

Sanctuary Care Limited

Dovecote Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

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 Care is a purpose-built care home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. Thirteen of the 43 people required nursing care. The service can support up to 61 people.

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

Governance processes did not always keep people safe. People's care records including risk assessments were incomplete and required updating to ensure people received safe care and treatment. Records were not always person centred. Professionals who visited the service were welcomed by staff but found staff could not account for their actions using the records for the treatment people had received. The provider had arranged for additional staff to bring these records up to date. We made a recommendation about the provider working with other professionals.

The home was clean and tidy with staff understanding how to use PPE. COVID-19 screening was carried out with visitors to the home. Suitability checks were completed on staff before they began working in the service. People's medicines were administered in a safe manner.

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.

People's nutrition and hydration needs were documented and the kitchen staff were aware of the type of food people needed. We found people's mealtime experiences required improvement and we made a recommendation about this.

Staff were provided with support through induction, training and supervision. They made referrals to healthcare professionals if people's needs changed. The home was warm and comfortable throughout with adaptations in place to support people's mobility and orientation.

Staff were caring and kind towards people. People responded warmly towards staff. The care they provided was constrained by some limited information about people's needs.

An activities programme was available to people who wished to join in. People were engaged in making Christmas decorations during the inspection. People's end of life wishes had been addressed by staff.

The provider, the registered manager and the staff had adapted to working through a pandemic. Staff provided a positive working atmosphere in the home.

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 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated under the latest registration.

The inspection was prompted in part due to concerns received about the standards of nursing care and record keeping. A decision was made for us to inspect and examine those risks.

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 COVID-19 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 re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 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

The inspection was carried out by three inspectors.

Service and service type

Dovecote Residential and Nursing Home is a 'care home'. People in care 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with 14 members of staff including the regional director, the regional manager, registered manager, a peripatetic manager, a nurse, senior care workers, care workers, laundry staff, maintenance person and the chef. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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. We looked at further care plans and quality assurance records.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- The provider had systems and processes in place to ensure people were kept safe. Staff had raised safeguarding concerns with the local authority.
- During the inspection we raised a safeguarding concern about a person whose records did not indicate they had received safe care and treatment. We spoke with the management team about our concerns and they agreed to review the person's needs.
- Staff assessed people's personal risks and put actions in place to avoid the occurrence of incidents and accidents. People's personal risks required updating.

We recommend the provider reviews people's personal risks with a view to considering additional safeguards where necessary.

- The provider addressed the risks of running the service using policies and procedures. Staff carried out regular safety checks such as water temperatures and fire checks to make sure people lived in a safe environment.
- Relatives said people were safe. One relative said, "[Person] is safe, no falls or any concerns." Another relative confirmed a person was safe and said, "They have settled in really well."

Staffing and recruitment

- Staff recruitment was robust. Staff underwent a recruitment process during which time checks were carried out to assess if they were suitable to work in the home.
- Staffing levels in the home were safe. The provider used a dependency tool to assess people's needs and calculate the required amount of staff on duty. When necessary agency staff were employed in the service and the registered manager covered nursing shifts.

Using medicines safely

- Staff administered people's medicines in a safe manner having been assessed as competent to do so by the registered manager. Systems were in place to address and monitor medicines which people were prescribed on an 'as and when' required basis.
- Senior care staff were trained in the management of medicines and were assessed as competent to carry out this task.
- Regular checks were carried out on the stock of people's medicines.

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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider's reporting systems required lessons learnt to be documented and implemented. The registered manager and the regional manager provided assurances lessons had been learnt in relation to using body maps to document people's injuries.

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 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 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 had systems in place to record people's capacity and decisions made.
- Staff did not use the systems in a consistent manner. This resulted in people's records being contradictory and misleading. In one person's records staff had documented a person was not free to leave the home because they were happy at Dovecote.

We found no evidence that people had been illegally restricted however records were either not in place or robust enough to demonstrate people's consent to care and treatment was in line with legal requirements. This is a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had made appropriate application to the local authority's DoLS team.

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

- Staff had not always thoroughly assessed the needs and choices of people who had been admitted during the pandemic in line with national guidance. Information was missing from people's care plan documents.

Records were either not in place or robust enough to demonstrate people received person centred care. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the inspection additional staff had been brought into the service to review people's care plans and improvements were being made.

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

- Staff did not always respond appropriately to people who did not have enough to drink. The provider's records system guided staff to document people's intake of food and fluids. One person's fluid intake level had been consistently below recommended levels and no action had been taken. We raised a safeguarding concern about this. We spoke to the management team about this concern and they agreed to review the person's needs.
- Guidance was given to staff to ensure people were supported to eat after recommendations were made by external professionals regarding the consistency of food each person required.
- The service had a four- weekly menu in place. People were offered choices from the menu. The food looked well-presented and people enjoyed their meals. One relative said, "She is enjoying her food and looking well."
- Staff completed dietary notification forms to kitchen staff to advise them of people's nutritional requirements. Kitchen staff were aware of how to meet people's different needs.
- Staff weighed people on a regular basis and made referrals for people to be reviewed by dietitians when necessary.
- People's mealtime experiences varied. Staff spoke with people who were more able to communicate. When assisting people to eat, staff did not discuss what bit of the meal they were getting. One person was given a drink by one member of staff; as they began to drink, another member of staff took it out of their hand to support them to eat.

We recommend the provider supports staff to promote a better mealtime experience for people.

