

Sanctuary Care Limited

Dovecote Residential and Nursing Home

Inspection report

Hugar Road
High Spen
Rowlands Gill
Tyne and Wear
NE39 2BQ

Tel: 01207544441

Website: www.sanctuary-care.co.uk

Date of inspection visit:

20 June 2022

21 June 2022

Date of publication:

02 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dovecote Residential and Nursing Home is a care home providing nursing and personal care to up to 61 people. At the time of our inspection there were 37 people using the service. Care was delivered in a purpose-built building over two floors.

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

The opportunity to learn from incidents was not fully utilised. A new process for lessons learnt had been introduced but was not embedded yet. People did not always have enough meaningful activities to keep them occupied. Records of people's fluid intake were insufficiently detailed to show they were meeting their fluid targets. The registered manager and provider had governance systems in place but they had not identified all the issues we found.

Staff training was not up to date in fire safety, safeguarding, and medicines. Supervisions and appraisals for staff took place regularly. Staff worked well with external professionals to ensure people received the support they needed. Feedback from external professional was mixed in relation to the management of the service.

People and their relatives spoke positively about the care they received. Care plans were generally person-centred and included appropriate risks assessments. Medicines were managed safely. People were safeguarded from abuse. Effective infection prevention and control systems were in place.

Care was personalised to people's needs. 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 and update

The last rating for this service was requires improvement (published 2 February 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 9 (person-centred care). We found the provider remained in breach of regulation 17 (good governance).

At our last inspection we recommended that the provider reviewed people's personal risk assessments and improve the mealtime experience. At this inspection we found that the provider had acted on the

recommendations, risk assessments had been reviewed and mealtimes were pleasant experiences.

Why we inspected

The inspection was prompted in part due to concerns received about the care people were receiving and whether people were being treated with dignity and respect. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the effective, responsive and well-led sections of this full report.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified a breach in relation to the effectiveness of the quality assurance processes of the service. We have made recommendations in relation to activities for people. 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Dovecote Residential and 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. 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 Health and Social Care Act 2008.

As part of this inspection we 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 consisted of one inspector, a specialist advisor with a background in nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dovecote Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dovecote Residential and Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 spoke with four care staff, a team leader, the deputy manager, registered manager, peripatetic manager, and the regional director. We spoke with four people living at the service. We reviewed seven care records, medicines records, quality assurance records and made observations around the building.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection we recommended the provider reviewed people's personal risks with a view to considering additional safeguards where necessary. The provider had made improvements.

- Personal risk assessments had been reviewed and updated since the last inspection. Information about how staff could keep people safe from risks was detailed. The deputy manager was working with local health care professionals to improve the management of risks to people.
- People were safeguarded from abuse. Robust policies and procedures were in place to keep people safe. Staff were aware of their responsibilities to safeguard people. A small number of staff were out of date in safeguarding training, but the registered manager assured us this would be rectified.
- Risks relating to the premises were assessed and appropriate action had been taken to reduce those risks. Staff carried out regular safety checks such as fire alarm tests, checks of lifting equipment and water safety.
- People's relatives said the service was safe, "Oh yes I feel [person] is very safe," and "Yes very safe, every time I go in there are always [staff] around watching [person], safe and secure building."

Learning lessons when things go wrong

- It was not always clear whether lessons had been learnt from incidents and accidents. The registered manager had recently introduced a new way of documenting lessons learnt. On some occasions, they lacked detail on how staff would avoid a similar incident occurring again.
- Lessons learnt were shared in clinical team meetings. However, the registered manager confirmed lessons learnt should have been shared at team leader meetings and passed on to staff by word of mouth. Meeting minutes did not show that this always happened.

Staffing and recruitment

- The provider employed sufficient staff to keep people safe. A dependency tool was used to calculate staffing requirements and rotas showed that staffing was maintained at the required level.
- Staff were recruited safely. Employment checks were carried out in line with best practice guidance.

Using medicines safely

- Medicines were managed and stored safely. Nursing staff were working with local health care professionals to improve their process for ordering medicines.
- An electronic medication system was in place which helped ensure medicines were administered

correctly. Appropriate protocols were in place for 'when required' medicines.

- Medicines audits were carried out appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some frequent touch points were not cleaned during the two inspection days. We raised this with the registered manager who confirmed this would be addressed immediately.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and their relatives were kept safe during visits. Appropriate checks were in place for visitors.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to have robust records in place to demonstrate people's consent to care and treatment was in line with legal requirements. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection that the provider was no longer in breach of regulation 17 in relation to consent to care.

- The provider had systems in place to record people's capacity and decisions made. All DoLS applications were current and appropriate.
- We observed staff asking for people's consent to provide care.

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

At our last inspection we recommended the provider promoted a better mealtime experience for people. The provider had made improvements.

- Mealtimes were calm and provided people with a balanced diet. Staff offered people a choice of food and showed them the options available. The chef was trying out new menu options with people.

