Care UK Community Partnerships Limited

Davers Court

Inspection report

Shaker's Lane
Bury St Edmunds
IP32 7BN
Tel: 03333211982
Website: www.careuk.com

Date of inspection visit: 21 January 2015
Date of publication: 10/06/2015

Ratings

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

Overall summary

The inspection took place on 21 January 2015 and was unannounced. The service has not been inspected before as it opened in August 2014.

The service provides accommodation and nursing care for up to 60 people, some of whom are living with dementia. At the time of our inspection there were 37 people resident. The service is divided into four almost identical wings. Only three were being used and each unit led on to a communal area with a café and other communal facilities.

A registered manager was in post. 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.

Medicines were managed well for most people but we were concerned as some medicines had not been administered. This placed people at risk and no investigation had taken place to discover why this had happened. We also found that stock control methods did not monitor tablets accurately which meant any administration errors would not be obvious to staff.

Summary of findings

Staff were trained in safeguarding people from abuse and they understood their responsibilities with regard to keeping people safe.

There were sufficient numbers of suitable staff on duty and risks to people's health and wellbeing were assessed and measures put in place to reduce them.

Staff received the training and induction they needed to carry out their roles effectively. Staff demonstrated a good knowledge of the people they were supporting and caring for.

We saw that although staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards DoLS) the service did not always act accordance with them. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

People who used the service were very positive about the food and were able to exercise choice about their meals. People identified as being at risk of not eating enough were promptly referred to the dietician and monitored to ensure no further unplanned weight loss. People were also supported to access other healthcare professionals when they needed them

Staff were caring and committed and we saw that people were treated respectfully and their dignity was maintained. The atmosphere was of a friendly and happy place and the good relationships between staff, the people they were supporting and visiting relatives were observed throughout the service.

People were involved in assessing and planning their care but some people's end of life wishes had not been recorded.

People were supported to follow a wide range of interests and hobbies but some people living with dementia had little stimulation or activity.

Formal and informal complaints were managed well and to people's satisfaction. People who used the service, and their relatives, felt they were actively involved in developing the service.

Staff understood their roles and were well supported by the management team. People were very positive about the registered manager and praised the open culture of the service.

The transition from people's former service to Davers Court had been planned and managed well by the manager and new admissions were being carefully spaced out to ensure staff had the time they needed to become familiar with people's needs.

We found breaches of regulations which relate to the management of medicines and consent to care and treatment. You can see what action we have told the provider to take at the back of this report.

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?
The service was not always safe.

Medicines were not always administered safely and stocktaking measures did not always ensure people had received the correct amounts of their prescribed medicines.

We observed some unsafe moving and handling techniques which could place people at risk.

There were sufficient numbers of staff and they were trained in safeguarding people from abuse and understood their responsibilities.

Requires Improvement

Is the service effective?
The service was not always effective.

The requirements of the MCA and DoLS had not been followed in all cases.

Staff received the training they needed and were positive about the quality of the training and the induction.

People were very positive about the food and they were supported to access healthcare professionals when they needed to.

Requires Improvement

Is the service caring?
The service was caring.

Staff were caring and treated people with respect.

We observed good relationships between the staff and the people they were supporting and caring for.

People who used the service, and their relatives were very positive about the way the staff provide care.

Good

Is the service responsive?
The service was not always responsive.

People were involved in assessing and planning their care.

There was a mixed picture regarding people following their own interests and hobbies. Some people were very positive about the programme the service offered but we also saw that people living with high care needs had less to do.

Requires Improvement

Is the service well-led?
The service was well led.

People and their relatives felt they were actively involved in developing the service.

Good

Summary of findings

Staff understood their roles and were well supported by the management team.

The transition from people's former service to Davers Court had been planned and managed well.

Davers Court

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.

The inspection took place on 20 January 2015 and was unannounced.

The inspection team consisted of four inspectors.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with ten people who used the service, five relatives, five care staff, the chef, the deputy manager and the registered manager.

We reviewed twelve care plans, twelve medication records, staff recruitment files, staffing rotas and records relating to the maintenance of the service and its equipment.

We observed staff providing care and support and 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 communicate with us easily.

