

## Care UK Community Partnerships Ltd

# Davers Court

### Inspection report

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### 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?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 12 and 14 July 2017 and was unannounced. The service had previously been inspected twice in 2016. Once on 16 and 17 February 2016 when we found several breaches of our regulations, in particular we had serious concerns in the way the service managed, recorded and stored people's medicines. We asked the providers to take immediate action to safeguard people from harm in regards to the medication. On 26 May 2016 our pharmacy inspector visited the service to check whether they had taken sufficient action. We found that the service had taken action and people's medicines were managed safely.

However, there were still outstanding breaches in other areas reported in the report resulted from the inspection done on 16 and 17 February 2016, so the overall rating of the service remained requires improvement. Those concerns included there were not always enough staff on duty. Nor was the service proactive in managing everybody's health needs and people's dignity was not always protected. During this inspection we found that the service had taken the necessary action to be rated as a good service.

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 living in the service. The service was divided into four almost identical wings. One wing was a nursing unit, which the providers had closed to enable the service to focus on bringing the service up to standard. They had found it difficult to recruit nurses. The service was in the process of actively recruiting to open the nursing wing.

At this inspection of 12 and 14 July, people who lived in the service told us that they felt safe and well cared for. They believed that the care workers knew what support they needed and that they were trained to meet those needs and to keep them safe. There were enough staff on duty, including senior staff, catering and housekeeping, to protect people from harm. Risks to people were assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. People's medicines were managed safely.

People were asked for their consent by staff before supporting them in their day to day care. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if 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.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw many examples of positive and caring interactions between the staff and people who lived in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. They took steps to investigate complaints and to make any changes needed.

The service was well led by the registered manager who felt they were well supported by their line manager, the regional director and the organisation. People using the service and the staff they managed told us that the registered manager was open, supportive and had good management skills. There were systems in place to monitor the quality of service the organisation offered people. 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medicines were stored, managed and administered safely for the protection of people who used the service

There were sufficient staff to meet people's assessed care and treatment needs.

Staff had been trained to recognise the signs of abuse and demonstrated their understanding of how to report incidents of concern to the relevant authorities.

### Is the service effective?

Good ●

The service was effective.

Staff understood people's needs and preferences and received people's consent before offering them support.

Staff received training to enable them to carry out their roles effectively and were given opportunities to have meetings with their manager to discuss their performance and development.

People enjoyed their meals and were supported to maintain good health and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People and their relatives were regularly consulted regarding to the quality of their care and support needs.

People were consulted about how they wished to live their daily lives and this was promoted and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were centred on the care and support needs of the individual.

People were engaged, supported to remain occupied and were supported with a good range of social and leisure activities.

There was a complaints policy in place and complaints were investigated to the satisfaction of the people who had made the complaint.

### **Is the service well-led?**

The service was well-led.

The registered manager was committed and was proactive in providing a high standard service which was centred on the needs of people who used the service.

Processes were in place to monitor the quality of the service and action was taken when it was identified that improvements were required.

**Good** ●

# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive unannounced inspection took place on 12 and 14 July 2017, and was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service including notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the previous inspection reports and the action plan which the service had supplied following this inspection.

During the inspection 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 talk with us.

We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

During our inspection we spoke with eight people, six relatives, the registered manager, the regional director, five care staff and the activities coordinator. We reviewed six care files, six staff recruitment files and their support records, audits and policies that were held at the service.

## Is the service safe?

### Our findings

During our last comprehensive inspection of this service on 16 and 17 February 2016 we had serious concerns in the way the service managed, recorded and stored people's medicines. We asked the providers to take immediate action to safeguard people from harm in regards to the medicines. On 26 May 2016 our pharmacy inspector visited the service to check whether the service had taken sufficient action. We found that the service had taken action and people's medicines were managed safely. During our inspection, on 12 and 14 July 2017 we also found that medicines were being managed, recorded and administered safely.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and balance checks on stock medicines matched records which showed that they were well managed. Records were comprehensive and well kept. We saw that people's wishes about how they took their medicines were recorded. Staff were observed giving people sufficient time to take their medicines and ensured that they had taken them before moving on to the next person. Staff told us they were confident that people received their medicines as they were intended. One person told us, "I have to have a tablet early, sometimes I'm awake. The night nurse brings my medication about half-past six, it was about two minutes to six this morning." Another person said, "I get them [my medication] on time when they're due, I take pain killers sometimes and pills for [named condition], they supervise that."

We also found during our inspection on 16 and 17 February 2016 that there were not always sufficient numbers of suitable staff to keep people safe and to meet their needs. During this inspection we found that the service had taken action to ensure that there were sufficient staff on duty to meet people's needs.

