Doves Nest Limited

Doves Nest Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 24 February 2015 and was unannounced. The last inspection of Doves Nest Nursing Home was carried out on 11 August 2014 where we found a breach in legal requirements relating to supporting workers. Part of this inspection was to follow up on the action the provider said they would take to address this issue.

Doves Nest is a nursing home providing accommodation for up to 40 people with complex health care needs. Support is offered to both younger and older people who reside at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The ethos of the home was to provide person centred care and support to each person who used the service. We found this did not always happen. (Person centred means care is tailored to meet the needs and aspirations

Summary of findings

of each individual. Personalised programmes and flexible staffing enable people to be as independent as possible with the right amount of support they need to meet their needs.)

We found people were not always supported in line with their care plan or included in decisions and discussions about their care and treatment. Activities were not offered to people according to their wishes.

It was clear from speaking with people who lived at the home and our observations, that the staff had developed good relationships with people and understood people well. The feedback was generally positive. We saw most people had their dignity and privacy respected in the day to day support they received. We saw one occasion where this did not happen.

The care plans were detailed and contained enough information to help nursing staff support people with their clinical needs. However these were often generic and there was no person centred information contained within the file. Some information was out of date or no longer relevant to the person being supported. This meant that people were placed at risk from inappropriate delivery of care. Care staff we spoke with said they would like more time to spend with people to find out about their lives and capture information which was important to them as individuals.

There were mental capacity assessments in place. The correct procedures had been followed to ensure people were not unlawfully deprived of their liberty and any restrictions had been agreed as in the person's best interest.

We found the service to be relaxed and friendly and people were supported by appropriately trained staff. We found the skill mix and staffing levels were sufficient to support people safely and effectively.

There were sufficient staff on duty to meet people's needs. However we noted some staff were not properly co-ordinated at mealtimes, which made the mealtime experience a bit chaotic. Staff received training and support to enable them to carry out their tasks in a skilled and confident way.

People who used the service did not have the opportunity to be involved in activities which they said they enjoyed.

We found the home provided a good level of nursing care but did not explore opportunities for younger people to improve and enhance their quality of their life. We found the aim of the home and the registered manager, to provide good quality person centred care, did not reach all of the people living at the home at the time of our inspection.

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?

Good

The service was safe.

Staff had received appropriate training in respect of abuse and were clear about the action to take if they suspected any abuse was happening.

Medicines were managed safely and people were supported by enough staff, who knew them well.

The home had robust recruitment procedures in place.

Is the service effective?

Requires Improvement

The service was not effective for all people.

Staff received training which was appropriate to their job role. This was continually being updated which meant staff had the knowledge to effectively meet people's needs. However some staff did not demonstrate this well.

People's capacity was assessed in line with the requirements of the Mental Capacity Act 2005 (MCA). We found care records considered people's capacity to make decisions for themselves which ensured their rights were protected.

People had a choice of food and were provided with a well-balanced diet.

Is the service caring?

Requires Improvement

The service was not consistently caring for all people.

We saw staff were kind, patient and friendly and had developed good relationships with the people they supported.

Staff understood the complex care needs of people they supported which helped people maintain a good level of health.

People's dignity was not always respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care records were not person centred and contained information which was not relevant to them or was out of date.

We found staff understood the complex care needs of the people they supported however this was not supported by information contained in care plans.

There were no activities available for people to participate in if they wanted to. People had little or no opportunity to be involved in social or recreational activities.

Summary of findings

Is the service well-led?

Good

The service was well-led.

We found that the provider was striving to improve the quality of the service being delivered. The staff team were loyal and spoke highly of each other and staff at all levels said they felt supported within their role.

We found there were effective systems in place to monitor and improve the quality of the service. Service users were involved in decisions made about the running of the home.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Doves Nest Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 February 2015 and was unannounced.

The inspection was carried out by an Adult Social Care 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. The expert by experience had experience in caring for people with complex care needs.