Requires Improvement

Is the service safe?

Our findings

There were arrangements in place for the ordering and storing of medicines, including controlled drugs. Staff received training in how to administer medicines and this was updated appropriately. We observed medicines being administered to people on all three units and saw that staff identified they had the correct person and the correct medicine before they administered it. We saw that people's wishes about how they took their medicines were recorded and staff gave people sufficient time to take their medicines and ensured that they had taken them before moving on to the next person.

We noted that the morning medicines round, which started at 9am was still being administered at 10.45am. One person told us that they often had to wait a long time to receive their morning medicines which made their breakfast late as they could not eat until they had received them. They said, "Sometimes I have to wait 45 minutes before they come and I find this frustrating".

We were concerned that some medicines had not been given to people and there was no record as to why this had been the case. We noted that on one unit six medicines remained in the blister packs. There was no explanation on the medication administration record (MAR) chart as to why four of these had not been given, and the other two had not been given because the person was asleep but there was no additional information about this.

In addition we were concerned that on two occasions a person's buprenorphine patch, which is a controlled drug, had been reapplied more frequently than the prescribed seven days because the current one had been lost. No incident form had been completed about this matter. It is a requirement that such medicines are disposed of safely and stocks carefully controlled. We noted that all other arrangements for the storing, stocktaking and administration of controlled drugs were good.

We found that stocktaking procedures were not always efficient as the MAR charts did not always show the amount of medicines which were carried forward from one month to the next. We saw that three people's stock of paracetamol did not match the records, one person's codeine showed one extra tablet and one person's epilepsy medicine showed 10 more tablets than records indicated would be present. This meant that we could not be assured that people had always received the correct amount of medicines.

We also noted that there were some gaps in recording topical medicines (creams and ointments) on the MAR chart. On one unit eight out of nine people had such medicines prescribed and we found significant gaps on all eight charts. Staff were unable to confirm to us if this was a recording error or if people had not had their topical medicines applied.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living in the service. One person told us, "The staff are all very kind. I do feel safe here". We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. Staff had received training in safeguarding people from abuse and were aware of the service's whistle blowing policy. They told us they would know what to do if they had concerns about other members of staff. Our records showed that the service had reported safeguarding concerns appropriately and had worked with the local authority to investigate any concerns raised.

We saw that risks were assessed and actions taken to reduce these risks as much as possible. We saw that people's risks associated with their eating and drinking and their likelihood of having a fall had been assessed. However we were concerned when we observed one person walking unassisted whilst their care plan stated that they needed a member of care staff to help them. They told us that they had not been able to find anyone to help them. We also noted that their care plan contained some conflicting information which stated that they were both fully mobile and also that they required assistance from staff. This could confuse staff and place the person at increased risk of falling. There was no falls risk assessment in place for this person. We fed this information back to the manager at the end of our inspection.

Requires Improvement

Is the service safe?

People had been provided with equipment to reduce risks associated with pressure care and mobility. Although care plans documented how to support people with their mobility safely, we observed three occasions when staff used unsafe moving and handling techniques which could have put the person they were supporting at risk of injury as well as themselves.

People who used the service, their relatives and staff told us that they felt the staffing levels were sufficient to meet people's needs. We asked one relative if it was easy to find the staff when you needed them and they told us, "You are never coming in and looking around for staff". Throughout our inspection we observed people being supported and cared for in a timely manner and the call bell log showed that bells were responded to promptly by staff.

One relative said, "There is now plenty of staff and they don't appear to be using so many agency staff". Rotas showed that the service frequently uses agency staff and, in the rotas we viewed for a six week period, there were nights when the majority of the staff were agency staff. We noted that there was always a permanent staff member on duty and the manager confirmed to us after the inspection that no shift ever ran with only agency staff. We also noted that the service tried to use the same pool of agency staff to ensure some consistency and that some of them had worked with people previously before Davers Court opened and so knew them well.

Staff employed at the service had been through a thorough recruitment process before they started work. Permanent and agency staff had checks in place from the Disclosure and Barring Service to establish if they had any criminal record which would exclude them from working in this setting. All appropriate checks had taken place before staff were employed to work at the service.