People told us that they felt safe living at the service. One person told us, "I'm very happy here, I am safe. I think it's a very nice home." Another person said, "Everything's done for residents that needs to be done." A relative told us, "[My relative] settled into life here quickly, they said they felt safe and well cared for now."

People and staff told us that there were enough staff working at the service. One staff member told us, "There are enough of us [staff] to manage, it can be busy but we are usually okay." When asked if they get support from staff when they need it one person told us, "Oh yes, they [the staff] come quickly, the night staff are good too." Another person said, "There is about the same [staff] at weekends. There is really enough staff all the time." The registered manager calculated how many staff were required to support people by using a recognised dependency tool. The rotas were planned well in advance and on examination showed the staffing levels reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. This meant there were suitable numbers of skilled staff to meet people's needs.

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 with vulnerable people. All appropriate checks of permanent and agency staff had taken place before staff were employed to work at the service.

Staff knew how to keep people safe and protect them from harm. 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. They had received training to be able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the organisation's safeguarding policy and 'whistle-blowing' policies that were exhibited appropriately within the service. When concerns were raised the registered manager had notified the local safeguarding authority in line with their policies and procedures and these had been fully investigated.

Risks had been assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. This meant that a variety of areas such as moving and handling, pressure care, eating and drinking and mobility were assessed. Risks to individual people had been identified and action had been taken to protect people from harm, such as encouraging people to wear suitable shoes to help prevent falls. This helped people to remain independent and meant they could continue to make decisions and choices for themselves.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff and the people who live there understood how to respond in the event of a fire.

Records showed us that people who had developed eating difficulties and those that had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

## Is the service effective?

### Our findings

During our inspection on 16 and 17 February 2016 we had concerns that the staff team lacked the skills and experience necessary to offer people effective care. There was also a high level of agency staff used. At this inspection, we found that less agency staff were used and that staff had the skill, experience and support needed to enable them to meet people's needs effectively.

Staff told us that they had the training and support they needed to carry out their role effectively, training records supported these comments. One person's relative told us, "I think the place is a lot happier now, [my relative] relates to a lot of the established staff, they know how to cope with [my relative] "I'm very pleased with the way [they are] looked after, [my relative] always said that they're very happy."

Staff had received the training they needed to carry out their roles effectively. Staff explained that additional training was given to meet people's individual needs. An example of this was training in diabetes and falls awareness. 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.

Records evidenced that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People were asked for their consent before staff supported them with their needs. We observed throughout the day that people's consent was asked for before care and treatment was provided. Staff took time to offer choices to people appropriately and waited for their response.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff were able to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. Staff encouraged people to make decisions independently in areas they were able to. Staff demonstrated they knew people well, and this enabled them to support people to make decisions regardless of their method of communication. People told us, "They [the staff] ask me if I want this or that and go away if I ask to be left in peace." Another said, "Staff will ask if I need help and help me if I want it."

People told us they were happy with the food they were served. One person told us, "I think the food is very good, a continental touch to it, I think there is enough choice." Another person said, "Sometimes I go into the dining room in the evening and ask if I can have a couple of weetabix and a drink, they always say yes."

The atmosphere in all three dining rooms was upbeat, pleasant and the softly playing music created a pleasant ambiance. The dining tables were attractively set and the menus offered a variety of choices. Each dining room appeared adequately staffed with a staff member present throughout. Staff were organised and conversation was largely directed towards the people they were supporting rather than each other. This meant that people's mealtime experience was relaxed and unrushed. The staff appeared to benefit from a good knowledge of the needs of each individual person, provided pleasant interactions and were seen to be engaging with people throughout.

We were told that mealtimes were 'protected' which means that visitors were asked not to disturb people while they ate so they could concentrate on eating and enjoying their meal. One member of staff told us "We ensure medications aren't given during lunchtime and there are no doctors interrupting people's meals".

The registered manager explained that the kitchen staff undertook lunch audits three times a week in order to check a variety of outcomes. We observed a member of staff in one dining room undertaking an audit which involved checking the cleanliness of the room, cutlery, the presence of menus, cutlery, condiments, gravy, sauces, etc. We also spoke with another kitchen assistant undertaking an audit in a different dining room who told us, "It helps them [care staff] to understand the importance of making sure people's needs are being accommodated, people being offered seconds, using the information I've given them."

In the third dining room a member of staff showed us their feedback form used to provide people's opinions about their meal, which had been completed on behalf of three people who had been able to express an opinion.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight.

