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Dover House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The unannounced inspection took place on 15 September 2016. We also returned on the 16 September to complete the inspection. We last inspected Dover House Care Home in September 2013. At that inspection we found the service was meeting all the regulations that we inspected.

Dover House Care Home provides residential care for up to 11 people, some of whom are living with dementia. At the time of our inspection there were 10 people living at the service. The service also operated a 'day care' service for one person. At the time of the inspection no day care was provided and we were told that it is only used on odd days.

The service had a registered manager in post who was also the owner of the service. 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.

Medicines were not always managed safely, for example, we found one person's medicines left out for them to take, when staff had already signed to say they had been administered.

Areas of the premises were in need of repair or replacement, including window restrictors and some of the chairs used by people living at the service.

We found concerns with the infection control arrangements in the home and audits held by the infection control lead for care homes in the area had found the same issues both recently and in previous audits which had not been fully addressed.

Governance at the service needed to improve. For example, audits were not robust, as they had not uncovered some of the issues that we had found during our inspection.

People were protected from harm by staff who knew what to do if a safeguarding incident occurred within the service. Although we found that the owner/registered manager had not always reported incidents, as required, to relevant professional bodies when incidents had previously occurred; even though these had been dealt with effectively by staff at the service.

Accidents and incidents, including near misses, were recorded and analysed to ensure that any learning was used to mitigate future incidents. Risk assessments and personal evacuation plans were in place to minimise the risks to people who lived at the service.

There were enough staff in place to support people with their assessed needs. Safe recruitment practices were followed to ensure that staff were safe to work with vulnerable people. Staff had received training,

although further refresher training was required and had been booked to take place in the near future. Competency checks were required, particularly in relation to medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. it also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found the service was operating within the framework of the law.

People had access to healthcare professionals as the need arose and staff supported them if required. For example, to GP or hospital appointments.

People enjoyed the food they were prepared and were supported to eat and drink enough to maintain nutrition and hydration levels.

Staff were caring and compassionate and protected people's privacy and dignity at all times.

Assessments of people's needs had been completed with person centred care plans being developed, although these were under review.

People had choice in their daily lives and knew how to complain. People told us and relatives confirmed, that a range of activities were available for them to participate in if they chose to. Meeting were held for people and their relatives to feedback about the service provided and relatives told us that the owner/registered manager was open to conversation should the need arise.

The provider had not always submitted notifications to us in line with their responsibilities and legal requirements. We have taken this omission into account when deciding upon the rating for the well led domain.

We found breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These relate to Safe care and treatment and Good governance

We have issued two warning notices to the provider and asked them to complete actions within a specific timescale to address our concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe at the home, however we found some issues that needed to be addressed in relation to keeping people safe.

This included issues with infection control that needed to be addressed.

Medicines were not managed safely and appropriately and needed to be improved.

Staff were able to describe to us how they would respond to any concerns of a safeguarding nature, although not all safeguarding concerns had been reported.

Is the service effective?

Good

The service was effective.

There were induction and training opportunities for staff and staff told us they were supported by their line manager.

Staff had an understanding of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 and had followed best practice.

A range of suitable food and refreshments were available throughout the day and people where supported to eat and drink where necessary.

Is the service caring?

Good

The service was caring.

There were positive relationships formed between people, staff and relatives. People and relatives spoke well of the staff at the service.

People were involved in their care and their privacy, dignity and independence was promoted.

Is the service responsive?

Good

The service was responsive.

People using the service and their relatives were involved in the development of their care plans and these were personalised to meet their individual needs.

The provider had a policy for people using the service and visitors, about how to make a complaint if they needed to.

People told us they were able to make choices about how their care was delivered.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance checks were not robust and needed to be improved.

Staff told us that they enjoyed working at the service.

The provider had not submitted a small number of notifications to us in line with their responsibilities and legal requirements.

Dover House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 September and was unannounced, with a further announced visit on 16 September to complete the inspection. The inspection was carried out by one inspector.

