Sivanta Care Limited

# Dovercourt House Residential Care Home

## Inspection report

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21 August 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

The inspection took place over two days: 17 August 2017 which was unannounced, and 21 August 2017, which was announced. Dovercourt House Residential Care Home is providing accommodation and personal care for up to 27 older people. People who use the service may also be living with mental health needs, a physical disability or dementia. At the time of our inspection there were 21 people living in the service.

This was the first rating inspection under the service's new provider who registered with the Commission on the 2 September 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The quality assurance systems were not robust enough to independently identify and address shortfalls. The leadership team were working to improve systems and develop the service. However this needed further time to be embedded.

Risks to people's health and well-being were not fully explored and therefore opportunities were missed to reduce the chance of potential harm. This included risks associated with people's health and welfare deteriorating, environment, fire safety, medicines and evacuation plans.

The service had a process for the safe recruitment of staff and had recognised the need to recruit to activities posts and someone other than care staff to do laundry. In addition they were planning to increase the management structure to help effective oversight.

Although training had improved and more had been made available to staff, further development was needed to ensure staff had the right skills and competency. This included supporting people living with dementia and ageing process.

People were not always treated with dignity and respect due to practices in the service. Care was not always person centred to meet their needs. We have made a recommendation to support the service to improve this area.

People's care plans did not always provide clear guidance for staff on meeting people's needs. This included promoting independence and having access to stimulating occupation / actives, linked to latest research.

The quality assurance audits were not sufficiently robust to ensure that people received a service which met their needs and protected their safety.

Although improvements had been made to the service's medication systems, further development was needed to ensure accurate, person centred records were being completed. This include the use of 'when required' medicines, to support staff in monitoring when they should be used, and their effectiveness.

The service worked closely with relevant health care professionals. Generally, people received the support they needed to have a healthy diet that met their individual needs. However improvements were needed in staff's awareness of how to support people with low appetite, and in promoting fluids to support wellbeing.

Although staff skills and knowledge needed improvement, people were positive about staff and the leadership team. People and their relatives were able to raise concerns and give their views and opinions and these were listened to and acted upon.

We found breaches in the Health and Social care Act. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Improvements were needed to ensure any risks to people safety and welfare were identified and acted on.

Medication was not being managed safely.

Staffing levels were not always sufficient to meet people's needs safely and to provide a safe environment.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Not all staff were receiving effective training to ensure they had the knowledge and skills they needed to carry out their roles and responsibilities.

Not all people were being effectively monitored and supported by staff to ensure they were given a balanced diet to support their health and welfare.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

Staff spoke about people in a caring and compassionate manner. However, not all people were supported in a manner which ensured their privacy and dignity.

People were able to make day to day choices; however, people's independence was not always being promoted.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Care plans did not always provide clear guidance for staff on meeting people's needs.

Improvements were needed to ensure all people had access to stimulating occupation / activities, linked to latest research, which met their individual needs.

Complaints procedures were in place and displayed.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

Quality assurance, oversight and leadership of the service were not always robust enough to independently pick up shortfalls and act on them.

The registered manager promoted an open culture, which supported people, their relatives and staff to share their views and kept updated on what is happening in the service.

Improvements were needed in the leadership's knowledge of the specialist services they are providing. This is to ensure they are keeping updated in latest research and best practice as part of driving continuous improvement.

# Dovercourt House Residential 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 comprehensive inspection was carried out by one inspector over two days: 17 August 2017 which was unannounced and 21 August 2017 which was announced.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

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 also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the provider's Nominated Individual, registered manager and seven members of staff including care manager, team leaders, care workers, catering and domestic staff.  We looked at records relating to the management of the service, staff recruitment and training, fluid and diet charts, medicines records and systems for monitoring the quality of the service.

Requires Improvement

# Is the service safe?

## Our findings

Improvements were needed in risk management to ensure that people are not being exposed to the risks of harm. This is because staff were not always anticipating risk to people and taking prompt action to address / minimise them. We found that this approach was not embedded into everyday staff practice.

