Mrs Sushma Nayar and Vipin Parkash Nayar

Dapplemere Nursing Home

Inspection report

Shepherds Lane
Chorleywood
Hertfordshire
WD3 5HA

Tel: 01923282119
Website: www.pressbeau.co.uk

Date of inspection visit:
03 August 2016

Date of publication:
14 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This focused inspection took place on the 3 August 2016 and was unannounced. We carried out this inspection in response to concerns we had received.

Dapplemere Nursing Home provides accommodation and nursing care for up to 22 older people, some of whom were living with dementia. At the time of our inspection there were 21 people using the service.

There was no registered manager in post, although the manager had applied to register. 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 were safe and staff understood the ways in which they could be protected from any risk of avoidable harm. There were robust risk assessments in place detailing the control measures that could be used to reduce the risks associated with providing people's care. Staff were trained in moving and handling and able to move people safely when required. Staffing levels were sufficient to meet people's needs, and staff recruited to work in the service had the appropriate skills and experience to carry out their duties effectively. Medicines were safely managed, stored and administered by staff who were trained and assessed as being competent to do so.

Staff received training that was relevant to their role and enabled them to provide effective care to people. They were supported through an on-going programme of supervision and appraisal, and new staff completed a comprehensive induction program when they first came to the service. Staff had received training to understand how the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS) should be used to when supporting people in meeting their needs. Applications had been made to deprive people of their liberty where appropriate to keep them safe. People consented to receiving care and treatment from staff and were encouraged to make decisions where they had the capacity to do so. People's healthcare needs were identified and the service worked closely with healthcare professionals where required. People had enough food and drink and enjoyed a healthy and balanced diet.

The service did not a registered manager in place, but a new manager had an application with the Care Quality Commission in progress. People, their relatives and staff were all positive about the changes made by the new manager. There were robust systems in place for quality monitoring and identifying any improvements that needed to be made. People, their relatives and staff had their views sought through surveys and regular meetings.

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.

There were regular assessments and reviews of risks within the home, and staff demonstrated knowledge of how to keep people safe.

There were sufficient numbers of staff available to meet people's needs safely.

People's medicines were managed appropriately and stored correctly.

Risks to people were assessed and control measures were put into place to mitigate these as much as possible.

Is the service effective?

Good

The service was effective.

Staff were supported through a regular program of supervision and appraisal.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People had enough to eat and drink and had their healthcare needs assessed and met by the staff.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

Surveys and questionnaires were sent out to people, staff and relatives to encourage them to contribute to the development of

the service.

Dapplemere Nursing Home

Detailed findings

Background to this inspection

We carried out this focused 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.

This inspection took place on the 3 August 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service and two of their relatives to gain their feedback. We spoke with three members of care staff, one member of the nursing staff, the provider, operations manager and the manager of the home.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for three people. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

During our last inspection in November 2015 we identified concerns that people were not always kept safe. Medicines were not always accounted for correctly on MAR (medicines administration record) charts, and people's pressure-relieving equipment was not always used at the correct settings.

During this inspection we found that improvements had been made in both areas. We looked through the MAR (medicines administration record) charts for three people and found that these were completed correctly with no unexplained gaps in recording. This included food thickeners and creams or topical solutions that had been prescribed. The manager undertook a monthly audit of the management of medicines to check that staff were following the correct policies and administering people's medicines safely. This included checking stock levels, checking storage and disposal arrangements and a random audit of people's MAR charts to look for any discrepancies or gaps in recording. An action plan had been put in place on the basis of the audit carried out to resolve any identified concerns. There were specific protocols for any PRN (as and when) medicines that had been prescribed, as well as topical medicines or creams. We checked the storage arrangements and saw that medicines were kept in a locked trolley and attached securely to the wall in a lockable room when not in use. We observed the medicines rounds throughout the day during the inspection and saw that medicines were being administered correctly by staff who were trained to do so. We saw that people who took medicines on a short-term basis for infections were monitored closely to check that the infection was being treated and that the medicines prescribed where proving effective. The manager told us, "I've recently changed pharmacy and we've asked the pharmacist to come and provide additional training to the staff."

