

Embrace (South West) Limited

Dunollie Nursing 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



Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 February 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 22 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is referred to as an action plan.

We then carried out a focused inspection on 27 August 2015 to check that they had followed their action plan and to confirm that they met the legal requirements. We found that no action had been taken by the provider or the registered manager in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 the provider had not acted upon our recommendation to look at current good practice guidance around dementia friendly environments. We

therefore concluded that there was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing) and a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). Action was taken by the Care Quality Commission against the provider and the registered manager and a warning notice issued.

We then carried out a further focused inspection, out of hours, on 22 October 2015 to check that people were safe and that action had been taken in relation to the breaches. Namely, Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that improvements had been made in both areas.

Summary of findings

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dunollie Nursing Home on our website at www.cqc.org.uk.

Dunollie Nursing Home is registered to accommodate 58 people who require nursing but only admit up to 50 people because all rooms are now used for single occupancy. The service is operated by European Care (SW) Limited as part of the Embrace Group. The service is located in the South Cliff area of Scarborough. It provides nursing care for up to 42 older people who may have a dementia or physical disability in an adapted and extended building and personal care and support for another eight people in a separate detached building. On the day of this inspection there were 49 people using the service.

There was a new manager in post at this inspection although the registered manager we had taken action against was still employed by the service and was supporting the new manager. The new manager was applying to CQC to become registered. 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.

At our last inspection we had taken action against the provider and the registered manager. We took this action because they had not made sure there were sufficient staff on duty to meet the needs of people who used the service. They had also failed to follow their own policy and taken account of current good practice around dementia friendly environments. Because of these

failings to address the identified shortfalls to improve the quality of the service and to mitigate risks to the health, safety and welfare of service users we carried out another visit, this time out of hours. The visit was to check that people who used the service were safe and that breaches of regulations were now being met.

At this inspection we found that the service used a dependency tool to work out how many staff were needed to support the people who lived at Dunollie Nursing Home. This dependency tool assessed the number of staff needed to provide care in line with the number of people using the service and their need for assistance. The service had made sure that the assessed number of staff required were now working at the service. This improved safety for people who used the service because staff had more time to ensure their needs were being met.

The service had also made sure that the person who organised activities was carrying out their role full time, which meant that people who used the service were benefiting from more interactions and stimulation, which in turn may enhance their wellbeing.

Efforts had been made to make the service more dementia friendly with the introduction of signage and pictorial images to ensure better access for people. There was clear signage to the garden for example, which meant that people could find their way outside if they wished.

There were no longer any breaches of regulations at this service. We could not improve the rating for the safe and well led domains from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

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

The service used a dependency tool to determine the levels of staffing needed to meet people's needs safely and staffing numbers were now at the appropriate level.

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

Requires improvement



Is the service well-led?

This service was well led.

At our previous inspection, on August 27 2015 none of the actions outlined in the provider's action plan had been completed to improve the quality of the service or mitigate risks to the health, safety and welfare of people who used the service. At this inspection, on 22 October 2015 improvements had been made.

Policies and procedures had been implemented properly which improved the quality of care and accessibility for some people who used the service.

There had been improvements to the environment to assist people who were living with dementia.

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

Requires improvement



Dunollie Nursing 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. We undertook an unannounced focused inspection of Dunollie Nursing Home on 22 October 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 27 August 2015 inspection had been made.

The team inspected the service against two of the five questions we ask about services: Is the service safe? And Is the service well led? This was because the service was not meeting some legal requirements.

The inspection was undertaken by two adult social care inspectors.

During our inspection we spoke with the deputy manager, one registered nurse and nine care workers. We also spoke with two people who used the service, one relative and looked around the service. We spoke with the manager to give feedback over the telephone before we left.

We looked at staff rotas for the last two weeks. Following the inspection the registered manager sent us an up to date copy of the staffing tool for the week of our inspection.

Is the service safe?

Our findings

At our comprehensive inspection on 19 February 2015 we found that staffing levels were not consistent and had not been sustained to a satisfactory level at night.

This was a breach of Regulation 22 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this inspection, the provider sent us an action plan telling us how they intended to meet the shortfalls in relation to the requirements of Regulation 18. We then carried out a focused inspection on 27 August 2015 and found that neither the provider nor the registered manager had followed the action plan they had sent us. We took enforcement action against the provider and the registered manager by issuing a warning notice against the provider and registered manager.

We then carried out this further focused inspection, out of hours, on 22 October 2015. We found that improvements had been made.

At the inspection on 27 August 2015 staff had told us that they did not know much about people because they had very little time to find out. They said they were rushing to complete tasks and that it was difficult to do so because of a lack of staff. We had confirmed what staff said by reviewing staff rotas. We found that staffing levels had not been sustained and regularly fell below the level the registered manager told us was needed.

The service used a system called the 'Rhys Hearn' tool to work out how many staff were needed to support the people who lived at Dunollie Nursing Home. This tool assessed the number of staff needed to provide care in line with the number of people using the service and their need for assistance. We found that this dependency tool had not been updated following two recent admissions when we inspected on August 27 2015. This had meant that the provider could not be certain that staffing levels were sufficient to meet the needs of all the people who lived at the home. This had been updated by the manager, who told us at that inspection that normal staffing during the

day in the main building was two nurses and six care assistants. We found that the number of nursing staff was being sustained with an agency nurse being used to cover any gaps in the rota.

