

## Care UK Community Partnerships Ltd

# Davers Court

### Inspection report

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Date of inspection visit:  
21 September 2022  
22 September 2022  
04 October 2022

Date of publication:  
17 November 2022

### 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 ●

# Summary of findings

## Overall summary

Davers Court is a purpose built care home providing accommodation, and personal care for up to 60 people. The service operates across four separate units and provides care to people with a wide range of needs including care to people living with dementia. At the time of our inspection there were 60 people using the service.

The service had enough staff to keep people safe, but they were dependent on agency staff which impacted on the consistency of care. We have made a recommendation about ongoing monitoring of staffing levels. There were systems in place to monitor the quality of care and the safety of the service, but these had not been adapted to take account of the services dependency on agency staff and the impact on people.

Staff understood their safeguarding responsibilities and how to protect people from poor care and abuse. Care staff were recruited safely.

Staff assessed risks people might face and took steps to reduce the likelihood of harm. The environment was well maintained, and systems were in place to check equipment to ensure it was safe.

Staff supported people to take their medicines safely and as prescribed.

The provider had minimised the risks of infection, such as COVID-19. Relatives told us that they were made feel very welcome when they visited their family members.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans were detailed and informative and reflected their needs. People and those important to them were involved in planning their care.

Staff enabled people to access health and social care support. They supported people to eat and drink in line with their preferences.

People felt able to raise concerns and were confident they would be listened to and action taken.

People told us that they were happy at Davers Court received care from kind and compassionate staff who respected their privacy and dignity.

People had access to a range of activities and social opportunities. Staff communicated with people in ways that met their needs.

The provider had a range of systems in place to ascertain the views of people, relatives and staff. This included resident meetings and satisfaction surveys.

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 and update

The last rating for this service was outstanding (published 27 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Davers Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Davers Court

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors visited the service on day one of the inspection, and one inspector visited on day two. Following the site visit an inspector made telephone calls to relatives and staff.

#### Service and service type

Davers Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Davers Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We liaised with members of the local authority and reviewed information held on our system about this service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 members of staff, the registered manager and three area managers. We spoke to nine people living at the service and ten relatives.

We reviewed a range of records, including people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider 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 our last inspection we rated this key question outstanding. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The management team used a dependency tool to calculate the numbers of staff required to meet people's needs. There was enough staff on duty, but the staff did not always know people well as the service had a high number of staffing vacancies and was dependent on agency staff.
- Morale was low among existing staff and they told us they were tired and wanted to provide good care, but they were not always able to do so as they were constantly following up on agency staff.
- We observed staff trying to mitigate the impact on people and saw a member of staff going to check on a resident when they heard them cough, as they were concerned, they had been given something that they should not have by a member of staff who did not know their needs.
- One member of staff told us, "The agency staff don't know the routines of our residents, they just want to get the job done." Another member of staff said, "We work to high standards, any request we receive we do our very best to execute, when we have the staff." A member of staff working the previous night had recorded an apology in the communication book, 'Sorry ran out of time, short staffed, only two male agency staff and me.'
- The provider had a contract with local agencies and told us that where possible they tried to use consistent agency staff, but this was not always possible.
- People and relatives spoke highly of the care staff but told us that there was an impact of the agency staff. They described issues such as being supported by staff who did not always understand them as English was not their first language and the impact on their dignity of being supported by staff who did not know their needs.
- The provider told us that they had a plan to address the staffing issues, they had undertaken some recruitment, increased staff wages and had plans to allow staff to work in a more flexible way. They told us that these changes had been piloted in their other services and had already had a positive impact.

We recommend that the provider continues monitoring and reviewing staffing using an effective tool and through frequent communication with people, their relatives and staff, to ensure people's needs continue to be met.

- Records showed staff were recruited safely, this included requesting references and undertaking Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- There were systems and processes in place to safeguard people. Staff received training on safeguarding

and understood their responsibilities to report concerns to the appropriate authorities.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care records included risk assessments, which demonstrated the risks in their daily living were assessed and guidance provided to staff in how to reduce the risks. We saw records which demonstrated care plans were being followed, for example in repositioning to reduce the risk of pressure damage to people's skin.
- Regular clinical and management meetings were held where risks were escalated and enabled the registered manager to have oversight of any changes in people's needs and safety concerns.
- People had a personal evacuation plan in place, which described the support they needed should the service need to be evacuated in an emergency.
- Where accidents or incidents had taken place, reviews were undertaken to reduce similar incidents happening again and to reduce risks to people. Staff told us that they felt able to raise any concerns or mistakes if these were to happen as the registered manager was approachable.
- Maintenance checks on equipment was undertaken to ensure that it was safe to use.