Each person's care plan had a list of the weight settings for their pressure reliving mattresses, and these were checked daily to make sure that the weight was correct. During the inspection we checked the settings on three people's mattresses and found that these were set correctly and that the staff team were referring to the guidance in place in order to make sure they were safe. The manager told us they had prioritised this to make sure that people were not put at risk of developing pressure ulcers and that equipment was being used correctly.

Prior to the inspection we had received concerns that nursing staff were not always being deployed to work on each shift which might have left people vulnerable to not receiving the appropriate care. We spoke to the manager about this who told us that there had only been one occasion upon which a nurse wasn't available, and was able to demonstrate that they had come and worked that particular shift as the nurse on duty. We looked through rotas for the previous sixteen weeks and noted that while there had been some shortages in staffing, these had been covered by agency staff. The manager told us that the service were trying to reduce the use of agency staff and were actively recruiting to address the issue. The people, their relatives and the staff we spoke with did not raise concerns about staffing levels during the day, but expressed that sometimes the night times were sometimes more difficult. One person said, "During the day there's a lot of them here and you don't really want for anything, they respond very quickly if you need them. It's the night time that's the issue, there's one nurse who does all the medication which only leaves one member of staff for everyone else." Another person said, "There's a shortage at night I think." When we asked them if they felt

this was unsafe they told us, "No, they usually manage to get to me on time. Sometimes I need help getting the sides down on my bed and it can take a few minutes for them to respond, but they do get there." The duty rotas for the previous six weeks demonstrated that there was extra staffing available in the evenings and the mornings to support people to be put to bed and to get up. This meant that for people who required two members of staff for transferring, the service were not putting other people at risk as there were enough staff to provide support elsewhere in the home. The service operated an 'on-call' system where a manager or nurse could be contacted in case of any emergencies during the night. The manager had carried out two spot checks recently during the night to assess whether people were receiving care safely, and had devised an action plan for night staff to help them to carry out their duties more efficiently.

There was a recruitment policy in place and we looked through three staff files to check whether this was being followed to ensure that staff were of good character, had the required skills and experience for their role. We saw that each member of staff had two references on file from previous employers and that these had been validated by the manager. All staff were subject to a Disclosure and Barring Service (DBS) check prior to commencing employment. DBS is a way of employers checking whether staff have any prior convictions on record to help them to make safer recruitment decisions.

There were care plans and risk assessments in place to account for the use of mobility equipment and to minimise the risk of accidents or falls around the home. We saw that if equipment such as bed rails needed to be used, there was a clear plan in place which showed why this was necessary to keep the person safe and how the equipment should be checked and maintained. Each risk assessment was subject to monthly review and was detailed and robust enough to support staff to keep people safe in a consistent way. When we asked one person whether or not they felt safe in the home, they told us, "They're very good at keeping us safe, actually. They'll make sure we don't walk if we're not using the right equipment, and they remind us about making sure we don't fall over." The falls risk assessments in place took into account of the possible contributing factors that might have increased a person's risk of falling in the home. There were appropriate control measures in place for each person to manage the risk safely. The risk assessments were updated regularly to reflect the changes in people's conditions and the increased risk that may have been posed as a result.

The service kept a record of accidents and incidents that had taken place and the action being taken in response to these to reduce the risk of recurrence. A monthly audit was carried out which set out the steps that should be taken to manage the risk. We saw that in response to accidents in the home, referrals had been made to appropriate healthcare professionals and extra monitoring procedures had been put into place where necessary.

