

Dr Rais Ahmed Rajput

Dover Cottage Rest Home

Inspection report

Dover Farm Close
Stoneydelph
Tamworth
Staffordshire
B77 4AP

Tel: 01827331116

Date of inspection visit:
07 July 2016

Date of publication:
12 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 7 July 2016 and was unannounced. At our last inspection in December 2015 we identified concerns with how people were supported to keep well and how people's privacy and dignity was maintained; we rated this service as Requires Improvement. On this inspection we saw that improvements had been made.

Dover Cottage Rest Home is registered to provide residential care for up to 15 older people. Following the concerns we identified during our inspection visit in September 2015, we issued a condition on the provider's registration to prevent further admissions into the home. This meant on the day of our inspection visit seven people were using the service. As a result of the improvements demonstrated by the provider at this inspection, we will remove this condition.

There was a registered manager in post, although they were no longer working within the service. 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. There was a new manager who had submitted an application to us to become the new registered manager.

People were able to make decisions and chose how to spend their time. Where people needed support to make some important decisions, these had been made by people who may not have the authority to make these.

Staff understood their role in protecting people and knew how to identify potential harm and assess risks. There were a sufficient number of suitably recruited staff to provide care to people. Staff were provided with training and support to enhance their skills and knowledge to improve people's care.

People were supported to eat and drink what they liked and chose what to eat at each meal. People's health and wellbeing was monitored and the support of healthcare professionals was sought whenever specialist advice was required. People received their prescribed medicines to keep them well.

People were treated with kindness and compassion by staff who knew them well. We saw that people's privacy and dignity was respected and people were called by their preferred name. People were confident that staff supported them in the way they wanted. People had opportunities to socialise together and stayed in touch with people who were important to them. Visitors could come to the home at any time.

People were involved in developing their care plan and discussed what was important to them. People's care and support was reviewed and their care records were updated to ensure they received consistent, safe care.

People knew how to make complaints. They were confident that the staff and registered manager would respond to any concern and they could approach them at any time. Complaints were managed in line with the provider's complaints procedure and people were informed of any investigation and actions.

We found a breach of the regulations. 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?

Good ●

The service was safe.

People were cared for by staff who understood how to protect them from abuse and avoidable risks. There were sufficient numbers of suitably recruited staff to meet people's needs and keep them safe. People received their prescribed medicines at the correct time to keep them well.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff supported people to make decisions although some important decisions were made by other people who may not have the authority to do so. Staff were supported to gain the skills and knowledge they required to care for people effectively. People were able to eat and drink what they liked and provided with a variety of different foods. Staff monitored people's health and involved other health care professionals to ensure their needs were met.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and provided kind and compassionate care. People were supported to maintain their privacy and their dignity was promoted by staff. People were able to maintain the relationships which were important to them as visitors were encouraged to visit whenever they wanted to.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and reviewed regularly to ensure it met their needs and preferences. People were able to join in with activities which they enjoyed. There was a complaints process in place which looked at people's concerns and responded appropriately.

Is the service well-led?

Good 

The service was well led.

People and their relatives had opportunities to share their views on the care and support available in the home. There were systems in place to monitor the quality and safety of the service to drive continuous improvement.

Dover Cottage Rest 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 was planned to check 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 inspection took place on 7 July 2016 and was unannounced. The inspection was undertaken by one inspector.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with four people who used the service, one relative, four members of the care staff, a visiting health care professional, the manager and the provider and spoke with commissioners of the service. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service. We did this to gain people's views about the care and to check that the required standards were being met.

We looked at the care records for three people to see if they accurately reflected the care people received. We also reviewed records relating to the management of the home including quality checks and recruitment records.

Is the service safe?

Our findings

On our last inspection visit we identified concerns with how people were supported to reduce the risk of developing sore skin. On this inspection we saw people were provided with a variety of pressure relieving equipment and were encouraged to move around the home. Where people chose to sit in different chairs, we saw staff moved people's cushions and made sure they were secure fitted and comfortable to reduce the risk of developing pressure damage. One member of staff told us, "People can sit wherever they like and often move around, so we just make sure we place their cushion on a different chair for them."

People felt safe and supported by staff. One person said, "The staff are very good and look after us well here. If I need anything, they are there for me." Another person told us, "The staff make sure we have everything we need and they help me every day. They are lovely." One relative told us, "The staff really understand [person who used the service]. It isn't always easy but they make sure they get the support they need." Staff told us how they protected people from the risk of abuse and explained the actions they would take to protect people from harm. One member of staff said, "The safeguarding training we had was one of the best. We learnt about all the different types of abuse and how to spot these. It was really good and I'm confident I know how to report any concerns I have now."

People's risk of avoidable harm associated with their care had been assessed. There were assessments in place to identify what support people needed to move around safely and to reduce the risk of falling. Where concerns were identified, the staff sought support from the falls team and one member of staff told us, "We look at who has had any falls and make a referral. Some people now have sensor mats in their room to alert us to when they move so we can help them. These are excellent as it they allow people to have privacy but alert us to any concern."