The service ensured that people were supported to maintain good health and sought professional advice when they needed it. One person told us that, "The [staff] always say if you need a doctor we'll call one, I have the chiropodist quite regularly." Another person said, "I'm waiting to see the doctor, the staff have told me he's coming. The doctor at my surgery always said this care home was a nice place." Records demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

## Is the service caring?

### Our findings

During our previous inspection on 16 and 17 February 2016 we did not find that people were always supported in a caring way, this was mainly due to the staff being stretched and the use of a large number of agency staff who did not know or understand the needs of the people who lived in the service.

During this inspection we found that there were sufficient, well trained staff on duty. Permanent staff had been recruited and the use of agency staff had been reduced. The registered manager assured us that if agency staff were needed, they used regular agency staff who had been given an opportunity to get to know the people who lived in the service. When agency staff were used we were told that they worked alongside permanent staff. The rotas showed that the use of agency staff had been reduced and that the majority of shifts were covered by permanent staff. This meant that people would be cared for by staff that were familiar with their needs and knew them as individuals and what their care preferences were.

We saw examples of positive and caring interactions between the staff and people who lived in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. One person said, "They're [the staff] very good and very helpful, they're very good in the evenings, they come and sit with me, keep me company." Other positive comments included, "Staff are very upbeat, friendly." And "They [the staff] know all about me."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "Staff make sure [my relative's] foibles are met, they're not much but they are so important to [them]."

We found that people were routinely consulted about every day decisions. Our observations were that staff enabled people to be involved and respected their choices with regards their daily care, choice of meals and how to spend their day. We saw that care plans documented the level at which people could contribute to their care plans and who else was to be consulted with decisions.

Regular reviews of people's care were carried out and they and their relatives were invited to take part in the review. One person told us, "[A staff member] asks me about my care, I sign my care plan, it's a positive feeling." A relative told us that every month their relative was 'resident of the day' and explained, "We get the care plan, discuss it and if we're happy we sign it off, but we can update and amend it anytime." Everyone was the 'resident of the day' every month, which meant that a person's care was fully evaluated once a month.

People's privacy and dignity was respected and promoted. One person told us that they were confident that the staff would always treat them in a dignified manner, "They [staff] have never embarrassed me. They knock before they come in and close the door behind them."

## Is the service responsive?

### Our findings

During our previous inspection on 16 and 17 February 2016 people told us they felt there were not enough opportunities for people to follow their own interests and hobbies. People were especially critical about the lack of one to one opportunities for people living with dementia to take part in an activity.

At this inspection people told us that there were social events that they could participate in, both individual and group activities. One person said, "Every so often here they have entertainment, I like to go" and, "I like to sit in the garden, that's why I come and sit here. [a quiet area outside the dining room]." Another person told us that they joined in with the group activities, "They [the staff] tell me what's going on but I'm happy in my room, I went with them to Felixstowe though, we had fish and chips, the coach took us there. I'd go again if I felt well enough."

There were activities staff working in the service, this provided people with the opportunity of participating in activities to reduce the risks of boredom. During our inspection we saw people painting and decorating pine cones. The member of staff was enthusiastic and interacted with people in an appropriate, effective and caring manner. Later three staff were observed singing and dancing to music playing in the lounge to which people were clapping and joining in.

The lifestyle coordinator was passionate about their work and told us they had learnt from mistakes made. Last year the trip to Felixstowe had not gone as well as hoped, but this year with better planning, "We used a place geared up for elderly people with disabilities, everyone could see out from a window, fish and chips were delivered and [a staff member] went and ordered thirty ice creams! There were fifteen residents and fifteen staff." They told us that they tried to have two main activities a day in the hobbies room and also tried and do things on the individual units with small groups, such as modelling clay and aqua painting. They also visited people who spend most of their time in their rooms to read to them or do another activity of their choice with them. Activities were recorded, saying who attended the activity and what the outcome was, whether it was a success or if changes needed to be made for next time. One record about a soup and scone making session read, 'We had some lovely conversations about cooking and family life.'

An activities calendar, with pictures, was displayed outside the hobbies room. The organised planned activities included a ladies circle as well as a men's club, where guest speakers and demonstrations were planned. There was musical entertainment, pat dogs, nostalgia film show, sing for life and cockney knees up. The service also held a summer fete and the service has been invited to attend sports day. This is organised annually by the regional director. The event will be held at one of the organisation's homes with big enough grounds to hold it. All of the organisation's ten services based within that director's region were invited to send a team drawn from staff and people who live in the service. This is a popular outing full of fun activities, a staff member told us, "There are egg and spoon and three legged races and refreshments and medals and lots and lots of laughter!"

