

## Classic Care Homes Limited

# Daisy Bank 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?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We inspected Daisy Bank Nursing Home on 2 February 2015 which was unannounced. At the last inspection on 4 August 2014, we asked the provider to make improvements to the way they assessed people's capacity to make informed decisions. We found that these actions had been completed.

Daisy Bank Nursing Home is registered to provide accommodation with nursing for up to 32 people. At the time of the inspection the service supported 26 people. People who used the service had physical health and/or mental health needs, such as dementia.

The service did not have 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection there was a manager at the service who had been managing the service for approximately 10 months. At the last inspection we were told that they were planning to apply to be the registered manager. They also told us they had submitted an application, but this had not been received by us and we did not see any evidence to support this. This meant that the provider had not taken action to ensure that the conditions of their registration were met in a timely manner.

We found that there were enough suitably qualified staff available to meet people's assessed needs. However, on the day of the inspection there was a shortage of one care staff which meant interaction with people was limited.

Staff told us the management team were approachable and that they listened to them. People were encouraged to feedback their experiences and these were acted on to improve the quality of care provided. Some improvements were needed to ensure that people were aware of actions taken that resulted from their feedback.

We found that the manager had systems in place to monitor the quality of the service provided, but some improvements were needed to ensure that this was kept up to date.

People told us that they felt safe when they were supported by staff. Staff were able to explain how they kept people safe from harm and the actions they needed to take if they felt someone was at risk of harm.

People received their medicines safely. Medicine records were completed and staff understood the procedures they needed to follow when supporting people with their medicines.

People's risks were assessed. We saw that staff supported people in a safe way and they were aware of people's individual risks.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs. Staff told us that they felt supported by the manager.

People were involved in their care and consented to their plans of care. Some people who used the service were unable to make certain decisions about their care. We found that mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005. The provider had followed the legal requirements where a person was being deprived of their liberty in accordance with the Deprivation of Liberty Safeguards (DoLS). We saw that decisions were made in people's best interests when they are unable to do this for themselves.

People told us that the quality of the food was good and they were given meal choices. We saw that assessments were in place to ensure that risks of malnutrition were reduced.

Staff treated people in a caring and kind way and respected their dignity. Staff listened to people's wishes and supported them to make choices about their care.

People told us that staff knew how they liked their care provided. We found that staff understood people's preferences in care and people's social needs were being met.

The provider had an effective system in place to investigate and respond to complaints.

# 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 consistently safe.

We found that the provider did not have an effective system in place to ensure that staff shortages were covered, which meant that people's needs were not always met in a timely way. People told us that they felt safe. Staff and the manager understood their responsibilities to protect people from the risk of harm. Risks were assessed and managed in a way that kept people safe.

**Requires Improvement**



### Is the service effective?

The service was effective.

People told us that they consented to their care. Assessments had been carried out where people lacked mental capacity which ensured decisions were made in their best interests. People were supported with their health needs and staff had received training to carry out their role effectively.

**Good**



### Is the service caring?

The service was caring.

People told us that they were happy with the care they received and the staff were kind and caring. People were treated with dignity because staff listened to people's wishes and were sensitive when they provided support.

**Good**



### Is the service responsive?

The service was responsive.

People told us that they were involved in their care. We found that staff knew people's preferences in how their care needed to be carried out. People participated in hobbies and interests that were important to them.

**Good**



### Is the service well-led?

The service was not consistently well led.

A manager had been in place at the service for 10 months but they were not registered. People and staff told us that the manager was approachable. The provider had gained feedback from people who used the service which had been acted on, but improvements were needed to ensure that people were aware of the actions taken. The manager had undertaken some audits however, and we found that improvements were needed to ensure the service was monitored effectively.

**Requires Improvement**



# Daisy Bank 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 was 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 2 February 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist tissue viability advisor and an expert

by experience, who had experience of older people's care and dementia services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the information we held about the home, which included information we had received from the service. We spoke with commissioners and health professionals to understand their experiences of the service.

