

T.D. Bailey Investments Limited

The Dulwich Care Centre

Inspection report

93 Knollys Road, Streatham, London, SW16 2JP
Tel: 020 8677 6902

Date of inspection visit: 11 February 2015
Date of publication: 12/08/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service responsive?

Inadequate



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 and 14 November 2014. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to; staffing levels, the systems for monitoring the quality of service provision, complaints, care records and notifications.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements inspected. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Dulwich Care Centre on our website at www.cqc.org.uk.

At our previous inspection we found there were not sufficient staffing levels to meet people's needs, they did not have adequate systems for recording and analysing

incidents, complaints were not being listened to or responded to, care records contained inaccuracies and did not provide detailed information about people's care and support needs, and the provider did not make the statutory notifications required by their registration with us.

Since our comprehensive inspection the registered manager had resigned. An interim management team was in place, and the service was in process of recruiting a new manager. The interim manager of the service was on leave at the time of our inspection. The regional manager and operations manager were providing daily managerial support to the service whilst the interim manager was away. At the time of this inspection 66 people were using the service.

Staffing levels had been reviewed and increased. There were sufficient staff to meet people's needs and maintain

Summary of findings

their safety. Staff responded to call bells promptly and spent time engaging people in conversation and activities. Staff told us there were enough staff to enable them to complete their duties in a timely manner.

Care records had been reviewed and updated. Assessments had been reviewed to identify any risks to people and plans included detailed information about how the risks were to be managed. Care plans were specific to people's needs. They provided staff with detailed information about people's needs and how they were to be supported. Information was provided about people's preferences, interests and daily routines. Information was also provided about people's communication needs, so that staff could support them to express their views and wishes.

Relatives' meetings had been re-established. A summary of concerns received and the action the service had taken to address them had been communicated with people's relatives. Staff and people's relatives felt able to raise concerns and felt their concerns were being listened to. We saw that complaints had either been dealt with or were in the process of being investigated.

Processes had been re-established to monitor the quality of the service including care record audits, and incident and accident reporting processes. All incidents were reviewed by the management team to ensure appropriate action was taken to support the person and reduce the risk of reoccurrence.

We viewed all incidents since our last inspection and saw that notifications were made to us as required when there were incidents that had led to serious injury to a person or if there were safeguarding concerns.

At our previous comprehensive inspection on 13 and 14 November 2014 we also found a breach of legal requirements relating to the care and welfare of people that use services, respecting people that use services, the activities on offer and the support provided to staff through training, supervision and appraisal to ensure they had the skills and knowledge to meet people's needs. We will carry out another unannounced inspection to check on all outstanding legal breaches.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of this service.

Care records had been updated to include accurate information about risks to people's safety and welfare, and how those risks were to be managed. This included management records for people at risk of dehydration and development of pressure sores.

Staffing levels had been increased. Staff responded promptly to people's needs, call bells were answered in a timely manner, and staff had time to engage people in conversations and activities.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time and compliance with the outstanding breaches identified at our comprehensive inspection on 13 and 14 November 2014. We will carry out further inspections to review the outstanding breaches.

Inadequate



Is the service responsive?

We found that action had been taken to improve the responsiveness of this service.

Care records had been reviewed. Care plans were detailed and provided staff with instructions about how to support people with their individual needs. Information was provided about people's communication needs, and their interests and preferences.

Processes had been re-established to ensure relatives' concerns were listened to. Relatives had been invited to meetings and provided with the contact details of the management team so they were able to raise concerns with them directly. Concerns and complaints raised had either been dealt with or were in the process of being investigated.

We could not improve the rating for responsive from inadequate because to do so requires consistent good practice over time and compliance with the outstanding breaches identified at our comprehensive inspection on 13 and 14 November 2014. We will carry out further inspections to review the outstanding breaches.

Inadequate



Is the service well-led?

We found that action had been taken to improve the leadership of this service.

Staff had been trained on the incident and accident reporting process. All incidents had been reported. The management team reviewed them to ensure appropriate action was taken to reduce the risk of the incident recurring and maintain people's safety.

Requires improvement



Summary of findings

The service had systems to ensure they adhered to the requirements of their registration with us. We found that statutory notifications had been made as required.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The Dulwich Care Centre

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of The Dulwich Care Centre on 11 February 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 13 and 14 November 2014 had been made. The team inspected the service against three of the five questions we ask about services: is the service safe? Is the service responsive? Is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by an inspector and an inspection manager. During our inspection we spoke with five people using the service and seven relatives representing three families. We also spoke with the

operations director, the regional director, the deputy manager, 10 care staff, and the activities co-ordinator. We reviewed seven people's care records. We made general observations on each of the floors and undertook a SOFI on two floors over lunchtime.