Before the inspection we looked at the information we held about the service. We reviewed the provider's information return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the regulations, and what improvements they plan to make.

We contacted Manchester City Council for their feedback about the home prior to inspection. We did not receive any feedback from them.

Due to the complex care needs of some of the people who used the service they were unable to tell us directly about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care. Other people were able to tell us about their experiences.

We spoke with 15 people who used the service, five visiting family members, six staff, including the registered manager, support workers, the chef and the registered nurses. We reviewed records and audits within the service and looked at four care files in detail.

Good

Is the service safe?

Our findings

All the people we spoke with told us, without exception, that they felt safe. No issues or concerns were raised.

One person told us they sometimes had to wait for a member of staff to help them use the toilet, though they went on to say this only happens occasionally and is "when they're short staffed." A family member we spoke with told us, "They've had quite a big turnover of staff recently." But they didn't see it as a major problem, they went on to say, "I know they look after [my family member] and would get on to me if anything happened."

On the day of our inspection there were enough staff on duty to meet people's needs. We carried out observations and noted at times there were eight staff in the dining area and at other times there were none. There was no effective co-ordination which meant some people had to wait quite a long time for their lunch. However we did see the staff communicate well with each other to ensure people were supported appropriately to rectify this.

We observed a medication round. Medicine was administered by a registered nurse and there were clear lines of accountability within the home in relation to the administration of medicine. The nurse on duty had protected time to administer medicine and understood what to do if there was a medicine error. We saw medicines were kept safe and that records were up to date and accurate.

We spoke with members of staff about their understanding of protecting the people they worked with. What they told us showed they had a good understanding of the safeguarding adults procedure, could identify types of abuse and knew what to do if they witnessed any incidents. Staff said their training provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed the staff we spoke with had received safeguarding training.

People who used the service were encouraged to attend events designed to empower them with knowledge about the level of support and care they should expect. One person told us they had been invited to attend a presentation about abuse. They told us six other people who used the service had also attended. They told us overall it was a positive experience which made them feel the service knew how to keep them safe.

There was a process in place to ensure safe recruitment checks were carried out before a person started to work at the home. Staff attended an interview and satisfactory references and disclosure and barring checks were obtained before they commenced work. On the day of our inspection there were two new staff on duty. We saw these staff being supported and directed well by other staff within the home.

Requires Improvement

Is the service effective?

Our findings

One person told us, "I'm supposed to have physio (physiotherapy) three times a week but I'm not getting it. I've had nothing and I'm struggling. My arms really do hurt at night. It makes me agitated so I'm not getting much sleep. I've told the staff. There's not much they can do. I've got to get hold of my social worker. I don't know the next time he's going to visit." They told us about a physiotherapist who visits everyone together in the home. They told us "the physio doesn't do much apart from sit-down exercises in the lounge. This involves people moving their arms and legs, which I can't do."

We spoke with the registered manager who told us there was no physiotherapy requirement in their nursing assessment nor had the person asked for physiotherapy. We looked at the care plan for this person and could not find anything in relation to physiotherapy. However, because the information in the care plans was not person centred it was difficult to ascertain how much physiotherapy support the person actually needed. We considered on this occasion more could be done to ensure the care plan reflected the wishes of the person being supported.

One person we spoke with told us they were diabetic. They confirmed they received their insulin at the correct time each day and there had never been a problem. They said they were happy with their care and support.

We spoke with the registered manager about people's specific needs and were told there was a problem about who would fund things which were needed. We considered the home could do more to ensure the care and support people receive was effective for them. We found the home did monitor people's health and care needs but did not consistently act on issues identified. We found some people had not seen their social workers for a long period of time as they had not lived locally. We spoke with the registered manager about ensuring people received regular reviews and where there was not direct access to social workers the home had a duty to provide the appropriate level of care and support.