Due to the late scheduling of the inspection, we did not request an up to date provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider about deprivation of liberty applications, safeguarding incidents and serious injuries. We also contacted the local authority commissioners and safeguarding teams for the service, the local Healthwatch and the infection control lead for care homes. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection.

We gave the registered manager a poster to be placed in the reception area of the service to alert visitors to our inspection and invited them to contact us to offer their experiences of the service.

During this inspection we carried out observations using 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 spoke with six people who used the service and five family members. We also spoke with the registered manager, the deputy manager and four other members of care staff. We observed how staff interacted with people and looked at a range of records which included the care records for three of the 10 people who used the service, medicines records for 10 people and three staff personnel files. We also checked health and

safety information and other documents related to the management of the home.

During the inspection we asked the provider to send us additional information. For example, a copy of their statement of purpose, training information and copies of particular policies. They did this within the agreed timescales.

After the site visit, the registered manager/owner contacted us to confirm work was to be undertaken urgently in relation to the fixing of window restrictors. We also contacted the infection control lead for the local authority 'Health Protection & Control of Infection Unit' and used their comments to further support the inspection process. We also contacted the local fire authority to share information with them.

Requires Improvement

Is the service safe?

Our findings

People we spoke with did not raise any personal safety issues and felt that they were safe and their personal belongings were safe too.

However, we identified some concerns with particular areas within the service, including management of medicines, premises and infection control.

All of the people who lived at the service had their medicines managed by staff who worked at the service. We found that medicines were stored in a medicines trolley which was kept in the lounge area. The trolley was free standing and not secured to the wall. Temperature checks were not monitored in the room the trolley was stored and this meant that staff could not be assured that medicines were stored under 25 degrees Celsius which normally ensures medicines effectiveness and is in line with best practice guidelines.

We visited one person in their bedroom with the owner/registered manager. We found the person had been left two tablets in a medicines pot. The owner/registered manager asked them why they had not taken their medicine and they seemed a little confused as to why it was still there, but made a comment about taking it later. Before going to the bedroom, we had looked at the medicines administration records (MAR) and everyone at the service who needed to have medicines administered to them, had received them and staff had signed to confirm that was the case. When we left the person we checked their MAR and confirmed that the tablets found had been signed for as administered. This meant that staff had signed to say the person had already taken their medicines when in fact they had not. We noted that staff competency checks had not been completed, which meant that the owner/registered manager could not be assured that staff were following best practice in the safe management of medicines.

We visited the upper areas of the service, including people's bedrooms and found that window restrictors were not in place on windows were the gap exceeded the maximum safe limit as per good practice guidelines by the Health and Safety Executive (HSE). This meant that people were not protected fully from the risk of falls, particularly in relation to people who were living with dementia.

We noted that furniture and carpets in places were in need of an update. The registered manager/owner explained the refurbishment plans that were due to take place within the service and these included painting and decorating of the areas that were 'tired' and replacement of carpets. We noted that a number of chairs in the communal areas were worn and had tears in the material which made them impossible to clean effectively. We brought this to the attention of the registered manager/owner and they said, "I would not buy new carpets and leave chairs like this." However, we were told by one family member that the chairs had been in this condition for some time. This meant that people were sitting on chairs that were less than satisfactory in their condition.

When we were shown around the service, we noted that there were areas in connection with infection control that concerned us. We saw that the laundry area on the ground floor was accessed via a bathing area used by people who lived at the service. We noted that this was the only means of access to the

laundry. This meant there was a risk of cross contamination and posed a hazard to people who lived at the service. With reference to personal care procedures, staff told us that people's bedrooms were used as no separate sluice room or facility was available. A sluice room is where used disposables such as incontinence pads and bed pans are dealt with, and reusable products are cleaned and disinfected. This meant there was a higher risk of cross infection due to unsuitable facilities only being available.