We spoke with 15 people who used the service, six relatives, four care staff, a nurse and the manager. We viewed nine records about people's care and medication. We also looked at records that showed how the service was managed.

# Is the service safe?

## Our findings

People told us that staff were often rushed and they felt there was not enough staff because they had to wait when they needed support. One person said, “I don't think there are enough staff but carers do a brilliant job. Seems to have been more staff lost in the past few weeks”. Another person told us, “Sometimes it takes the staff over 10 minutes to come. If I want to go to the toilet it is too late by then. They just say we are busy or we are short staffed”. Staff told us that they felt that there were usually enough staff available and it was busy on the day of the inspection because they were a staff member short. One staff member said, “We have enough staff normally. We are a staff member short today so we are busier but we still manage to help people”. We saw that staff were busy throughout the day and people's personal care needs were met but staff interaction with people was limited. The manager told us that they had been unable to cover the staff shortage on the day of our inspection but they worked alongside staff to ensure that people's needs were met. We saw the manager assisting people with various tasks and they were available when staff requested support. We found that there was not an effective system in place to ensure that staff shortages were covered, which meant that people's needs were not always met in a timely way.

People we spoke with told us that they felt safe. One person said, “I feel safe because the staff watch over you. They notice if you are not eating and different things. There are always staff around I just have to put my hand up when they come into the room and they come over”. Another person told us, “I feel very safe here because all the staff are so very good to me”. Relatives of people who use the service told us they felt that people were looked after and were safe. One relative said, “My relative has communication problems but I can tell she is relaxed, comfortable and content and has peace of mind”. Staff told us how they kept people safe and what actions they took if they had concerns that someone was at risk of harm. The manager understood their responsibilities to safeguard people from the risk of abuse. We saw that the manager had contacted the local safeguarding team where concerns had been raised.

People told us that staff helped them to remain safe around the service. One person told us, “The staff always make sure I have my frame to hand because I am a bit unsteady on my feet these days”. Staff we spoke with explained how they ensured that they supported people and were aware of people's individual risks. We saw staff supporting people to move safely around the home which corresponded with the records we viewed. People who were at risk of developing pressure areas were monitored regularly and pressure relieving mattresses and cushions were provided to lower the risks of pressure damage. The provider had assessed the risk to people because the lift was out of order. The manager had taken action to ensure that people who had mobility issues had been moved downstairs on a temporary basis so that the risk of social isolation was reduced. The manager had spoken with people and contacted relatives to make sure they understood why this was necessary before they moved people.

We saw that the manager monitored incidents and accidents that had occurred at the service. The manager carried out a monthly audit and we saw that where concerns were identified they had taken action that ensured people were kept safe. For example; where a person had fallen the manager had checked that risk assessments had been updated to lower the risk of further incidents.

People told us that they received their medicines when they needed them. We observed people being supported with their medicines. The nurse took their time when administering medicines and encouraged people in a way that protected their dignity. People were asked if they were in pain and if they needed any medicine to make them more comfortable. We saw that medication administration records (MARs) were signed after medicines had been administered and these were checked weekly to check that no errors had been made. The medicines were administered from a trolley which was locked each time the nurse left the room and the trolley was stored in a locked room when the medicine round had been completed. We saw that temperatures were being monitored daily in the room and the fridges where medicines were stored. The records showed that these were being stored at the appropriate temperatures.

# Is the service effective?

## Our findings

At the last inspection we found that there was a breach in Regulation 18. We asked the provider to make improvements to the way they assessed people's capacity to make informed decisions. The provider sent us an action plan outlining how they would make these improvements. At this inspection we found that improvements had been made. People and relatives we spoke with told us that they had consented to their care and treatment. We saw staff asking people if they could carry out support and people agreed to this. We viewed records of Do Not Attempt Cardio Pulmonary Resuscitations (DNACPR's) and saw that people and their relatives had been consulted. We also found that where people lacked capacity to make certain decisions the provider had carried out mental capacity assessments which ensured that decisions were made in people's best interests.

