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Dover House Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on the 22 and 23 November 2017 and was unannounced. The previous inspection took place in September 2016 where two breaches of the Health and Social Care Act 2008 were identified with regard to medicines management, infection control, the lack of window restrictors and not having a robust auditing system in place. We took enforcement action and issued two warning notices to the provider.

We found window restrictors were now in place and infection control procedures had improved. However we found continued breaches in medicines management and auditing systems were still not robust.

We also identified further breaches with regard to the assessment and mitigation of risks people may face at the home (especially for moving and handling, people using the stairs and guidance for staff when supporting people whose behaviour may challenge the service) and the safe recruitment of staff.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. You can see what other action we have told the provider to take at the back of the full version of the report.

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

Dover House Care Home provides residential care for up to 11 people in one adapted building, Some of the people at Dover House are living with dementia. At the time of our inspection there were nine people living at the service. The service also operated a 'day care' service for one person.

As part of the overall registration of this service, there is no condition that the provider must employ a registered manager at this location. The provider takes on the day to day responsibility for the running of the home along with the sister home, Derby House, next door. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have robust and effective systems in place to monitor, review and assess the quality of the service to help ensure people were protected from the risks of unsafe or inappropriate care.

Care plans were person centred and contained sufficient information about the current needs, wishes and preferences of people. However where risks had been identified assessments and plans to minimise such risk did not provide sufficient guidance for staff. Where people's needs had changed referrals had not been made to the local authority for a re-assessment of their needs and the risks posed by the person using the

stairs instead of the stair lift.

Accidents and incidents were recorded and each was individually reviewed by the owner/ manager to mitigate the risk of further incidents. However there was no overarching analysis of accidents and incidents across all the people living at the home.

Recruitment checks for new staff to ensure their suitability for working with vulnerable people had not been completed.

Medicines management had improved, with medicine administration records (MARs) being completed. However the prescribing instructions for one 'as required' medicine had not been accurately transcribed to the MAR produced by the home, resulting in the person being administered the medicine four times a day when they may not have required it.

New chairs had been purchased for the lounge and window restrictors were now in place. The laundry had been moved to the cellar, improving the infection control measures in place at the service. The home was seen to be clean and free from malodours.

Appropriate action had been taken following an enforcement notice issued by the Greater Manchester Fire Service.

There were sufficient staff on duty to meet people's needs. Staff training had increased and more training was planned. New staff were being enrolled on the care certificate as part of their induction.

Suitable procedures were in place for safeguarding vulnerable people and staff had been trained to recognise and report any concerns they had.

Staff said they enjoyed working at the home and were complimentary about the provider and the deputy manager; saying that they were visible and approachable. Supervisions had not been consistently completed. Team meetings were held each month and included a discussion about each person's support needs. Staff said they felt well supported by the provider.

The provider had sought the necessary authorisation for those people deprived of their liberty as per the Mental Capacity Act (2005). Best interest decisions had been made with regard to covert medication and wishes at the end of people's lives. However further, decision specific, best interest decisions were required where people were unable to make an informed decision about the use of the stairs.

Staff sought people's consent before providing support and supported people in a discrete manner. However we saw one occasion where a staff member did not do this when trying to re-arrange one person's blanket. A senior care worker intervened and asked the care staff member to re-arrange the blanket again and they did so appropriately.

People had access to healthcare professionals as required. Feedback from the health professionals we spoke with was positive.

People said they enjoyed the food at the home. Staff supported people to eat and drink where required to maintain people's nutrition and hydration.

There had been an increase in the activities offered at the service, with a senior care member of staff

responsible for arranging the activities.

The provider had a system in place for the reporting and responding to any complaints brought to their attention. People told us they could raise any issues with staff or the provider if they needed to.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Risk assessments did not contain guidance for staff to follow or mitigate the identified risks. One person, whose risks when using the stairs had increased, had not been referred to the local authority for a re-assessment of their needs.

People's medicine was safely administered. However, we found one person's prescribing instructions were not being followed correctly.

