

HC-One Limited

Dovedale Court

Inspection report

Holyhead Road, Wednesbury, West Midlands, WS10
7PZ.
Tel: 0121 502 6444

Date of inspection visit: 1 and 8 June 2015
Date of publication: 21/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

The provider is registered to accommodate and deliver nursing and personal care to 76 people. People who lived there are elderly and some may have needs associated with dementia.

Our inspection was unannounced and took place on 1 and 8 June 2015. At the time of our inspection 64 people lived there.

At our last inspection in 2014 the provider was not meeting one of the regulations that we assessed which related to record keeping. During this inspection we found that although some improvements had been made concerning the specific issues at that time another non reporting of an incident had occurred.

The manager was registered with us as is required by law. 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.

People and their relatives told us that staffing levels were adequate to meet people's needs.

We found that staff were trained to support the people who lived there effectively and safely. Staff told us and records confirmed that they received induction training and the support they needed to ensure they did their job safely.

Summary of findings

Staff knew what to do to ensure the risk of harm to people was prevented and that people received care and support in a safe way.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered. Systems were in place for people and their relatives to raise their concerns or complaints.

People were encouraged and supported to engage in recreational activities which they enjoyed. Staff supported people to keep in contact with their family as this was important to them.

People were encouraged and supported by staff to be independent and attend to their own personal care needs when they could.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

People and relatives we spoke with were all positive about the quality of service. The management of the service was stable. A number of processes were used to monitor the quality of the service provided. However, we found that some attention was needed regarding medicine management systems and the notifying of us and the local authority of incidents that occur.

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 safe.

People and their relatives told us that the service was safe.

Staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

Systems to ensure safe medicine management needed some attention to decrease any potential risk of ill health to the people who lived there.

Good



Is the service effective?

The service was effective.

People received effective care and support.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Good



Is the service caring?

The service was caring.

People and their relatives told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding their daily life skills was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Staff were responsive to people's preferences regarding their daily routines and needs.

The provider offered recreational activities that people could participate in and enjoyed.

Good



Is the service well-led?

The service was well led.

Requires improvement



Summary of findings

A registered manager was in post. The management of the service was stable, open and inclusive.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Systems concerning medicine management and the notifying to us and the local authority of incidents that have occurred needed some improvement.

Dovedale 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.

Our inspection was unannounced and took place over two days 1 and 8 June 2015. At the time of our inspection 64 people lived there. Our inspection team included an inspector, a pharmacist 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information is then used to help us plan our inspection. The form was completed and returned so we were able to take information into account when we

planned our inspection. Before our inspection we also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service provided and they told us that they were not aware of any current concerns. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we spoke with eight staff members (including nursing and care staff) and the registered manager. We met, spoke, or engaged with 14 of the people who lived there and twelve relatives. Not all of the people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions with staff and body language to determine their experience of living at the home. We looked at three people's care records, 12 medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the training matrix.

Is the service safe?

Our findings

People who were able told us that they felt safe. A person confirmed, “Oh, yes, I feel safe here”. Another told us, “I am safer here than I was in my own home, people are around me and I can sleep here without any fear”. A relative said, “I have no concerns regarding safety”. Our observations showed that people who lived there were very at ease with staff. We saw that they approached confidently staff if they wanted something.

People and relatives we spoke with told us that they were not aware of any abuse and had not encountered anything of that kind. One person said, “No nothing of that kind”. A relative said, “I have never seen anything rough handling or anything that worried me”. Training records confirmed that staff had received training in safeguarding people and abuse prevention. We saw policies and procedures for safeguarding adults and contact numbers for the local safeguarding authority to make referrals or to obtain advice from was available to staff. Staff spoken with knew how to recognise signs of abuse.

A person told us, “The corridors are straight, bright and no unnecessary clutter around to keep people safe”. Staff we spoke with were aware of potential risks to people. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included mobility and moving and handling assessments and general risks relating to people when partaking in daily living activities. We observed staff when they were hoisting a person. We observed that the staff took care to make sure that they did this safely to prevent the risk of injury to the person.