One person told how their physical disabilities impacted on their ability to reach their call bell. This had not been identified by staff and put the person at potential risk of not being able to summon staff when in bed in an emergency / needed assistance. Staff had not taken action to put a call bell extension in place until we pointed this out. In other examples the risk assessments which had been completed were not detailed enough to ensure that they mitigated the risks effectively. For example one person who was at risk of falls required a sensor mat to alert staff that they were getting out of bed. However the sensor mat alarm could only be heard if staff were close by. As a response the registered manager took action to increase staff at night to ensure that there would be enough staff within earshot of the alarm. They also advised us they were looking at updating their call bell system.

Risk assessments around bedrails on people's beds did not include any action plan reflecting the risks to people who tried to get out of bed when they were in place. The only instruction was focused on ensuring the bedrails 'were locked into place'. No further consideration had been given to the risks, associated with a person trying to climb over the fixed rail, prevention of injury or alternative ways to support them when they were agitated.

There were a number of environmental risks which had not been assessed against the needs of people living in the service. People living with dementia, those frail due to their age are more vulnerable to these risks. For example a barrier had been fitted to the top of a steep set of stairs, but potential risks of people pushing past it had not been assessed. In addition we saw unsupervised cleaning agents in a corridor which could be hazardous to health if not handled correctly.

We saw armchairs were so close together and the space for staff was limited and meant they could not put their moving people training into practice. This resulted in staff assisting one person using an 'arm lift', no longer used, due to the potential risk of injuries to the person's arm. This risk had not been identified or considered during the refurbishment of this lounge area.

People's personal evacuation plans required more detailed information to ensure they were fit for purpose. For example they did not account for the impact of people who might be on sleeping medication, living with dementia or have communication needs. Staff were wedging people's bedroom doors open, rendering it as ineffective in case of fire. Where a person's bedroom had no name / signage to identify if it was occupied, this could hinder emergency services, and safe evacuation. Although action was taken by the registered manager once we pointed this out we are concerned that risk is not being proactively recognised and acted on.

Improvements were needed in the management of medicines. We found conflicting information for two

people, where their Medicine Administration Records (MAR) supplied by the pharmacy stated that they had no allergies but 'resident profile' pages stated they had. There was a risk that inaccurate information, could lead to the person being given medicines which they were allergic to.

Where people were supplied as required medicines, referred to as PRN, the guidance given to staff was not always personalised and/or took into account the person's capacity to request the medicine. Effective monitoring tools where not in place. For example, where a person lacked capacity and/or the ability to verbally communicate their needs, it was not possible for staff to demonstrate how they knew if PRN was needed. We saw this in practice where a person was at risk from constipation but there was no plan in place to monitor them if they did not ask for their PRN medication.

The use of body maps and cream charts, needed to be explored further to ensure they provided staff with clear guidance on the prescribed use, and how the staff member applied and recorded this. Where there were gaps in these records, we could not be assured that staff had applied the cream. Although there was a system in place to record when cream were opened, to ensure they were used within a required timescale to ensure its effectiveness; this was not consistently being done.

The shortfalls we found in medicines, as well as safeguarding people's welfare, risk management, fire precautions, maintenance, all impacted on the service's ability to ensure people were being provided with safe, good quality care and treatment. The registered manager and leadership team took action during the inspection to start addressing the shortfalls. However we were concerned that these issues had not been independently identified and actioned prior to our inspection. In addition they were being supported by the local authority to make improvements in this area.

This was a breach of regulation 12 of The health and Social Care Act 2008 (Regulated Activities) regulations.

Whilst we were concerned about staff ability to recognise risk and take action risk, staff told us they would report any concerns about poor practice to the management. People told us that they felt safe living in the service. One relative said how it gave them, "Peace of mind," as the person, "Feels really safe in here." Records showed where safeguarding concerns had been raised; action had been taken to reduce the risk of it happening again. This included updating their safeguarding policy to ensure people were kept safe from abuse and harm.