Required checks were not always obtained when recruiting staff.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training had increased and more was planned. However not all staff had completed the relevant training identified by the service.

Supervisions were not consistently held, although staff said they felt well supported by the provider.

Suitable arrangements were in place to meet people's health and nutritional needs.

Is the service caring?

Good

The service was caring.

We observed positive interactions between staff and people living at the service. One interaction we observed was not positive, which had also been identified by the senior care member of staff who told the staff member to repeat their support task.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People using the service and their relatives were involved in the development of their care plans.

Care plans were person centred and contained sufficient information about the current needs, wishes and preferences of people.

A programme of activities was in place to help promote people's health and wellbeing.

Is the service well-led?

Inadequate

The service was not well-led.

Robust systems to effectively monitor, review and improve the quality of service provided were not in place to help ensure people were protected from the risks of unsafe or inappropriate care and support.

Staff members said that they enjoyed working at the home and that the provider was supportive and approachable.

The provider had notified the CQC as required by legislation of all events, which occurred at the home with regards to the wellbeing of people.

Dover 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 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 22 and 23 November 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The 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. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and safeguarding teams as well as Greater Manchester Fire Brigade and the local Healthwatch board. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection and details of their feedback is contained within this report.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) during the lunch period in the lounge areas of the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service, four relatives, the registered manager, six care staff and two visiting professionals. We observed the way people were supported in communal areas and looked at records relating to the service. This included two care records, four staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, quality assurance records, accidents and incidents and policies and procedures.

Inadequate

Is the service safe?

Our findings

All the people we spoke with, and their relatives, said that they felt safe living at Dover House. One person said, "I feel safe here; I've had a lot of problems (before moving to Dover House)" and a relative told us, "[Person's name] is certainly safe."

At the last inspection in September 2016 there was a breach of regulation 12 of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014 because staff had signed the Medicines Administration Record (MAR) for one person to show that the medicines had been administered, when the person had, in fact, not taken their medicines. The medicines trolley was also unsecured in the lounge area and temperatures of the lounge were not recorded to ensure that the temperature was below 25 degrees centigrade as recommended by medicine manufacturers.

At this inspection we found some improvements had been made. The trolley was securely fastened to the wall and temperatures of the room and medicines fridge were recorded daily. We found the MAR sheets had been fully completed and the quantity of medicines in stock we checked corresponded with the quantity on the MAR. However we noted a 'O' code (denoting 'other') was used on the MAR sheets. Staff told us this meant the person had declined the medicine, for example pain relief, if they did not require it. Good practice would be to record the reason for the use of the code 'O' on the MAR as it is a general code that could mean different things for each person.

We noted that people were prescribed some medicines on an 'as required' (PRN) basis, for example pain relief. We saw that the care plans contained details of how each person expressed if they were in pain, for example verbally or by other nonverbal communication methods like facial expression. This information was not available in the medicines file at the point when staff were administering people's medicines. The staff we spoke with were able to explain the people who were able to verbally inform them they were in pain and the nonverbal communication used by other people. We recommend this information is included in the medicines file for each person.

We also saw that the MARs for some medicines were printed by the pharmacist and others, for creams and PRN medicines, were produced by the home. One of the home produced MAR for one person stated that the paracetamol should be administered four times per day. However the prescribing instructions on the box of tablets were for 'up to four times a day'. The same issue had been identified during our inspection of the provider's other residential home, which is next door to Dover House. Any action that had been taken at the sister home to address this issue had not been carried across to Dover House by the provider. This meant the person was being given the paracetamol four times a day when they may not always require it.

The inaccurate prescribing instructions on the home produced MAR sheet leading to the potential administration of medicines that were not required was a breach of 12 of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014, with regard to 2 (g).

Medicines classed as controlled drugs were appropriately recorded. Tablets were counted to ensure the

correct number were in stock when they were administered. This minimised the risk of errors or misuse. The provider told us they were looking for a different position for the controlled drugs cabinet on the advice of the local authority. This was because controlled drugs cabinets should be fastened to a solid wall for security reasons. The controlled drugs cabinet at Dover House was fixed to a 'stud' wall. We will check the controlled drugs cabinet has been relocated at our next inspection.

