Wakefield MDC

Dovecote Lodge

Inspection report

Dovecote Lane
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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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection of Dovecote Lodge took place on 21 and 28 November 2017 and was unannounced. At the last inspection in December 2014 the service was rated as good overall.

Dovecote Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides a short stay care home facility, which offers accommodation and rehabilitative therapy for up to 28 older people. The service supports people who are waiting for a package of care to be organised or for adaptations to their home to enable them to return home to live independently, often following a stay in hospital.

Dovecote Lodge has two floors with bedrooms on both floors which are accessible by a lift. There were 18 people living in the home on the day we inspected.

There was 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.

People said they felt safe and we saw staff were aware of individual risks. Risk assessments for individual people were recorded appropriately.

Systems for managing medicines were understood by staff, although some areas of medicines management were in need of improvement, such as recording.

Staff induction, training, supervision and competency checks were in place to support staff in their roles.

People enjoyed the meals at Dovecote Lodge and they had regular opportunities for snacks and drinks, in line with their individual dietary needs.

Staff approach was caring, kind and respectful. Staff made the effort to get to know people, even though for some their stay was short.

Care documentation was focused on risk and people's care needs, rather than highlighting the individual person in the process of their care.

People were given time to recuperate and convalesce. However, there were limited opportunities for people to engage in skills of daily living in preparation for leaving Dovecote Lodge.

People said they did not have enough to do and they wanted to be better informed about the next steps in their care.

There was clear leadership in the service and all staff understood their roles and responsibilities. The management team was visible and involved in people's care and people told us the service was well run.

Quality assurance systems and processes were in place, a though these were not always thorough or detailed enough to fully monitor the quality of the service.

We identified two breaches in regulations relating to safe care and treatment and good governance. We have also made a recommendation the provider considers how people can be involved and how meaningful activity can be incorporated into the experiences of people whilst at Dovecote Lodge.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were needed in the management of medicines

People told us they felt safe and staff knew how to report concerns.

Systems were in place to make sure the environment was safe.

Is the service effective?

Good

The service was effective.

People told us they enjoyed the food and had plenty of choice.

Staff had received supervision and training to support them in their roles.

Communication within the staff team was effective to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring, friendly and respectful attitude toward people.

Staff took time to get to know people well and discuss relevant topics with them.

People told us their privacy and dignity was respected and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service was not always responsive to people's needs.

People had little choice and control over how they spent their

time and they were not supported in purposeful activity.

People did not always have easy access to information.

People understood how to complain and felt staff would support them in this if necessary.

Is the service well-led?

Requires Improvement 

The service was well led but improvements were needed.

Systems were in place to monitor the quality and safety of the service but audits were not always robust enough to identify where improvements were needed.

The registered manager was very visible in the service.

Dovecote Lodge

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 checked 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.

This inspection took place on 21 and 28 November 2017 and was unannounced. The inspection team comprised an adult social care inspector, an inspection manager and an expert by experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience on this occasion also had experience of using a wheelchair and so was able to assess the premises for accessibility. On the second day there was one adult social care inspector.

Prior to the inspection we requested 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. This was completed and returned within the requested timescale. We checked information held by the local authority safeguarding and commissioning team as well as information held by other partner agencies and intelligence received by the Care Quality Commission.

We spoke with 10 people using the service and five visitors. In addition we spoke with four members of staff and the registered manager.

We looked at three care records in detail. We also looked at three staff records, training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Requires Improvement

Is the service safe?

Our findings

People told us they had appropriate support with their medicine. One person told us a district nurse came daily to give insulin injections.
We looked at the systems in place for managing medicines. We saw medicines were stored securely within a locked room and there was a coded key safe for the storage of keys, accessible only to authorised staff at senior level. Where medicines were refrigerated the storage temperatures were checked daily, although we noted one supplement drink item stored in the trolley which should have been in the refrigerator. Room temperatures were not routinely checked to ensure safe storage of medicines and the medicines room was very warm at times. The registered manager implemented room temperature checks on the first day of the inspection.
Medicines were labelled clearly along with dates of opening and expiry and these were individually stored for each person.

Staff we spoke with were confident in their approach to supporting people with medicines and said they received appropriate training. The registered manager told us staff competencies were regularly checked to ensure they supported people properly with medicines.

