

New Dawn Health (Staffordshire) Limited

Seaton Court

Inspection report

160 High Street
Chasetown
Burntwood
Staffordshire
WS7 3XG

Date of inspection visit:
13 June 2019
20 June 2019
21 June 2019

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11 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

New Dawn Court is a residential care home providing personal care to 31 people at the time of the inspection. The service can support up to 39 people in one adapted building.

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

People were not always treated with dignity and respect or supported to maintain their appearance in line with their personal preferences.

People's experience of meal times was not always positive. The serving of meals was task led and some people were not offered a choice.

The systems in place to monitor the quality of the service were not effective and had not always highlighted or addressed the concerns identified during this inspection.

The provider had not ensured that staff had always had the skills and competence to carry out their roles.

Risks to people's health and safety were not always identified, managed and mitigated appropriately.

Care plans and risk assessments were not always up to date or provide staff with the information they required to provide person-centred care. Staff were able to tell us about people and how they preferred their support to be carried out.

People's medicines were administered safely but some improvements were needed to make sure records were up to date and accurate.

People enjoyed the visiting entertainers but some people were not supported to participate in activities that were meaningful to them.

People were supported to have maximum choice and control of their lives and staff supported support 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

This service was registered with us on 27 March 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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

The provider has taken some action to mitigate the risks identified by implementing an action plan.

Enforcement

We have identified breaches in relation to the safety of the service, staff training, person centred care, treating people with dignity and respect, overall governance and informing the CQC of incidents that occurred at the service.

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 action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not caring.

Details are in our caring findings below.

Inadequate ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Seaton Court

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 an inspector on the first day and an inspector and assistant inspector on the second and third days.

Service and service type

New Dawn Court 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.

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

The first day of this inspection was unannounced. The second day of the inspection was unannounced however the provider was aware that we would be returning. The third day of the inspection was announced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with two people who used the service, five relatives and friends and a visiting healthcare professional about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, two nurses, a senior care worker, care workers, the maintenance person, activities organiser, cook, cleaner and an agency member of staff.

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 including people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager about staff training, quality assurance, audits and action plans.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Aspects of people's care were not adequately monitored to help identify and mitigate risk.
- Staff were not always assisting people to move, reposition and transfer in line with their assessed needs.
- People's care was being monitored but staff lacked guidance on when to escalate concerns to the nursing staff such as when people had not reached their fluid target or had not had a bowel movement for several days.
- Wound care plans had not always been implemented and there were limited or no records to show the wound plans that had been written had been followed.
- Pressure mattress settings were not always checked to ensure they were set at the correct level to minimise the risk of people developing pressure ulcers.
- Some fire doors to people's bedrooms were propped open with pieces of furniture so would not automatically close in the event of a fire. Toiletries and cleaning materials which were potentially hazardous to people were being stored in unlocked cupboards.
- Although the temperature of the water from the hot water outlets was thermostatically controlled there were no checks in place to make sure they remained within a safe range.
- Following the inspection the service was inspected by the food standards agency and had achieved one star out of a possible five. This was because staff were not appropriately trained in food hygiene and were not following good practice guidelines for the safe handling of food.
- Disposable gloves and aprons were available to staff, but they did not always remove them as soon as they had finished delivering care to a person.

We found no evidence that people had been harmed however, systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Improvements were needed to ensure the safe management of medicines.
- The provider had been given an action plan by the local authority to address shortfalls identified in the medication administration records and the guidance for staff to follow for the administration of medicines prescribed on an 'as required' basis. The completion date for this action plan was 18 February 2019 but further work was needed to fully resolve the shortfalls.
- Medications were stored securely, and medication was only administered by trained nurses.

Staffing and recruitment

- Following the inspection the registered manager wrote to us to say they had written to the provider to request an increase in staffing levels.
- There was little staff presence in the main lounges unless to offer task-based support or complete records. Some people had to wait for support to eat their food at meal times and that meal times were task led.
- Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work in care were employed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been appropriately made and the provider had safeguarding policies in place for staff to follow.
- Staff had been assigned internet based safeguarding training but not all staff had completed this line with the providers own timescales.
- Relatives felt their loved ones were safe.