We saw that the senior staff who administered medicines had completed training with the pharmacist. They told us this included the theory of medicines administration and management as well as an observation of them administering medicines to people.

At the last inspection there was a breach of regulation 12 of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014 because window restrictors were not in place on windows where the gap exceeded the maximum safe limit as per the good practice guidelines by the Health and Safety Executive (HSE). We found that window restrictors had been fitted which meant that people were protected from the risk of falls from the windows.

At the last inspection there was a breach of regulation 12 of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014 because infection control procedures were not robust. The laundry was accessed via a bathroom and some of the lounge furniture had tears in the material which meant they could not be thoroughly cleaned. We saw that new furniture had been purchased and the laundry was now located in the basement with clear markings for where dirty laundry was to be stored so it did not cross contaminate the clean clothes. New drying machines had also been purchased.

The infection control audit completed by the local authority in November 2017 showed that improvements had been made at the home, however some actions were outstanding. One of these was the provision of a dedicated sluice room for the cleaning of commodes. Dover House is an older building which does not lend itself to the installation of a dedicated sluice machine. Staff told us that only one person used a commode at night at Dover House. The provider said they had purchased disposable commode pans to avoid the need to clean the commodes. However the staff we spoke with said they cleaned the commode pans in the person's en-suite bathroom. We will check that the disposable commode pans are being used at our next inspection.

Other actions from the November 2017 audit had been completed by the time of our inspection. As part of best practice, the provider had organised for all of the staff at the service to have an influenza (flu) vaccination by a local chemist. People who lived at the service also had the opportunity to have the flu vaccination. This was with the aim to protect as many people as possible from contracting flu.

We noted that the home was clean throughout our inspection and there were no malodours. People told us, "The house is very clean." The domestic staff had a cleaning task list each day, as did the night staff. Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks.

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to explain the correct action they would take if they witnessed or suspected any abuse taking place. We saw the service had appropriate safeguarding and whistleblowing policies in place to support the staff in providing safe care. This meant the service had the training and procedures in place to help ensure that the people who used the service were protected from abuse.

We looked at the way the service identified and managed any risks for the people living at the home. We saw risks were identified within the care plan for each person, for example for falls, mobility, moving and handling and pressure area care. However we noted that the guidance provided for how the staff were to mitigate the identified risks was not always sufficiently detailed. For example one person did not like to use the stair lift. The risk assessment stated that staff should encourage the person to use the stair lift but did not state how staff should support the person to go up or down the stairs if they refused to use the stair lift. The staff we spoke with confirmed they supported the person up and down the stairs in three different ways. Clear guidance should be provided for staff, following best practice guidelines from a recognised moving and handling professional. The service had not referred the person to the local authority for a re-assessment of their needs and to agree if the risk of using the stairs was in the person's best interests.

A moving and handling assessment we saw assessed the person required support with transfers, for example on to the toilet, but did not detail how staff were to support them to do this.

Where applicable, guidance was provided for staff where people may have behaviours that challenge the service. However the guidance was not always clear, for example one plan stated that staff should use distraction techniques if the person became agitated. There was no indication what these distraction techniques were.

The lack of clear guidance for staff on how to mitigate the identified risks was a breach of Regulation 12 (1) of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014, with reference to 12(2)(b).

There was a 'stair gate' positioned across the ground floor corridor leading to the stairs. We were told this was to enable staff to provide support for people if they wanted to use the stair lift as people could not open the stair gate easily or without support. This meant people would not attempt to go upstairs without staff being present. We noted that during our inspection no one tried to leave the lounge area without staff being available to support them. However we also saw that the stair gate was sometimes left open, which meant it would not provide staff time to support people. If the stair gate is deemed to be required to enable staff to provide support to more mobile people living at the home then it needs to be consistently used for this purpose.