An infection control audit had been completed in July 2016 by the infection control lead for care homes in the area. It was found through their inspection the laundry and sluice areas were lacking and posed a high risk to people who lived at the service and were assessed as requiring urgent action. It was also noted through copies of a previous audit completed in 2015, that the same issues had been raised. We noted that discussion with staff had taken place in connection with extra laundry facilities at a recent staff meeting. The owner/registered manager told us they were looking into where a new laundry could go and had gained prices for new washing machines, although work had not yet started.

We looked at how staff ensured infection control procedures were followed at the service. We found the newly appointed infection control lead for the service, completed two weekly checks of the home to ensure that suitable procedures were being followed and that the home was clean and tidy. New domestic staff at the service who were employed in February 2016 had weekly 'cleaning sheets' which were completed to show which areas had been checked and which work was still outstanding. However, this level of detail was more a check list of what work had been completed or that which was outstanding and had not checked the areas we found during the inspection. This meant that the owner/registered manager did not have a robust system in place to ensure that all infection control procedures and protocols were being followed to ensure people were protected from any infection control issues.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In relation to Safe Care and Treatment because of improvements required with infection control procedures, including laundry and sluice areas; improvements required to the premises and also with regard to the safe management of medicines.

Safeguarding and whistleblowing were discussed with staff at every recorded supervision and this was a standard item for inclusion in staff meetings. When we spoke with staff, they recognised what was meant by these terms and could explain what they would do if they suspected any wrongdoing within the service. We were satisfied that staff would act quickly and appropriately should they ever need to.

The registered manager/owner had ensured that risks identified were assessed, including those to individuals and those in connection with the environment. We checked one particular person's care records as they told us they had recently fallen. We found risk assessments in place tailored to the person. The accident itself had been completed and reported correctly from the information we had been given and staff had acted swiftly as soon as they had discovered the person had fallen. Appropriate referrals had been made and we were told staff were in the process of seeking advice with regard to an alarm which could be worn by the person around their neck or wrist. We found all people had been risk assessed against pertinent issues that placed them at higher risk, for example, in connection with poor nutrition, those at risk of falls or their poor mobility and those at risk of choking. This meant that the provider tried to minimise the risk of harm to people by taking additional precautions.

We looked in the cellar area of the service and found a number of rooms used for various activities, including one room being used as a sleep-in room for staff covering the overnight duties. The area was disordered in places with various items of equipment, paperwork and general house clutter. We spoke to the local fire authority after the inspection and asked them to complete a visit, to help ensure safety within the home and

confirm if any further actions needed to be taken.

Accidents were recorded, reported and monitored by the registered manager/owner for any trends forming and this included the good practice of recording near misses. We saw that were people had a number of concurrent falls, referrals had been made to other healthcare professionals to receive additional support. For example, one person had been referred to a podiatrist to help with issues in connection with their feet. Accidents were reported to family members in a timely way and the analysis detailed, for example, times, how the accident occurred and the outcome. One relative told us, "Staff are very good at telling me when something has happened. (Person's name) was not well a little time ago and had a little knock. They were fine, but the girls still called and let me know."

Checks were completed on fire safety measures and this included completion of fire drills, checks on all fire equipment and completion of a fire risk assessment. People had personal emergency evacuation plans (PEEPs) in place. PEEPs are documents which are given to the emergency services, should the need arise, in the event of a fire or flood or other emergency evacuation situation. These forms help emergency staff ensure that the correct level of support is provided to people, for example, those with limited mobility.

The building was well lit and with hand rails in place to support people. We saw the service employed a local maintenance person to carry out any routine building work. Staff told us they wrote down any issues or small repairs that needed to be addressed and the owner/registered manager would get the work completed. From records, we saw that regular maintenance and screening checks were completed on equipment used in the service, including portable appliance testing (PAT), hoist equipment and stair lifts.

We noted that the registered manager/owner had outstanding actions on their five year mains electrical installation to complete. We asked them about this. During the inspection, the registered manager/owner contacted the electrical contractor who had completed the inspection to confirm that the actions had been completed. During the inspection period, the owner/registered manager sent us confirmation from the electrical contractor that work had been completed and the service was now satisfactory.