We reviewed records relating to the management of the service including complaints and compliments, incidents and accident records, and care record audits.

Since our comprehensive inspection on 13 and 14 November 2014 we remained in contact with the local authority and the local clinical commissioning group to share feedback about visits to the service and progress made against service improvement plans. We also attended a meeting with the local authority to discuss the current safeguarding concerns at the service.

Is the service safe?

Our findings

At our previous inspection we found that people were not protected from the risks of unsafe or inappropriate care as inaccurate records were kept. There was not sufficient information in risk assessments for staff to understand the risks presented to people's safety and how they were to be supported to maintain their welfare, particularly in regards to those at risk of falling or developing pressure sores. Accurate information was not recorded on food and fluid charts to ensure people at risk of dehydration and malnutrition got the support they needed to maintain their safety.

At this inspection we found people's care records had been reviewed and updated to ensure they included accurate information about the risks to people's health and safety, and how they were to be supported to reduce that risk.

One person had limited mobility and they had been assessed as at risk of falls. Information was provided about what support the person required and what they were able to do for themselves to increase their independence whilst maintaining their safety. There was information about the type of hoists to use when supporting the person to safely transfer. This person was also at risk of developing pressure sores. Information was recorded in their care records about what equipment was in place to support the person and reduce pressure points. Instructions were also provided to staff about how to support the person with their personal care to ensure their skin stayed intact.

Daily records were kept for each person. This included the meals people had. People assessed as at risk of malnutrition or dehydration had information recorded about the amount of food and fluid consumed so staff ensured people received sufficient amounts for their needs. Records were kept if a person refused their food and staff contacted the person's GP for additional help as directed by their nutritional care plan. People were weighed regularly and people's nutritional care plans were reviewed to include details of how the person needed supporting to address weight concerns.

One person, whose records we reviewed, had diabetes. Information was recorded about how staff were to support the person with their diabetes, their blood sugar monitoring and what signs and symptoms to look for that may indicate that further medical attention was required.

Referrals were made to health care professionals to ensure people received the support they required to maintain their safety and welfare. This included ensuring people were reviewed by a GP or at hospital after a fall. Information was provided to staff about appropriate observations to make after a person had a fall, to ensure they did not require any additional medical attention.

When people were assessed as presenting risks to the safety of others, information was provided to staff about triggers to the behaviour and how the person was to be supported if exhibiting behaviour that challenged the service. This helped to maintain their and other people's safety.

At our previous inspection we found that there were not sufficient numbers of staff to meet people's needs. People were often left for long periods of time on their own, call bells were not responded to promptly, and people were unable to get the support they required from staff at mealtimes.

Since our last inspection a review of staffing levels had been undertaken and staffing had been increased. The new staffing levels were based on people's needs and the support they required. The staff told us there were now sufficient staff to meet people's needs. They said the new staffing levels enabled them to support people in a timely manner, have time to spend speaking with people and engaging them in activities of their choice, and complete their other duties as required.

We observed that staff responded to people's calls for assistance and their call bells promptly. One person we were speaking with told us they required help from staff and the staff came straight away to support the person. We saw that people were not left in the communal areas on their own and staff were available to support people. We observed that on each floor staff were engaging people in activities, including arts, crafts and board games.

People's relatives told us the new staff had come and introduced themselves, and they were aware of people's needs and how they wished to be supported. They said communication had got better and they were updated about any changes in their relative's needs. One person's relative told us the service had increased the staffing and they told us, "[the person] is not in danger anymore."

We observed people being supported at lunchtime on three floors. Staff supported people that required it. We

Is the service safe?

saw that one person, who had previously been anxious and confused at lunchtime, received the staff support they required. We saw that some people received assistance from staff at mealtimes. Staff were able to provide people with the individual support they required without being interrupted.

We found the service was now meeting Regulation 20 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We will carry out a further unannounced inspection to follow up on the outstanding breach relating to the care and welfare of people using the service.

Is the service responsive?

Our findings

At our previous inspection people were not protected from the risk of unsafe or inappropriate care as accurate records were not maintained. People's care records were not always sufficiently detailed to ensure staff were aware of people's needs and how they were to be supported.

At this inspection the care records had been reviewed and improved. They clearly outlined people's needs and how they were to be supported. Information was included in people's care records about their likes, interests and preferred routines so that staff were able to support people in line with their wishes. Care plans had been reviewed to ensure they reflected people's current needs and contained detailed information about how staff were to support people. For example, in one person's care records information was included about why a person became frustrated and verbally aggressive, and how staff were to reassure them. Another person's care plan stated that the person got anxious when people encroached their personal space and how staff were to support the person to reduce their anxiety.