However, we found that there were not enough care assistants on duty on at least seven occasions during the day and eleven at night in the first 27 days of August 2015. According to the dependency tool used by the service to determine staffing needs this was not enough. In addition the activities coordinator had worked as a care worker on nine occasions in the same period taking them away from their role which focused on stimulating and engaging with people who used the service.

We concluded that on the occasions where staffing levels were reduced it was unsafe for people who used the service. This was because of the size and layout of the building as well as the levels of dependency of the people living at Dunollie Nursing Home. We found that staffing levels were inconsistent and had not been sustained during the day or at night. This meant that people's needs were not always met in a timely manner.

At this inspection on 22 October 2015 we found that there had been improvements. Staffing had been increased to meet the needs of people who used the service.

We started our inspection in the evening so that we could determine the number of day and night staff working on that day. We saw that there was a deputy manager, who was working as a registered nurse, a second registered nurse and seven care workers on duty in the evening, one of whom was an agency worker. The night shift started at 8pm and there was one registered nurse and four care workers on duty. We sat in whilst a handover took place between day and night staff. It was thorough and every person was discussed. Any changes to people's needs were shared which meant that people who used the service could be confident that staff knew what support they needed and that there were sufficient staff to do so.

Staff rotas for the previous two weeks showed that staffing numbers had been consistent. We were unable to see the dependency tool used to determine what levels of staff were needed at that stage because it was in the manager's office and nursing staff did not have access to that area. This meant that we were not clear how many staff should be working. However, we could see from our initial observations that there were additional staff in place from

Is the service safe?

when we had last inspected in August. The following day the dependency tool used by the service to determine what staffing was needed was sent to us by the manager. We could see that there had been sufficient staff on duty to meet the assessed needs of the people who used the service.

Staff told us that their numbers had increased immediately following our last visit and one care worker said, “They have increased it a lot. There are seven (care workers) every day.” We checked the staff rotas and saw that the staffing had been sustained with seven or eight care workers on duty each day to ensure peoples safety and four at night. There were two registered nurses during the day and one at night.

One person who used the service told us, “Recently the staffing has improved. But we have a lot of agency workers.”

One of the nurses told us, “I think a lot of the behaviours from people with a dementia were because of the stress of staff rushing. Those people are no longer displaying those

behaviours.” A care worker said, “We can work at their pace (people who used the service). They have had to be rushed before but we want them to know now they don’t have to rush.”

The nurse told us, “We request a list of shifts to be covered and we have emergency on call numbers now so we can chase staff. We have the autonomy to get staff; we ring round and cover when we are short. Morale has lifted and staff are more willing to help out now.” One care worker said, “I don’t feel as if I struggle. There are people to help me because there are enough staff.” Another care worker told us, said, “I have taken someone (person who used service) out. The first time since I started three years ago.”

When we spoke with the manager they told us that staff vacancies had being filled and some people were just waiting for pre-employment clearances before they started work. This they said would further increase the staffing.

Staffing had improved and there was no longer a breach of regulation at this service. We could not improve the rating for the safe domain from ‘Requires Improvement’ because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At our comprehensive inspection on 19 February 2015 we found some positive features of the management of the service but some policies and procedures had not been implemented properly. We made a recommendation that the provider look at current good practice around dementia friendly environments because they had not implemented their policy relating to this subject.

At our focused inspection of 27 August 2015 there remained some positive features of management and the policies had been updated. However, these had not always been implemented appropriately. This impacted on the quality of care and accessibility of the service for some people. The provider had not followed their own policy and procedures and had not acted upon the recommendation of the Care Quality Commission to become a more dementia friendly environment. This meant there was a breach of regulation. In addition to this the provider had failed to mitigate the risks to people by not acting to increase staffing in line with the results of their own assessment of staffing needs for the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 22 October 2015 we found that there had been improvements. We could see that signage had been introduced to direct people to different parts of the service which assisted people to independently access areas of the service. People's names were on doors and there were identifying features. For example, toilets were identified. The service had ordered trolleys which held items that people could rummage through safely and could be taken to people providing stimulating activity for people living with dementia.

The service had used pictorial imagery in the entrance hall to decorate the service for Halloween. This was orientating for people as they recognised the time of year.

Staff were more aware of what care for people living with dementia should be like. For example one care worker said,

"It was impersonal but now you have time to care and chat." A nurse told us, "We want to get away from structure and give more choice, personalising care. It is working because of the extra staffing."

When we spoke to the nursing staff they told us that they considered that the environment was now more 'dementia friendly'. Care workers agreed with this.

The quality standard used in the service policy describes how organisations providing care and support ensure people with dementia are enabled to take part in leisure activities based on individual choice and interest. Staff told us that there were now activities taking place each day to support people living with dementia and others who used the service.

Staffing levels had improved which meant that people who used the service were now having their needs met in an unhurried way by carers who had the time to interact with people.

We spoke with a relative who told us, "The staff have been extremely kind. We were fast tracked and I visited before my husband was admitted. This place had a nice atmosphere and felt right for him."

Our impression from staff was that the new manager at the service was the driving force behind the improvements. When we spoke to the manager following our inspection they were clear about the issues identified at the inspections in February and August 2015. Despite them having only started working at the service in September, we could see that they were working to make immediate improvements. They told us that they had recruited to all staff vacancies which would ensure that there was a permanent group of staff working at the service. They said that they knew that further improvements were needed to the environment but that they had started to display signage and provide items to enhance the lives of people living with dementia, such as the trolleys.

There was no longer a breach of regulation at this service. We could not improve the rating for the well led domain from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.