We saw where controlled drugs were used there was a separate recording book with two staff signatures for each entry in line with good practice.
We looked at the medicines administration records (MARs) and found the recording of medicines needed improvement. For example, one handwritten MAR was not always countersigned. It was not clearly evident where medicines needed to be given at specific times in relation to food, that this was happening. All medicines were recorded as being given at the time the medicines round started, so it appeared everyone had medicines at the same time, when the times varied. Staff we spoke with said they knew who what order people had been given their medicine and said they were mindful to ensure directions were followed in relation to medicines and food.
Medicines needed 'as required' (PRN) had protocols in place to guide staff as to their use. For PRN pain relief it was not always clear what the individual signs of pain were for each person, to guide staff to support people. Topical creams were not always recorded when these were applied. The registered manager said this was a recording, rather than a practice issue.

We looked at the audit for the safe management of medicines and found this was a stock check and balance, rather than a quality check of the procedures being followed to support people with their medicines.

Issues in relation to medication management demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
People told us they felt safe in the service. One person said, "Oh I do feel safe, but I don't know if I'd be as safe at my own home," and another person said, "Yes I feel completely safe in here". People we spoke with or observed wore wristwatch-style alarms to summon help if needed. There were cord-pull alarms in the toilets and shower rooms, but we noted one had been tied up and could not be reached if, for example,

someone had fallen on the floor. One person said they had a bedside mat that sounded an alarm when getting out of bed.

People's care records contained a risk assessment matrix with an overview of risks for each individual, such as nutrition, pressure care, mobility, falls and infection control. Staff we spoke with understood each person's risks and said they would refer to the individual care records for further detail, such as for the equipment or support needed for moving and handling.

Staff we spoke with understood how to ensure people were safeguarded from abuse. Staff knew the possible signs of abuse and how to report these and they were confident to use the whistleblowing procedures if they suspected abuse within the service.

Staff understood where people's behaviour may challenge the service, how to ensure all people were safeguarded and concerns were reported appropriately.
Accidents and incidents were recorded appropriately and the registered manager told us any lessons learned from these were discussed with staff. Where lessons could be learned from other organisations these were discussed at staff meetings. For example, a safety article in the media was discussed in relation to safe moving and handling. Staff were reminded to record bath and shower temperatures, although we saw these were not always recorded.

The communal areas were arranged so that people could be unobtrusively observed by staff as they went about their duties. We saw staffing levels were sufficient to be able to offer prompt support to people as they needed it. Staff we spoke with and visitors expressed no concerns about staffing levels. One person said, "There's always someone around and even when they're busy I don't have to wait if I need summat". However, some people said they felt there were not always enough staff. One person said, "They're always so busy, that's the problem". The registered manager told us staffing levels were based upon people's dependency needs and where more staff were needed, staffing levels were adjusted. The registered manager said the service was not always full to its capacity depending upon people's dependency levels at any given time, as if people required more support from staff, no admissions were made.

Records showed recruitment of new staff was robust with appropriate vetting completed before staff were able to work with people. The registered manager told us they always discussed candidates' reason for leaving their previous employment and made sure gaps in employment were explored. The registered manager told us no agency staff were used in the service, which enabled consistency for people's care.

We found the premises were mostly accessible by wheelchair with the exception of one of the toilets in which the wheelchair could get in but not out without help. There were no trip hazards or any other visible potential dangers. Not all people we spoke with knew the arrangements for fire evacuation, although all staff knew how to keep people safe in the event of an emergency, such as fire. Staff told us they had done recent fire training and the registered manager told us the building had undergone recent fire safety checks.

Premises safety checks were in place and there was up to date documentation to show regular maintenance and repairs. Some health and safety risk assessments had not been updated since 2013, although the registered manager said these were still current. Although we saw window restrictors on the first floor windows we noticed the ground floor windows opened very wide. We asked the registered manager to consider the potential risks from this, for people's safety and security. We saw there were safety assurance standards for the organisation, although only half of these were applicable to the service.

We observed people being helped from armchairs into wheelchairs and there was appropriate use of

equipment. Staff were competent and confident in offering support according to people's mobility needs and there was good encouragement for people to be independently mobile wherever possible.

We saw appropriate standards of cleanliness and tidiness throughout, including bedrooms, bathrooms and toilets. There was non-slip flooring in the bathrooms and toilets. The carpets were of a close pile and easy to wheel across for people who used wheeled walking frames and the dining area had a clean smooth floor covering for ease of access.

