

HC-One Limited

# Daneside Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Daneside Court Nursing Home is a care home providing personal and nursing care to adults aged 18 and over at the time of the inspection. The service can support up to people.

The care home accommodates people over two floors of a purpose built adapted building. People on the upper floor are supported by a Nurse.

### People's experience of using this service and what we found

There were governance systems in place to monitor the quality and effectiveness of the service. However, this did not highlight or address some of the concerns identified at this inspection.

People's hydration and nutritional needs were not always monitored or managed well. The dining experience for some people required improving.

Records used to demonstrate what care had been delivered throughout the course of the day and night were not always completed. Therefore, we could not be assured that people received the right care and the right time.

People said, and we observed, that there could be a delay in staff responding. We were also told there was sometimes lack of continuity in nursing care due to agency staffing being used the majority of the time. The provider told us they were trying to recruiting into these posts, but it was continuing to be problematic. We made a recommendation that the provider further review the number and deployment of staff throughout the home.

People's dignity was not always fully maintained. We observed people's bedroom doors were not always closed when staff were supporting people and the way in which some staff communicated with each other did not always afford the confidentiality or respect of people at the service.

Processes were in place to ensure the safe management of medicines. We spoke with the provider about ensuring the use of prescribed thickeners were appropriately recorded.

People's care plans were complete although not all were personalised or contained information on a person's background. Staff, however, knew people and how they wished to be supported.

Risks to people had been identified and steps taken to mitigate any further occurrence. Lessons had been learnt from adverse incidents and reflective reviews undertaken with staff.

People and relatives told us that staff were kind and caring. They told us that they had not had to raise any

concerns about their care but that there was a complaints system in place should they need to do so.

Staff knew how to safeguard people from abuse. They were recruited using systems which reduced the risk of unsuitable candidates being employed. Staff were supported through induction, training and supervision to ensure they had the skills and knowledge required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff sought consent from people when assisting them and had an understanding of the Mental Capacity Act.

A staff member was appointed to look at the physical and emotional wellbeing of people at the service. A range of activities had been made available to people which were appreciated and enjoyed. The service worked with other professionals to meet people's needs in a holistic way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to maintaining adequate nutrition, record keeping and good governance at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not fully responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service as not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Daneside Court Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and a specialist adviser who was a registered Nurse.

#### Service and service type

Daneside Court Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager was working their notice period, but a new manager had been identified.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. Health watch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. They had last visited 22 August 2018 and had no concerns.

#### During the inspection

We spoke with eleven people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, agency nurse, senior care workers and care workers.

We reviewed a range of records. This included nine people's care records and multiple medication records. A variety of records relating to the management of the service, including staff training, support, audits and surveys.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Only one registered nurse was employed. This staff member had just returned from extended absence during which only agency staff were available.
- The provider was experiencing long term difficulties in attracting permanent nursing staff. The registered manager tried to use consistent agency staff in order to mitigate the risk of support being provided by staff unfamiliar with people or processes within the service.
- People told us, and we observed, that on occasion, people had to wait for help. Staff focused on completing tasks rather than on person-centred care and support. Staff told us they felt stretched.

We recommend that the provider review both the number and deployment of staff to ensure that they meet peoples care needs effectively.

- Recruitment procedures were safe. Checks were undertaken before new staff began work to help ensure staff were suitable to carry out their role.

### Using medicines safely

- Some people, with swallowing difficulties, had prescribed 'thickener' added to fluids to make them safer and easier to swallow. However, there was no record kept of every time this was used.
- There was not always a clear record of why "As required" (PRN) medication had been offered and the outcome of its administration assessed to ensure that it is effective.
- People told us they had their medicines on time and this was administered by staff who were trained and competent.
- Records reflected what was prescribed and administered along with any special instructions.

### Systems and processes to safeguard people from the risk of abuse

- Staff had an understanding of safeguarding adults and they had received training in relation to this.
- Information was available to staff to support them in identifying and reporting concerns appropriately.
- Allegations of abuse or poor care had been reported to the local authority for review and investigation.