Staff and relatives told us, confirmed by the staff rotas, that there were usually two staff on duty between 8am and 10pm. Overnight there was a waking night member of staff on duty and another staff member as a 'sleep-in.' The sleep-in staff member could be called upon to support the waking night staff member when required. Everyone we spoke with said that they thought there were enough staff on duty to meet people's needs. Staff told us that two people living at the service required two staff to support them when they got up with their personal care. We were told that staff supported these two people first in a morning so that subsequently one staff member was able to stay in the kitchen area whilst the other staff member supported the other people to get up. During the week the provider and deputy manager were available to support people as well if required.

People told us, "There's enough staff here; they definitely respond quickly" and "Oh yes there's enough staff I think." A relative commented, "There's two staff on all the time; although they can both be needed to support one person sometimes." They qualified this by stating, "This is only now and again."

This meant there were sufficient staff on duty to meet people's assessed needs and the times when two staff were required to support one person was minimised.

We looked at the recruitment files for four members of staff. We found they contained an application form;

however the employment histories were not detailed. For example one file did not provide the dates of employment and another only contained details from 2016, with no details of any work, college or training prior to this. The recruitment policy stated that all gaps in employment should be explained.

Appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. We noted that some staff had commenced their induction training prior to the DBS being received. We were told, confirmed by the staff we spoke with, that staff worked as supernumerary to the rota during their induction. We discussed this with the provider who said that new staff did not work alone until the DBS had been received, however during our inspection we observed a new staff member was on their own in the kitchen / lounge area of the home.

We saw that two references had been requested for each staff member as per the homes recruitment policy; however not all of these had been received. Follow up requests had been sent by the provider. We saw an audit of the staff files had been completed by the new deputy manager which had identified that references had been lacking for 50% of the staff team. They were in the process of obtaining these references, with half of those missing having now been received.

This meant that the service had not followed their own recruitment policy to ensure that gaps in employment were recorded and explained and two references were received, although action was now being taken to rectify this. This was a breach of Regulation 19 (2) of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014.

At our last inspection the cellar area was cluttered. We had contacted the Greater Manchester Fire Service who had completed a visit to the home. The Greater Manchester Fire Service had issued an enforcement notice for improvements to be made to the fire safety at the home. This had been complied with by March 2017.

At this inspection we saw the cellar area was tidy and free from clutter. One part had been converted to use as the laundry. We saw the fire alarm and firefighting equipment were checked each week and a fire risk assessment had been completed by an external organisation. Fire escape routes were seen to be clear. A fire drill had been completed in February 2017, however one planned for June 2017 had not taken place. We also saw that staff had not received any training in fire awareness, although an in house training session on dealing with emergencies, including in the event of a fire, had been held in July 2017.

We saw that each person had a Personal Emergency Evacuation Plan (PEEPs) in place. This detailed the support each person required in the event of an emergency to evacuate the building. Staff had been asked to read people's PEEPs in September 2017 and had signed to confirm that they had done so.

This meant that the improvements required by the Greater Manchester Fire Service had been implemented and maintained, but staff required formal training in fire awareness and fire drills needed to be regularly completed. The provider was aware of the need for additional training and they had requested fire awareness training through a new training provider three weeks before our inspection. We will check that this training has been held at our next inspection.

We saw accidents and incidents were recorded appropriately and any falls were recorded in people's care files. Action taken by the provider, if applicable, was recorded on the incident and accident forms. However there was no overarching analysis of the incidents or falls across the whole home in order to be able to identify any possible trends.

Records we reviewed showed that the equipment within the home was serviced and maintained in accordance with the manufacturers' instructions. This included the stair lift, call bell and emergency lighting systems. Regular checks were carried out on gas and electrical items. This helped to ensure that people were kept safe.