One person was at risk of harm if they left the building and we saw that the provider had considered that they may be depriving this person of their liberty. The provider had made a successful referral to the local authority for a Deprivation of Liberty Safeguards authorisation. We saw that there was a plan in place that ensured this person was supported in the least restrictive way and in their best interests. We observed staff caring for this person as stated in their care plan which ensured they were kept safe from harm.

Staff we spoke with told us they received an induction and regular training. One member of staff said, "I had a two day induction and then I shadowed another member of staff before I carried out any support on my own". Another member of staff told us, "There is plenty of training available. I have on going training and it is usually provided

by someone coming into the home" We saw training records that confirmed this and we saw that further training was scheduled in specific areas such as the Mental Capacity Act 2005 and DoLS. Staff told us that they had regular supervision with the manager and they were approachable when they needed any advice or support.

People we spoke with were happy with the quality of the food provided. One person told us, "The food is very good. If you want something different and they have got it then they give it to you". Another person said, "The food is very good. I get a cooked breakfast every morning and a choice of two dishes at lunchtime. Service from the kitchen is first class" We saw that care staff helped people to eat their meals with gentle encouragement or, where required, assisted the person to eat. This was carried out in a dignified way when they required assistance. Staff monitored how much people had eaten and, where people hadn't eaten much of their meal they were offered something else. People had their individual nutritional needs assessed and monitored with risk assessments and nutritional care plans in place. Where people were at risk of malnutrition we saw that they were given supplements to help to lower the risk of weight loss. We observed people being offered drinks throughout the day and staff helped people with their drinks.

People told us that their health needs were met and they had visits from health professionals when they felt unwell. One person told us, "The staff noticed I was not very well yesterday and the nurse suggested getting the doctor to come and have a look at me. I am glad they did as I have got a chest infection". We saw that people had received visits from various professionals which included the GP, a tissue viability nurse, a chiropodist and a physiotherapist.

# Is the service caring?

## Our findings

People we spoke with told us that staff were caring and compassionate. One person said, “The carers are great and always friendly. They talk to me and ask how I am when they pass or come to see to me”. Another person said, “Everyone has made me feel very welcome. The staff are all very friendly and cheerful”. We saw that staff took time to speak to people in a caring way throughout the day. We saw that when the afternoon shift changed the staff went and spoke to residents individually in both lounges and asked people how they were and shared a joke and a laugh before they started work.

People told us that they felt their dignity was respected. One person said, “The staff are very respectful when they speak to me”. Another person said, “Carers are patient and understanding and make me feel cared for. I need someone with me when I have a shower or bath to keep me safe but they just oversee really and I wash myself. They are very discrete and respect my privacy by looking away and making sure towels are handy” We saw that staff treated

people in a dignified way and made sure that they felt comfortable throughout the day. We saw staff kneeling down and talking to people face to face and using touch to make people feel comfortable.

People told us that they were able to choose what time they get up and go to bed. One person told us that they liked to choose their own clothes and the staff listened to their choices. We saw that the staff ensured that people were given choices and encouraged people to understand and be involved in their care. Staff explained what support they needed to provide and asked if this was ‘okay’ before helping people. For example; when staff helped a person to move they talked to the person throughout offering encouragement and reassurance.

A relative we spoke with told us that the provider operated a protected meal time policy but they were always made welcome and they were flexible with this arrangement. They told us, “I often come at lunchtime because my relative is more awake then and I can see whether she is eating and help her if needed”.

# Is the service responsive?

## Our findings

People told us that they were encouraged to be involved in hobbies and interests that were important to them. We spoke with one person who enjoyed reading and they were supported and provided with books when they asked for them. One person enjoyed time away from people and an area in the main lounge had been set aside where they could spend time listening to music through headphones. The provider employed an activity co-ordinator at the service who provided a range of activities both individually or in small groups. We spoke with the activity co-ordinator who told us that they spent time with new residents and their families during the first few weeks to compile life story books so that she could identify activities that they enjoy and that were appropriate and stimulating. We observed the activity co-ordinator spending time on a one to one basis with several people and they used reminiscence scrap books as a conversational aid.