### Assessing risk, safety monitoring and management

- Assessment and management plans were in place for specific risks relating to people's health, safety and welfare.
- Appropriate checks had taken place to ensure that the premises and equipment were safe and well

maintained.

- A range of forums such as daily 'flash meetings, weekly clinical meetings' and monthly 'falls' meetings were held so discuss concerns and to consider actions required.

#### Preventing and controlling infection

- The service had recently had an external audit undertaken by the Infection, Prevention and Control Team and had scored 80%.
- An action plan had been drawn up to address some of the identified deficiency such as those relating to repair and refurbishment of the environment.
- We noted that there was a strong malodour in some bedrooms and requested that this be further investigated and addressed.

#### Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were evaluated to identify any themes and trends. Changes were considered to minimise the risk of further occurrence.
- Reflective learning took place with staff following any adverse incident in order that individual practices could be improved.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always provided with the right level of supervision or prompting to ensure they had enough to eat or drink.
- Three people were served meals and drinks but they were placed out of reach. Two people required assistance, but no encouragement or physical support was provided as indicated in their care plan. One person had been served a main meal and hot desert both being left in front of them for 45 minutes by which time they were cold and untouched.
- People had a variable dining experience with some people in the upper dining room having to wait over 20 minutes whilst others were served and supported. Some people opted to stay in their rooms but told us their food was often cold by the time they received it.
- People who had dysphagia are known to be more at risk of mal nutrition and dehydration, but staff did not routinely monitor their food and fluid intake to ensure it was enough.

This failure to ensure people received appropriate support was a breach of regulation 14 (meeting nutritional and hydration needs) of the health and social care act 2008 (Regulated activities) Regulations 2014.

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

- An assessment was carried out prior to a person moving into the service to ensure that their needs could be met effectively.
- Nationally recognised tools were used to monitor people's skin and weight.
- Care records were not always reflective of the new international dysphasia diet standardisation intuitive (IDDI) with care plans containing a range of descriptors.
- People's needs were regularly reviewed to ensure that the service could meet their ongoing needs: sometimes people required additional support from within the service such as nursing care or, on occasion, it was established that they needed to move to a different type of setting.

Staff support: induction, training, skills and experience

- Staff took part in an induction that included training, shadowing an experienced member of staff and direct assessment of competency.
- Throughout their period of employment, staff kept their skills and knowledge updated with ongoing training opportunities and regular review of their practice.
- Nurses employed by the service had clinical supervision from the registered manager who was a Nurse.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had a positive working relationship with other professionals such as the tissue viability team, dietician, speech and language and the district nurses.
- People's oral hygiene and dental needs had been assessed. The provider informed us that training in oral health care was to become mandatory and not optional.
- Support was requested in a timely manner and recommendations added to care plans.

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

- The physical layout of the building met the needs of people who lived there. Corridors were wide and all areas of the home accessible to people. There was adequate signage and way-finding prompts for people to find their way around the home.
- People's rooms had been decorated in a way they preferred with items of personal memorabilia.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out, where it was felt people may lack in the capacity to make a specific decision.
- DoLS applications had been completed where applicable and conditions met.
- There was information contained in care plans to indicate whether a person had legal representative nominated to make decisions on their behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care staff knew people well including their individual likes, dislikes, life history and interests.
- Residents meetings took place where people could talk about issues important to them. One person told us, "I am the spokesperson as it's important that we have a say...and I can assure you that we are listened to."
- Relatives told us they were made welcome when they visited, and staff kept them up to date with any issues of relevance to them. One told us "They are really good and keeping us updated and they have so much patience with my [relative]."

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were not always respectful in how they spoke about people to each other or in the presence of others. The language used was not appropriate such as referring to people who required assistance with meals as 'The feeders.'
- Staff knocked on bedroom and bathroom doors before entering. However, we found people's privacy was not always fully respected by all staff. We saw some staff supporting some people in their bedrooms without closing doors.
- We observed that some people were in their rooms with the doors open but were not fully clothed. Their undergarments or continence products were on full display to anyone passing the rooms.