Using medicines safely

- Medicines were managed safely. There were clear systems in place for the storage, administration and oversight of medicines.
- The provider used an electronic system to manage the administration of medicines. Staff received training and had their competency to administer medicines checked at regular intervals. The arrangements for agency staff who were required to administer medicines were less clear but during the inspection the registered manager strengthened the systems in place.
- We checked a sample of medicines and found that they tallied with the records. People were observed being given their medicines and staff ensured that people had a drink and the time they needed.
- Regular medicine audits were undertaken to identify any shortfalls.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives told us that they were made feel very welcome when they visited their family members, and



people were observed coming and going throughout the day of our visit. The providers approach aligned with government guidance.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service to ensure the service could meet them. The assessment included protected characteristics under the Equalities Act 2010.
- People's care records contained detailed guidance for staff, in relation to how they wished to receive care. Reviews were regularly undertaken, although not all of the relatives we spoke to were aware of when the reviews were taking place and the registered manager agreed to explore this further.
- There were policies and procedures in place to guide staff on best practice and legal requirements. The provider had a number of onsite staff champions in areas such moving and handling who supported other staff to develop their skills.

Staff support: induction, training, skills and experience

- Staff received an induction when they commenced their role. The registered manager told us that the induction was tailored to new staff's individual needs and included access to the care certificate.
- Records showed that staff had access to a range of training including areas such as moving and handling infection control and end of life care. While the majority of training was completed via eLearning there was some face to face training.
- Staff spoke positively about the training but told us that they would benefit from more dementia care training given that they were supporting a number of people with complex needs. The training matrix showed that the majority of staff had only completed initial training on dementia care. The registered manager told us that there were plans to deliver more comprehensive training on dementia care to staff.

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

- During our inspection visit, we observed people were provided with a choice of meals and had good access to drinks throughout the day.
- Where people required assistance with eating this was well paced. We observed one member of staff encouraging a person to eat their breakfast, "You have honey on this just as you like it. You have a sweet tooth don't you. Honey and oats are good for you."
- At lunch time there were three courses and the meals were attractively presented. Where people required pureed meals, the individual items had been shaped to look more appetising. The delivery of meals in the dining room was well organised and people received the support they needed. However, we observed some people in their bedrooms and in other communal areas who would have benefited from more support and encouragement. The registered manager agreed to review how they support people who do not eat in the dining room to ensure they receive the support they needed.
- Feedback on the quality of the meals was varied with some people speaking highly of the food but others

told us that they would like greater variety particularly for the evening meal.

- People's care records included information about people's specific dietary requirements and the support they required to eat and drink. This included how risks were reduced, for example with choking.

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

- The home was clean, comfortable and well maintained. People had access to a range of areas to socialise with friends and family.
- There was signage and points of reference throughout the service to assist people to familiarise themselves with the home, particularly for those people living with dementia or sensory support needs. Memory boxes were in place as well as items for people to engage with as they move around the building.
- People's bedrooms were personalised, and they were able to bring items of importance when they moved in, to make their rooms feel homely.

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

- Staff worked with health care professionals such as the speech and language team, physiotherapist, district nursing team and the GP to improve people's wellbeing.
- Records showed that when advice or guidance had been received people's care records had been updated.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care records included information regarding people's capacity to make their own decisions. Where people required support to make decisions this was documented. We observed staff asking people for consent before they provided any support.
- Where people lacked capacity to make their own decisions, DoLS referrals had been made to reduce the risks of unlawful deprivation of liberty.
- Staff had received training in the MCA and DoLS and regular updates provided to ensure their knowledge was current.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of staff, particularly the permanent staff with whom they had good relationships. One relative told us, "Day time staff are brilliant...they have been amazing from the day my relative came and we know that they are not the easiest of people, but they have got (my relative) and understood them."
- Staff spoke to people in a kind and respectful way, we observed that they knocked on people's door before entering their bedroom and took their time to explain to people what they were doing.
- Records included detailed information about people's likes and dislikes. Where people were living with dementia, staff had sourced information on people's lives prior to moving to Davers Court and what was important to them.

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

- People were supported to express how their care was delivered and their preferences in how their care was delivered.
- People told us they chose what they wanted to do, for example when they got up and went to bed, if they wanted to participate in activities and what they wanted to eat.
- Relatives told us that they were kept informed about their family members wellbeing and felt involved. One relative told us, "They go above and beyond to help me and the family...I have been surprised at how good Davers is. My relative has been happy and calm there." Another said, "They are very caring and ring us regularly – I feel in the loop."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. One person told us, "Its wonderful staff are kind...I am very independent...but give me a hand if I want."
- Staff spoke passionately about how they supported people. One member of staff told us, "I supported (name of person) this morning. They chose their clothes got dressed. I helped them with their lipstick. The resident was excited to see if anyone noticed the shade of lipstick was different. I got another resident to comment on it – the resident was so happy. I can make a difference to people's day - I like that. I always explain what I'm doing with someone."
- People had access to a variety of communal areas of the service, as well as outdoor space. There were quieter lounges if people wished to spend time alone or busy areas if people wanted the company of others.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support which was tailored to their needs and preferences. There were some concerns raised with us about the impact of staffing shortfalls on the services ability to meet people's preferences, but we were assured that the management of the service were working to reduce the impact.
- People were largely positive about the service and told us that they would not hesitate to recommend it. People told us that they felt in control, had good relationship with staff and their choices promoted.
- Care plans were person-centred way and reflected peoples wishes. They were highly individualised and celebrated people's strengths and characteristics. Care plans were supplemented by life story booklets which recorded what was important to the person. These were in the process of being updated and it was agreed that this process would be expediated to ensure that people and staff had access.
- Staff maintained daily records which outlined the support that they provided to enable ongoing monitoring of people's needs. Daily meetings were held to ensure key information was handed over and the whole care team, including housekeeping and catering staff were working together.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were assessed as part of the initial assessment. Care plans outlined how to support people with their communication needs. Most staff knew people well and how to assist people to make their views known.