Requires Improvement

Is the service effective?

Our findings

The care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). We observed throughout the day that people's consent was asked for before care and treatment was provided. We observed one person being assisted to move from an armchair to a wheelchair and staff explained what they would be doing at each stage and asked the person if that was alright before they continued.

The MCA ensures that if people do not have the capacity to consent for themselves the appropriate professionals and relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests.

The registered manager told us that they had applied for 28 DoLS authorisations and three had been agreed. We looked at four care plans for people with a current DoLS application in place and could find no evidence of a mental capacity assessment having been completed. These four care plans also failed to document people's consent with regard to their care or the sharing of their personal information, although we did see that this was documented in other plans in the service.

Although we saw people had end of life care plans in place we saw that four care plans on the high care unit did not contain information about people's end of life wishes. None of the four people had been assessed as lacking the mental capacity to contribute to a plan of this kind. Staff had not, with the person's consent, discussed this matter with people's relatives. We spoke to the registered manager about this and they acknowledged the importance of people having meaningful end of life care plans in place.

We noted that one person had received a flu vaccination without the appropriate best interests process being followed. In a different plan we saw that a person's relative had given consent for bed rails to be put in place. No mental capacity assessment had taken place and the registered manager was unsure if the relative had the legal authority (power of attorney for health) to take this decision.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they were happy with the way the staff team supported and cared for them. One person said, "I am going home tomorrow and I would not hesitate to come back. Staff have all been very good. No complaints

Staff undertook an induction when they joined the service and carried out training which covered core skills such as moving and handling people, infection control, food safety and medication administration. Staff were able to shadow more experienced members of staff for a number of shifts to help them gain both competence and confidence before working as part of the permanent staff team. Staff employed when the service opened were able to benefit from a 2 week training period before residents moved in.

Staff were positive about the training they received. One member of staff told us, "We were trained in everything for about three weeks before we started". They told us that the service supported people to undertake additional training and they were hoping to further their knowledge of dementia. We noted that other staff had undertaken this training and told us it was useful to them in their roles. Staff received regular supervision and all the staff we asked told us they felt supported by the service.

Staff knew the people who used the service well and were able to tell us what people's care needs were, although staff on one unit were not clear about who had a Do Not Attempt Resuscitation order (DNAR) in place which meant that their wishes regarding the end of their life might not be respected. Staff on other units were clear about who had a DNAR in place and one staff member kept a list on them at all times of people with this order to make sure people's wishes were respected.

People who use the service were very positive about the food and felt the chef made sure people were happy with the meals. One person told us, "The food here is always excellent. You get a good choice and there is ample to eat". Another person said, "You choose what you want each day. The food is really good". We observed a lunchtime service on all the units and saw that these were relaxed and sociable occasions. People who needed help and support to eat their meal were given this in a sensitive manner with the staff working at the person's pace and not rushing them. People who required a pureed diet received their food individually pureed so that they were able to enjoy the different tastes of the food.

Requires Improvement

Is the service effective?

We saw that care plans contained information about people's dietary likes and dislikes and where people had been assessed as being at risk of not eating or drinking enough, this was monitored. All the food charts we saw had been fully completed. We noted that people's weights were regularly recorded and nobody had recently lost weight. One person's weight record showed large fluctuations which indicated that the scales or the recording itself was not reliable. The person's weight was recorded as 65.6kg on 17 September, 70.8kg on 22 September and then 62.3kg on 10 October. We raised this issue with the manager who told us they would check the scales on that unit.

Records showed that people had access to a variety of healthcare services including GPs, district nurses, psychiatrists, opticians, dentists and chiropodists. Where people had lost weight in the past we saw that they had been promptly referred to the dietician for advice and guidance. We saw that one person had been referred to the speech and language therapist (SALT) as they had problems swallowing. We noted that recommendations from the SALT had been incorporated into the person's care plan and staff were following this guidance.

We were concerned that on one unit people's pressure care plans were not being followed as they were not always being appropriately repositioned in their chairs. We observed people who had been identified as being at risk of developing a pressure area were not give a change of position for several hours. One person was left for five hours in the same position. We noted that no person had developed a pressure area and that people had been provided with pressure relieving cushions to sit on but their care plans did guide staff to change people's position every two to four hours depending on their needs.