We saw that the provider had been advised by the infection control auditor to carry out a legionella water check. A legionella risk assessment had been completed by an external company the month before our inspection, the report being received by the service the week before our inspection. Recommendations had been made for the service to complete regular temperature checks on the hot and cold water supplies and to 'flush' any taps that were not often used. We discussed this with the provider who said they were in the process of identifying a staff member to complete these checks on a weekly basis. This would mean that the service would start to check that the water systems were operating as they should and would help to keep people safe. We will check that these are being completed at our next inspection.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. This informed the provider and staff what to do if there was an incident or emergency that could disrupt the service, for example a gas leak or an interruption of the electricity supply.

Requires Improvement

Is the service effective?

Our findings

All the people and their relatives we spoke with thought the staff knew their needs and were able to effectively support them. One person said, "The staff know us – they're out of this world." A relative commented, "Staff know [person's name] absolutely. They're really looking after her after her illness."

An initial assessment of people's needs was completed prior to them moving to Dover House to ensure the home could meet their needs. One relative told us, "The initial assessment was very professional. The [provider] and [deputy manager] visited us at home. It was all very good." The care plans were then developed from this assessment.

At our last inspection we found that not all staff training was up to date and the induction programme for new staff did not follow the care certificate. The care certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers.

At this inspection we found more training courses had been completed, including infection control, falls prevention, safeguarding vulnerable adults and moving and handling. The service was working with a new training provider and courses for mental capacity, first aid and fire awareness were being arranged. New staff had been enrolled on the care certificate. We also saw that eight staff were undertaking a nationally recognised qualification in health and social care, in addition to the nine staff who had previously achieved the qualification.

The provider had qualified as a trainer for moving and handling and dementia awareness and so they were including this training as part of the staff induction.

Staff we spoke with confirmed that they had attended training courses and felt they had the training they required to meet people's assessed needs. This meant that staff training had increased since the last inspection, more was planned and new staff were undertaking the care certificate.

All the staff we spoke with felt they were well supported by the provider and the deputy manager. They said they were visible within the service and were always available to talk with or to assist supporting people where required. Staff told us they had regular supervisions with the provider or deputy manager. A senior care worker told us they were due to start completing some supervisions with staff as well so that they could be held more consistently. The supervision matrix we saw showed that dates had not been planned for when the supervision meetings would be held throughout the coming year. Supervisions had not been regularly held in 2017 with six staff having had supervisions and six being outstanding. There were eight new staff who were currently completing their probation period. The staff we spoke with said they had met with the provider during their probation period to review their progress.

We saw that regular team meetings were held. These were due to be held on a monthly basis, although the meetings had not taken place in August or September. The meetings were an opportunity to discuss

medicines, record keeping, activities and any other topic the provider or staff wanted to raise. We noted that each person living at the service was discussed to enable staff to talk about any changes in the person's needs and to share ideas on how to support the person.

This meant that although supervision meetings had not been held as frequently as planned, the staff team had the support from the provider and deputy manager to complete their roles.

We observed the morning handover on the first day of our inspection. The night staff gave a brief update for each person living at the service, noting any changes in people's health or wellbeing. Staff said they received enough information about any changes in people's needs via the handovers and if they had any queries they would ask their colleagues. The morning handover we observed was given to one of the day staff only as the other staff members were supporting a person who had wanted to get up. We did not see that the information provided at the handover was shared with these staff when they had completed their support. This meant on this occasion only one member of staff was given the information from the handover.

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 authorisation 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.

We saw that DoLS applications had been made where it had been assessed that people lacked capacity to consent to their care and support at Dover House. Where relatives had the legal authority to make decisions on people's behalf through a lasting power of attorney (LPA) we saw that copies of these authorisations were held in people's care files.

During our inspection a GP visited the home to sign a letter to agree that it was in one person's best interests to have their medicines administered covertly, for example put in food or drink without their knowledge. Previously the service had sought the advice of the GP but was now formally recoding that it was in the person's best interest.

However we noted that a best interest decision had not been completed for one person who refused to use the stair lift and was using the stairs to access their room. Their mobility had deteriorated since moving to Dover House and they required support to go up and down the stairs. They had been assessed as lacking capacity and therefore were unable to make an informed choice to take the risk of using the stairs. This was a breach of Regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This meant that the service was completing DoLs applications as required and some best interest decisions but additional documented best interest decisions were needed.

