

## Rotherham Metropolitan Borough Council

# Davies Court

### Inspection report

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Date of inspection visit:  
22 January 2019

Date of publication:  
22 February 2019

### 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?

Good ●

# Summary of findings

## Overall summary

About the service:

Davies Court provides long term, respite and intermediate care to older people. Some people using the service were living with dementia. Davies Court can accommodate up to 60 people in four separate units. The service is located in the town of Dinnington, Rotherham. At the time of our inspection there were 45 people using the service.

People's experience of using this service:

People received safe care and treatment. Risks associated with people's care were identified and appropriately managed in a way which respected people's freedoms and choices. People were safeguarded from the risk of abuse and staff knew what action to take if abuse was suspected. There were enough staff available to meet people's needs in a calm and unrushed manner. People's medicines were managed in a safe way. However, temperatures of the rooms where medicines were stored, were not consistently taken to ensure medicines were stored safely. We spoke with the registered manager who immediately addressed this issue.

We found the service was clean and tidy and people were protected from the risk of infection. However, one kitchenette had worn units which were unable to be kept clean. We spoke with the registered manager who immediately acted to resolve this issue.

Staff received training and support which gave them the skills to carry out their roles and responsibilities. People who used the service received a healthy, balanced diet which met their needs and took in to consideration their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. Staff felt supported by the management team.

People received adequate nutrition and hydration which supported a healthy and balanced diet. People's likes and dislikes were accommodated within menu planning. The provider ensured that people were referred to healthcare professionals as required.

During our inspection we observed staff interacting with people who used the service. We found staff were kind, caring and supported people in a respectful manner.

Care plans were person centred and reflected people's current needs and preferences. People had access to social stimulation and activities. We saw the provider had a complaints procedure which was displayed in the home. People and relatives, we spoke with felt comfortable in raising concerns if they needed to.

The registered manager operated a governance system which included the completion of several audits. These were to ensure the service was operating within the policies and procedures set by the provider. Any concerns were acted on appropriately. People who used the service, their relatives and staff were involved in the service and felt valued.

More information is in the full report.

Rating at last inspection: Good (report published 28 September 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

## 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 remained safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

# Davies Court

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Davies Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We did not ask the provider to complete 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. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with ten people who used the service and six of their relatives. We spent time observing staff interacting with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven staff including care workers, the registered manager, cook, shift leaders and the team manager. We looked at documentation relating to four people who used the service, three staff files and information

relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe living at the service and family members told us they had no concerns in respect of their relative's safety. One person said, "I feel very safe as the staff look after me really well." Another person said, "This is a very safe place."
- People who used the service were safeguarded from the risk of abuse. Staff were knowledgeable about the providers policy in relation to safeguarding and had received training on the subject.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and plans were in place to help minimise risks.
- We looked at care records and found they contained risk assessments. These identified the risk and showed what measures were in place to reduce them. One person had a risk assessment for the risk of falling from bed. The person had been assessed as requiring bed rails for their safety. We saw these were in place.
- People we spoke with told us they had the equipment they needed to mobilise safely and they felt safe when staff assisted them. One person said, "I don't need such a lot of help, but I can't walk too well. I can manage a lot of things on my own. I need a bit of help when I get dressed so that I don't topple over and they [the staff] are very good about helping me." Another person said, "I had a few falls when I was at home on my own but not since I've been here. I'm much safer here. They are careful not to let me fall."
- We observed one person being transferred from wheelchair to armchair using a hoist. This was done by two staff members who were constantly reassuring the person. The sling fitted properly, and the procedure was carried out safely.

Staffing and recruitment

- During our inspection we observed staff interacting with people who used the service. We found there were sufficient numbers of staff to meet people's needs.
- People we spoke with told us they felt there was enough staff. People told us they did not have to wait a long time for help. One person said, "The staff are ever so good, but they could always do with an extra pair of hands. Sometimes I don't like to trouble them because they are always so busy." Another person said, "I'm not really kept waiting. They do try to come straight away if I need them, but they can't see to everyone at the same time."
- Staff we spoke with felt there were enough staff working with them to support people in line with their current needs.
- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable

people. We looked at staff recruitment files and found they contained relevant checks.

#### Using medicines safely

- People's prescribed medicines were managed safely. Medicines were stored securely, however daily temperatures of two medicine store rooms were not taken. We raised this with the registered manager who took immediate action to resolve the issue.
- Staff responsible for administering medicines had received appropriate training. Competency checks were also carried out on a regular basis to ensure medicines were safely managed and administered.
- Some people required medicines on an 'as and when' required basis, known as PRN. We saw protocols were in place to ensure PRN medicines were administered appropriately.
- People we spoke with told us they received their medicines safely. One person said, "They [staff] are very good. They [staff] bring my tablets and a drink of water and wait until I've taken them."

#### Preventing and controlling infection

- We completed a tour of the service with the registered manager and found it to be clean and generally well maintained.
- We identified a kitchen unit which had worn and was therefore difficult to keep clean. We raised this with the registered manager who immediately acted to replace the unit.

#### Learning lessons when things go wrong

- We saw evidence that the provider had taken action to resolve issues as they arose.
- Accidents and incidents were recorded and trends and patterns were identified to minimise incidents reoccurring. For example, if a person was falling frequently, the provider sought support from the falls team.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and reviewed regularly to ensure care and support was delivered appropriately.
- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- People told us they felt they were treated fairly and were free from discrimination. People also said they felt able to discuss any needs that were associated with their culture, religion, sexuality.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to support people effectively. People spoke very positively about the skills and knowledge of the staff. One person said, "They are very good. They help me to get dressed and they are very gentle." One relative said, "The staff here try their best and visitors are made welcome as well. I've been coming for quite a while now and I think they are still amazing with the residents. I can't fault them."
- Staff told us the training they received was valuable and readily available. Staff also said they felt supported by the management team and worked well together as a team.
- We saw the registered manager kept a record of training undertaken to ensure staff training was up to date.