We saw that people were encouraged to develop friendships and interact with each other. We observed staff supporting one person to spend time after lunch chatting with a person who was in bed and later was supported to spend time with another person. Staff we spoke with told us that they supported this person to do this every afternoon as they had formed friendships and enjoyed spending time talking to people.

People and relatives we spoke with told us that they were involved in the planning of their care and staff carried out

support in a way that met their needs. One relative told us, "I have seen the care plan and went through it with staff when they first came here. Although my relative cannot communicate very well verbally the staff always explain what they are going to do especially when moving her. They have learned to recognise and respond to her facial expressions". We saw this person being supported by the staff in an unrushed manner and staff responded to their communication needs. The records showed that people's personal preferences were documented in their care plans. Staff we spoke with knew people's preferences well and we observed staff supporting people in line with their likes and dislikes as documented in their care records.

We saw that the provider responded to changes in people's needs. For example, we saw that staff had informed the manager when there had been deterioration in a person's physical and emotional wellbeing. The records for this person showed that action had been taken to review their plans of care in response to their changing needs. This ensured that people received care and treatment that met their individual and changing needs.

People told us that they were happy with the care provided but they knew who to approach if they had any concerns. One person said, "If I had a complaint I would talk to the staff and the managers. I know I can approach them". We saw the provider had a complaints policy in place and complaints that had been received were logged. The provider had investigated complaints in line with their policy and provided feedback to the complainant.



# Is the service well-led?

## Our findings

The service did not have a registered manager. We spoke with the manager who told us they had been managing the service for approximately 10 months. At the last inspection we were told that they were planning to apply to be the registered manager. They also told us they had submitted an application, but this had not been received by us and we did not see any evidence to support this. This meant that the provider had not taken action to ensure that the conditions of their registration were met in a timely manner.

We saw that the manager had systems in place to check the quality of the service provided. There were various audits that were planned to be carried out on a monthly basis such as medication monitoring, care record audits and checks on the health and safety of the service. We saw that some of these were out of date, which meant that the manager was unable to assess the quality of the service provided effectively. The manager told us that they had recognised that they required assistance to carry out the audits and a plan had been put in place for a member of the care staff to give the manager support which would ensure that the monitoring was kept up to date.

People had been involved in giving feedback about the service but they were unable to give any examples of where this had affected the practice in the home. We saw that questionnaires had been analysed and actions from the feedback had been included in the residents meetings and displayed on the noticeboard. People told us that they attended monthly residents meetings to discuss any concerns or improvements that they may have. One person said, "We have residents meetings to see if we have got any complaints. I go sometimes. I can't think of anything specific that has changed because of them though". We saw records of the meetings which showed that various

subjects had been discussed such as; activities and food. We saw that the manager had taken action where suggestions had been made, but people were unaware that these had been undertaken when we spoke with them.

People we spoke with told us that the manager was very approachable and was often seen helping the staff throughout the day. One person told us, "The manager has taken me to the toilet at times when she has seen me in my electric wheelchair sitting outside waiting for care staff to come and help me". Another person told us, "I go to the manager for anything not medical. I find them approachable and helpful". Staff we spoke with told us they could approach the manager with any problems they had and the manager had always acted on concerns raised to make improvements within the service. Staff we spoke with had a clear view of the values of the home and told us that improvements had been made since a new manager had been in place at the service. One member of staff said, "There has been a real improvement the care is a lot more person centred and their [people who use the service] needs come first. My aim is to ensure that the residents feel safe, happy and comfortable".

The manager told us that they felt supported by the provider to carry out their role. The manager had regular supervision and told us that the provider was approachable when they needed to discuss any concerns or issues within the service. The manager said, "I feel fully supported in my role. The chief executive is my direct manager and they visit the service regularly each week. I find them approachable when I have concerns or need resources to improve the service". We found that the manager had submitted notifications of incidents that had occurred within the service such as; serious injuries and incidents of alleged abuse, which meant they were clear and transparent with regards to incidents that had occurred at the service.

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.

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.