People told us that they could have visitors whenever they wanted them. Part of the reception area was a comfortable coffee lounge, where people could sit and relax with their relatives and friends and enjoy a

drink and piece of cake, at any time, throughout the day. There was also an attractively decorated walk-in shop, with sitting areas, that was provided for people, their relatives and friends to shop for refreshments, snacks, cosmetics and small items of clothing. We saw people entertaining their visitors, which confirmed what we had been told. This reduced the risks of isolation. One person told us, "It's a community here, my [relative] and I talk to other residents and their families." This showed that the service supported people to maintain relationships that were important to them.

People's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to get to know people quickly and to offer support in the way they wanted to be supported. A good understanding of people's preferences and life experiences also helped staff to support people to engage in meaningful activity they enjoyed. Care plans were detailed for staff to follow and were kept under regular review.

The service routinely listened to people to improve the service on offer. Resident's meetings were held 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.

Resident and relatives meetings took place regularly and feedback was actively sought on how the service was performing. Copies of the minutes were displayed on the notice boards within the service and they indicated where action had been taken resulting from the previous meeting. After people complained that food was not staying hot once it was served for example, which led to staff being reminded to heat up the dinner plates and to put the lids back on the serving dishes between servings. Another outcome was that a men's group was started after the men said they would like to have more male focussed activities to take part in. The first meeting was when they got together and watched the 1966 world football cup final on the large screen in the cinema room, where ice creams and beer were on offer.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. One person told us, "Since this manager started I have had little to complain about." another person said, "My bed was a mess, I spoke to [the registered manager] about my bed and they [the staff who made it] came back and make it properly." One person's relative told us, "There's nothing to complain about, and I know how to. They'd hear from me soon enough."

## Is the service well-led?

### Our findings

During our previous inspection on 16 and 17 February 2016 we found that records were not always accurate. The care plans were done electronically and, although there was an agency login, not all of the agency staff used it; this meant that information they had was not recorded and lost. We also found that sometimes information was recorded differently in different places, which made it difficult for staff to find the latest data about people's care needs.

On this occasion we found people's care notes to be person centred and accurate. They held all the information that staff needed to be able get to know them and to meet each individual's needs. Agency staff were reminded to use the electronic system to make their daily notes.

Also during the previous inspection we found that the service had not had any consistent management since it opened in August 2014. There had been many management changes in the two years it had been open. This led to people not always being clear about who the manager was.

On this occasion we found that the service had a registered manager. The registered manager had been in post 14 months and had been proactive in making positive changes to the service and was well liked by the staff team as well as the people who lived in the service and their relatives. Staff told us that she had made big changes and was an effective manager. One staff member said, "I think [the registered manager] is wonderful." Another staff member said, "The manager is professional and supportive. She really goes the extra mile for these people [who used the service]."

A relative told us, "[The manager] has made a real difference to this place." Another said, "If I needed to be in care this is where I would chose to come."

People told us that they were happy with the quality of the service, one person said, "It was unsettling at first, but now I feel more settled." We were told by relatives and staff that the registered manager actively sought the feedback of people using the service and staff. One person's relative said, "I've always been involved and the manager is always available, drops what she's doing and we have a chat." Another told us, "[The registered manager] comes and says hello, comes with her dog, [my relative] loves that little dog."

The registered manager had added stability into the service and people felt more settled and the staff team had become more stable, meaning that there were fewer new faces for people to get to know. They told us they had been well supported when they were new to the post by their line manager, the regional director, who still made daily contacted the manager and visited the home regularly to offer support and advice.

The registered manager was often seen around the home and would stop to say hello and ask how people were as she passed by. Staff said the registered manager was very visible and supportive. One staff member said, "She will praise you when you have done well, which makes you feel appreciated."

The registered manager assessed the quality of the service through a regular programme of audits. One

audit picked up that the menu had not been displayed in one of the dining areas, which was addressed. Menus were displayed in all of the dining rooms during our inspection. The regional manager carried out monthly quality assurance visits and reported back to the manager if there were any issues that needed addressing. We saw that these audits were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

People told us that the regional director was also easy to speak to and often spent time with the people who lived in the service. One relative told us, "I have regular conversations with [the regional director] I think the manager is well supported, as are the staff with their training, which wasn't always the case, I've seen things stabilize a lot, new people on board who are given training and it's all working very well."

Annual quality assurance questionnaires were sent out directly by the provider and there were postcards with pre-paid postage available in the foyer for people to complete and post to the providers. This meant that people, their relatives and visitors to the service could have their say about the quality of the service, anonymously if they preferred. The questionnaires returned were analysed and the report was displayed on the service notice boards.

A relative summed it up, "We have moved on such a lot here and I feel that now it would be nice to make sure we can maintain this going into the future."