Recruitment checks were being carried out to assess staff suitability to work with vulnerable people. People told us that staff came if they called, but at busy times may need to wait. We found further work was needed in monitoring the staffing levels to ensure there was consistently enough staff deployed across the service. Staff vacancies and last minute absences, where possible were being covered by external agencies. However, when they were unable too, these gaps were being filled by the service's own staff. The registered manager told us they were actively recruiting to fill the vacancies, and also, following our feedback told us that they were taking action to increase day and night time staffing levels by one carer, and also were appointing to the post of deputy manager.

Requires Improvement

# Is the service effective?

## Our findings

Gaps in staff's knowledge / practice, such as risk management, dementia, malnutrition care / assistance with eating and drinking, and using the care planning system, impacted on staff's ability to provide safe and effective quality care. For example where staff had not received effective training in using the electronic care planning system; this had impacted on staff's abilities to support people through effective care planning.

The provider's information report (PIR) informs us that their, 'On-line training system incorporates knowledge test and all mandatory training is completed and refresher training is taken as required'. That mandatory training included Fire safety, Health and Safety, medicines management and dementia awareness. However we found shortfalls in these areas, which showed that staff were not consistently putting their training into practice and the leadership team had not ensured that the training was effective.

The provider's Statement of Purpose shows that the service provides care for older people and people living with dementia. However, there was no system in place to ensure the quality and range of training linked to dementia. For example, to meet these specialist needs we found staff required more in-depth training about the aging processes and awareness of current best practice. This included understanding of how dementia progresses and impacts on the person's abilities, communication and their behaviour. Staff did not have a thorough understanding of how to support people through a dementia friendly environment, and meaningful intervention to stimulate and provide quality to the person's life.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that not all staff had received training in MCA and DoLS and practice could be inconsistent. Further training had been arranged to address this shortfall.

The registered manager told us that they had a training action plan in place, and to address the feedback given during the inspection would be adding further training. A training poster showed that equality and diversity, dementia awareness, and first Aid was taking place on the day after our inspection. However, until all staff have received robust training which covers people range of needs, and are putting it into practice, people were at risk of not receiving safe, effective care and support which is based on best practice.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these shortfalls staff told us about significant improvements to their training and support in the last few months. There had been an increased focus on mandatory / refresher training. This was confirmed by the training records. One staff member spoke about how all the learning and support being put in place was helping them to develop in their role and gave them, "The confidence to do my job." Another staff member told us the benefits of receiving feedback in regular supervision, which, "Helps put in prospective what you are doing…what is expected of us really and fulfilling expectations."

People told us that a new meal service had been recently introduced and that the majority of their hot meals now came precooked and were reheated on site. The registered manager told us that the new system was supportive of people being offered choice, whilst also meeting their cultural, nutritional and specialist needs. For example they could order individual portions, which included fortified meals to support people of low weight, as well as textured puréed meals for people assessed as have swallowing difficulties. Catering staff told us they thought this was providing a more 'tailored' approach for each person.

An assessment tool was being used to support staff in identifying where people were at risk of being under, or overweight which could impact on their health and welfare. People's care records showed people were at risk of being malnourished, staff had sought advice from a dietician and speech and language therapist.

Where people required assistance, we looked to see how staff were ensuring they were given enough to eat and drink. Discreet water drop signs on bedroom doors had been put in place by the registered manager. They said it was to act as a reminder to staff to encourage and monitor fluids of those people who were at risk of not drinking enough. Further information was also made available to staff in the office, which drew their awareness of whose fluid intake was being monitored.

Despite this we found that improvements were needed in record keeping to demonstrate what people had or had not had to eat or drink. The records also showed that staff were not always following their own polices, or acting on the information given from health professionals. Also, where the person had declined food, there was no guidance being given to staff to support them in trying different ways to encourage and offer nutritious snacks.

The staff team were contacting other health professionals to support the care they were providing. This included GP appointments and referrals to specialists when there were concerns about people's welfare. Relatives told us they were kept up to date and had opportunities to discuss these developments with staff.

Requires Improvement

# Is the service caring?

## Our findings

People's dignity and privacy was not always being respected and promoted by staff.