We looked at nutrition within the home and carried out observations over the lunch time period. Everyone we spoke with was happy with the quality and quantity of food. One person said, "There's plenty of fresh vegetables, the chef asks what we want. I always get what I ask for. If you want something else, you can. There's a nice menu, three different ones, morning, lunch and dinner, and snacks."

We observed lunch time in the first floor dining area and the basement dining area. Both rooms were spacious and homely. Tables had been set out with napkins and condiments. In the basement dining area the atmosphere was calm and relaxed with people having "banter" between themselves and staff providing the level of support people had said they had wanted to eat their meal. Upstairs however the mealtime experience was more chaotic. We observed staff rushing around trying to serve meals to people at the same time as trying to seat them at the tables. There was music playing loudly which was not conducive to a calming atmosphere . We noted people who needed support to eat were treated with respect and staff sat with them to ensure they ate their meal.

Overall we were told and we observed that people were happy with the mealtime experience. We spoke with the chef who knew people well and ensured they received a range of good quality wholesome food. We saw people were able to choose from menus which offered a wide variety of food. One person told us, "The chef comes round and asks what we want. He's a good cook." A visiting family member told us that a couple of weeks earlier, their relative had said, just conversationally, that they "fancied a bacon butty with cheese" and a member of staff went and got one for them straight away.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone is deprived of their liberty, the least restrictive option is taken. We saw that the provider included MCA and DoLS training and that staff records showed they had received this training. Staff spoken to were able to correctly describe what the Act entailed and how it was used. We saw the correct processes had been followed to ensure decisions were

Requires Improvement

Is the service effective?

made which were in the person's best interest, where a restriction was needed, for example by using bedrails to keep people safe or lap belts being used for people using wheelchairs.

At the last inspection in August 2014 we found that the system for online training had been inactive for some months due to technical failure and was not expected to be available for some further months. At that time we could not establish with certainty that all training was up to date for all staff. This meant people may have been at risk of being cared for by people whose knowledge and skills were not up to date.

At the inspection on 24 February 2015 we looked at training records. We could see that staff had access to a range of training; both mandatory, and more specialist training, which was service specific.This training was to assist staff to understand the complex needs of some of the people who used the service. We saw staff had received the appropriate level of training and training records were up to date, but the way the information was recorded meant there appeared to be "gaps" in the information. We found this to be an administration fault which the registered manager assured us would be rectified immediately.

Staff confirmed they had received a full and comprehensive induction. This involved online training and shadowing shifts with experienced staff, where they were able to observe staff practice and be introduced to people who used the service. Following this, they completed a probationary period which included monthly supervisions. On successful completion of this, their suitability for the post was assessed and, if successful, their position became permanent.

Requires Improvement

Is the service caring?

Our findings

Everybody we spoke with who used the service was complimentary about the staff in relation to their behaviour and attitude, and people said they were happy about the service they received in terms of their care. One person said, "The staff are great, they help you and they talk to you."

We asked people if they felt staff treated them with dignity and respect. Most told us they did. For example, they said when they needed support with personal care, "We go to my room and close the door. They [staff] always ask permission before doing something and they knock before coming in." We observed staff knocking on people's doors before entering.

We found there were good systems in place to monitor the quality of the service and try and capture feedback from people who used the service. For example dignity audits were done each month. This was where the team leader would sit with people using the service to discuss about how well they think they have been supported by particular staff members. Whilst we found this to be a good way of capturing feedback we saw it was usually the same people who were being asked for their views. We spoke with the registered manager about extending this out to people who needed more help and support to communicate as their views were equally important. The registered manager said they would look at this as a priority. They told us all staff were trained to be dignity champions. The home had been awarded the Dignity in Care award by Manchester City Council in recognition of their commitment to ensuring all people were supported in a dignified way.