Staff we spoke with were able to describe how they offered people choices, for example what clothes they wanted to wear and what they would like to eat. Throughout our inspection we saw staff asking people's

consent before providing any support or care.

People told us they enjoyed the food at Dover House. People said, "The foods fantastic" and "Lunch was very nice." We observed lunchtime and found that it was calm and people were supported and encouraged to complete their meal. Extra food was available if people were hungry.

We saw there were systems in place to meet people's nutritional needs. The care files we looked at contained an assessment of people's risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). People were due to be weighed weekly and their MUST score calculated; however we saw that people had been weighed monthly in October and November 2017. We noted that one person who was at risk of malnutrition had gained weight over the last three months. Where people had lost weight it was noted that referrals had been made to the dietician or Speech and Language Team (SALT) team. We also saw that where required people had been prescribed food supplements by their GP.

The staff we spoke with were aware of those people who required a soft diet due to the risk of choking. Food and fluid charts were used to record what people had consumed. One person was prescribed thickeners due to dysphagia (risk of choking). Staff confirmed that they added the thickener to all drinks for this person; however there was no record of this. We discussed this with the provider who said they would add to the food and fluid chart so that staff were prompted to sign that they had added the thickener where required. This meant that people's nutritional needs were being met.

People were referred to relevant health professionals, for example district nurse, tissue viability nurse and the falls team when required. We saw regular appointments were made for people to attend the dentist and opticians. A health professional we spoke with said the home reported any concerns appropriately to them, the staff were knowledgeable about the people living at the home and they followed the advice they were given. This meant people's health needs were being met by the service.

Dover House is an older property that had been renovated to become a care home. The home did not have a lift, but did have a stair lift to enable people to access the first floor bedrooms. We noted that people spent most of the day in the lounge and dining area of the home and so did not require the stair lift very often. An adapted accessible bath was also available for people to use.

Good

Is the service caring?

Our findings

All the people spoke highly of the staff team at Dover House. We were told, "The staff are very, very nice; 100%, whatever we want they go out of their way to help", "The staff are absolutely brilliant, I couldn't wish for anymore" and, "The staff seem to know us; they are out of this world."

Relatives we spoke with were also complimentary about the caring nature of the staff. Comments included, "All the staff are lovely and approachable; they're very nice with [Name]. We feel part of the family" and, "They're (the staff) really looking after [Name] following her illness; they've gone overboard."

We observed kind and respectful interactions between people living at Dover House and staff members throughout the two days of our inspection. Staff offered support, for example with personal hygiene, in a discreet manner.

However there was one interaction we witnessed where a staff member tried to re-arrange a blanket covering one person without first explaining to the person what they were going to do. The person held on to the blanket, with the staff member pulling the other end. When the person didn't let go the staff member put the blanket down, but it was not covering the person fully. A senior care worker asked the staff member to re-arrange the blanket and they then got down to the persons level and explained what they were going to do and then re-arranged the blanket appropriately. We discussed this with the senior care worker who said they had spoken with the staff member concerned. The provider told us they would also be following the incident up with the staff member.

The staff we spoke with were knowledgeable about people's support needs and were able to describe their likes and dislikes. People's care plans contained information about people's life history, likes, dislikes and hobbies they enjoyed. This meant the staff team had the information to be able to form meaningful relationships with the people living at Dover House.

Staff explained how they maintained people's privacy and dignity when providing personal care, explaining what they were doing and ensuring people were appropriately covered.

We noted that a local priest visited the home to pray with those who wished to. This meant people's cultural needs were being met. From the care files we looked at and through speaking with staff there were no people living at the home with 'protected characteristics' as defined by the Equality Act 2010, for example sexual orientation. The training records showed that the staff had not completed a specific equality and diversity training course, however the provider said this was covered within the care certificate and nationally recognised diploma's the staff had either completed or had been enrolled on.