The service statement of purpose informs people as part of their aims and objectives included empowering people and promoting their personal autonomy. It also states that staff will 'respect the intrinsic value, equality and dignity of people' living in the service. However this was not always put into practice. For example, from the lounge, where people were sitting, twice we observed different staff members enter the toilet in the adjacent corridor; once to dispose of their gloves, second to take in a continence pad. Each time those in the lounge could see the person sitting on the toilet with their underwear around their ankles. There was no system to protect them from view, for example a modesty curtain.

The use of wording in people's care plans needed to be reviewed to ensure they were age related and respectful. For example the use of 'cot sides' more reflective of a baby than an adult. This type of language can encourage unconscious belittling of a person's wellbeing.

We found the staffing levels, environment and set routines of the service, at times impacted on staff being able to support personalised care and promote independence. For example as lunch time approached, staff were heard asking people in the lounge if they would, "Like to go to the toilet before lunch." On hearing this, two other people inform staff they wanted to go. Staff responded with, "Do [person's name] then your next…takes two of us as need to use the hoist." We noted the person became anxious as they watched staff and people come and go saying, "You have got to come for me." One person comment as staff systematically assisted people to go to the toilet, "Another one goes."

We recommend the registered persons consult a reputable source about how they are able to promote people's right to privacy and respect through effective care management.

Despite these areas for improved practice people described staff as caring and spoke about individual staff members that they had built a good report with. Two relatives spoke about the friendly welcome they always received.

Where staff were available and attentive, we saw how their interactions impacted positively on the person's wellbeing. For example, where a person had commented that they felt cold, the staff member left and came back with a blanket straight away. The person then remarked that the carer had, "Cold Hands," with laughing as they responded with, "Cold hands and warm Heart." Another told us "Staff are lovely; they have a sense of humour". They told us they liked the "Banter" between people and staff.

The registered manager told us how they were in the process of introducing "Grab bags," taken with people if admitted to hospital. To make them more comfortable. That the contents would be tailored to the person containing items such as glasses, hearing aids, favourite book.

People were being encouraged to give feedback about the new meals provided by an external catering

company. A food diary recorded their views and staff were listening and acting on the feedback given. The registered manager said following feedback that people didn't like the oven chips as they were, "Used to home cooked chips," which they had reverted back to.

Requires Improvement

# Is the service responsive?

## Our findings

People's care records did not always provide enough information on their current needs, preferences and how they wished to be supported. Medical, physical and mental health issues which impacted on people's daily abilities and wellbeing were not explored in enough detail. Without this information, staff were not being given clear guidance on supporting people in a safe, enabling, person centred way. For example the service offered a 'rehabilitation' service. However records for those receiving the service did not include a plan to support staff in how they should be supporting the person to regain their independence. There were was no goal setting or measures to monitor how they were progressing.

The service had not carried out an effective pre-assessment of a person's needs which had led to the person being in discomfort. This is because the service had not identified, then liaised with the commissioners of the placement, to ensure they had the correct equipment in place, prior to accepting / admitting the person.

For people living with dementia, there was a lack of information on how that impacted on their daily life and behaviours, and how staff could provide support through quality interactions. Reducing the risk of the person becoming bored and frustrated, also reduces the risk of them showing signs of anxiety and low mood, and the potential use of medicines to support this. Peoples care records did not show awareness of how the use of social and sensory stimulation can enrich people's lives; especially those who remained in bed. We saw limited interaction, and where there was, this was linked to care tasks/routines. Although one person had a sensory item in their room, we did not see staff offer this and records did not show that the person had used this during the two days we were in the service.

The registered provider had introduced an electronic care plan system, archiving the paper records, before checking that all the relevant information had been transferred to the electronic format. Where agency staff could not access / know how to use the system, the lack of written records meant that there was a reliance on verbal communication about people's needs. This could impact on a person's continuity of care which safely meets their needs.

Whilst the long term impact was seen as a benefit for people and staff, competence in using the system and the time incorporated into their work pattern to enable them to keep the system updated, had not been fully considered. All of this impacted on staff's ability to access, and keep the records updated.

