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Dover Cottage Rest Home

Inspection report

Dover Farm Close
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Dover Cottage Rest Home is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can accommodate up to 15 people in one adapted building and specialises in the care for those living with dementia.

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

People's experience of using the service was overall good. This was usually a quiet rest home, where staff spent time engaging with people on an individual basis. Staff knew people well and were supportive of people's unique needs, particularly at times of distress. Staff told us there were usually enough of them to do this. However, we found that at times staff planning and deployment needed to be reviewed, to ensure people's care was consistently safe and responsive.

At the last inspection there had not been a registered manager in post and we found some issues with regards to quality checks of medication procedures. We found improvements had been made, although we highlighted a few areas to be addressed regarding people's medicines and safety checks. People felt safe living at Dover Cottage, were involved in the service through surveys and felt listened to. Activities took place on a more individual basis, but people had also asked for the opportunity to go out more. The provider was investing into the redecoration of the service and making the garden more accessible, so it could be used safely by everyone.

There was a registered manager in post at this inspection and staff felt well supported. Staff were involved in the development of the service through regular meetings and questionnaires. We heard that the registered manager had successfully taken steps to improve the culture and atmosphere of the service.

The service worked effectively with different professionals to meet people's needs and promote their health and wellbeing. There was plenty of food for people to choose from and staff encouraged people to eat well and drink enough. The registered manager listened to and acted on external feedback to make improvements. The progress made was evidenced in the monitoring undertaken by the local authority and commissioners had no concerns about the service. We heard positive comments from relatives and also saw many thank you cards praising staff for their kind, respectful care, particularly at the end of people's lives.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Dover Cottage Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. We had not asked the provider to send us a provider information return before the inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with people who used the service and a relative about their experience of the care provided. We also read people's and staff's feedback about the service recent surveys. We spoke with five members of

staff including the registered manager, the operations manager, senior care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment, as well as information about staff training and supervision. A variety of records relating to the management of the service, including safety and quality checks, as well as procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

- There were usually two staff on each shift. Additional support was available from the management team during the day and 'on-call' outside of daytime hours. Staff felt this was mostly sufficient, as the service was usually quiet and settled.
- However, there had been a recent, sudden increase in incidents of people presenting behaviours that challenge. Staff still kept people safe, but it became difficult, as they needed to protect the person in distress, as well as those around them, while still ensuring people at risk of falls were monitored. The provider was endeavouring to temporarily increase staffing levels as much as possible. We considered that lessons learned from incidents and events should be taken into account for the service's ongoing recruitment.
- We considered that to be proactive and able to respond to changing needs more promptly, staff planning and deployment needed to be reviewed. We also considered and received feedback that with two staff on shift it may at times be difficult to be flexible around people's wishes.

We recommend the provider review the planning and deployment of staffing levels, to ensure people receive consistently safe and responsive care.

- Staff continued to be recruited using appropriate checks.

Using medicines safely

- The service overall supported people with their medicines safely. Medication profiles detailed people's information and preferences. We pointed out a few minor areas to be reviewed to ensure records were clear and consistent, such as information in 'as required' medicines protocols or people's profiles.

Assessing risk, safety monitoring and management

- Regular safety checks of the service's premises were completed. We pointed out a few checks that required review as well as some repair needs to the registered manager. They assured us these issues would be addressed promptly. □
- People had personalised assessments of risks to their health and safety in place. The service had consulted with appropriate professionals to identify steps to reduce such risks.
- People had personalised emergency evacuation plans in place. Recent fire drills, including staff responding appropriately to 'false alarms' had been recorded.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe living at the service. One person said, "Yes, I have this lovely [staff member] here to look after me."
- Staff were aware of safeguarding responsibilities and had confidence in the registered manager to address any concerns.
- When concerns had been raised, the registered manager had investigated them appropriately and when needed ensured lessons were learned to prevent reoccurrence.
- We discussed examples of such learning from incidents and events, which included the registered manager reviewing their assessment processes.

Preventing and controlling infection

- The service appeared clean and hygienic throughout. The provider had started to redecorate and refresh the environment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with professionals to assess, review and meet people's needs.
- This included for example assessing and recording people's behaviours that challenge, to provide effective information for mental health professionals.
- The registered manager had learned from previous events and changed their assessment processes to make it more robust and help ensure safe admissions. They had worked with different stakeholders and professionals when they had concerns about people's changing needs and meeting these safely.

Staff support: induction, training, skills and experience

- Staff felt well supported, received regular supervision and felt listened to by the registered manager.
- A dedicated operations manager offered training for staff and ensured good attendance.
- Staff completed nationally recognised inductions and vocational qualifications, to prepare them for their role.
- The service's dementia awareness training helped staff to understand the experiences of people living with the condition. Staff also had access to more in-depth, distance learning courses, for example on end of life care or behaviours that challenge.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- There was plenty of food and choice of it on offer. Staff encouraged people in different, personalised ways to eat well, for example trying alternatives or smaller portions.
- Kitchen staff were very knowledgeable about people's dietary needs and preferences. Kitchen staff ensured they gave people lots of choice and prepared their favourite meals as often as possible.
- The service worked with a variety of health professionals to promote and maintain people's health and wellbeing. This included ensuring people who did not eat much or had difficulty eating and swallowing had appropriate specialist support.
- Staff encouraged people to keep hydrated in the hot weather, as well as helping people to choose cooler clothes. Staff explained how they used fitness exercises as part of people's activities.