Staff support: induction, training, skills and experience

- The provider had arrangements in place to provide support to staff . This included an induction period and training. Staff had regular supervision meetings with their line manager when they could discuss any concerns.
- The provider had a training programme in place for staff to refresh their training. Due to the pandemic staff had received less face to face training and were required to carry out e-learning.
- Additional training had been provided to the nursing team to increase their skills.

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

- Staff made referrals to other agencies to ensure people received timely care and their health needs were met. Advice and guidance about people's care needs, and medicines had been adhered to by staff.
- Senior care staff and nurses advised the care teams if there were any changes to people's needs during handovers between shifts.

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

- The home was purpose built with space for people to walk around. The home was warm and comfortable with facilities to meet people's needs whose mobility or mental capacity was reduced. Handrails in corridors and toilets together with bath hoists were provided.

- At the time of our inspection the staff had decorated the home for Christmas.

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 requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and supported them to the best of their ability. However, the care and treatment provided was constrained by a lack of understanding about people's needs including one person's disabilities. The provider had brought in additional staff to improve the records and support staff on how to provide people with improved care.
- During the inspection staff put one person to bed in a bed which was sloping downwards towards their head. The person was having their afternoon nap with their feet raised higher than their head. A manager immediately arranged for the person to be provided with a new bed when inspectors raised this concern.
- People were observed to be clean and tidy and well presented in matching clothes. Staff had observed their preferences for wearing jewellery when required. One relative said a person "Always looked smart and well presented." Other relatives told us people looked 'well' and 'happy'.
- People were comfortable in asking staff for assistance. Staff responded positively to requests for help.

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

- Staff provided people with opportunities to express their views and make decisions such as the meals they wished to eat and the clothing they wished to wear.
- Staff respected people's decisions and told us about people's preferences. They listened to the views of people's advocates. An advocate is someone who can speak up on behalf of people when they are unable to express their own views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Personal care was carried out behind closed doors.
- Staff were given guidance on how to promote people's independence. They provided space and time for people to do things for themselves.
- Confidentiality was respected. Electronic information held about people required the use of passwords to gain access.

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 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

- Staff had not always planned person centred care to meet people's needs. Care plans were missing essential information and did not demonstrate staff understood people's backgrounds. Staff had written "Not known" or "Can't remember". Details of contacts such as opticians were missing and descriptions of people's conditions were not supported with relevant information.
- The provider had a 'resident of the day' system whereby additional attention was focused on people to review their needs and ensure all aspects of their care needs were addressed. Contact with relatives to review people's needs was sporadic, and relative's views were not always documented.

Records were either not in place or robust enough to demonstrate people received person centred care. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff provided people with oral healthcare.

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.

- Signage around the home provided guidance for people living with dementia to access bathrooms and toilets.
- Additional work was required to support a person with a sensory impairment. The registered manager advised they had taken steps to do this work.

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

- The service was adhering to national guidance on visitors to the home. Throughout the pandemic relatives had been supported to visit people face to face or through electronic means.
- Staff provided an activities programme which included activities which were relevant to people. The activities programme included chair exercises, bingo and pet therapy. The service kept two pet rabbits for pet therapy purposes. At the time of the inspection people were enjoying making Christmas decorations.
- Photographs on display around the home showed people participating in activities including activities in the garden. One relative said, "[Person] enjoys the activities, including a beach party that took place in the

summer."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place. Complaints were investigated and responses made to the complainant.
- Relatives felt confident in raising a complaint.

End of life care and support

- The provider had an end of life policy in which they outlined the care standards expected of staff as a person neared the end of their life.
- Staff had addressed the care people required as they neared the end of their life. Relatives had been engaged in decisions about people being resuscitated in the event of their heart stopping. People's wishes about admission to hospital for treatment were documented.

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 is the first inspection for this 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; Working in partnership with others; Continuous learning and improving care;

- Governance processes did not always keep people safe and ensure person-centred care. The electronic recording systems used by the provider did not always lead to consistent standards of record keeping. Staff had documented information in people's care plans which were contradictory or required further information to provide suitable care for people.
- Professionals had mixed experiences of working in partnership with the service. Professionals found records lacked accountability and people's needs were not always up-to date.

Systems were either not in place or 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.

- The provider and registered manager responded during and after inspection and provided assurance of the actions, they were taking to address governance shortfalls.
- Assurances were provided by the regional director staff would be trained and supported in accountability.
- Following concerns raised by other professionals the management team had devised an action plan for improvements and were taking steps to complete the plan.
- Professionals were welcomed into the home and staff worked with them to meet people's needs.

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

- Staff provided a positive culture to support people. People were positive in their interactions with staff. One relative described the home as having a, "Warm atmosphere." We observed people asking for support and receiving it.
- Staff felt supported by the manager who responded to their requests for assistance.
- The regional manager and the registered manager provided many examples of how staff had worked together during the pandemic to continue to deliver care to people and meet their needs.

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 and the registered manager understood the duty of candour. They had reported events to the local authority.

- The registered manager had submitted notifications to CQC which were required by law.
- The provider had a range of audits in place which demonstrated they understood quality measurements
- The management team had adapted the delivery of the service during the pandemic to ensure continuity of care for people.

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

- The provider and staff provided opportunities for people using the service, relatives and staff to be engaged in the service and provide their views. A survey carried out by the provider showed people were positive about the service they received.
- Staff were provided with opportunities to engage in the service. The registered manager operated an open-door policy for staff to raise any concerns.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure the care and treatment of people was appropriate and met their needs. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided Regulation 17(2)(c)