We saw staff prompting people to walk and eat independently throughout our inspection. Staff members also told us that they prompted people to complete tasks, for example personal hygiene or getting dressed, for themselves wherever possible. People's care plans included details of what people were able to do for themselves.

We saw that people's care files were stored in a locked office on the first floor. This meant that people's confidential information was kept safe.

Good

Is the service responsive?

Our findings

We looked at two care files in detail and found they were written in a person centred way. Care plans included personal care, mobility, communication, sleep patterns and continence. The care plans provided guidance for the staff on what the person was able to do for themselves and what support they needed. For example one care plan stated that the person was to be encouraged to rest their legs on a foot stool and another directed staff to give one person time to calm down if they were refusing support before offering assistance to the person again. This was confirmed by one relative we spoke with, who also told us that the GP had been involved in agreeing this so that the person's anxiety was reduced. We saw that the care plans were reviewed every three months or when people's needs changed.

A 'staff reading file' was used to hold any new or updated care plans or policies for the staff members to read. Staff signed when they had read the document. This meant staff were given the information about new people moving to Dover House or changes in people's support needs.

Relatives we spoke with said that they had been involved in agreeing their loved ones care plans and they were invited to reviews of the support provided. Comments included, "I've been involved in the care plans and reviewed; I have no problems with the care [Name] is getting" and "I get a phone call straight away if something has happened."

This meant people's relatives were able to contribute to planning their loved ones care and were kept informed of any changes in their health or wellbeing.

From the care plans we noted that sensor mats were used to alert staff, especially at night, if someone was getting up. This enabled the staff to promptly be able to offer support to the person. Following a fall we saw that the sensor mat had been moved closer to the person's bed to provide as much time as possible for the staff member to go to the room to provide support, and so reduce the risk of the person having another fall. This meant the service used technology where this would improve the support being provided.

A senior care member of staff had recently been given the responsibility for ensuring activities were organised at the home. They prepared an activity sheet of what had been booked for the coming months, for example external entertainers and chair exercise sessions. These were held with Dover Houses' sister home next door. We were also told that local school children visited Dover House each week since September 2017 to talk and play games with people. Staff told us that most activities took place in the afternoon as they had more time to support people and organise activities. Relatives told us, "Its (the activities) got better, there's always something on like games, quizzes or a sing song" and "They've been playing games in the afternoons recently; people really liven up."

This meant people were able to engage in activities to maintain their wellbeing.

People we spoke with said that they would talk to the staff on duty if there was anything that they weren't happy with. Relatives also said they would speak to the staff on duty or the provider or deputy manager.

They all said that the owner/manager would address any concerns. One relative said, "If we've had anything to say it's been dealt with; they've taken it on board" and another, "If I have any concern I speak to [provider] who will deal with it. I've not needed to make a formal complaint."

We saw the service had a formal complaints policy in place. We saw that there had been no formal complaints made since our last inspection in September 2016. This meant that any concerns people or relatives had about the home were dealt with when they were raised rather than using the formal complaints procedure.

People's care plans included information about their wishes at the end of their lives. A relative we spoke with told us that they had a meeting arranged with their loved ones GP to discuss their end of life wishes and complete an advanced care plan. One person had made an advanced statement of what medical treatment they wanted and did not want at the end of their life. The provider told us that wherever possible people were supported at Dover House at the end of their lives, with support from medical professionals such as the GP and district nurses. This meant the service sought people's wishes for their care at the end of their lives.

Inadequate

Is the service well-led?

Our findings

As part of the overall registration of this service, there is no condition that the provider must employ a registered manager at Dover House as they took day to day responsibility for the running of the home along with the sister home, Derby House, next door. There was also a deputy manager who offered support across both of the services.

At the last inspection there was a breach of regulation 17 of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014 due to the lack of a robust auditing system, infection control actions not being completed and people's medicine administration records (MAR) being kept insecurely in the lounge area of the home. The Care Quality Commission (CQC) issued a formal warning notice for this breach.

At this inspection we found improvements had been made with regard to the infection control actions as the laundry had been moved to the basement and a plan was in place to use disposable commodes where they were required. The MARs were now stored within the medicines trolley.