We spoke with a member of the cleaning staff and they told us how they carried out various cleaning regimes within the service. This member of staff was aware of effective infection control procedures, such as how to ensure different coloured cloths were used for different purposes. There were hand sterilisers at various points and we observed staff using these, along with appropriate use of personal protective equipment (PPE).

Good

Is the service effective?

Our findings

People told us staff knew what they needed and were effective in their roles. One person said, "I've been here before and I know the staff do a good job, they know what they're doing". Another person said, "They help me, but I have to do some things for myself".

We saw initial assessments of people's needs were not always detailed although the registered manager told us they tried to obtain as much information as possible about people's needs before agreeing to accept them for interim care. The registered manager told us the information they relied upon for people's admission was variable in quality and detail and they were considering ways in which this could be improved.

We saw the staff training matrix which showed staff had regular opportunities for updating their skills and knowledge. Staff we spoke with told us they received regular training. One member of staff said, "There's always some training to do, we keep on top of it". We saw evidence in documentation and through discussion with staff and the registered manager, of individual supervision and support through meetings with groups of staff. Staff told us they thought the service was well run and they knew their roles and responsibilities. Staff said the registered manager supported them through being involved in people's care and support.

People spoke highly of the meals. One person said, "Haven't had a bad meal yet" and another person said, "Very good food". One person needed a vegetarian diet and they told us there was always an alternative to meat available. We did not see a vegetarian alternative on the day of the inspection, although the cook told us people always had a choice. The food looked appetising and staff offered extra helpings. The cook told us they were trying a new main dish on the first day of the inspection, although we saw it was not popular. People were seen to be offered choices and there were regular opportunities for snacks and drinks.

We saw where people needed support with their meals this was provided sensitively and in ways which suited their choices and dignity. Staff we spoke with understood people's dietary needs and we saw from people's care records other professionals were involved where necessary, such as dieticians and speech and language therapists. Staff knew if people required a modified texture diet, such as for swallowing difficulties, and who was at risk of weight loss.
We spoke with the cook who was knowledgeable about people's dietary needs and said they modified the food according to what staff told them about people's needs, such as who was diabetic or who needed additional calories.

The mealtime experience for people was calm and relaxed with staff on hand to support. People chose to sit together and there was plenty of quiet conversation. Tables were set with tablecloths, crockery and condiments and staff supported people to sit comfortably within easy reach of their meal.
Care records documented people's dietary requirements and any potential risks. There was evidence of close liaison with other professionals to support people's health and well-being.

The environment was set out to enable people to have quiet conversations or sit in groups as they wished to. We saw when people's visitors arrived, they were able to access private space to chat with their family member. Smaller lounge areas were available, although we found these were not used by people. Staff we spoke with said people were able to use these but generally chose to be in the main communal areas of the home.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the legislation and guidance around people's decision making. The registered manager told us all the people who used the service at the time of the inspection had mental capacity to make their own decisions and there was no one who was subject to a DoLS authorisation.

Good

Is the service caring?

Our findings

People we spoke with said they thought the staff were caring. They told us staff came quickly when asked for help. People said if they needed help with washing and dressing the staff did this in a caring and respectful way, with one person saying it had taken a while for them to get used to personal care, but they were 'was happy with it now'. Another person told us, "They're good here, they do care". Another person said they had "Never seen staff so obliging" and we saw them talking to a staff member in a very friendly way, and laughing.

We observed staff speaking in a friendly and courteous way with people, going up to them to ask if they were all right, and if they needed anything. We saw one person who had difficulty walking being helped along the corridor in a very careful and unhurried way. At lunchtime, staff were observant of people's needs and asked if they required anything; this was also done unobtrusively.

Staff told us they tried to get to know people as individuals even though people only stayed for a short time in the service. We saw staff made every effort to chat with people about their interests, their preferred routines and their family members.

We saw staff promoted people's dignity and respected their rights. Staff were mindful of people's need to recuperate and they were attentive to people's needs. Where people needed support with personal care, staff were discreet and offered assistance quietly and sensitively. Staff knocked on people's doors and waited before entering.

We saw as well as staff caring for people who used the service, their caring approach extended to their relatives as well. For example, we overheard staff speaking with one relative about their family member's ongoing needs once they left the service and they carefully explained who would be involved and what equipment would need to be in place. Staff provided information and reassurance and patiently answered questions about their family member's care.