Some people needed support to help them to manage their complex behaviour and keep themselves safe. We spoke with one health care professional who told us, "The staff are really positive and work together. We've been working collaboratively to identify how we can support people and the staff are really willing to share their experiences." One member of staff told us, "It's been wonderful working with others and we've learnt to identify triggers and what is likely to lead to any behaviour. We are now going to record what happens before and after any behaviour so we can learn more about why it may occur." This meant the staff could review the information and review the support provided.

There was a suitable number of staff to provide care and support for people with the right experience and training to meet the needs of the people who used the service. The staff were available for people in the communal areas of the home and one person told us, "You can always see someone if you want them. They are always there for us night and day."

People received their prescribed medicines at the right time and in the correct way. The provider and staff had worked closely with the dispensing pharmacy to review how medicines were managed. The provider had organised for a pharmacist to review the systems and they completed the monthly audit during our inspection visit. The audit identified there were safe systems in place and there was information available to

identify where people needed 'as required' medicines. We saw staff were kind and patient with people and checked whether people had any pain or discomfort and needed additional medicines.

Recruitment checks were completed before new staff were able to work with people. There was a process in place to check and monitor if staff were of a suitable character to work in the home. The manager told us, "We make sure every check is completed before new staff start their induction."

People had been assessed to identify what support they would need to leave the building in an emergency. There were regular health and safety checks in place to ensure the building and equipment staff used to support people was safe and in full working order.

Is the service effective?

Our findings

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. A member of staff said, "This is to help people to make decisions when they are no longer capable of doing this on their own. Some people here need help to make some decisions but we still ask people every day what they want and how we can help them." We saw assessments had been completed for people who needed support with decision making. When people were unable to make their own decisions, staff recorded decisions made on their behalf in their best interest. However, we saw decisions had been made whether people wanted to be resuscitated and these stated they did not have capacity, although a capacity assessment had not been completed. This decision had been discussed with family members although it had not been established that the person themselves should make this decision. The staff confirmed that these decisions had been made without determining capacity and had been made with people who may not have the legal authority to act on their behalf.

This evidence demonstrates there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. Where restrictions had been placed upon people, for example needing supporting when out and restrictions to parts of the building, we saw that DoLS applications had been submitted. Risk assessments had been completed to demonstrate how people were supported in the least restrictive way until the applications had been authorised.

People were supported by staff who had opportunities to learn new skills and update their knowledge to ensure they were able to care for people. One person told us, "The staff know what they are doing. If they didn't I'd tell them." One relative told us, "I have every confidence in the staff. They have the patience and knowledge to be able to support [person who used the service]." Staff confirmed there were arrangements in place for their training. One member of staff told us, "When I started working here I didn't know very much about dementia, but I was given training and information about this to help me to understand. This has been really useful and given me the confidence to support people." Everyone working in the home was completing the Care Certificate. The Care Certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet to ensure they provide, safe, effective, compassionate care which is responsive to people's needs. One member of staff told us, "It shouldn't matter how much experience you have, this helps, even if it's a refresher. It's good that everyone is doing it, so we can work better together." When new staff started working in the service, they were supervised by an experienced member of staff and given opportunities to start to develop a relationship with people. One person told us, "Any new staff come and say hello. It's not long before they know us." Staff had opportunities to discuss their wellbeing, performance and their personal development during regular supervision sessions.

One member of staff said, "If you have concerns or just need to talk, then we do. We also talk about what we could do better which helps me to understand anything I'm unsure of."

People were supported to eat and drink what they liked and experience a happy and positive mealtime. There was a menu on each table which detailed the food being prepared that day. People were able to choose which meal they preferred when they sat at the table. We heard people reading the menu and discussing the food options with staff. One person changed their mind and wanted a different meal and this was accommodated. People had a choice of drink at the meal and throughout the day. One person told us, "The food is absolutely lovely. The cook comes and talks about the food with us and is a great cook." The staff informed us that where a specialist diet was required, this would be discussed with people on an individual basis. The staff had a good knowledge of dietary requirements and what people liked.

People were supported with accessing health care services such as GPs, dentists and opticians. One person told us, "The nurse comes and visits me and checks that everything is alright." Where people needed medical support due to changing health needs, we saw this was obtained and changes to people's care was recorded.

Is the service caring?

Our findings

On our last inspection we identified concerns with how people's privacy was supported. On this inspection we saw improvements had been made. One person received health care and requested this was provided in a small lounge area. The staff ensured the person was able to receive this treatment in private as the person was alone in this room. We saw staff spoke with people quietly and discreetly when enquiring about their personal needs. We saw that staff ensured that people were aware of their presence when entering a communal area and knocked on doors before entering. People were supported to maintain their appearance and we saw staff reacted quickly to offer to help people change when their clothing became soiled after eating or drinking.