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

- Care plans documented what people enjoyed and people were supported to take part in activities of their choosing both within the service and in the local community. There was a good range of both spontaneous and organised events. One person told us, "I am very happy there is lots to do" They were enjoying playing a board game and told us that they were going out in the evening and a staff member was going to help them get dressed. Another described how happy they were to have been given the opportunity to attend the local cathedral with others to sign a book of condolences on the Queens death.
- People were engaged in activities of daily living within the service. One person told us that they had been

busy on the morning of the inspection as they were folding the napkins for lunch.

- Staff supported people to keep in touch with friends and their loved ones and we observed people meeting friends and families in the communal areas and accessing drinks and snacks. One relative told us, "I am made to feel very comfortable and enabled to make a drink, it is all very relaxed, and everyone is so accommodating."

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and expressed confidence that any concerns would be addressed.
- Records showed that any issues or concerns were taken seriously and acted on.

End of life care and support

- Feedback from relatives regarding end of life care was positive. There were thankyou cards for relatives and friends for the sensitive care shown during their family members final days. Where a relative wanted to stay with a family member this was accommodated, and relatives told us that they were made feel very welcome. Relatives were provided with bereavement information packs which provided key information and guidance.
- End of life plans were in place and people had opportunities to talk about what was important to them. There were clear arrangements in place regarding Do not attempt cardiopulmonary decisions (DNACPR) to ensure that staff were clear about people's preferences.
- Staff had recently received external recognition of the work they were undertaking alongside other health professionals in supporting people and families at the end of their life.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- The service was affected by staffing shortages being experienced across the care sector. The provider used significant amounts of agency to ensure that levels of staff were adequate. People told us that the lack of consistent staff impacted on them as staff were busy and they were supported by staff who did not know them. A relative told us, "They (provider) have some exceptional carers but an awful lot of agency which can lead to inconsistency of care."
- Morale among care staff was low. One member of staff told us, "Some of the agency are regulars and are very good and know the residents but some have only been once or twice and have no idea what they are doing. ....I dread who I am working with. ....I do really love my job and going to work. If I am with the right members of staff, I have a brilliant shift."
- The management focus was on ensuring sufficient numbers of staff but the impact of agency staff on the quality of the care had not been fully considered and issues were responded to an individual rather than a strategic basis. We saw that there had been errors by agency staff administering medication, but agency staff did not have specific training on the providers medication system.
- Staffing rosters were maintained but it was not always clear which care or agency staff were working in which part of the service. This meant that opportunities were missed to provide consistency and when concerns were raised this information was not easily accessible. The provider had a policy on this, but this was not being followed.
- The provider undertook investigations when things went wrong, and we reviewed their investigation into concerns which were raised during the inspection about staff sleeping on duty and not undertaking the required checks. We found the investigation responded to the immediate concerns, but did not address the wider issues raised about oversight. The delegation of responsibilities to agency team leaders and the oversight at night was not fully effective.
- Night audits were not taking place regularly and had not been increased to take account of the services dependency on agency staff. Manager daily walk arounds had been replaced by weekly walk arounds and delegated to other staff working within the service, while this may provide these staff with development opportunities it meant reduced visibility of the leadership team. This reflected the feedback from staff who said that the management were not always visible although when approached directly by staff were helpful and very supportive
- The registered manager responded to our inspection in a positive way and told us that they would take action to address the areas identified, including undertaking more regular night audits. They increased agency staff's access to training and told us that they intended to provide agency team leaders with a

shadow shift with an experienced member of staff before leading shifts. There were also plans to change staffs working patterns to improve recruitment of staff.

- The provider had a wide range of governance systems and audits to monitor quality, which were completed by both the registered manager and regional management team. These had identified some issues and action plans were in place which were being monitored.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a kind and caring culture within the care home. The service had clear values and ethos aimed at improving the lives of people using the service. Staff were knowledgeable and had a good understanding of people's care and support needs, they spoke passionately about dementia care, empowering people and providing a high quality service.

- There were systems in place to drive improvement including reminders to staff about key areas, information packs, staff champions and staff representatives which fed into wider review systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place to obtain peoples and relatives views, through resident of the day reviews, quality assurance surveys and resident and relatives' meetings. Relatives were kept up to date about developments and changes at the service via emails and newsletters. One relative however expressed concern that their family member was not involved in this communication and they would like to see this written communication more individualised.

- The staff team worked closely with other health care professionals and referrals were made in an appropriate and timely manner.

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; Continuous learning and improving care

- The registered manager understood their regulatory requirements to notify CQC of events which they were required to do so. There was an open culture within the service and learning from incidents was shared both within the service and across the providers other services.