People's independence in moving around the premises was promoted and staff gave encouragement to people for what they could do for themselves, enabling each person to determine the pace of their physical mobility.

Requires Improvement

Is the service responsive?

Our findings

People told us they did not feel able to contribute to planning their care and support whilst at Dovecote Lodge. The service was an interim placement whilst a more permanent arrangement was being made, but people said they had little information about the next steps in their lives and the timescales involved in moving from Dovecote Lodge.

People overwhelmingly said there was little to do and there was nowhere they could go unless supported to go out by relatives. People said they were bored, and wanted to go home. One person said, "You're looked after well but it's boring". The person also said that boredom was 'worse than war'. Another person said "Life in here is just breakfast, sleep, dinner, sleep, tea, sleep. Over and over again".

However, the peaceful environment was commented on favourably as well, "Relaxing" one person said, and another said it was nice just to sit in company of others. "Friendship and company" was what they said they appreciated.

There was a television, and an area with a CD player and we saw a staff member was looking for CDs that people sitting nearby had requested. We saw on occasion people read a newspaper or a book of their own. People said there were bingo sessions but some people said they didn't like bingo.

We saw a weekly coffee morning group in attendance, although there was limited involvement with the people in the service. Volunteers from the group said they enjoyed supporting fundraising activities for Dovecote Lodge.

We spoke with the registered manager about people's needs for purposeful activity in the service. The registered manager told us people needed opportunities to relax and recover, often from illness or injury. However, we found there was little in the way of facilities or support for people's independence in self-help and daily living, such as making drinks, snacks and meals. This was of particular relevance to many people who would be leaving Dovecote Lodge to lead more independent lives. We recommend the provider considers how people can be involved and how meaningful activity can be incorporated into the experiences of people whilst at Dovecote Lodge.

We looked at people's care records and whilst these contained sufficient detail about people's physical needs and associated risks, they were not person-centred. There was little information about each person and their social history, likes, dislikes, interests, goals and aspirations. Some people we spoke with knew they had a care plan but others did not.

We saw there was plenty of information in the service, but not all of this was visible or accessible to people. For example, notices on walls in people's rooms and communal areas were not always positioned at a height at which they could be read and often the type was difficult to read or in small print. Information from the organisation, such as the complaints procedure, stated this could be made available in other formats should people need to access this.

People we spoke with said they knew how to make a complaint and they felt all staff and the registered manager were approachable for them to do so. One visitor said they would 'just knock on the office door'. We saw the system for complaints was clear and detailed. The registered provider obtained feedback from people and the results of the recent survey were positive. These were displayed in the entrance area for people to view.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who had been managing the home for a number of years. All staff and visitors we spoke with said they felt the service was well run, although some people we spoke with did not know who the registered manager was. People told us they would approach any of the staff with any queries and everyone knew where the manager's office was.

We saw managers were very visible in the service and the door to the office was usually open, unless a private conversation was taking place. There was a friendly and welcoming reception for visitors and relatives coming to Dovecote Lodge and people were greeted warmly and personally by staff as they entered.

We saw minutes of meetings held with people who used the service and different groups of staff and staff we spoke with said they felt involved in what was happening. Handover information was detailed daily and staff were clear about their responsibilities. Staff we spoke with said teamwork was professional and communication was shared to enable people's needs to be met. Staff had a clear focus on meeting people's needs and said this was what motivated them in their work. Staff told us they felt valued on the whole. The registered manager told us they had close links with other local authority unit managers to share ideas about improving practice.

There were systems and processes in place to assess and monitor the quality of the provision. We saw a number of formal auditing tools in use which helped the registered manager to check the service was safe and ensure care delivery was effective. A service improvement plan clearly detailed how checks would be made and the frequency of these. However, some of these were not as robust as they needed to be to identify and address areas to improve. For example, audits of medicines were not thoroughly completed and there was a lack of systematic checking of documentation to support people's care. Risk assessments were reviewed annually but it was not clear how thoroughly the reviews had been completed or what amendments had been made; there was a general signature and date on the front sheet but no further detail.

Where audits were completed in some areas, it was not evident what action had been taken and by whom. For example, a bedroom audit identified a matter to be addressed, yet there was no audit trail of what happened to rectify this.

We concluded this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager demonstrated a good knowledge of their responsibilities and had notified the CQC of events within the service as required by the regulations.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems for managing medicines were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Some audits were not effectively implemented.