Good

Is the service caring?

Our findings

Staff were knowledgeable about the people they were supporting and caring for. Staff demonstrated that they had built up close relationships with people and were patient, discrete and friendly. People who use the service, and their relatives, were very happy with the way staff supported them. One person said, "These staff are wonderful!". Another person commented on how the chef makes sure everyone is happy with the food. They said, "When I did not feel well and told [the chef] I could not face anything, he turned up with toast and fried eggs because he knows how much I like them. He cheers you up when he comes with his cheerful banter!"

We observed that people were treated with warmth and kindness and staff were quick to reassure people if they were confused or upset. We saw that one person became very anxious when they were being moved using the hoist. A staff member reassured them by saying, "You are quite safe" and keeping the person calm throughout the procedure.

A relative told us they were happy with the care provided and said, "[The manager] is creating a good team of staff and we are very happy with the care [my relative] receives. I am here three times a week and they would soon know if I was not happy". Staff, although busy, made time to sit and chat to people and we saw many people sharing a joke with the staff. One person said, "I can really have a laugh with them". People's relatives told us that they were able to visit anytime and some popped in very regularly. One told us, "It's fantastic here. We are so pleased with how they look after [my relative]". ". Another relative told us, "[My relative] didn't used to know me but they are so much more alert here. It's a credit to [the staff]".

People had a section in their care plans called This Is Me which contained information about people's life histories including their family background, previous working life and friends who are important to them. It was clear to us that staff knew people well and we observed staff anticipating people's needs and responding to them quickly. Staff were able to tell us about the people they were caring for and knew their likes and dislikes. We noted that the television on one particular unit was showing subtitles for those people with a hearing impairment.

We saw that all staff, including administration and domestic staff stopped their duties at 3pm in order to sit down and have a cup of tea with one of the people who used the service. The manager told us that this was an initiative they had started and we observed staff spending this quality time with people on all the units. People told us they really enjoyed this and that this happened each day.

People told us they had been involved in planning their own care and we saw that people's wishes and preferences were recorded in their care plans. We observed that staff supported people to make decisions for themselves as much as possible. For example we saw that one person with a diagnosis of Diabetes was described in their care plan as managing their condition independently. Staff told us that this person had the capacity to understand the concept of healthy foods and was able to make their own choices about their diet. The person was very happy with the way staff supported them and told us, "The move here was marvellous. I love it here". Another person told us, "I like to stay in my room. Staff come and go to see how you are and check you are alright".

Support was offered discretely in order to preserve people's dignity. People told us that staff respected their dignity and privacy when they were providing personal care. We saw that one person had spilled their drink down the front of their clothes. A member of staff noticed this quickly and, realising that the person was a little embarrassed, discretely supported the person to go to their room and change straightaway.

Requires Improvement

Is the service responsive?

Our findings

People who used the service, or their relatives, had been involved in developing their care plans. One relative told us, "The communication with the staff is really good. They are always happy to talk with us and listen to what we have got to say". A person who used the service described how they had made sure that the care plan reflected things that were important to them. We saw that plans contained information about what drinks people liked before bed, what time they wanted to get up and specific details such as '[person] likes the lights turned off… and bedroom door shut but likes to be checked at least hourly'.

We saw that people's needs were assessed before they moved into the service. People told us that they had visited the service before it opened so that they could have a look round and had been able to meet some of the new staff. Once their care and support needs had been assessed a care plan had been drawn up. We saw that plans were reviewed regularly and updated if people's needs changed in any way. One person who had received respite care told us they struggled because they had not been provided with a particular mobility aid. They told us they had not raised this with staff but we saw that their needs assessment had not included consideration of any adaptations or aids they might require.

There was a mixed picture with regard to the way the service supported people to follow their own interests and hobbies. On one unit we saw that people were provided with a large variety of activities and entertainment. One person told us, "We chat, we sing. Sometimes people bring music in. I like listening to music". We noted that this person had been listening to music most of the morning. One member of the care staff team was playing the organ while another staff member sat and helped someone with a puzzle. We asked a relative who was visiting if this was a typical picture of activity and they assured us it was saying, "This is absolutely typical. I have seen them do all sorts of things with people. They have film afternoons, cooking and trips down to the coffee shop".

