

Macc Care (Stafford) Limited

Dora Rose Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dora Rose is a nursing home providing personal care to 43 people at the time of the inspection. The service can accommodate up to 71 people.

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

People could not be assured accurate records were being kept of the care provided to them. This could impact on the homes ability to monitor people's health conditions effectively.

People could not be assured the home would always act in a timely manner when the governance systems identified issues that needed addressing.

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. Enough staff were available to respond to people's needs in a timely manner. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles. People received their medicines safely.

People's needs were assessed and planned and delivered in accordance with legislation and best practise. Staff were trained and knowledgeable about the needs of the people they supported. Balanced and nutritious meals were served, and people were complimentary about the quality of the food. People were supported to have 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 practise.

There were systems to ensure care was responsive. People received care in accordance with their needs and preferences. People were supported to maintain contact with their friends and families. There were opportunities for social stimulation. People felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions where required.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager from people and staff was positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 15 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe
Full details are in the safe section below

Is the service effective?

Good ●

The service was effective
Full details are in the effective section below

Is the service caring?

Good ●

The service was caring
Full details are in the caring section below

Is the service responsive?

Good ●

The service was responsive
Full details are in the responsive section below

Is the service well-led?

Requires Improvement ●

The service was not always well led
Full details are in the well led section below

Dora Rose Care 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 Care Act 2014.

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

This inspection was completed by three inspectors.

Service and service type

Dora Rose is a 'nursing home'. People in nursing homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager who was in the process of registering with the Care Quality Commission. This means that once registered, they along with the provider, will be 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; however, we telephoned the provider from outside the home because of the risks associated with COVID 19. This was because we needed to know of the COVID 19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided and we spent time in the communal area observing the support people received. We spoke with nine staff members including the registered manager, nurses, support workers and domestic staff. We reviewed a range of records. These included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and due to COVID-19 we reviewed a number of records off site.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from harm. Personalised risk assessments had been written for the people living there covering a range of risk including eating and drinking, skin care, mobility, activities and managing behaviours that challenged.
- The provider had robust systems in place to protect people from in the event of a fire.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fridge/freezer and hot water temperatures had taken place.

Using medicines safely

- People received their medicines as prescribed and were dispensed by nurses. Protocols had been drawn up considering people's preference as to how and where they would like to have them administered.
- Staff administering medicines received training and had competency assessments carried out to ensure that the learning had been embedded.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- Medicines administration records (MARS) were correctly completed with no gaps.
- Medicines were stored securely and at the right temperature and we evidence that temperatures were checked regularly

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- All staff, regardless of their role, received training in safeguarding people from the risk of abuse.
- A staff member told us, "If I had any concerns that abuse was taking place, I would report it to the manager and if I felt I wasn't listened to I would report it to CQC"

Staffing and recruitment

- Discussions with people who use the service told us staff were always available when needed to support them. We observed staff were always nearby to assist people when needed.
- When agency staff are required, the manager tried to use the same staff. This ensured that people at the home were familiar with those who supported them.
- Staff were recruited safely, and checks were made to ensure they were of good character to work with the people living at the home.
- Throughout our visit we saw staff responding to the needs of the people living there in a timely manner.
- A staff member told us, "Even when its busy I always get time to sit and chat with the people I support"

Preventing and controlling infection

We reviewed the infection control measures in place in light of the COVID 19 pandemic.

- We were assured that the provider's infection prevention and control policy were up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- Accidents and incident were fully documented and investigated to identify ways of preventing them from happening again.
- The manager explained that accidents and incidents were reviewed during meetings with the management team at the home and are also monitored by staff from the provider who also maintained an oversight.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by competent and trained staff. All new staff starting at the service received an induction to allow them to learn about the home, the needs of the people living there and the policies and principles of the home. New staff also worked alongside experienced staff
- Staff undertook a comprehensive training programme to ensure that they had the knowledge and skills to carry out the role.
- The provider had a training matrix to ensure staff training was maintained.
- Staff told us that they thought the training they received was good, one staff member said, "it gave me the knowledge and confidence to do my job."
- Staff consistently told us that they felt supported by the management of the home, a staff member said, "The manager has a open door policy and I know if I have any concerns I can approach her at any time".

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider met the requirements of the MCA. MCA assessments had been carried out in relation to care provided which meant people's rights were protected.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted.
- Where people had capacity to make certain decisions, staff respected their choices.
- We heard staff asking for peoples consent throughout the inspection.
- Staff received training on the MCA and were able to tell us about the principles that underpin it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People had their needs assessed prior to moving into the home and this assessment formed the basis of the person plan of care.
- We saw that these plans were regularly reviewed and updated with the changing needs of the person if required.