Staff had the knowledge of how to deal with emergency situations. Staff told us and records confirmed that they had received ‘emergency procedure’ training. During our inspection we observed an emergency situation that staff dealt with appropriately. We saw that a care staff member calmly assessed a person who had become unwell. They activated the emergency call system to which nursing staff and the registered manager responded to quickly. A nurse assessed the person and gave them reassurance. The person was monitored after the incident to ensure their condition did not deteriorate.

A new staff member confirmed that checks had been undertaken for them before they were allowed to start

work. We saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also checked and found that the nurses were registered with the Nursing and Midwifery Council (NMC) which confirmed that they were eligible and safe to practice. These systems minimised the risk of unsuitable staff being employed and people being placed at risk of harm.

The majority of people and their relatives told us that they felt that there were adequate staff. One person told us that they had to wait for the toilet. Another person said, “There are always staff when we need help”. Another person told us, “I think there are enough staff. There does not seem to be a problem”. A relative said, “I think there are enough staff. There are always staff in the lounges when I visit”. Another relative said, “I do not think that staffing is an issue to worry about”.

There were systems in place to cover staff leave which included asking off duty staff to cover or the use of bank staff. The registered manager confirmed that agency staff were rarely used. They told us that their own bank staff, who were familiar with the people who lived there, covered shifts when needed. This meant that steps were taken regarding staffing so that people would be supported appropriately by staff who knew them well.

People we asked told us that they would rather staff looked after their medicines. One person said, “I have so many tablets I would be worried that I was not doing it properly”. Another person said, “I have my tablets as I should and at the right time”. When medicines were being administered to people we heard the nurse explaining what medicine was being given to them.

We looked for records for people who were having the medicinal skin patches applied to their bodies. We found that the provider was making a good record of where the patches were being applied however, this record showed that the patches were not always being applied in line with the manufacturer’s guidance, which could result in unnecessary side effects.

Is the service safe?

We found that where people needed to have their medicines administered directly into their stomach through a tube the provider had not ensured that the necessary safeguards were in place to ensure that these medicines were prepared and administered safely.

We looked in detail at 12 medicine administration records. We found that people were receiving their medicines that came as a tablet or a capsule at the frequency they had been prescribed by their doctor. Unfortunately we found discrepancies with some liquid medicines and inhalers when comparing the remaining quantity of these medicines with the administration records. This could indicate that people were not receiving these medicines at the frequency they had been prescribed. However, when we spoke with people about their medicines they told us they were getting them when they wanted them.

We looked at how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that the Controlled Drugs were being stored securely, regularly audited to ensure that they could be accounted for and administered as prescribed.

Medicines were being stored securely. We also found that the information available to the staff for the administration of when required medicines was robust enough to ensure that the medicines were given in a timely and consistent way by the nurses and care staff.

Is the service effective?

Our findings

People we spoke with told us that they felt that the service provided was effective. This was also the view of relatives we spoke with. A person said, "I think it is good here". Another said, "I am well looked after". A relative said, "I moved them [Their family member] out of the last place they were in as it was no good. It is very good here. I never worry". Another relative told us, "I would move my Mum out of here if I did not think it was good". All staff we spoke with told us that in their view the care that was provided to people was good.

People we spoke with told us that staff knew how to look after them. A person said, "The staff know me well and I am happy with the way they look after me". A relative told us, "The staff know them well and how to look after them". Another relative said, "My mother can be aggressive. Staff use the right approach and manage each situation well"

We found that staff knew how to calm people. We observed a situation where a person who was confused was saying an external person was going to come and harm them. We heard staff reassuring them that no one would harm them and no one who was unauthorised would be allowed to get into the home. This assured the person who calmed down.

The provider had systems in place for staff to give appropriate care and support to the people who lived there. A new staff member who had been employed and they told us and records we looked at confirmed that they had received induction training. They said, "I had an induction. I looked at records and did training". The registered manager told us that from 1 April 2015 the provider had introduced a new induction package. The registered manager told us that this complied with the new 'Care certificate' requirements. All staff we spoke with told us that they received supervision and support. Records we looked at confirmed this. Staff told us and the training matrix we looked at confirmed that they had either received all the training they required or it had been highlighted that the training needed to be arranged.