Although during the inspection the leadership team were taking action to make improvements, we could not be assured that staff were being given enough information to support them in anticipating, identifying, and responding to people's needs. Until this was in place, people were at risk of their needs not being met in a responsive manner.

This was a breach of Regulation 9 of The health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that they knew who to talk to if they had concerns. One relative said that they had never needed to put in a formal complaint. This is because they, "Always raise it if I can at the time," and the issue has been resolved, therefore not needing to take it further.

The service had a complaints system in place, which included a complaint investigation form which provided an audit trial of when the complaint had been received and actions taken to investigate and resolve it. Records showed that the registered manager, although not recorded as a formal complaint, had been investigating a concern raised by a relative.

The registered manager acknowledged that they had no system in place to show the work undertaken to address concerns, to prevent them escalating to formal complaints. They told us they would start to keep a record of concerns received as part of demonstrating how they learn from feedback and use it to drive continuous improvement.

Requires Improvement

# Is the service well-led?

## Our findings

This is the first inspection since this service has been taken over by a new provider. They became registered in September 2016. Improvements were needed to ensure the leadership team had effective and robust oversight of the safety and quality of the service. Shortfalls identified during the inspection around risk management, care planning, medicines management, training, keeping accurate records, had not been independently picked up through effective oversight and governance. They were able to show where input had improved some aspects of the service including more investment in staff through the recruitment of new activities staff and laundry person. Others told us that they had seen improvements in, "Investment in new flooring and decoration and made it cheery."

Visiting professionals had already identified concerns in the service starting in spring 2017. However progress was slow and although some actions in their improvement plan had been actioned areas such as fire safety, training, improving the environment, and risk assessments continued to be a concern at our inspection. Although the work undertaken showed that the leadership was listening and acting on feedback given, we were concerned with no structured business plan in place, how improvements would be sustained. The registered manager was working on several projects at the same time without properly considering priorities. This impacted on the services overall progress.

The leadership team had not identified the resources needed to implement the changes, or barriers for driving improvements. For example ensuring they have enough management and staff hours and right quality of training to meet the range and needs of the people using the service. It was clear staff and the registered manager were highly committed to the service, often voluntarily staying on to help improve people's lives. For example the registered manager had stayed to help redecorate a new room for someone who needed to move to the ground floor on their return from hospital.

The provider told us about the work they were doing to address our concerns, this included increasing the management team, and using a consultancy firm to support them in developing their governance systems. However we could not be assured until effective oversight is embedded in practice; people were still at potential risk of not receiving a safe, good quality service, as described in their Statement of Purpose.

This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were positive about the leadership team and told us about positive changes they had seen which they felt supported the continuous improvement of the service. One staff told us, "I like change when it is for the better, if I do something wrong I like to be shown." They also told us they were, "Given more information….getting staff to think for themselves." That staff were being supported to develop and take on responsibilities. Staff told us they had confidence in the registered manager. One said they were, "Approachable," and supported them in their roles.

The leadership team had started to look at how they could improve the quality of the service but this was in

its early days and needed development / monitoring to demonstrate its benefits. These actions included working with local support organisations, sharing best practice approaches and positively engaging with external agencies to support on-going improvement.  Supportive of driving continuous improvements to ensure people received a quality, safe service.

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>People were at risk of not receiving care and treatment which was personalised to them, with a view to achieving their preferences and support independence.<br><br>Regulation 9 (1) (3)(a) (b) (c) (d) (e) (f) (g) (I) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People were at risk because they were not provided with safe care and treatment.<br><br>Regulation 12 (1) (2) (a) (b) (c) (e) (f) (g) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems or processes are not robust, established and operated effectively to ensure risks to people are mitigated and to provide a good quality service to people.<br><br>Regulation 17 (1) (2) (a) (b) (c) (e) (f) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>People are at risk because there are not sufficient numbers of suitably trained, |

competent, skilled and experienced persons deployed in the service to meet people's needs.

Regulation 18 (1) (2) (a)