On the other two units we did not see as much evidence of structured or sensory activity during our inspection and most people were asleep or watching television. On one unit one person really enjoyed a craft activity for an hour and half but other people had very little stimulation during this time. This unit provided care to people living with advanced dementia but we did not see items that would assist people to reminisce about their past times and there were no sensory games or puzzles for people to play.

On a different unit one person told us, "I would like to go out more….I don't like Bingo so I am not interested in the activities they provide". Another person told us that they were not able to have access to alcohol which was something they would have liked. Staff were not able to explain to us how they supported this person to have access to alcohol in a way that was enjoyable and safe for them.

We saw that resident meetings took place regularly and a meeting had been held recently to discuss what new things people might like to try. A number of suggestions were being taken forward as the manager was keen to increase the opportunities for people to follow their own interests and hobbies if at all possible.

The service had a complaints procedure and people, and their relatives were aware of it. Where people had raised informal concerns they told us that staff responded quickly to put things right. One relative told us they had made a formal complaint about an aspect of their relative's care and this had been dealt with promptly and to their satisfaction.

A relatives meeting took place every two months and feedback was actively sought on how the service was performing. One relative told us, "Relatives meetings take place every two months. We feel listened to and action happens". The chef visited each unit after the main meal had been served in order to get feedback and ensure people had enjoyed their food. We could see that people welcomed this opportunity to share their thoughts on the food.

Good

Is the service well-led?

Our findings

A person-centred and open culture was promoted at the service. People who used the service, and their relatives, spoke positively about the management team and told us it was easy to meet with them and share concerns or give feedback. One relative told us, "I have found [the management team] to be very supportive, [they are] so sympathetic and cannot do enough for you". Another relative stated, "{The manager] has recognised what needs to be done here. There has been some adverse reaction to change, moans and groans, but she is doing a good job".

People told us that they were happy with the opportunities they were given to influence the way the service is run. Resident meetings took place and people told us they could attend if they wanted to. A recent meeting had discussed the range of activities offered and menu planning. The manager told us that they had not yet sent out feedback surveys to people and their relatives as the service was newly opened but this was planned. Relatives meetings, which were held every two months, provided relatives with the chance to raise concerns and discuss issues more formally.

We found that people who used the service knew the registered manager well and she chatted to people throughout the service, demonstrating that good relationships had formed in a short space of time. Staff were also positive about the management of the service. One member of staff described to us how the service had developed. They told us, "The staffing is about right and it feels like a community now". Staff said that they enjoyed working at the service and there were clear management arrangements in place which ensured lines of responsibility and accountability for staff.

Staff and relatives praised the way people had been supported to move from their former Care UK services to Davers Court. Staff from people's previous homes had visited with them and the process had not been rushed. The manager told us that the service was growing slowly up to its maximum occupancy and only accepting one new person every week to ensure that people received the support they needed to settle in well. The service had also recruited nursing staff in advance of admitting any people needing nursing care. At the time of our inspection these nurses were being used as senior care staff and were able to provide nursing expertise to other staff in their caring roles.

There were systems to monitor the training and supervision of staff. A training matrix identified if staff were overdue for any refresher training and we saw that the manager had identified dates when this required training would take place. An audit system was in place to assess and monitor the quality of the service provided. Audits and spot checks were carried out by the manager and senior staff.

People's care records and staff records were stored securely which meant people could be assured that their personal information remained confidential. Care records were stored as both paper records and electronically and all the staff we spoke with had been trained on the electronic system and were confident in its use. We found that some records on one unit, including some people's life stories, were not always fully completed. We also saw that some repositioning charts on this unit had some gaps in them which meant we could not be certain that people had received the repositioning they required. Record keeping on other units was generally found to be good.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service. The registered manager's line manager visited the service regularly to provide support and an opportunity to measure and review the service delivery.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use the service were not protected against the risks associated with the unsafe use and management of medicines because the provider did not have appropriate arrangements for the recording, dispensing and safe administration of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who used the service. Regulation 11 (1)