We observed throughout the day that staff asked people's permission before carrying out tasks. A person said, "The staff do ask me before they do anything". We observed and heard staff seeking people's consent before care or support

was given. We heard staff explaining to people what they were going to do before moving them in wheelchairs or using the hoist and asked people if they were happy with that.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

Staff and relatives confirmed that where it was determined that a person lacked mental capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the person's best interest. A relative said, "Staff always involved me in decision making". Staff we spoke with gave us an account of what capacity meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager had applied to the local authority who were in the process of approving at least 10 DoLS. We looked at a care plan for a person who had an approved DoLS. It informed staff of the approved restriction and what they needed to do. These prevented people having their right to freedom and movement unlawfully restricted.

All people we spoke with told us that they liked the food and drinks offered. A person told us, "I love my food and I always clean my plate. If I need more staff do offer extra food to me." Another said, "We have choices each meal time". Menus we looked at confirmed this and showed that all people were offered a varied diet. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines.

Staff gave us a good account of people's individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes. We found that where people had been assessed as being at risk from malnutrition or choking referrals had been made to health care professionals for advice. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. We saw that food and fluid intake records were maintained for staff to determine if people were eating and drinking enough. We saw that staff offered people drinks regularly

Is the service effective?

throughout the day and encouraged them to drink. During meal times we saw that staff were available to give assistance to people who needed this. We saw that they made the meal time a pleasant experience. We heard a staff member asking people if they would like some music played whilst they were eating. We saw that staff sat next to people and spoke with them to encourage them to eat and drink.

People confirmed that they attended health care appointments or that healthcare was accessed for them. A

person told us, "I have the doctor when I need them and have my feet done". A relative said, "The staff always get the doctor when needed and let me know". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included specialist health care teams and speech and language therapists.

Is the service caring?

Our findings

All of the people who lived at the home told us that the staff were, “Very nice” and, “Kind”. One person said, “The staff are all kind to me”. Another said, “The staff are good and caring”. A relative said, “The staff show compassion and care”. We saw that staff showed an interest in people. They sat by people and listened to what they said. We observed staff interactions with the people who lived there. Staff showed kindness and were patient. We heard staff speaking in a friendly way to people. Our Expert by Experience described the interactions that they had observed between staff and the people who lived there as, “Excellent”.

A relative told us, “The staff here definitely show compassion”. We saw staff place their hands on people's arms to give comfort and reassurance. We saw staff giving one person a fabric dog to hold. The person cuddled the dog and looked very content. We saw that relatives had been allowed to bring a small dog into the home to visit one person. The person was in bed and the dog lay on the bed with them. The person was stroking the dog and was smiling. They looked very happy.

One person told us, “I feel that the staff respect me and are polite”. A relative said, “The staff are always polite when I have contact with them”. Records confirmed people's preferred name and we heard staff using that name. Staff

we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice. This included knocking bedroom doors and waiting for a response before entering and ensuring that people were appropriately covered when personal care was provided.

A person said, “I tell the staff what I want to wear”. Other people told us that staff supported them to select the clothes they wished to wear. We saw that people wore clothing that was appropriate for their age, gender and the weather. People we spoke with told us that the hairdresser visited the home regularly to provide a service. One person said, “I like getting my hair done”. This meant that staff knew people's individual wishes and choices concerning their appearance and had supported them to achieve this. It was clear that staff knew people well.

A person said, “I like to do what I can for myself”. Another said, “The staff help us do what we cannot”. At breakfast and lunch time we heard staff encouraging people to eat independently and we saw that they did. This highlighted that staff knew it was important that people's independence was maintained.

All people we spoke with told us that they could have visitors at any time. One person said, “My family can visit whenever they want to”. Relatives told us that they visited when they wanted to. A relative said, “We visit every day and are made to feel welcome”.

Is the service responsive?

Our findings

A person told us, “They look after me as I need and want”. A relative said, “The staff know my mother’s needs and care for her well”.

A person said, “The staff ask me how I want things done”. Other people and their relatives also told us that staff involved them in care planning so they could decide how they wanted their (or their family member’s) care and support to be delivered. A relative told us, “They always ask my opinion”. Another relative said, “We have always been involved in care and planning”. Records we looked at and staff we spoke with confirmed that where required people’s needs were reviewed by the local authority and other health or social care professionals. These processes enabled the provider to confirm that they could continue to meet people’s needs in the way that they preferred.