Adapting service, design, decoration to meet people's needs

- The provider was redecorating the service throughout.
- Some basic signage and orientation aids were in place to help guide people. We discussed how

re-decoration offered further opportunities to make the service dementia-friendly in line with best practice.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw a variety of examples of completed assessments to determine people's capacity regarding specific decisions.
- Appropriate applications had been made to the local authority. Where authorisations were outstanding, we saw examples of the registered manager following this up with the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind, caring and calm interactions between people who lived at the service and staff. Staff were also supportive of visiting relatives.
- People told us or showed us through smiles and appearing relaxed around those supporting them, that they liked the staff team.
- It was clear that recent, sudden increases in incidents when people became distressed had put pressures on staff. However, we saw staff managed these incidents calmly and supportively. We considered however, as per our recommendation, that staffing needed to be reviewed to support this.
- The service had recently introduced the option for people to have their lunch in a quieter room, to offer a different meal experience. The registered manager carried out regular mealtime experience observations and was still developing this, in order to ensure mealtimes were as positive as possible.
- One of the staff members had been nominated for a nationally recognised Dignity in Care award. This showed a particularly caring approach by the staff member, as well as the recognition of it by the registered manager.
- We saw many thank you cards from relatives, praising staff for their kindness and care. Many staff had worked at the service for a long time and it was clear they knew people very well.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff checked with people if it was ok to provide care or support before they did.
- Staff promoted and respected people's choices. For example, when offering people their medicines at lunchtime and asking whether they would rather wait to take them.
- Care plans and other related information highlighted what people could do for themselves, but also what they required help with.
- "This Is Me" documents to provide people's life stories and backgrounds to support their care had been completed together with people and their relatives. This helped staff gain an understanding of the people they were caring for.
- Staff had supported people to express their views about the service and wishes in individually completed surveys. Staff had made a point of respectfully noting that they had recorded what people had told them in the way they said it.
- Generally people's confidential records were kept securely locked away. We pointed out one record for consideration to the registered manager and they addressed this straightaway.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans gave information about people's likes, dislikes, as well as support needs, and were reviewed monthly. People's care was personalised and we observed staff engaging with people on an individual basis.
- People had both an initial "this is me" and updated "this is me now" document in place. These detailed their life story and changes to needs. People also had a regularly reviewed care dependency map that showed people's needs and support profile at a glance.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about how people communicated was included in their care plans. Staff used this knowledge when engaging with people.
- Important information, such as the residents guide or complaints procedure, was available in different formats on request, to make it easier to read and understand. We asked the registered manager to make information on noticeboards readily available in different formats.
- People let staff know if something was not right and also noted what they felt needed to be improved in surveys completed with staff.
- Complaints had been recorded and responded to by the registered manager. They gave us examples of what they had learned and improved after complaints had been received.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We discussed activities with the registered manager. They explained they regularly tried to engage people in group activities, but that many people did not enjoy this and felt patronized by it.
- Staff therefore engaged people in individual '1:1' conversations and activities instead, to sit, chat and reminisce with them. Staff still tried to engage people in quizzes and exercises.
- We considered with the registered manager that going out for people was an area for development, from feedback we saw. However, the registered manager also explained that the garden for example was being redeveloped to improve it and make it accessible for everyone.

End of life care and support

- At the time of inspection, nobody was receiving specific 'end of life' care. The registered manager

explained they were introducing the NHS Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) for everyone. This is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

- In many thank you cards we saw, relatives praised staff for the kind, dignified support they had given them and their loved one at the end of their life. We understood that at these times, care was provided by external district nurses, but the service's staff helped to keep people comfortable as much as possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- At the last inspection, we found that quality assurance processes had not always been effective. At this inspection, we found this had improved. Although we identified a few minor areas for clarification, medication checks had identified issues and resolved these. External medication auditors also provided input, which had been addressed.
- The registered manager carried out observations and other checks to monitor and improve the quality of the service, as well as staff practice and competence.
- The service was in regular contact with the local authority. From local authority quality check visits we could see good progress. The most recent visit noted few actions which had all been completed. The local authority told us they had no concerns about the service.
- Feedback from relatives was complimentary about the service.

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

- Staff felt that there was a good team-working culture at the service. One staff member said, "It is like a family. The atmosphere is good now, it was not for a while, but that has all been sorted now and it feels much better."
- Staff had completed training in equality and diversity. Staff gave us examples of they supported people's specific equality needs.
- Staff felt the registered manager was supportive and listened to their concerns. Staff said, "[Registered manager] will cover shifts herself and work alongside us. We all work together, so that things can get addressed quickly." The registered manager had recognised a staff member's particularly good practice and nominated them for a nationally recognised award.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection, there had not been a registered manager in post, but there was now.
- Ratings from our last inspection had been displayed prominently. The registered manager had notified the Care Quality Commission (CQC) of specific events in line with legal obligations.
- When things went wrong, the registered manager informed families, offered an apology and a plan to prevent reoccurrence.

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

- Staff had regular team meetings and had very recently completed an annual anonymous survey. We saw overall positive comments with some suggestions for improvement, which the registered manager was addressing.
- Staff had completed surveys with residents in April and findings from this were being addressed, for example improving access to the outdoor space.
- The registered manager had invited relatives to complete surveys but had not had responses at the time of inspection.