One relative said that they felt there were plenty of staff. One person told us, "Yes, always seems to be plenty of staff." Staff told us, "Staff levels are really quite good and we have time to interact with the residents" and "I can honestly say that there is enough staff work here….pretty good really." The registered manager/owner told us that when staff had holidays or sickness that either she or the deputy manager covered their hours to ensure continuity of care. We noted that at times, day care was offered to one person who required the support of staff or companionship during day hours. The registered manager/owner assured us that if additional staff were needed at these times this would be taken into account. The statement of purpose confirmed that only one person used day care services. A statement of purpose for a business describes what they do, where they do it and who they do it for. We noted from rotas, that staff numbers had not changed over a period of time, including when day care was provided. When we looked at the care plans for 'day care' people, we found their needs to be low and current staff numbers to be adequate. This meant, at the time of our inspection, the owner/registered manager had enough staff employed to meet the individual needs of people who lived at the service.

We examined staff recruitment. Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining two written references including one reference from the applicant's previous employer, identity checks and a Disclosure and Barring Service check [DBS] to help ensure that staff were suitable to work with vulnerable people. We noted that the provider had not always kept copies of the interview process, but after discussion, said they would keep all documentation in relation to recruitment in the future.

Good

Is the service effective?

Our findings

People thought that the staff were effective at supporting their needs, and relatives confirmed this. One relative told us staff are good at "diffusing situations and looking after people". Another relative told us, "Do you know something – I don't know where these girls get all their energy from to do all the things they do." A third relative told us, "Cannot imagine them [staff] doing this job for the money only; they [staff] are dedicated and spot when things are wrong quickly."

Staff had also completed varying levels of recognised qualifications in health and social care, including at levels two, three, four and five. From staff personnel records and from a training matrix we also saw that staff had completed training in a range of topics, including moving and handling, first aid and sensory deprivation. However, not all of the staff had received regular annual and updated training in line with good practice, including in connection with moving and handling, medicines, infection control and fire safety. This meant that people may not have received care and support in line with best practice. However, during the inspection process the owner/registered manager emailed us with confirmation that training had been booked to take place in the next few months, which covered all the areas that needed to be brought up to date, including medicines management and moving and handling for example.

Although training was not up to date, we observed two staff completing moving and handling tasks using correct procedures and during this process staff members spoke with the person throughout to reassure them that they were safe and were not going to come to any harm. We spoke to one staff member about resuscitation procedures and they were able to tell us the correct procedures to follow and what they would do. We questioned staff about particular medicine administration procedures and they were able to answer satisfactorily. We observed staff carrying out various duties, including medicines administration, cooking, and speaking with people and visitors alike and they did this proficiently and used good interpersonal skills throughout.

Staff at the service had completed an induction programme but we found that this had not been updated in line with the Care Certificate. The Care Certificate was officially launched in April 2015. It aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. It replaces the National Minimum Training Standards and the Common Induction Standards. We were told by the registered manager that a new Apprentice was due to start in a few weeks' time and we were assured they would follow an induction in line with the care certificate standards and they sent us a copy of the new induction programme they would follow which did comply with the Care Certificate. This should help ensure that staff have the right competencies required to undertake their role and support people safely and effectively.

Staff told us they received regular supervision sessions from their line managers and that yearly appraisals were completed. Staff told us that they felt fully supported by their line manager and also by the owner/registered manager. Staff personnel records that we checked confirmed that support sessions had taken place, but not as regularly as indicated. We asked the registered manager about this and they told us that in future support sessions would always be recorded as they were sometimes not. Yearly appraisals

were in the process of being completed for all staff members. Staff appeared to work closely as a team and staff meetings held showed that most staff attended. One staff member told us, "When we have meetings, it's a good chance to discuss what is going on in the service and for us to bring up any issues we want to." This meant that staff had a platform to raise issues and were not afraid to bring concerns to staff meetings to discuss.