Staff had a good knowledge of people’s needs. When we asked them questions about people’s care plans they were able to give us a good account of their needs and what they needed to do to meet them. We saw for people being cared for in bed records were maintained to show when their position had been changed and when they had taken food and drink.

The provider knew that it was important that people were offered the choice to continue their preferred religious observance if they wanted to. Staff told us and records confirmed that people had been asked and offered support to attend religious services.

All people we asked told us that a range of activities were offered every day. One person said, “We can do all sorts of things”. Records that we looked at and staff we spoke with confirmed that this was correct. We also determined that external providers came to the home to do shows and that the mobile library visited and allowed people to select books. The provider employed two staff members to devote their time fully to activities. We observed an activity worker asking people what activities they preferred. We also observed that the activity worker encourage people to participate in the activities. We found by speaking to people and staff and looking at records that people were offered the opportunity to go out into the community and on outings. An outing to Western Super mare was planned for the week of our inspection. People were excited about this. One person said, “I am really looking forward to it”.

All people and their relatives told us that if they were not happy about something they would feel comfortable to raise this with staff or the registered manager. One person said, “I would tell the staff. I would be happy to do that”. A relative said, “I would go to the nurses or the manager. When I have raised issues before they have always been sorted”. We looked at the complaints log and saw that there was a record of complaints that had been received, how the complaints had been dealt with and if the complainant was happy with the outcome, which we saw in most cases they were. This showed that the provider had a system in place for people and their relatives to access if they were not satisfied with any part of the service they received.

Is the service well-led?

Our findings

People and their relatives told us that in their view the service was well run. A person said, “It is a good place”. A relative told us, “This place is much better run than the last place they [Their family member] was in”.

The provider has a legal duty to inform us of untoward incidents that occur. During our previous inspection of August 2014 we identified an incident that had not been reported to us as it should have been. During this, our most recent inspection, the registered manager told us about an incident of alleged neglect that had occurred. They told us that the provider had investigated the incident and one staff member no longer worked there. The registered manager confirmed that they had been on holiday at the time of the incident and staff had again, not informed us, or the local authority safeguarding team about this incident as they should have done to meet requirements.

The provider had a team that conducted audits of the home and other audits including falls management and health and safety were undertaken by the registered manager.

We found that not all care plans were detailed enough. One person’s care plan did not highlight the mouth care they may need and another person’s care plan did not reflect the fact that they wanted their hair cut regularly. We also found that systems to ensure safe medicine management needed some attention to decrease any potential risk of ill health to the people who lived there.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by nursing staff and a senior manager who oversaw this and other services owned by the provider.

Relatives we spoke with and some of the people who lived at the home knew who the manager was and felt they could approach them with any problems they had. A relative said, “I think the place is well run. If there are any issues we can go and see the manager. The manager keeps an eye on things”. The registered manager made themselves available and was visible within the home. We observed the registered manager go around the home asking each person how they were and also speaking with relatives. Staff we spoke with told us that the registered manager did this at least once every day.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR which met our requirements.

Staff we spoke with told us that they felt supported in their job role. One staff member said, “We as staff are supported. The manager is approachable. They are very firm but very fair as well”. Staff told us and records we looked at confirmed that staff meetings were held.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with knew of the whistle blowing policy and gave us assurance that they would use it if they learnt of or witnessed bad practice. A staff member confirmed that they knew of the whistle blowing procedure. They said, “If I saw something I would report it”.

A relative said, “I completed a survey not long ago”. We saw that surveys were used by the provider on an annual basis. We saw that the feedback from the last completed surveys were mostly positive. We saw and staff told us that they were also asked by the provider to complete surveys on an annual basis.

A person said, “We have meetings to discuss things”. The registered manager and minutes we saw confirmed that meetings were held for the people who lived there so that they could make suggestions and raise issues. We found that some changes had been made as a result of what people had said. These included people going out into the community more frequently and menu changes. Relatives told us that there had been problems with the laundry service but they had been listened to and improvements had been made. One relative said, “The laundry service is much better now”. In the last few months a committee had been established for the people who lived there. A number of people had been voted to speak on others behalf. Minutes we saw and the registered manager told us that it was hoped that committee members would become involved in the recruitment processes of new staff.