However we noted that not all people were treated with equal respect and dignity. When we asked a member of staff where people were so we could speak to them we were advised to put on an apron and gloves before speaking with one person. We did not feel this was appropriate given the nature of this person's illness. We spoke with the person about how this made them feel. They told us they sometimes felt it was a bit offensive. When a member of staff came into their room, they said they were a bit cold, the staff member said they had to put an apron and gloves on before returning to put a duvet over the person. This did not respect this person's dignity.

We spoke with the registered manager who assured us this shouldn't have happened and all staff had received training regarding care and support for people living with this condition.

We found that staff did not always understand the need to make sure that people have their privacy and dignity maintained. Whilst this may have been unintentional the result was that the person being supported did not feel respected.

Whilst most people told us staff treated them with kindness and respect we were also told by staff that they would like more time to sit and really get to know people rather than just focus on tasks. We found the emphasis was on the clinical care of people being supported rather than the person existing behind the illness or condition.

We observed that people did not always have their call bell answered in a timely manner. When we raised this concern with the registered manager, they told us this was because there was training going on that day and it was at the time some staff were finishing their shift. People who used the service told us their call bells did get answered in a timely manner. One person said, "they come straight away." A family member we spoke with told us about an occasion when they had rang the alarm when their family member had needed something and a member of staff came immediately and settled and reassured them.

We noted one person was in bed but not who we were told was nursed in bed. This person was totally reliant on staff for support . We noted their care plan said staff must, "enable [resident] to participate and socialise with other residents and staff to continue to anticipate [resident's] needs. We checked daily records and noted since November 2014 this person had only left their bed five times. This meant people who were immobile were at risk of being socially isolated as the only interaction they had with staff was when they needed support with personal care. We brought this to the attention of the registered manager, who agreed this was not acceptable and would address the issue immediately. We found this to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the registered person did not take proper steps to ensure that each service user received care or treatment that met their individual needs, and ensured the welfare and safety of that service user.

Requires Improvement

Is the service responsive?

Our findings

One person told us that they went out on their own. They told us, "I go to Manchester, Oldham, Rochdale, Salford, the airport and Bury. I go everywhere. I'm seldom in because I get bored here." This person told us, "'We used to have a lady who did activities. She took us shopping. I'm a film buff. I used to go to the cinema every week but since I've been here I just watch DVDs."

We found there was little activity in terms of hobbies or interests. People told us all they did most of the time was watch television or listen to the radio. There was a television on in the lounge and music playing in the dining area. In the afternoon we saw a member of staff playing dominoes with three people.

The registered manager, some people who used the service and their families told us the activities co-ordinator had left in December 2014. These people told us they missed doing things she used to arrange. A relative told us that the activities coordinator used to arrange entertainment and do their mother's nails. They said their mother had been to the cinema 2-3 months ago but hadn't been out for ages.

We noted that the age range differed greatly between people living at the home. The youngest person was in their twenties, and some were older people. One person told us there was a singer who visited regularly. They said, "he sings 60s, 70s songs, old people's music." The registered manager told us the younger people enjoyed mixing with the older people and vice versa. We did not see evidence of this on the day of our visit as the younger people were downstairs in the dining area and the older people were upstairs in the lounge.

We did not find any evidence of people engaging with other people from the wider community. Some people went out socially with family and some people told us there had been a cinema trip before Christmas for a few people. Everybody we spoke with said they would like to go out more. One person said, 'I'd like to go out but the staff are always busy. I'd like to have a go in the hydro bath and I would like to go swimming." [The hydro bath had recently been installed in the home]

Some people told us they would like to find partners and make more friends. They told us they got upset as they felt shy and unconfident. Because there were no person centred plans being used within the home this information had not been captured. Because people were not involved in developing their own care plans staff would not be aware of these needs. This meant the home did not understand or recognise people's social aspirations which had a negative impact on some people using the service.

We asked people if they felt able to complain. One person told us, "I can't complain because when I did I got told off and then they were worse with me." He said this was in relation to a few staff who had since left. We spoke with the registered manager who told us there had been a problem with some staff and things were better since they had gone. This person went on to say that he could ask for particular staff members to support him and where it could be this was accommodated. We saw evidence that the home had responded appropriately to complaints and in a timely manner.