Following this inspection, we received information from the provider to say these issues had been addressed with the staff team.

- People described the staff as being 'Kind', 'Considerate' and caring.
- Staff promoted people's independence where they were able. One person told us 'I don't need the staff to do much for me and they respect that by just helping me with the things that are a struggle.'

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Not all care plan contained a good social life history or information relating to personal choice, routines or cultural needs. This meant that staff less familiar with a person may not provide the right support.
- Daily records did not always reflect the care provided and were not completed at the time of care delivery, For example. Records indicated a person had been shaved on the morning of the inspection, but they were unshaven. There were gaps in records for food and fluid intake, personal care and repositioning. This meant we could not be assured that needs had been met
- Some people had a 'close observation' chart but these did not all state the purpose or required frequency of this intervention. Checks were inconsistent and not reflective of the support required or provided.

This failure to keep a full, accurate and contemporaneous record was a breach of regulation 17 ( good governance0 of the health and social care act 2008 ( Regulated Activities) 2014.

- Care plans indicated the level of support that each person required so that staff could provide assistance in line with their needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans indicated how a person best communicated with others and how staff were to achieve this.
- The provider was able to provide information in a range of ways that people could use and understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities available to people that were appropriate to their needs both within the home and the community. Events were communicated via a weekly timetable. One person said, "I always know what is going on and staff remind me and help me to get downstairs to the lounge to join in".
- We joined in an exercise class which people really enjoyed and those taking part were having an appropriate time together.
- People were enabled and supported to maintain contact with family and friends.
- Representatives of faith groups visited the service. People told us they had been to a number of church

services over this festive period and this was especially important to them.

Improving care quality in response to complaints or concerns

- People and relatives told us that they knew how to make a complaint and had no concerns about being able to do so.
- Any complaints or concerns had been addressed and an apology made where appropriate to do so.

End of life care and support

- The service supported people with life limiting conditions, but no one was receiving end of life care at the time of inspection.
- Staff received additional training and support from the local
- The approach to exploring people's preference and choices in regard to future care was not consistent and not everyone had a support plan for end of life wishes and preferences. The registered manager informed us that they were currently working with other professionals in regards to this.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems in place monitor and assess the quality and safety of the service. However, these had failed to effectively identify and/or address some of the issues we found on inspection with record keeping, dining experience and meeting nutritional needs.
- Recent safeguarding concerns had highlighted issues in relation to record keeping and the supervision of people using the service in bedroom and dining areas. These concerns had not yet been fully addressed as they remained an area for improvement.
- The commission had not always been informed of incidents affecting people who used the service in a timely manner and had, on occasion, first become aware of matters from the local authority.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the services. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was looking at new ways of attracting and retaining nursing staff and discussed this with us.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Everyone we spoke with told us they felt listened to by the management team and in particular the registered manger. They were anxious in regard to their imminent departure leaving.
- Surveys had been sent out last in August 2019 to people, relatives and staff to gather their feedback. The results of these were analysed by the management team and an action plan put in place to address issues identified. 85% of people at the home rated it as excellent or good overall
- People who used the service confirmed that they were consulted in the running of the home and matters relating to them. The last survey indicated that 94% of people felt listened to.
- Residents meetings were held, and minutes reflected debate, discussion and consultation in regard to a range of issues such as management, staffing, menus, and activity.

- There were a range of meetings which staff attended in order to voice their opinion in regards matters which affected them or individuals who used the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their duty of candour responsibilities.
- The registered manager was open about the areas of improvement required within the service and had fully participated in safeguarding meetings and investigations.

Working in partnership with others

- The service worked with a range of professionals and outside agencies to meet people's needs.

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 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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  People did not always get the necessary support to eat and drink. Assessment and review did not include risks relating to nutritional and hydration needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems did not fully assess, monitor and drive improvement. Records were not all accurate, complete and contemporaneous.