Learning lessons when things go wrong

- A system was in place to monitor and review accidents and incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There were many gaps on the provider's staff training matrix where staff had not completed training to enable them to carry out their role or where the training updates were overdue.
- Some of the dates shown for when the training had been provided related to training completed while staff worked for another employer and before being employed at New Dawn Court.

Staff had not always received the training they needed to meet people's needs and carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had delegated the responsibility for staff supervision to nurses to ensure all staff received the required level of supervision.
- New staff were inducted into their roles and agency staff profiles were obtained before they were deployed to work at the service.
- Staff had received formal supervision through meetings with their line manager. However the frequency of them was not always in line with the providers staff supervision policy.

Supporting people to eat and drink enough to maintain a balanced diet

- Food and drink was prepared to meet people's dietary needs.
- People who required a normal diet were provided with a choice of meals.
- People who needed support to eat and drink were given the assistance they needed.

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

- The communal areas lacked focal interest and items of stimulation for people living with dementia.
- Some signage was used to help people identify areas such as bathrooms. People's bedroom doors were painted in bright colours and each had a large brass door number.
- 'Memory boxes' containing items such as photographs and memorabilia were installed outside each person's room to help them identify their room.
- The registered manager told us work to improve the environment and garden further for people living with dementia was ongoing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received additional support from external healthcare professionals where this was needed.
- Staff were aware of the processes they should follow if a person required support from any health care professionals.
- A visiting healthcare professional told us that referrals were made appropriately, and that staff carried out any guidance they provided.

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.

- People who needed the protection of a DoLS had one in place. Staff were aware of people's DoLS and the restrictions this may place upon the person.
- Staff had a good understanding of the MCA in relation to supporting people.

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 this inspection this key question has been rated Inadequate. This meant people were not treated with compassion and there were breaches of dignity.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were not always supported and treated in a way that respected their dignity and privacy.
- Staff were heard referring to people who could not eat a normal diet as 'softs'. One staff member told the inspector one person who they had helped to stand from the floor was 'not a hoist'. Staff were heard talking to each other across the room when talking about a person who was present without regard to the person they were discussing.
- People's experience of meal times was not always positive. Staff put blue plastic disposable aprons on everyone at meal times. They then served and supported some people to eat half an hour or more before other people who were sat at the same table or sat next to each other waiting for their food.
- Some people had to wait for two hours after getting up and coming to the lounge before being served their breakfast.
- People were not provided with napkins at meal times. Staff were seen wiping people's faces with green paper hand towels.
- People who could not eat a normal diet were not provided with a choice of food at mealtimes.
- People were not supported to maintain their appearance. One person was wearing socks with large holes in. This was brought to the attention of staff, but no action was taken to support the person to change their socks until the inspector escalated the issue to management.
- There was no evidence in the records that people were being offered baths and showers on a regular basis and many people had greasy hair. The records of four people showed they had not been offered a bath, shower or hair wash for the last three weeks.
- Care plans did not reflect people's views. Care review meetings were not regular and when they did take place they were conducted without the persons involvement.

People were not always treated with dignity and respect. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In light of feedback about people's mealtime experience from the inspector on the first day of the inspection the registered manager implemented some changes. The layout of the dining tables was altered, place mats were introduced, and condiments were made available.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant people's needs were not always met.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were not given the opportunity to follow their interests and hobbies. Throughout the inspection most people were asleep or unoccupied in the lounges. People were offered very little in the form of stimulation through activities or meaningful conversations with staff and some people only received any form of interaction while receiving personal care.
- The registered manager advised the activity organiser was employed to work 18 hours a week over three days. There were no arrangements in place for activities to take place when they were not at work and there was no programme of activities in place.
- One person told us they were bored and there was nothing to do other than watching TV. A visitor told us, "There's not much going on apart from the entertainers; they enjoy it when they come".
- With the exception of one person who was seen holding a soft toy we did not see that anyone else was provided with any objects to interact and engage with.
- Care plans lacked information about people's choices and preferences with regards to how their needs were to be met. Care plan did not always direct staff as to the level of support the person required. Most care plans were out of date and did not accurately reflect people's care needs.
- Daily records provided minimal detail about how people had spent their time or how they were feeling.
- There was a lack of care planning for how staff could support people with the communication needs of people whose first language was not English or of how they could meet the cultural needs of these people.
- At the time of the inspection there was confusion over whether one person who had been admitted for end of life care was receiving end of life care or not. There was reference in their care plan to them receiving end of life care but there was no end of life care plan in place.