Care plans contained lots of information about the people's needs. Some people living at the home had complex health care needs, others were living with dementia, some had learning disabilities and others had care needs as a result of an acquired brain injury. The information contained in the support plan was about the clinical support they needed and associated risk assessments. Some of the information was out of date and generic information about a condition or illness rather than specific to each person, reflecting how that person would like their support. This meant people's preferences were poorly documented and care plans lacked an individual focus.

We found people were in need of more personalised support in order to lead more fulfilling lives. We found there was no stimulation other than what was happening around them each day. We spoke with the registered manager who explained there were financial restrictions which prevented people doing some of the things they wanted. Even taking this into account we found the service was not responsive in looking at different ways of accessing activities or equipment which could be used to enhance people's lives.

People did not have one to one time with staff other than when staff were supporting them with their personal care. There was no keyworker system to enable people to have access to a particular staff member who knew them well and who they could go to if they had a problem.

Requires Improvement

Is the service responsive?

We would recommend the service sources different activities, community groups, volunteers and equipment in order to promote the wellbeing of people who use the service and ensure consideration is given to the ages, abilities and wishes of the people being supported.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. We observed throughout the day the registered manager had a positive presence within the home and engaged well with staff and people who used the service.

During our inspection visit we heard positive comments from staff, people who used the service and their families about the way the service was managed. These included comments about the registered manager. We were made aware the home had recently been decorated and people liked the lounge area. They told us the registered manager had included them in making the colour choices and they were very happy with the results.

A relative we spoke with told us that there were meetings with residents, "every now and then to ask them their views." The relative told us they had suggested they have fish and chips sometimes on a Friday and they now do this regularly. The relative also said they get a 'quality check' form approximately every three months asking them their views. We saw these forms which had been completed and were evaluated by the registered manager. We also saw minutes of conversations which had taken place between the registered manager and family members when an issue had been raised. This meant the registered manager dealt with complaints in a timely manner. Families told us there was a suggestion box by the front door which they could use if they wanted to.

One person we spoke with who used the service confirmed there were residents' meetings and that the last one was before Christmas, when the activities coordinator was still there. We spoke with the registered manager who told us a meeting had been scheduled for the following Friday.

Staff had breakpoint reviews four times a year. Breakpoint reviews are meetings which take place between the registered manager and a member of staff on a one to one basis. They are used to reflect on practice and identifty any training or development which may be needed. They are also used to share good practice. The registered manager told us they were usually themed, for example the next reviews were going to focus on personalisation as this was an area within the service they had recognised needed to be improved. People who used the service would be asked to score staff and staff would be asked to score themselves. This would then be discussed at the review meetings. We found this to be a good way of ensuring staff understood what was expected of them both from the registered manager and people who used the service.

Staff we spoke with told us they were well supported and enjoyed working at the home. We noted staff were enthusiastic and were keen to learn new skills and develop care plans further to ensure they were person centred.

The registered manager told us, and records confirmed that they carried out a monthly analysis of accidents and incidents. They also kept a log of DoLS authorisations. This meant there was an overview of when they needed to be renewed and also any restrictions on people's liberty remained lawful and subject to external scrutiny.

The home had achieved the 'Dignity in Care' and 'Investors in People' Awards. These awards are given to services who can demonstrate consistent, good care, support to people who use services and are committed to the on-going training and development of staff.

We found the home provided a good level of nursing care but did not explore opportunities for younger people to improve and enhance their quality of life. We found the philosophy of the home and the registered manager to provide good quality person centred care was not being applied in practice for all of the people who used the service. When we spoke with the registered manager they acknowledged our concerns, were receptive to our findings, and assured us they would look into the issues we had raised.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe, by means of meeting the service user's individual needs and ensuring the welfare and safety of the service user.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.