People's care records stated how they were to be supported with their personal care, including maintaining good oral health. Information was included in people's records about any continence needs they had and how staff were to support them.

People's care records included information about their communication needs and how staff were to support them to communicate their wishes and needs. For example, one person had limited speech and staff were to support the person to write their wishes down if they were unable to verbally communicate what they wanted. Another person preferred to communicate in their native language, and their care records stated that when staff were on shift that they were able to speak that language that they were to support the person.

Daily records were updated with the support people had received each day. This information was recorded in a timely manner. Staff told us they had received training on record keeping and it was clear what information they were required to record in people's care records and where they were to record it. They told us the increase in staffing meant they now had the time to update people's care records.

At our previous inspection we found there were inadequate processes in place to support people to make a complaint, and to investigate and respond to complaints received. Relatives of people using the service told us their concerns were not listened to, and their complaints were not responded to. We saw that of the complaints recorded that sufficient action had not been taken to address the concerns raised.

At this inspection we found the service had re-established meetings with relatives of people using the service. The management team provided relatives with a summary of the concerns raised about the care and support provided to people and what action was being taken to address those concerns. Relatives were reminded of the complaints process and provided with the regional manager's contact details so they could contact them directly if they had any complaints or concerns. A suggestion box had been put up in the communal area so people could leave comments anonymously about the service.

We spoke to one person's relatives who had previously raised concerns about the quality of care provided. They told us they had met with the operations manager and now had regular meetings with another member of the management team. They told us they felt progress was being made and now felt that their concerns were being listened to.

We viewed the complaints that had been received since our November 2014 inspection. All complaints had been formally acknowledged and either had been addressed or were in the process of being investigated. Staff we spoke with told us they were aware of the complaints process and felt able to support people to raise concerns. They said they would be comfortable raising concerns to the new management team if they were worried about the quality of care being delivered. A system had been introduced to log all complaints so the management team could see at a glance what the complaints were about and the status of the complaint, so they were able to ensure they adhered to their complaints procedure and the timescales for investigating complaints. The concerns and complaints focussed on topics already identified as requiring improvement, for example staffing levels and delivery of activities, and actions were being taken to address these.

We found the service was now meeting Regulation 19 and 20 of the Health and Social Care Act 2008 (Regulated

Is the service responsive?

Activities) Regulations 2010. We will carry out a further unannounced inspection to follow up on the outstanding breach in relation to the care and welfare of people using the service, and the activities on offer.

Is the service well-led?

Our findings

At our previous inspection we found that systems were not sufficient to monitor and assess the quality of the service. Incidents were not being appropriately reported and the service did not have a system in place to review incidents and put action in place to reduce the risk of reoccurrence.

At the inspection we found processes had been re-established to review the quality of service provision. This included reviewing the quality of care records. We saw that where care plans had been reviewed and action was identified to improve the quality of recording, that this had occurred. For example, the audit had identified that one person's care records needed updating to reflect how the person was to be supported to maintain their safety and the safety others. This had been done. For another person it had been identified that care records needed to be updated to include regular weighing, as there were concerns that they had lost weight. We saw that this had been done. Information was provided on people's records about how to support them with their nutritional needs. However, we noted that whilst actions had been taken in response to audit findings, action plans arising from audits did not contain completion dates and therefore there was a risk that improvements may not have been made in a timely manner.

Reports were produced on each floor to reflect any changes in people's needs and incidents that occurred over the previous 24 hours. These reports were reviewed by a

member of the management team to ensure appropriate action was taken so that people received the support they required. This also enabled the management team to ensure incident and accident reports were being completed when required. All incidents and accident reports were reviewed by a member of the management team to ensure they captured the details of the incident so that appropriate action was taken to protect people and reduce the risk of reoccurrence. We saw that incidents fed into the care planning process, and risk assessments and care plans were updated as required. Staff told us they had received training and now understood the incident and accident reporting process.

At our previous inspection we found the provider was not adhering to the conditions of their registration and had not submitted statutory notifications as required.

At this inspection we reviewed the incidents that had occurred since our comprehensive inspection of November 2014. We found that the provider had notified us, as required, of all incidents that occurred involving the police, leading to serious injuries, or identifying safeguarding concerns. The management team ensured that appropriate action was taken in response to these incidents to ensure the safety and welfare of people using the service.

We found the service was now meeting Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 and Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.