wonderful at helping me to choose my matching outfit and jewellery so that I look

smart." They said that staff always assisted them to return to their room for a rest when they asked and stayed to have a chat which they enjoyed. Another person told us that staff often had time to chat and that they enjoyed playing games such as skittles.

The home had regular visits from a musical entertainment person, an aromatherapist visited twice a week and staff had developed craft sessions, which a visitor confirmed took place and which people said they enjoyed. Staff also confirmed that they had time for hand massage, nail care, darts, skittles, to go out for walks with people and to go out in the garden. Some of the people who lived at the home enjoyed gardening in the raised beds. One lounge had soft music playing and another lounge had the television on. People selected where they were most comfortable and people generally appeared content. Some people stayed for part of the day in their rooms and had their own music or televisions to entertain them. Staff told us that they had time to visit such people so that they did not feel isolated and we observed staff chatting with people in their rooms during the inspection. This meant that Regulation 9 was met. However, further improvement was needed for people's benefit and this is why we could not improve the rating for responsive from requires improvement to good. We will check this during our next planned Comprehensive inspection.

We recommend that the Registered Manager develops the work already begun to enhance personalisation for people living with a dementia through providing focused activities and stimulation suitable for their needs.

Is the service well-led?

Our findings

At our last comprehensive inspection 27 November 2014, we found that the Registered Manager did not have an effective quality assurance system in place to ensure that people had safe and good quality care and that the service improved. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection 6 August 2015 we found that staff meetings regularly took place. Minutes for the past three meetings showed that staff were consulted and kept informed about required improvements to the environment and to care practices.

Care plans had been updated on a monthly basis with people's involvement when this was possible, and a record of when people had been engaged in stimulating activity had been introduced.

Audits had been carried out for areas such as infection control, cleaning, the environment and the safe handling of medicines. The medicine audit included a monthly stock take of all medicines and a mid-monthly audit to ensure recording remained accurate. A senior member of staff told us that all near misses in terms of medicine errors were reported to the supplier and if there were any improvements necessary in the way medicines were provided to the home this was discussed with them. A new medicine auditing form was planned which would include a broader range of checks.

Where improvements were required the Registered Manager had addressed these in staff meetings. Shortfalls in practice had been recognised and plans were in place to address them. This meant that the quality of service was monitored to improve people's safety and quality of life. Regulation 17 was met.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

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