- Staff supported people to eat independently. One staff member spent time with a person living with dementia to remind them what a fork was and how to use it.
- Records of people's fluid intake were insufficiently detailed to show they were meeting their fluid targets. People were observed receiving drinks during the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Systems were in place to assess people's needs before they used the service. Most care records were person centred. People and their relatives were involved in making decisions about their care.
- People had control over choices in their lives. We observed staff asking and acting on people's preferences during the inspection.
- The design and décor of the building was bright and clean. The service was just coming to the end of a redecoration programme.

Staff support: induction, training, skills and experience

- Some staff had not completed mandatory training. New staff had received an induction however there were gaps in fire evacuation, safeguarding and medicines training. The registered manager confirmed this was being addressed as a matter of urgency.
- One relative said, "Staff all seem well trained." Observations during the inspection did not raise concerns about staff training or the skills and experience staff possessed.
- A staff member said, "The [registered] manager's is always open if we need to talk to [them]."

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

- Staff worked effectively with other health care professionals. The local authority were providing support to the service to improve in a number of areas including care planning, safeguarding and medicine processes.
- People were referred to other healthcare services for support when needed. One relative said, "They respond to everything quickly, a dental appointment was arranged within a week and [person] can always see the doctor or chiropodist when needed."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- People were supported in a caring way. We observed lots of positive interactions between staff and people. There was a less positive interaction observed with an agency member of staff. We raised this with the registered manager who addressed it immediately.
- A relative said, "Staff are all very kind, they definitely treat [person] with dignity and respect." Another relative commented, "Very caring, some staff are excellent and caring, others go in and do the job, majority know [person's] likes and dislikes, [staff] definitely treat [person] with dignity and respect, they always speak nicely, they are never rude in my hearing."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care. Care plans included people's preferences for how they wanted to be cared for.
- Meetings for people who used the service took place. One person was a 'Resident's Champion' who gave feedback on behalf of other people. One person said, "They have listened to our feedback about food and we have some different options on the menu now."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and their independence was promoted whenever possible. People's privacy was respected, relatives said doors were always closed during personal care.
- People were empowered to eat independently where possible, and support was always provided to anyone who needed it.
- One relative said, "Staff do try to encourage [person's] independence most definitely, [they] can now get out of bed and go to the dining room. Their encouragement has made a big difference."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to have robust records in place to demonstrate people received person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection that the provider was no longer in breach of regulation 9.

- Care plans were generally person-centred and met people's needs. Essential information about people was recorded although this was not always as detailed as it could be. The local authority were supporting the management team to improve care records.
- There was a 'resident of the day' system in place which meant that one person's care records were fully reviewed on that day. Some relatives said they were not aware of care plan reviews.
- People were provided with appropriate oral care.

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

- People were not always supported to avoid social isolation. Advertised activities were not taking place on either day of the inspection. On the second day of inspection there was some entertainment from a singer.
- Observations showed people were not provided with meaningful activities. Although the television and radio were on in different areas, people were not engaged. Staff did not always engage with people when people were looking to interact with them.

We recommend that the provider reviews their process for engaging all people in meaningful, person-centred activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were catered for. Information was provided in different formats if needed.

Signage was dementia friendly.

- Menus were available in written format or people were visually shown the options to help them choose.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Complaints were investigated and responses given in line with the provider's policy.
- None of the relatives we spoke with had needed to complain. One relative said, "I have never needed to complain, everything is fine."

End of life care and support

- End of life care was compassionate. People's care records included how they wished to be cared for at the end of their lives.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Working in partnership with others

At our last inspection the provider had failed to ensure effective quality monitoring systems were in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 in relation to effective quality monitoring systems and the ongoing need for improvement.

- The registered manager was not always clear about their role. They were not confident in answering some questions about the service. Healthcare professionals supporting the service to improve, gave mixed feedback about the management of the service. The management team were inconsistent in their drive to improve the service.
- Some of the relatives we spoke with did not know who the registered manager was. A relative said, "I'm not sure who the manager is and I've not been invited to any meetings." There were not enough meaningful activities for people living at the service.
- Full exploration of lessons learnt had not always taken place. A new process to record lessons learnt had been introduced recently.
- Training courses had not been completed by all staff, particularly fire evacuation and safeguarding training.
- Governance systems had improved since the last inspection in relation to care plans. Care plans were more person-centred, and staff were proud of the improvements they had made.

The systems and processes in place were not robust enough to demonstrate good governance. 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.

- After the inspection the provider confirmed the registered manager is being supported by regional management to improve the leadership of the service.

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

outcomes for people

- Recent changes put in place were more person-centred. Staff felt that team leaders gave them support.
- There was mixed feedback from staff about the culture of the service, however staff worked with people positively to achieve good outcomes for them.

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 provider understood the duty of candour and the need to be open and honest. CQC and the local authority had been informed about any significant events appropriately.

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

- People were involved in the running of the service. One person was a 'resident representative' and was involved in meetings about the service. However, a number of relatives said there were no meetings held for relatives.
- Staff surveys were carried out to gather their feedback on the service.
- People's equality characteristics were taken into account when care was planned.

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	Regulation 17(1)(2)(a) HSCA RA Regulations 2014 Good governance The provider failed to ensure appropriate and effective quality assurance systems were in place to ensure continue improvement of the service.