

Macc Care (Stafford) Limited

# Dora Rose Care 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

Dora Rose is a residential care home providing personal and nursing care to up to 71 people. The service provides support to older people, including people living with dementia, people with physical disabilities and younger adults. At the time of our inspection there were 62 people using the service.

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

During the last inspection, quality assurance processes were identified as requiring improvement. This inspection has found improvements are still required to ensure risks are effectively monitored and care documentation is kept current and in accordance to peoples changing needs.

Risks to people were not always managed or monitored safely. There were gaps in care monitoring recordings and medicines were not always effectively monitored or managed.

The provider acted quickly to the recommendations identified and took action to improve quality monitoring systems. They updated care documentation and improved processes to manage medicines safely. These will be reviewed on the next inspection.

Staff used personal protective equipment (PPE) effectively and received infection prevention control training.

There were enough staff on duty to support people's needs and staff were recruited safely.

People, relatives and staff were confident to raise concerns or complaints and told us they felt these would be listened to and acted upon.

Relatives and staff had confidence in the manager's ability to lead the service. They confirmed how the provider works in partnership to achieve positive outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 October 2021)

### Why we inspected

We received concerns relating to safe monitoring and recording of people's care. A decision was made for

us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We have found evidence that the provider needs to make improvements. Please see the Safe, and Well-Led sections of this full report.

The provider acted during and after the inspection to mitigate the risks identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dora Rose on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 and will take further action if needed.

We have identified a breach in relation to the quality monitoring systems at this inspection.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Dora Rose 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. 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 Health and Social Care Act 2008.

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

The inspection was carried out by two inspectors. An Expert by Experience was used to telephone relatives. 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

Dora Rose is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Dora Rose is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for five months and had applied to register. We are currently assessing this application.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 4 people who used the service and 9 relatives about their experience of the care provided. We spoke with 16 members of staff including the manager, clinical lead, nurses, senior care workers, care workers, cook, administration staff and activities coordinator. We received feedback from 1 visiting professional.

We reviewed a range of records. This included 6 people's care records and multiple people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

### Assessing risk, safety monitoring and management

- Risks to people were not always monitored in line with the care plan. For example, 1 person with diabetes required their bloods monitored on a weekly basis. However, there were 3 gaps in the recordings. The person had not come to any harm and the provider explained the person had been reviewed by their General Practitioner following our visit to the home.
- Repositioning times were not always clearly recorded in line with the care plan. Repositioning a person with limited mobility is important to maintain healthy skin. One person required repositioning every 2 hours. The recording charts did not always show the person had been repositioned in line with their care plan. The person had not developed any additional skin concerns, although the system required improvement to evidence safe repositioning.
- Care plans were not always kept up to date with changes in people's care requirements. For example, 1 person's care plan identified the person was to have their Mid Upper Arm circumference taken monthly. This measurement helps to tell whether a person has malnutrition. These were no longer taken although the care plan had not been updated. Another person's fluid requirements had been changed regarding their PEG protocol. This is where a person receives food and/or fluids directly into their stomach via a tube. The care plan had not been updated. Whilst no one was harmed improvements were needed to ensure care plans were updated in line with professional consultation.
- We could not be confident staff knew people's health conditions well. For example, one person had epilepsy. We spoke to 2 different members of staff who were unaware of this health condition. In addition, we spoke with a nurse who appeared unsure of the correct protocol as outlined in the care plan. Following the visit, the person was reviewed by their General Practitioner and the care plan was updated in line with new protocols. These were shared in a meeting.

### Using medicines safely

- The system in place for monitoring pain medicine were not always effective. For example, 1 person received weekly 'pain relief patches' applied to their skin. However, there was no recording system to show the patch was still applied to the skin each day. This is important because patches can, at times, detach from the skin and therefore are no longer effective. The manager responded immediately and improved the recording system to ensure daily skin patch monitoring.
- The system in place for monitoring safe body hyoscine skin patch application was not always effective. This patch is used to prevent the formation of secretions that can cause problems in the respiratory tract. One person went without this patch for 3 days. The manager responded straight away and found this was due to a miscommunication error in handover. Whilst the person had shown no additional discomfort during this time, systems needed improving to ensure safe skin patch application and monitoring.

- Covert medicine protocols were not always kept up to date. Covert medicines may need to be hidden in a drink or food to ensure it is administered for the persons best interests. One medicine recorded to be given covertly was not included in the protocol, this could create confusion if the person needed the medicine. No harm was caused because the person had not required this medication, it was prescribed to be taken when required. The provider requested this medicine be reviewed.
- Medicine quantities matched the stocks in place, including the controlled drugs register, and medicine was stored securely.
- An observation of medicine administration showed how people received their medicines in a dignified way.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Assessments of people's mental capacity and best interest meetings had taken place to ensure decisions made were appropriate and least restrictive. This related to the decisions concerning where a person should live and personal care.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from abuse. Local area safeguarding policies and internal policies were accessible to staff members, staff told us where they were located.
- People told us they felt safe living in the home and relatives told us their family member received safe care. One person said, "I feel safe here. It's a good place to be." One relative told us, "My family member is safe living in the home. They are doing so much better than when they lived at home."
- Staff received safeguarding training and they knew how to apply it. One staff member said, "If I ever witnessed poor practice, I would report it straight away to the team leader or I would go to management."

Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.
- The numbers and skills of staff matched the needs of people using the service. One relative told us, "There seem to be enough staff, you can always find someone." Another relative said, "I think that there is a good ratio of staff to residents."
- We observed staff responding to call buzzers, which were answered promptly. We observed staff responding kindly and patiently to people who needed assistance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us, "The cleanliness is good. I've met all the cleaning staff and they are great. Like the carers, they work well together as a team."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was following government guidance in relation to safe visiting at the home.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. We saw how a safeguarding review had led to an increased level of senior management support and additional control measures implemented to mitigate future risks.
- Lessons were learnt from the findings from this inspection. The medicine audit was strengthened, and people's care plans were reviewed straight away to reflect any areas which required updating or amending.
- Accident and incident forms were completed and investigated by the management team. Trends were examined and referrals made to other agencies such as the falls teams.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always effectively monitor the systems to 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

- During the last inspection we found governance systems required strengthening. Whilst we observed new governance systems had been introduced, there remained missing information in care monitoring documentation and care plans required updating or amending to record the most current information. This meant there had been insufficient improvement made since the last inspection to ensure care auditing systems were robust
- Risk monitoring audits, such as blood sugar readings, repositioning checks and medicine patch monitoring all required strengthening to ensure they were being quality controlled. Whilst no harm had been caused by this, we could not be assured the provider was monitoring people's conditions effectively.
- Care plans did not always contain the most current information, despite undergoing quality auditing processes. For example, 1 person's care plan stated the person received pain relief tablets when required. We found there was no protocol available. After we reported this, we were shown evidence this had been reviewed four months prior to inspection and the pain relief was now prescribed.
- Discrepancies in care documentation were found in fluid recordings. For example, 1 care plan documented a person required a specified minimum amount of fluid intake. Daily recordings showed the person was not meeting the target. After we reported this, we were shown evidence a health professional had reduced the amount of fluid required. Although the auditing system had not identified the care plan was out of date.
- A further discrepancy was noted when recording a person's weights. For example, 1 person's care documentation stated their weight needed to be recorded monthly. We could not find any weight recordings. After we reported this, we were shown evidence a health professional reviewed this 2 months ago and the weights were no longer required to be taken. Although this update to the care plan had not been identified in the quality monitoring process.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate effective quality assurance management and risk monitoring. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager had recently started in the home. They responded during and after the inspection. Improvements were made to auditing systems and all care planning documentation was updated or

amended accordingly. We will assess the effectiveness of quality monitoring systems during our next inspection.

- Visiting professionals told us the provider was working closely with them to address risks and to follow health and social care professionals' recommendations.
- Environmental and infection control checks were regularly carried out by the provider and appropriate actions taken when improvements were found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture which valued and promoted people's individuality. One person told us, "I like it here. They [staff] are very good at keeping us happy. There are lots of activities and the staff are lovely to me."
- Relatives told us the culture was inclusive and empowering. One relative said, "There are a huge number of activities and the residents are free to join-in or not. My relative is very social and their memory and well-being generally have improved since moving to the home."
- Staff felt respected, supported and valued by senior staff. One staff member said, "The new manager is fantastic. They haven't been here long but there have been huge improvements. The new manager is very friendly, approachable and personable."

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 manager was clear about their duty of candour. We reviewed letters sent to families where the service apologised and sought to resolve any issues or concerns raised.
- Staff told us how incidents and accidents were shared and discussed within meetings and handovers.

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

- Resident, relative and staff engagement was embedded throughout the service. There were regular meetings and actions from these meeting was shared via 'you said, we did' notices and clearly shown in the minutes. Minutes showed good attendance at these meetings.
- Relatives and staff told us they felt engaged in the service. One relative said, 'I have attended the relative's meetings and they now send out the minutes from the meetings afterwards. This is useful if you haven't been able to attend.' One staff member said, "I feel able to share my opinion or make suggestions."
- A survey had been sent out to all stakeholders, residents, relatives and staff seeking their feedback and opinions. This was planned be analysed and reported on early in 2023.

Continuous learning and improving care

- Audit systems were in place to monitor the service and identify improvements, although the medication and care plan audits had not picked up on discrepancies and needed improvement.
- Staff felt able to suggest improvements to the care practices. One staff member told us about a concern they had shared with the manager. They told us the manager had listened and resolved the issue.
- Relatives felt able to contribute to the running of the home. One relative told us, "The provider is very good at communicating with the families. The staff keep us updated with things. We have regular meetings. The manager takes on board what we have to say."

Working in partnership with others

- The service worked well in partnership with others. Records showed collaboration with numerous health

and social care professionals. Including the local authority, falls and dietician services.

- The service engaged with health care initiatives. A new oral health initiative had recently been started. This aimed to improve the oral health care of the residents.
- The service engaged with local community groups. We saw examples of collaborative activities with the local church and scouts' groups.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality and safety of the service provided did not always identify missing entries in care records. Improvements were identified when monitoring certain medicines. Care records were not always up to date with the changes in people's care requirements.