Staff confirmed that handover meetings take place and that they were relevant and passed on information about each individual living at Dover House. One staff member said, "We know who we are responsible for." This showed that staff communicated well with each other for the benefit of the people who lived at the service. The owner/registered manager told us and we saw confirmation in staff meeting minutes, that a number of care staff had been given additional responsibilities with the aim of being more effective towards the needs of people living at the service. This included responsibility for, care plans, filing, dementia awareness, activities and monitoring people's weights for example. We saw that this delegation was a new process and staff were still settling into their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found they were. Four DoLS authorisations were in place with a number of others waiting to be confirmed.

We spent time observing meal times on both days of our inspection. We saw that staff supported people with their meals and assisted those that required additional support or prompts. Enough refreshments were provided throughout the meals observed and at all times throughout the day. People who were at risk of malnutrition had been assessed and were continually monitored to ensure any weight loss was quickly recognised and action taken. Care staff were aware of the dietary needs of people who lived at the service. One member of care staff told us that information was available about people's allergies and what they liked and did not like to eat.

We observed that staff checked with people to confirm they were enjoying their meals and all said they were. We heard one person say to a member of care staff, "Everything is fine by me." We asked people if they enjoyed the meals at the service. One person said, "Yes, the meals are nice. I like just about everything." Another person told us, "I don't have a very good appetite. They try their best." One relative told us, "The thing I like about this place is the homely set up with the kitchen being the hub of the place. I like how you can see meals being made and it's all fresh stuff they use. Always smells lovely and [person's name] seems to enjoy it." Another relative told us that their family member had put weight on since living at the service and said, "Something is working as they have put weight on, so that's good as they were a 'picker' before; so it must be good."

We looked in the cupboards and storage areas where food was kept and found both fresh produce, suitable dairy produce and a range of tinned and frozen food appropriate to the needs of people who lived at the service. We were told by staff that new menus started at the beginning of August 2016 and we saw copies of these, which matched with the types of foods available. When we asked people and their relatives if they received the types of foods they liked, they all said they did. This meant that people's hydration and

nutritional needs were being met effectively.

People's health needs were being monitored and actions taken to ensure they were met. A relative told us, "The staff keep me fully informed about what has been happening, if [Person's name] has been unwell or a bit under the weather. Their health care needs are well attended to." Another relative told us that the staff spoke with them about "any little thing" and were very quick to pick up on any changes that may indicate an underlining health issue. Records we saw showed that people had access to a range of healthcare professionals this included dentist, chiropodists and GP's and one member of staff confirmed that the community nurse visited the service regularly. We saw an 'eye' passport in place on people's records which had been provided by a specialist eye care service and included information about when the person was next due to have their eyes checked and other relevant information. This information confirmed that the provider ensured that people had access to additional healthcare when it was required.

As part of best practice, the owner/registered manager had organised all of the staff at the service to have a flu vaccination by a local chemist in the coming weeks. People who lived at the service also had the opportunity to have the flu vaccination. This was with the aim to protect as many people as possible from contracting influenza (flu). The service had been awarded the Trafford Dementia Kite in addition to their Dignity in Care Award and were waiting to have these awards updated.

The service had been adapted to support people with mobility needs, including stair lifts to access upstairs areas. The garden had a patio area for people to sit and enjoy the sun and we saw this area being used by people during our inspection to complete an exercise activity. We discussed the use of good practice models of dementia care with the use of 'Stirling University' website and also the 'House of memories' dementia awareness programme which could be used for people with dementia. The registered manager/owner agreed that they were areas which the service lead for activities could focus on utilising in the future. One relative told us that they had asked staff recently about having a board with the time and date on which could be displayed in the kitchen area. As the relative was leaving, the registered manager/owner showed the relative two black board frames they had purchased to allow them to do this. This meant that staff took on board feedback from relatives and acted on it to improve the service for all of the people who lived there.

Good

Is the service caring?