Regular checks were carried out on the environment to make sure that it was safe for people to use. We saw that the service had a regular health and safety audit completed by an external company who checked to ensure that fixtures and fittings were safe and in good working order. We saw gas safety certificates, fire safety checks and PAT (portable appliance testing) checks had been recently carried out. Each person had a PEEP (personalised emergency evacuation plan) in place which detailed how they would be evacuated in case of any emergency. The equipment used in the home was subject to regular maintenance, cleaning and checks by the nursing staff. We saw that a business continuity plan had been created to detail the steps that would need to be taken in case of any emergency.

Good

Is the service effective?

Our findings

Prior to our inspection we received information that staff did not always receive appropriate training for their roles. When we asked people if they felt staff were able to offer them effective care, all four of them responded "yes." One person said, "That's what I like about this home, the staff really seem to know what they're doing." A relative told us, "The staff are excellent, they must have good training because they understand [relative]'s needs so well."

We saw a training matrix which was used to track the training that the staff team had completed. The manager told us, "From now on new starters will complete all their training before their induction." We saw that training had been completed by all staff in areas that the provider considered essential, including safeguarding, health and safety and moving and handling. The staff we spoke with were positive about the quality of the training provided. One member of staff said, "I like the training. Sometimes you learn the most doing the job, but the training helps. The company have tried to encourage me to take as much training as possible." We saw that some staff had begun to complete more specialised training in areas such as diabetes awareness and dementia care. New members of staff had completed the nationally recognised qualification in care and the manager told us they were committed to ensuring that this formed part of their induction going forward.

We checked the registration of the registered nurses employed by the service and found that all of them were registered with the NMC (nursing and midwifery council) and had received training which was appropriate to their role. The manager told us that they were supporting them towards revalidation through an on-going program of work-based assessment and extra training that had been booked to support them to develop their knowledge across key areas of the service.

Staff were positive about the induction they had received when they first started. We spoke with the member of staff who was responsible to provide the inductions for staff and was able to describe the topics that were covered. They said, "In the first few days I will walk round with them and introduce them to everyone and encourage them to read the policies and care plans. Then they work alongside other staff for a while to get them used to the home." We saw that registered nurses completed an induction program specific to their role.

There was an on-going programme of supervision and appraisal for staff. A member of staff was positive about the supervision process, and told us "They are every six weeks usually. We talk about how we are performing, discuss the people here and what our training needs are for the future." We saw that the manager had begun a supervision matrix which showed supervision taking place every two months, with appraisals booked for all staff annually.

The staff we spoke with had received training to understand the Mental Capacity Act (MCA). The Mental Capacity Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made for each of the people using the service. The manager kept a tracker to account for all of the applications that had been made to deprive people of their liberty. Because of delays from the DoLS supervisory body in authorising applications, these were still in progress and the manager was able to demonstrate how they had checked their status through corresponding with the local authority. We looked at a selection of the applications that had been made and found that these were appropriate to keep people safe and had taken into account the central locking system on the internal doors, use of bed rails and people's ability to leave the home independently.
People's care plans included information relating to consent and detailed how the person consented to receiving different elements of their care and support. For example we saw that as part of their pre-admission assessment people were asked if they consented to having help in taking their medicines, help with personal care and were happy to be checked at night. People were informed that they were welcome to change their mind at any time. These were supported by capacity assessments which had been completed to determine the level of capacity that people had to consent to their care, and the support required around decision making.

People's care plans included a record of all visits that people had made to healthcare professionals, and their outcomes. Since the last inspection the manager had created forms for tracking the healthcare needs of the people using the service. This included tracking falls, wounds, pressure ulcers and weight loss. By analysing the data in each tracker the staff were able to identify any trends or patterns of concern which helped inform them of when a referral might have been necessary for additional healthcare support. For example we saw that changes in weight were routinely recorded and that action plans were formed on the basis of a rapid weight loss. Actions taken included extra fortification of food, referrals to the speech and language therapy team, and consulting dietitians. By looking through the tracked information for each person we were able to see that these actions had proven effective for one person who had regained their ideal weight as a result of these changes. For any wounds or damage to skin tissue, a regular assessment was carried out to check for any sign of deterioration or change, and to ensure that treatment applied was proving effective.