However we found that the auditing systems were still not sufficiently robust. The CQC inspection at Dover House's sister home in April 2017 had identified similar issues to those we found at this inspection. The provider had not carried any actions taken to address the issues identified in April 2017 at the sister home next door across to Dover House. The provider, deputy manager and staff team worked across both houses.

The reviews of people's risk assessments had not identified the lack of guidance and detail for staff to follow. Action had not been taken when one person's mobility had deteriorated and they refused to use the stair lift to keep them safe when going up and down the stairs. There will gaps in the staff recruitment files. We saw that a cleaning checklist had been introduced for the domestic staff to record the areas that they had cleaned. However there was no evidence that the provider or deputy manager carried out any checks to ensure that the cleaning had been completed to an acceptable standard. We saw that falls and incidents were recorded and individually reviewed by the provider. However there was no evidence that any overarching analysis of all incidents and falls in the home was carried out to identify if there were any patterns between different people living at the home.

We noted that weekly checks of the medicines were completed. This checked the control drugs, the MAR had been fully completed and boxed medicines were counted. Any actions taken if issues were found were recorded. However the checks had not noted the discrepancy between the prescribed instructions on the label and the written instructions on the home produced MAR sheet for one person. We did not see any formal audits for health and safety at the home.

This was a continued breach of regulation 17 of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014 with regard to 2 (a) and (b).

All the staff we spoke with said that the provider and deputy manager were approachable and willing to assist staff in supporting people. One said, "I enjoy working here because of the staff team and the residents;

it's a nice atmosphere." Relatives we spoke with also said that the management team were open and would listen to any concerns they had.

Following a recent inspection of Dover House's sister home, a relatives meeting had been held to explain what actions the provider was going to take to improve the service and to answer any questions or concerns that relatives may have. A further meeting was planned for January 2018.

We also saw a survey in August 2017 had been used to gain feedback from people who used the service and their relatives. The responses were positive and included, 'staff give lots of individual attention to residents' and 'more activities are needed.' As noted previously in this report a senior care worker now had responsibility for arranging activities and the feedback from relatives was that there were now more activities arranged by the staff team. This meant the provider had sought the views of people and their relatives and improved the service following their responses.

We were told that there had recently been a high staff turnover at the home. Relatives said, "There was a big turnover of staff for a few months. They've got new staff now who are all nice and they've all settled now" and "There's been a lot of new staff recently and it takes time for them to settle in." We discussed this with the provider who agreed that several staff had left the service. They felt that some staff had left following the previous deputy manager leaving the service. Staff we spoke with were complimentary about the new deputy manager and the support they provided. One said, "[Deputy manager] is more supportive and easier to talk to (than the previous deputy manager)." The new staff members we spoke with were positive about their role and the home.

The provider had set up links with the probation service to offer roles to young people who were on reparation orders. Reparation orders are non-custodial sentences given to young people who have committed an offence. These orders usually meant that the young person worked in the community fully supervised in order to 'pay' back their offence. We were told by the provider that the work undertaken at the service included gardening and painting.

Services providing regulated activities have a statutory duty to report certain incidents, including, safeguarding incidents, deaths and serious injuries to the CQC. We noted that the service had appropriately notified the CQC as required.

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 11 HSCA RA Regulations 2014 Need for consent Best interest decision had not been made for one person who lacked capacity to make an informed decision to use the stairs at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service had not followed their own recruitment policy to ensure that gaps in employment were recorded and explained and two references were received, although action was now being taken to rectify this.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The inaccurate recording of the prescribing instructions on the home produced MAR sheet and potential administration of medicines that were not required. With regard to 2 (g).

The enforcement action we took:

The service was failing to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lack of clear guidance for staff on how to mitigate the identified risks. With regard to 12(2)(b). Continued lack of robust auditing systems. With regard to 2 (a) and (b).

The enforcement action we took:

A Warning Notice was issued - The service was failing to make sure that they have systems and processes to monitor and improve the quality of the service.