Our findings

Comments from people included, "Staff are really nice"; "They are a good bunch, very kind" and "I would not swap the staff for any others; they are very very caring and kind to me." Comments from relatives included, "I would recommend this place to anyone"; "Staff are very friendly, helpful and supportive"; "I have never seen them [staff] inpatient…never."; "It's much more than adequate; this is good" and "Staff are kind, helpful and brilliant with them." One relative told us, "They [staff] don't feel like workers because the relationships are so good." One member of care staff told us, "It's a lovely caring place to work."

We were told by staff that a Macmillan coffee morning had been arranged, the same as previous years and relatives and other visitors would be invited, including neighbours. One relative was aware of the coffee morning and said, "They seem to do lots of things like that; they are a very kind bunch of lasses." Another relative told us, "There is a birthday next month and I am sure there will be a party."

We saw staff explained to people what they were going to do. For example, while giving medicines or when about to complete a personal care task with them. Staff bent down as they talked to people, so they were at eye level as maintaining eye contact helps enhance effective communication. We asked staff why they bent down to communicate with people and one staff member said, "I would not like someone standing up talking down to me if I was sitting. Some people are also hard of hearing and it means they can hear us better. It's just a better way all round to speak to people like that." This meant staff treated people individually and tailored their communication to each person's needs.

One relative told us they had been fully involved with the care planning of their relative who lacked capacity. They told us that the staff had involved them in a recent review of their care and particular changes had been made which had been fully agreed with. One relative told us, "You can come anytime you like really as there are no restrictions. You are made to feel welcome and fully involved. You cannot top that." Another relative told us, "The only time of the year that staff prefer relatives not to come to the service is during Christmas lunch and the reason for that is not to upset the people who are not being taken out by relatives for the day, which shows how much they care for the feelings of the people living there."

People were treated with dignity and respect. We observed that staff knocked on people's doors before they entered and spoke with people respectfully. One person indicated that they needed to use the toilet. Staff discreetly took them to the toilet. One person told us when we asked if staff respected their privacy, "Yes, they respect my privacy, oh definitely."

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs, but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

People were encouraged to be as independent as possible. One staff member told us it was important to let people "do things for themselves", for example, rather than have staff taking over. We saw people being able to eat their meals at lunch time with support offered only when requested, or when staff saw that a person may need some support or additionally, if care planned as part of a particular person's assessed needs.

The registered manager/owner informed us that no one at the service was currently using an advocate. An advocate represents and works with a person who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. They told us it was a service which would be found if the need ever arose.

Good

Is the service responsive?

Our findings

People had an assessment completed before they moved into the service to ensure that the service was appropriate and could meet their needs. The assessment included, for example, a medical history, mobility needs, communication needs and any issues identified with behaviour that would possibly challenge the service. Once people had moved into the service, a full care plan and various assessments were put in place, including those in connection with nutritional requirements and mobility needs for example. We were informed by staff that the assessment process was being updated and changed to align better with the care plan.

One page profiles were in place which included information about a person's work history, significant dates which were important to them and other details. This information gave care staff an overview of the person to help them better support and understand the person's needs and background.

We noted care plans included details of how staff should support people with their particular identified need. For example, where issues had been identified in one person's mobility, a record was found that the GP was aware and was monitoring the situation. We also saw that people's personal preferences were detailed in care records. One person who had personal care needs, had it identified on their records that they liked to be bathed rather than showered and we were able to confirm that with them. People's care plan were reviewed regularly and this included involvement from the person where possible, relatives and other healthcare professionals.