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

- We observed mealtimes in the dining area and found them to be pleasant and relaxed.
- People's dietary and support needs were detailed in their care plans and specialist support was obtained from professionals such as dieticians. We observed that these needs were met during mealtimes.
- People were complimentary about the food provided, one person told us, "The food is amazing, I never leave anything".
- Peoples weight was monitored, and we saw that when there was concerns about weight loss, their diet was adapted.
- We saw that drinks and snacks were available to people throughout the day.

Adapting service, design, decoration to meet people's needs

- The home had a lift to enable easy access to different floors.
- People had access to balconies on the upper floors to enable them to spend time outside without the need to visit the ground floor.
- The home had a range of facilities for people to use including beauty parlour, cinema room and coffee shop.
- Bedrooms had been equipped for people with physical disabilities and a number of rooms had been adapted to support people with bariatric needs.
- Throughout the home there were areas created to meet the needs of the people living there such as quiet areas.
- People were able to personalise their rooms with personal belongings.

Supporting people to live healthier lives, access healthcare services and support

- People's health and support needs were regularly reviewed and updated in their care records. People had access to the healthcare services they needed.
- We saw records showing that people's health needs were tracked to ensure where additional support was required, it was provided in a timely manner.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us that staff were kind and caring. A person living at the home said, "the staff are amazing, nothing is too much trouble."
- Peoples spiritual and cultural needs were respected, and we saw people were asked about this during their initial assessment and it was recorded in their care plans.

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

- We saw people being offered choices consistently throughout the inspection. A staff member told us, "We offer people choices even if we know what their preferences are".
- We saw that people were involved in planning their care and that where the person was not able to communicate their choices, people who knew them well were consulted.
- Peoples opinions about the care they received was regularly sought including the views of their families and representatives. This information was used to make changes to the service, for example, the provider was in the process of improving the switchboard to make it easier for families to contact the home.

Respecting and promoting people's privacy, dignity and independence

- We observed many respectful and compassionate interactions during the inspection, for example, before a meal, we observed staff asking a person if they wanted assistance to move to sit next to their friend to have the meal together.
- We observed staff knocking on people's doors and where appropriate asking for permission to assist people.
- We saw that people were encouraged to be as independent as possible and this included the use of aids such as adapted crockery at mealtimes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Each person living at the home had a personalised plan of care that included information about their wishes, interests and hobbies, health, diet and communication needs. These were used by staff to guide them to ensure that people received the right support.
- We saw that these plans were reviewed regularly. The review sought the opinions of the person, healthcare professionals, family members and staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were assessed and documented in their plan of care, to guide staff on the best way to communicate with people.
- The provider had systems in place to assist in communicating with people. For example, pictorial menus, flash cards and a white board.

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 offered a range of activities in the home and the home had a team of dedicated activity staff.
- On the day prior to our visit the home had organised a celebration of "Junemas" to make up for the impact that COVID-19 had on the last Christmas celebrations.
- Dora Rose had a dedicated team to organise activities and we saw activities taking place during the inspection and were provided with the latest activity programme.
- The home organised social events for people and their friends and families and people told us about a wine and cheese evening held the night before the inspection.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure and records of complaints and the response and any lessons learned were documented.

End of life care and support

- People were supported at the end of their life by staff who knew and understood their wishes and spiritual needs at this time.

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.

This was the first inspection for the newly registered service. This key question has been rated 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.

- Governance systems required strengthening. There were governance systems in place and the manager and provider had a good oversight of the daily running of the home, however, during the inspection we saw records relating to fluids, weight, repositioning and health monitoring which were inaccurate. Whilst no harm had been caused by this, we were concerned this impacted on their ability to monitor people's conditions effectively.
- We raised the concerns to the manager and provider who explained there were problems with the electronic care records system which they were working to resolve. After our visit the provider informed us that they had introduced paper records as an interim measure.
- The manager provided strong leadership of the service and staff were clear what their roles and responsibilities were
- Regular quality assurance checks were carried out by the management team of the home and by personnel from the provider. These covered areas such as the environment, safety measures, infection control, medicines and pressure care.
- The manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- There was a positive person-centred culture in the home. Each person was treated as an individual with their own unique needs.
- People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.

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

- People were given the opportunity to be involved in and influence the running of the home. Regular meetings were held with the people living there to discuss what they would like and any concerns. Meetings were also held with families. In addition, the provider sent out satisfaction surveys to people and their families.
- Staff told us that they received regular staff meetings and handovers. A staff member told us, "I know if had any ideas about someone's care needs, I could approach (manager) and I would be listened to."

- The home published a regular newsletter with versions for staff and people using the service, providing information about what had happened and what is planned.

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

- When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.
- The registered manager understood their legal responsibility to be open and honest with people when things went wrong.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's