

Mrs Wendy J Gilbert & Mr Mark J Gilbert

Dovehaven 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 ●

Summary of findings

Overall summary

About the service

Dovehaven Nursing Home is a Care Home with nursing and provides accommodation for up to forty elderly people. At the time of the inspection there were 22 people in residence.

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

The management systems needed further embedding to ensure all aspects of care and safety were consistently monitored and improved. Some areas still needed for improvement had not been effectively monitored or actioned in good time. These included updating of the fire risk assessment, medication administration records, care planning for one person and areas signposted around IPC practice.

A routine notification to The Commission regarding a safeguarding incident had not been made at the time.

At our last inspection we found breaches of regulation because sufficient staff were not always deployed to meet people's needs. Enough improvement had been made at this inspection regarding staffing and the provider was no longer in breach of this regulation.

There were concerns with the administration records for medicines. Records did not support safe practice. This meant there was a potential risk some medicines for people might not be monitored effectively and there was a risk some people might not receive their medicines.

The service was not always following best practice guidance regarding the management of COVID-19 and maintaining standards of hygiene and infection control. We signposted the manager to best practice guidance.

People's experience of using the service was positive. People told us they received the care and support they needed when required. Most of the feedback we received showed staff were helpful and kind and treated people with dignity and respect. Positive relationships had been developed between staff and people they supported.

One person commented, "I've had a shower this morning and I can get one when I want. Staff are there and I've got by call bell if I need them." Another person said, "The staff can't be faulted."

Standard risks assessments associated with people's care were carried out and managed to minimise harm. Supporting care records mostly identified risks clearly and there were plans in place to help keep people safe.

The current manager was supported by a senior management team. The provider's governance systems and organisational structure helped provide monitoring and support for the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 December 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was partly prompted by concerns raised through safeguarding relating to medication documentation and management of pain relief. We also had other information raising concerns around fire safety, personal care for people and training for staff. A decision was made for us to inspect and examine those risks.

We had previously carried out an unannounced focussed inspection of this service on 16 November 2020. A breach of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment. As part of this focused inspection we checked they had followed their action plan and confirmed they now met the legal requirement for staffing. A further breach has, however, been identified.

This report only covers our findings in relation to the Key Questions Safe and Well led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dovehaven Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this 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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Dovehaven Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we also looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors and a specialist advisor in medicines management.

Service and service type

Dovehaven Nursing Home is a 'care service'. People in care services receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC although an application had been made. This means that the provider is 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 inspection

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We did not ask the provider to complete 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 also obtained feedback from the local authority and healthcare professionals.

During the inspection

We looked around the premises, observed the interactions between people living at the service, care delivery and activities provided at the service. Due to the increased risk of cross-infection we were unable to complete more extensive observations.

We spoke with five people living at the service, one relative and seven staff, including the manager, nursing staff, care staff, domestic staff and a senior manager for the provider. We spoke with three visiting health and social care professionals.

We looked at a range of documentation including two people's care records, medication records, staff files, accident and incident records, safeguarding records, health and safety records, audits and records relating to the quality checks undertaken by staff and other management records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 Requires improvement. At this inspection this key question remains the same. 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.

Using medicines safely

- There were errors with the recording and auditing of medicines in the home which meant a potential risk of people not receiving their medicines correctly.
- At inspection, we found errors with medicines records and some records lacked guides to help staff manage peoples' medicines safely. Examples were: plans to manage 'give when needed' [PRN] medicines were not always in place, allergy status missing off one person's medication record, topical medicines not recorded on the day of the inspection, a body map was archived and therefore not available to reference for the next administration, and directions of use unclear regarding eye drops.
- Although records needed improving, we did not find anybody harmed and people spoken with told us they received their medicines.

How well are people protected by the prevention and control of infection

- We were not fully assured that the provider was always promoting good infection control. We signposted the manager to current guidance.
- We would signpost managers to good practice regarding the lateral flow testing and timescales for results. Current practice does not meet the homes policy or guidance.
- The entrance / exit to the home was rather crowded. There was no peddle bin for PPE doffing purposes on exit.
- These issues were dealt with by the registered manager following our feedback
- Staff reported good provision of PPE.
- Key areas inspected were clean and hygienic.

Assessing risk, safety monitoring and management

Some areas still needing improvement had not been clearly identified or actioned in good time. For example, the updating of the fire risk assessment and lack of detail regarding previous fire safety advice and areas signposted around IPC practice.

- One person had a dressing applied without staff being able to refer to a clear care record. This was addressed at the inspection.

Staffing and recruitment

At our last inspection the provider had failed to provide enough numbers of suitably qualified and trained staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and

the provider was no longer in breach of regulation 18.

- There was enough staff to meet people's needs.
- People told us they received support when needed and they felt care staff were competent. One person commented, "Staff are very good, can't fault them." Another told us, "I feel safe since I've been here."
- Visiting professionals agreed that care staffing numbers and consistency had improved overall. One commented, "We still have to chase some things up but this should improve further once nursing staff are settled in post."
- There were policies and procedures in place to ensure staff had been recruited safely to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- People we spoke with and their relatives told us they felt the home was safe.
- Staff understood their safeguarding responsibilities and had confidence in managers to address any concerns.

Learning lessons when things go wrong

- There had been a positive response and improvements made following previous regulatory action from the last inspection. Audits conducted had mainly identified areas for improvements although some, such as medication audits, had not always identified issues we found on the inspection.
- Incidents and accidents were recorded and reviewed with respect to reducing future risk.

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 remains the same. 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.

Continuous learning and improving care

- The provider's governance systems had failed to robustly assess the risks relating to the health safety and welfare of people. Quality assurance systems had not identified updates and detail needed in some of the homes records.
- As evidenced by the medicines records failings, some of our observations regarding care records, updating fire risk assessments and infection control monitoring, there remains some further progress and embedding of care systems to evidence longer term consistency and further improvement.

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

- There had been a good response in meeting the regulatory issues highlighted at the previous inspection. Staffing [care staff] was now more consistent, and staff generally felt supported in their roles.
- The manager and senior managers were responsive to the feedback we delivered during the inspection and were positive regarding continuing to improve the service.

Working in partnership with others

- The manager and staff worked regularly with local authorities and healthcare commissioners.
- Referrals to health services were managed well and appropriately followed up on.
- The provider had not acted in good time to update the fire risk assessment following recommendations from the fire safety authority. There was some consideration and update following our feedback.

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

- The service had a manager in post who had applied for registration with CQC. The senior management team supporting the home had clearly designated roles.
- Systems and processes were in place to monitor the quality and safety of the service being provided and these helped to continuously improve the service. However some aspects of governance needed further improvement with regard to updating of records.
- Notifications were submitted to CQC informing us of events in the home. However, following discussion the manager acknowledged they had not notified in one instance and advised this would be sent following the inspection.

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

- People received the support they needed to meet their needs.
- Staff told us they enjoyed working for the service and that staffing was relatively settled considering the pressures around COVID-19.
- One staff member told us, "I feel well supported; [manager] is good and is very flexible."

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

- Regular reviews took place for people using the service to ensure the support was meeting their needs.
- People had been provided with information regarding COVID-19 and changes that were being implemented to keep people safe.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's governance systems had failed to robustly assess the risks relating to the health safety and welfare of people. Quality assurance systems had not identified updates and detail needed in some of the homes records.