People confirmed they had activities to participate in if they so wished and care records showed that information about each person's social interests were recorded. For example, one person enjoyed reading newspapers, listening to music, playing quizzes and liked pets. Staff told us that every Thursday exercise to music took place and we saw this for ourselves during the inspection. Most people chose to participate and the activity appeared to be enjoyed by all. We saw there were games, puzzles and quizzes available and many people who lived at the service enjoyed the pamper sessions where they could have hand manicures and nails painted. Staff told us that the male residents also enjoyed these sessions and did not see it as a 'female only' activity. One person told us they enjoyed going out with their relative and we saw from records that other people visited relatives outside of the home environment. Staff told us, "We often take people with us in a wheelchair if we have to pop out to the shops. Sometimes just for a little fresh air." One relative told us, "They [staff] have enough on for people to do. I know that [person's name] prefers to sit quietly and not be bothered with activities – that's just how they have always been." This meant that people were stimulated and involved in meaningful activities and recreation which improved their quality of life and well-being.

One relative explained how the staff at the service helped people celebrate various times of the year, for example, Halloween and Christmas. They said, "It was like Santa's grotto in here and at Halloween, there were pumpkins and all sorts."

Skype and computers were not currently available due to some redecoration work taking place, although

the owner/registered manager told us that once the work was completed, the activity lead would look at utilising these more fully in the future.

People were able to make choices about day to day living. One person told us, "I can choose what I have for breakfast, dinner and tea." A staff member told us it was important to enable people to choose and said, "I always promote [person's name] to choose her own clothes. Will show her what clothes she has and she will choose." We overheard one person being asked if they wanted to go out into the garden. They replied, "No, I'll just sit in here thank you." The staff member respected their decision and the person was left in peace.

There had been two complaints made to the service during the inspection period. We checked the records and were confident that the registered manager had dealt with all complaints in an appropriate and timely manner. People we spoke with knew how to complain and we saw information to support them in the process was available. One relative told us, "They [person] would tell me if something was wrong, but nothing ever has been. They [staff] are very good." Another relative told us, "I have nothing negative to say about the place."

People who had to make a transition from the service to, hospital for example, were supported by staff throughout. One relative told us, "Staff took [person's name] to the hospital and stayed with them. That is really good as I know of other places that would not think of doing that." The relative continued, "It has made a big difference to me to know they are being looked after and I didn't have to rush from work or home."

Requires Improvement

Is the service well-led?

Our findings

We saw copies of the infection control audit which had been completed by the area's infection control lead and had outstanding actions which needed to be addressed with 'urgent' action from an inspection in July 2016. We contacted the infection control lead for the area and asked to see previous reports. We confirmed that the same 'urgent' action had been required for the same issues raised in September 2015. The registered manager/owner had not addressed these issues, for example the concerns with the possible issues around the laundry area being accessed via a bathing area used by people living at the service. We discussed this issue with the registered manager/owner and they told us that they were now looking into moving the laundry to the cellar area but had not ruled out other areas of the service.

Staff and management at the service completed audits, including medicines and infection control. However, they had not always identified the issues we found during our inspection. For example, in connection with the laundry and the safe administration of medicines. We discussed medicine audits and procedures with the owner/registered manager and the possibility of utilising the skills and expertise of a local pharmacist to support the service. The registered manager/owner told us that they would look into this and said medicines audits would be updated and improved in the future to ensure they were more robust. Although this was reassuring, we had not been able to see any new process in action and will check this at our next inspection. Overall, this meant that the owner/registered manager had not established robust systems or processes to effectively operate the service.

People's medicines administration records were stored at all times on top of the medicines trolley in the lounge area of the home. This area was accessed by most visitors to the service and therefore easily accessible to unauthorised individuals. This meant that people's personal data was not secure at all times.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In relation to Good governance, including lack of robust auditing, security of people's records and failure to complete urgent outstanding work in relation to infection control.

The service had a registered manager in post who was also the owner of the service. They had been registered with the Commission since 2010 after purchasing the care home three years earlier. One member of care staff told us, "I like the way it is run." Another member of staff said, "[Registered Manager/owner name] is very fair. We have had some staff changes recently but things have calmed down now." Another member of care staff said, "It's a lovely place to work." Relatives were complimentary about the owner/registered manager. With regard to the owner/registered manager, one relative told us, "She's really nice and on the ball." Another relative said, "I have no qualms about going to see her for anything. She is very good, has some lovely staff and [person's name] is very happy living here."

