

Douglas Court Care Home Limited

Douglas Court

Inspection report

1 Douglas Street
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Derby
Derbyshire
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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Douglas Court is a residential care home, registered to provide accommodation for up to 43 older people, younger adults and or people living with dementia. Douglas Court accommodates people across two floors. On the day of our visit 42 people were using the service.

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

Improvements had been made to the deployment of staff in communal areas. However a few people felt staffing levels were not always fully effective.

Improvements identified in internal audits were not always actioned. For example, action from the infection control audit had not been implemented.

People told us they felt safe at Douglas Court. People were supported by staff who had a good knowledge of how to protect them from abuse and harm.

Risk assessments were in place, providing guidance for staff in how to mitigate risks and keep people safe from harm. People's medicines were administered as prescribed. People were protected from the risk of infection.

Staff supported people with their dietary needs. People were supported to access healthcare services as required.

People were supported by staff who promoted their privacy and dignity. Staff had a good understanding of people, their likes and dislikes. Staff encouraged people to be independent.

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.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint.

People had opportunities to participate in activities and social events organised by staff.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to. People and their relatives told us the service was well-led. Staff told us they enjoyed working at the service and worked well as a team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 well-led.

Details are in our well-led findings below.

Good ●

Douglas 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 Care Act 2014.

Inspection team

The inspection was carried out by one Inspector and a specialist advisor, who had a background in nursing care.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with three people and two relatives during the inspection site visit and a professional who regularly visited the service. This was to gain people's views about the care and to check that standards of care were being met.

We spent time with the registered manager during the inspection site visit, the nominated individual, lifestyle and dementia manager, two senior carers and one care assistant. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records for two people and six peoples wound management plans. We checked the care they received matched the information in their records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

At the last inspection a recommendation was made that the provider review the deployment of staff in the mornings. At this inspection we found improvements had been made in this area.

- Though there were adequate staff on shift, we did receive mixed feedback on staffing levels. One person said, "The staff respond quickly to the buzzer. However, sometimes I don't think there are enough staff. For example, at breakfast there is initially one staff member serving breakfast, eventually they are joined by a second staff member." A relative said, "I don't think there are enough staff, there needs to be more staff. My family member told me bed time is the worst, they call the buzzer and the staff are slow at responding." Another relative said, "My only concern around staffing is in the past month experienced staff have left. They do frequently use agency staff, but I do know management are recruiting new staff."
- Staff felt staffing levels were sufficient to meet peoples needs. However, one staff member said, "Last minute sickness can be difficult to cover. It is hit and miss with agency staff as some are not very good."
- The registered manager explained due to the holiday period they had been using regular agency staff. The registered manager confirmed one new staff member was due to commence employment shortly after the inspection. Whilst two people were undergoing pre-employment checks. The provider had a staffing tool to determine staffing levels. Following the inspection site visit the provider confirmed concerns raised at the inspection around staffing were not widely held and appropriate staffing levels were in place. The provider also confirmed they had systems in place to manage sick leave to ensure the staffing levels were sufficient.
- We reviewed two staff recruitment files, we saw they had Disclosure and Barring Service (DBS) checks in place before they commenced employment. However, one staff file did not contain a full employment history. This was discussed with the registered manager who agreed to take action. Following the inspection site visit evidence was submitted by the registered manager confirming full employment history had been obtained. The provider also confirmed employment gaps were discussed at the interview.

Using medicines safely

- People were supported to receive their medicines as prescribed and in a safe way.
- Staff responsible for administering medicines had been appropriately trained and their competencies assessed to ensure people received their medicines safely.
- Medicines were stored securely, with clear records in place to show when they were administered.
- Audits had been completed to support management to identify any shortfalls. However, we found some occasions between June and July 2019, there were gaps in the recording of fridge temperatures, to ensure medicines were stored at the correct temperature. This was also identified during an internal audit January 2019. We discussed this with management who confirmed immediate action would be taken to address this.

Following the inspection visit the registered manager confirmed fridge temperature recordings were now being checked daily by management.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection. Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection.
- Douglas Court was clean and tidy. Staff had access to personal protective equipment such as disposable gloves and aprons to help manage the control and prevention of infection.
- We saw in an audit undertaken February 2019, which identified checks of the mattress covers and cores would be completed monthly. Following the inspection site visit the provider confirmed care staff carried out visual checks of mattresses every time they changed the bedding. Also the new process for the maintenance person to check the mattress covers and cores had not been implemented as intended at the time of the inspection site visit.
- The provider's food hygiene rating by the food standards agency during May 2019 was five stars. The food standards agency is responsible for protecting public health in relation to food.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from the risk of abuse. People we spoke with told us they felt safe living at Douglas Court. One person stated, "Oh I definitely feel safe here."
- Staff understood their responsibilities to report concerns and said they would immediately report any concerns to management. Records showed staff had received training in safeguarding.
- The registered manager understood their responsibilities to protect people from the risk of abuse and reporting concerns of abuse to the local authority safeguarding team and CQC

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were put into place to ensure the safe management of risks. Identified risks to people such as falls, malnutrition and skin integrity were assessed, and relevant actions recorded to mitigate these risks.
- We saw personal emergency evacuation plans (PEEPs) were in place. The PEEPs provided information on the level of support people would require in the event they needed to leave the premises safely in an emergency.
- Access to the building was via electronically controlled doors ensuring the safety of people and staff from unauthorised people entering the premises.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify any themes. Action was taken to minimise the risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained 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 prior to moving into the service to ensure their needs could be met and this was the right type of environment for them. Assessments included information such as the individual's healthcare and social support needs
- People were involved in discussions about their preferences and wishes. For example, this included how they wished to spend their time.