Care was not planned and delivered in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well.
- Some people were seen enjoying positive interactions with the activity organiser and staff. A small group of people enjoyed some group activities provided by the activity organiser. The registered manager told us a garden group was in the process of being organised and one of the bedrooms was being converted into a 1940's style front room for people to use.

- It was acknowledged by the registered manager care plans were out of date and needed to be updated. The registered manager told us there were plans in place for all the care plans to be updated by 30 June 2019.
- A new care plan format was going to be introduced during July 2019. The care plan seen written in this format was more person centred and provided staff with clearer guidance on how to meet people's assessed needs.

Improving care quality in response to complaints or concerns

- People were provided with information about how to complain.
- A complaints log was maintained and there was evidence to show a response was made to a written complaint received

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had not made sure plans were in place to continuously promote and ensure people received person centred and high quality care.
- Risks to people's health, safety and wellbeing was not always identified and mitigated effectively through on-going monitoring of the service. The systems in place for checking on the quality and safety of the service were not robust enough to identify shortfalls and bring about improvements. The checks that were in place had failed to identify the concerns highlighted on this inspection such as safety of the environment, staff training, poor record keeping, and regulatory responsibility.
- The registered manager told us they were aware of issues relating to staff culture and was holding group supervision sessions to address them. However the session on 'Dignity and Respect' was not due to take place until January 2020.
- The registered manager was working to an action plan to meet the shortfalls identified at a quality assurance monitoring visit by the local authority. They also said they were planning on making many other improvements but there was no overall plan for how they are going to achieve their aims or by when.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider did not always submit notifications to CQC when needed. Several allegations of abuse had been raised with the Local Authority safeguarding team, however CQC had not always been notified about these incidents as required.

This was a breach of regulation 18 (Notifications of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Registration Regulations 2009.

- The registered manager and newly recruited deputy manager acknowledged the shortfalls identified and raised by the inspectors and were open and transparent.

- There were plans in place for all care plans to be brought up to date by 30 June, when they would be audited. An action plan received after the inspection states all care plans will be up to date and transferred to new paperwork by 31 July.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had the opportunity to put forward their views and opinions about the service and the care provided at relatives meetings and through surveys.
- The service worked with external health and social care teams where this was required for people.
- Staff described the morale amongst the team as being positive.
- Staff and family members commented that since the new deputy manager had been employed there had been improvements in the management of the service.
- The registered manager and deputy manager were visible in the service and relatives told us they asked them for their views. One visitor commented, "I'm very impressed with (name), they ask how I am and ask me what I think. They keep me informed of what's going on".

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 18 Registration Regulations 2009 Notifications of other incidents |
| Treatment of disease, disorder or injury | The provider had not ensured the commission was always notified of events that occurred at the service as required. |

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 9 HSCA RA Regulations 2014 Person-centred care |
| Treatment of disease, disorder or injury | The provider had not ensured people always received person centred care. |

The enforcement action we took:

We issued a condition

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect |
| Treatment of disease, disorder or injury | The Provider had not ensured people were always treated with dignity and respect. |

The enforcement action we took:

We issued a condition

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The provider had not ensured risks to people's health and safety was always identified, managed and mitigated. |

The enforcement action we took:

We issued a condition on the providers registration.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The provider had not ensured there were systems in place for the effective monitoring of the quality and safety of the service and bring about improvements. |

The enforcement action we took:

We issued a condition

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured staff had always completed the training they needed to complete their role.

The enforcement action we took:

We issued a condition