Staff told us their morale was good and they worked well as a team. They told us that they felt supported as a team and that the registered manager's door was always open if they needed to discuss any concerns or issues they may have.

Staff confirmed that team meetings took place regularly. One staff member said they occurred every month. One relative confirmed that staff meetings took place as they had "seen them occur", but could not say how often. Minutes of various staff meetings showed that staff discussed a range of topics, including for example, safeguarding, training, documentation and had shared positive feedback. Through looking at records of team meetings and discussions with staff, it was evidenced that staff were valued by the management team. Although staff told us that the meetings were held monthly, we were not always able to see the minutes from meetings because they were not always recorded. We, however, were satisfied that staff had the professional support necessary to help them support people living at Dover House safely and effectively.

We saw meetings for people and their relatives took place within the service. The most recent meeting showed that the introduction of staff 'key workers' was going to be put in place and also discussion around staffing and training, food and activities. Key workers are named care staff assigned to oversee particular people's care and be the first port of call for any queries.

We noted that staff did not wear uniforms. One relative told us, "Have you noticed that the staff don't wear uniforms? It's great; it makes it feel like a home and not an institution." People and staff appeared to get on well together and the lack of uniforms had no negative impact on the care provided as people and their relatives knew who the staff were and who to ask for support if they needed it.

We saw on some of the care planning documentation that staff had not completed the full date, for example, one date was expressed as 9 June but no year. This meant that staff could not be assured that records or information was the most recent or up to date. We brought this to the attention of the registered manager/owner who said they would raise this issue with staff.

The registered manager/owner was involved with a number of local services and support groups for the community and other care homes, including for example, being a member of the Federation of Small Businesses and being part of a local college business club. The registered manager/owner had set up links with the probation service to offer roles to young people who were on reparation orders. Reparation orders are non-custodial sentences given to young people who have committed an offence. These orders usually meant that the young person worked in the community fully supervised in order to 'pay' back their offence. We were told by the owner/registered manager that work undertaken at the service, included gardening and painting.

The owner/registered manager had also forged links with apprenticeship schemes and was in the process of recruiting a further apprentice to fill the gap of the previous one as they had been offered a permanent role within the organisation. The owner/registered manager had also been interviewed to help produce a case study as part of a good practice promotion with a local college. This was in connection with how they had good experience of the apprenticeships programme. We also saw evidence, and a staff member confirmed, that the owner/registered manager had been involved with recent mock interviews to groups of young people who wanted to gain employment. This meant that the provider had forged good partnership working arrangements within the local area and was forward thinking in utilising the skills of younger people. This also meant that people who lived at the service had a range of skills from staff with a wide age range.

We found that a small number of notifications had not been sent to the Commission as required under the legal requirements of the provider's registration. Notifications are changes, events or incidents that the provider is legally obliged to send us without delay. We noted the issues in connection with the missing notifications had been dealt with appropriately by the registered manager/owner. We discussed this with the registered manager/owner and they said it was an error on their part and should have been reported to us. We have dealt with this outside of the inspection process and have also informed the local authority.

The registered manager/owner was aware of the need to ensure new inspection reports were displayed on their website and also in the service. This meant they were aware of the need to be transparent with the people and their relatives who used the service. They were also aware of their regulatory responsibilities.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that infection control standards were maintained in line with the code of practice for care homes and in line with regulations. The provider had ensured that medicines were managed safely. The provider had also not ensured that risks in connection with he premises were managed effectively and that they did everything they could to mitigate against such risks. Regulation 12 (a) (b) (d) (g) (h)

The enforcement action we took:

We issued a warning notice to the provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not acted quickly and addressed issues found with infection control procedures. People's records were not always stored securely. The provider did not have robust processes in place to assess, monitor and improve the quality of the service provided. Regulations 17 (a) (b) (c)

The enforcement action we took:

We issued a warning notice to the provider