There was a happy and relaxed atmosphere and people told us they felt comfortable with staff. One person told us, "Everyone is really friendly and always nice to us." One relative told us, "I didn't think [person who used the service] would settle here but they have. What's nice for us is that they call this their home. The staff are all lovely and friendly and they have a lovely bedroom which is always clean and tidy." We saw when the provider visited, they sat and spoke with people and knew people well. One person told us, "He always comes and chats with us. I like to see him and he asks about me and my family and if I'm alright." We saw people and staff laughing and joking together and staff were gentle with people.

People were supported to maintain important relationships with their friends and families and could invite their family and friends to the home; staff confirmed visitors were welcomed. One member of staff told us, "We do have protected meal times and ask people not to visit us during meals if they can, just so people can relax and enjoy the food. Relatives know though that if that's the only time they can visit, then its fine."

People were treated with respect and were able to make choices about their care. When people needed to change their clothes, people were offered a choice. We heard staff say, "Would you like me to help you to change those trousers?" and their decision was respected. After lunch people were able to stay in the dining room when they chose to or could join in quiz games. We heard one person say, "I've had enough now." and the staff asked how what they would like to do next. The person wanted to watch the television and talk, and the member of staff stayed with them and talked about the programme they were watching together.

One person used an advocate to help them to make important decisions. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence. A member of staff told us, "They visit [person who used the service] every month and speak with them. It's good that they have someone on their side."

Is the service responsive?

Our findings

People could choose how to spend their time and what to be involved with. There were two small lounges and a dining room and we saw people walking around and choosing where to spend their time. One person told us, "I like to watch all sport on the television. I've been watching the football and now it's time for the tennis." We saw the staff sat with people and discussed what was happening and the different sporting events. One member of staff told us, "We organise activities around what people want but you can't forget that a lot of people want to spend their time with you and just talk. If that's what they want then we will sit and just chat. It's what we might do in our home." We saw one person was sat on their own in one room and this was respected. They told us, "I like it here away from people. I like to spend time on my own and do my own thing."

A range of activities were organised based on people's interests that focused mainly on activities within the home. One person told us, "I love it when the singers come in and I like to sing at any time." We heard word quizzes being played which supported people to talk about what interested them and explored their knowledge. A member of staff told us, "We try and do different things with people each day. We have a plan but it's more about asking people what they want to do. People feel differently about things each day, like we do, and we respect their decisions." People told us they were happy with the level of activity provided and could choose whether or not to participate.

People could raise any concern with the staff or the manager if they were worried about anything. One person said, "It's no use sitting on something if you are worried. You have to tell them and I do." The provider's complaints procedure was on display. We saw where people had raised concerns there were arrangements in place to resolve these and people were informed of any outcome.

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. Individual support plans included information about how people wanted to be supported and their likes and dislikes. People had shared information about important past events and had been supported to develop memory books and have photograph albums. One person showed us these and said, "I like looking at these." The staff knew what was important to people and we heard them speaking about significant events, their hobbies and important people. One relative told us, "I think the staff know [person who used the service] better than we do. They are very good at understanding what they are feeling and supporting them. It's lovely to see."

The staff had access to people's care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct care. One member of staff told us, "We are such a small team that it's easy to keep up to date and share information. I think that's why people like it here."

Is the service well-led?

Our findings

People who used the service and their relatives had an opportunity to share their views on the service and the results were analysed. We saw the last review was generally positive and comments included; 'The staff know [person who used the service]. We think this place is the right homely, friendly and caring place for them.', 'The staff are wonderful, all the carers are heroes. They are always there to help and go beyond their call of duty.' Where improvements were needed, for example with the garden, the manager had reviewed how people could be involved with making these improvements. One member of staff told us, "[Person who used the service] loved to do gardening and we've been planting seeds and plants and getting people involved with making the improvements." Residents meeting were organised and relatives were invited to coffee mornings. One member of staff told us, "As we are only a small home, we only have a few people to attend, but it's a good opportunity to all get together and talk about any concerns or what has gone well."

The manager had arrangements in place to monitor the quality of the care that was provided. We saw this included reviewing care records, health and safety audits and speaking to staff and people using the service; the results of the audits were used to drive improvement for people. We also saw that an external audit of the medicine processes in the home achieved a positive review from the pharmacist.

The provider visited the home and during their visits spoke with people, visitors and the staff team in order to get their views about the quality of service provided. The manager met with people individually to seek their views. We saw this included asking people about their care, the food and activities. People liked the management arrangements within the home and told us they knew who the manager was and spoke fondly of them. One person told us, "The manager is really nice and talks to us about what we want and want they can do." A relative told us, "I wouldn't hesitate in talking to the manager or staff. They are all very polite and listen to what we have to say."

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. As part of the quality assurance system staff were observed how they supported people and the care people received. The manager confirmed that any observation and competency checks were discussed in supervision to bring about improvements. The staff team were complimentary about the manager and told us made them feel supported and valued. One member of staff told us, "It's been a difficult year but we worked through everything together and are really proud of what we have achieved."

The manager understood their responsibilities and had submitted statutory notifications to us so that we were able to monitor the service people received. As required a copy of our last inspection report and rating was displayed in the entrance for people to view.

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 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person.