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

- People received a balanced diet which took in to consideration their preferences and dietary requirements.
- We spoke with people and received very positive feedback about the quality of food available. One person said, "I think there are a few different things at lunchtime. They [staff] ask what you would like." Another person said, "The food here is lovely."
- We observed lunch being served in two units and found staff offered choices. People were offered more food prior to their plate being removed.
- We looked at care records and found plans were in place to support people who required alternative diets.

Staff working with other agencies to provide consistent, effective, timely care

- The service had some beds which were allocated to intermediate care. This was care and support for people who had recently been in hospital, but required further rehabilitation prior to returning home.
- We saw the staff worked well with professionals who provided this support in order to achieve people's goals and return home.

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

- The service was appropriately designed and decorated to meet people's needs.
- The home was designed so people had access to outside space, which was enjoyed over the summer months.

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

- People had access to healthcare professionals whenever they needed their support and guidance.
- We spoke with people and their relatives about access to healthcare professionals. One relative said, "Communication is really good with us and they [staff] tell us straight away if [relative] is off colour or anything." Another relative said, "They [staff] are good in that respect. They [staff] will always get in touch with the family if [relative] isn't well or they [staff] are worried at all. They [staff] do involve us all the time."
- People's care records evidenced that people received support from professionals such as dieticians, speech and language therapists, physiotherapists and doctors.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found the service was working within this framework. Care records included mental capacity assessments and best interest decisions had been made where appropriate.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We spent time observing staff interacting with people and found they were supportive, kind and caring.
- People we spoke with told us they were very happy with the care they received. One person said, "They [staff] are all smashing." Another person said, "They [staff] are all very nice with us." One relative we spoke with said, "The staff are fantastic. I come every day except Sunday, and I've seen nothing but kindness towards people here."
- People's care records included people's diverse needs. For example, support was offered to people who required support to maintain their cultural requirements. This was maintained in a sensitive manner.

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

- People were supported to make their own decisions and were given time to express their views.
- People told us staff offered choices and were respectful of their decisions. One person said, "I like to come in here [the lounge/dining area] because I like to watch what is going on. It's nice here." Another person said, "I go to bed whenever I'm ready."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and we saw staff knocked on bedrooms doors before entering. We saw staff were careful to close toilet doors when assisting people.
- People we spoke with told us staff promoted their independence and respected their privacy and dignity. One relative said, "The staff are kindness itself. They are all very patient and invest a lot of time in doing things with people. Like today, when one person has got a therapy doll and you can see the staff member talking to her about her baby."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.
- The management team completed a dignity audit to ensure people's dignity was maintained. The service was preparing for 'dignity day' and had several events scheduled to take place.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We looked at people's care records and found they were based on people's individual needs and preferences.
- Although people we spoke with were not familiar with their care plan, their family members told us they felt involved in the care of their relative and were kept informed. One person said, "I don't know about a care plan, but I tell them exactly what I want or don't want." One relative said, "I have been involved from the word go in the care plan."
- People had access to social stimulation and a range of activities. There was no activities coordinator at the home, but staff were engaged in activities as part of their responsibilities. We saw one person playing cards with a staff member and another taking part in a puzzle. We saw two or three ladies having manicures and nail polishes applied.
- We saw one person cuddling a therapy doll and a staff member was chatting to them about the 'baby.' Another person had a soft dog which they were 'feeding,' and a staff member gave them a biscuit for their dog.
- Some people told us they attended a church coffee morning at a local Methodist church, but nobody expressed a desire to attend Sunday services.
- There were visits by entertainers and therapy dog visits. People also told us about shopping trips to a local shopping centre which they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed around the home. People and their relatives were aware of the procedure, but had never felt the need to use it.
- The registered manager kept a complaints log which evidenced that appropriate and timely action had been taken to address any concerns they received.

End of life care and support

- We spoke with the registered manager about end of life care and found people were supported appropriately at this stage of their life.
- Care records were amended during end of life care to ensure they met people's current needs and included their wishes.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection there was a registered manager in post. A registered manager is a registered person. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The registered manager was supported by a deputy manager and a team of shift leaders.
- Staff we spoke with were clear about their roles and responsibilities.

Continuous learning and improving care

- The provider had an auditing system in place to ensure they were operating at an expected standard. Audits were completed by the shift leaders and the registered manager had oversight of any concerns raised.
- Audits were in place for areas such as, medicine management, infection control, information security, care records and health and safety.
- Concerns identified as part of the auditing process were actioned promptly.
- The registered manager also completed a weekly manager's report which was sent to the provider.

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

- The provider gave opportunity for people and their relatives to give feedback about the service.
- On the intermediate care units, people were asked for their feedback following every stay at the service. On the residential units, a quality assurance questionnaire was completed annually. Results were collated and displayed for people to view.
- We saw comments from surveys were positive.

Working in partnership with others

- The service worked in partnership with other professionals. Various professionals were referred to when needed to support people. We saw the service had built up relationships and worked in partnership with professionals providing support to people using the intermediate care service. This had assisted people in receiving consistent care and support which supported them to return to their own homes.