People told us they had enough to eat and drink and enjoyed the food on offer. One person said, "It truly is wonderful. Healthy and balanced and cooked the way you like it." Another person told us, "They've got a wonderful cook who makes the most extraordinary meals." A relative told us they enjoyed being asked to stay for lunch, and said, "They'll always invite me in for a bite to eat and I appreciate that. It lets me sit with [relative] and enjoy a meal. The food is excellent."

Good

Is the service well-led?

Our findings

People told us they felt the manager was approachable and open. One person said, "The manager is nice, he comes and checks that we're okay." During the inspection a relative came to visit and asked the manager for some assistance in a matter relating to their family member. The manager told them it would be resolved straight away and the relative said, "He (the manager) is brilliant. Anything you want, he'll do it for you. This is the best home, the best staff, I'm a fussy person and I'm delighted that [relative] is here."

The service did not have a registered manager in place, but a new manager had an application with the Care Quality Commission in progress. The manager held residents and relatives meetings every few months to invite people and their families to come and share their views and experiences. We saw that in April 2016 the manager had called a meeting to introduce himself and to communicate the plans for the upcoming year. People and their relatives were asked if there were any issues that needed addressing and we saw that appropriate action was taken in response to these. For example we saw that issues relating to two people were later discussed in a staff meeting and staff were instructed to monitor these people closely as a result of the issues raised. Involving people and their families and welcoming their views meant that the service were taking their opinions into account when identifying on-going improvements that needed to be made.

We looked at the minutes of the staff meetings from the previous six months and saw that the manager had used the opportunity to communicate key messages to staff. For example we saw that following a local authority monitoring visit the staff team had been made aware of the action plan that was in place and the areas of improvement that were required. Staff were reminded of the importance of spending time with people and any issues raised through the service's quality monitoring systems were discussed and actions put into place to support staff to understand ways to observe best practice.

We saw that people who used the service had been sent surveys to ask for their views and comments. The manager had created a report which detailed the answers to the survey and the action that was being taken to address any issues that had been raised. We saw that the majority of people had responded positively to the questions and that all had answered "yes" when asked if they were happy at the service and felt that staff provided a good standard of care. The manager was in the process of collating information gathered from a relatives' survey, and had prepared a survey for staff to complete.

The manager carried out a number of spot checks as an additional way of monitoring quality in the service. We saw that in the week prior to our inspection, the manager had been out to do a night time spot check which included observations of staff practice, checking records had been completed and ensuring that health and safety procedures were being observed. We saw that in previous spot checks where issues had been identified, recommendations had been made to staff to ensure that the issues were addressed. For example on one occasion where it was found that staff had completed somebody's records early, the manager had immediately held a supervision with the member of staff and completed an additional unannounced check shortly afterwards to make sure that this did not happen again.

In the month prior to our inspection an external auditing company had carried out a full audit of the service

which used the CQC's key lines of enquiry as a template to assess the compliance and quality of the care delivery. We saw that as a result of this report there had been several issues raised relating to policies being out of date and containing references and guidance which was no longer appropriate or accurate. The manager told us that they had undertaken a full review of the policies kept by the service, and we looked through the new policy manual to check that the content of each policy was up to date and contained current guidance and best practice.

The local authority had recently completed a revisit following a quality monitoring audit, and we saw that they had marked most of the items on the resultant action plan as having been completed. The local authority had rated the service as 'requires improvement' in March 2016, but the manager was able to evidence the steps that had been taken since to resolve the issues raised and continually improve the quality of the service. The service had recently had a health and safety compliance visit which had identified some actions which needed to be taken. We checked the progress of these during our inspection and saw that the manager had made positive progress in each of them. For example where it had been identified that staff were not issued with handbooks which detailed the provider's policies relating to health and safety, the manager was able to provide us with a copy of a newly created handbook with this information present.