Staff support: induction, training, skills and experience

- People and relatives were confident staff had the skills and knowledge required to support people at Douglas Court. One person said, "The staff seem to know what they are doing." Training records showed staff had received training in a range of areas.
- New staff completed the providers induction training. Staff who were new to the caring profession also completed, the 'Care Certificate'. This is a set of nationally agreed standards for care workers to achieve.
- Staff confirmed they were provided with training in a variety of areas, which supported them in their role. Staff felt supported and were provided with supervision on a regular basis by the registered manager or deputy manager. One staff member said, "I have regular supervision with either the registered manager or deputy manager. I feel comfortable to raise any issues."

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

- The provider ensured people were supported by staff to maintain good nutrition and hydration and had the support they needed to eat and drink. People were provided with refreshments throughout the day.
- People's nutritional needs had been assessed and their food choices were documented in their care plans. People's fluid intake was monitored, via an electronic system which alerted staff if a person had not met their daily target. This was to ensure people were hydrated and if any further action was required such as seeking medical support.
- People told us they enjoyed the food. One person said, "On the whole the food is pretty good."
- We observed the support people received during the lunch time meal, and saw people were supported to eat when needed. This was done at the person's own pace and staff supported people to do as much for themselves as they could. However, we saw an agency staff member had limited interaction with a person they were supporting. We discussed this with management who agreed to raise this with the staff member involved.

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

- Staff worked with a range of health and social care professionals to ensure people's individual needs were monitored and met. A visiting health care professional stated, "The home is very pro-active in making referrals for advice or further assessment and referrals are always appropriate."
- People were supported with their healthcare needs. They had access to a range of health care professionals which included the GP, district nurses, dentist and opticians. A relative said, "I am informed if they have had to contact the GP." Oral assessments had been completed, records should people were provided with oral care. An optician visited the home.
- Referrals were made to a range of health and social care professionals, when peoples needs changed this included district nurses and speech and language therapist. For example, records showed district nurses were currently attending too and monitoring some people's skin and that they were responding to the treatment.

Adapting service, design, decoration to meet people's

- Corridors were wide allowing easy wheelchair access or for people using walking aids. Equipment such as hoists and walking aids were available to enable people to move around the home.
- There was a well-kept garden which was accessible to people
- Private spaces were available for people to speak to with their visitors.
- There were memory boxes outside people's bedrooms to orientate people to their own rooms independently. Memory boxes can contain personal photographs and memorabilia, which are significant to an individual.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The service continued to work within the principles of the MCA and conditions on such authorisations were met. Five people had restrictions in place that had been authorised. No conditions were attached to these restrictions.
- Renewal applications had been made to the local authority for DoLS authorisations, for people who had been under the local authority's restrictions of a DoLS.
- Staff understood how to support people with decisions and the principles of least restrictive practice. Staff sought people's consent before supporting them. For example, we heard a staff member asked a person if they would like a bath or shower? The person declined, and the staff member said, "That's okay if you change your mind just call me."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- We saw some caring interactions between staff and people. Staff were discreet when people needed assistance. They provided reassurance to people during interventions, such as being hoisted. A relative said, "When [person's name] is being hoisted staff are very caring, they provide reassurance and talk to [person's name]." However, on one occasion a person became distressed as an agency staff member did not listen to their request to be moved. We raised this with the registered manager, who immediately provided reassurance to the person and moved them as they wished. The person settled and was happier. Following the inspection visit the nominated individual confirmed they were no longer using the agency who supplied this agency staff member.
- People and relatives felt they were treated with kindness and compassion by staff. One person said, "The staff are very caring here, it's not easy for them dealing with some people." Another person stated, "The staff are nice."
- People were comfortable with staff and asked staff for support when they needed it. We observed staff and people laughing and talking.

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

- People were involved in developing their care plans and signed to say they agreed them where possible. Where people were unable to be involved in their care plans, their relatives had been involved in the process.
- Staff understood people's preferences and the importance for people to make decisions for themselves wherever possible.
- People said they were pleased staff listened to them and their views were taken into account. A person said, "The staff are nice, they listen to you which is important."
- People had access to advocacy services if required. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of ensuring people's privacy and dignity. One person said, "The staff are respectful."
- People told us staff encouraged them to be independent. We observed staff patiently encouraging a person to rise from a chair independently, whilst guiding them.
- Records were stored securely in the office and were only accessible to authorised staff. Staff were aware of

the importance of maintaining confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 had personalised care plans which included information about their health and support needs. These provided information for staff on how care should be provided to meet people's individual needs.
- People's plans were regularly reviewed and updated as people's needs changed. A relative told us they had been involved in reviews about the care their family member received.
- Staff we spoke with had a good understanding of people's individual preferences and needs.
- People were supported to maintain relationships which were important to them. During the inspection visit, we saw some people received visitors.

Meeting people's communication needs

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

- The registered manager was aware of the accessible information standard. The registered manager confirmed information could be provided in accessible formats for people including information in large print and pictorial format. As well as making referrals to external services seeking advice regarding the most suitable forms of communication methods to meet people's individual needs.
- We saw staff spoke clearly with people, taking their time and listened to people to understand what they were trying to communicate.

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

- People had access to a range of activities they could take part in both within the home and externally. This included birthday celebrations, valentine's day and Easter. As well as external entertainment, gardening club and visiting another home within the provider group where people could use the cinema room.
- People told us they had plenty to do. One person stated they took part in activities within the home and went out with their family. A relative said, "The activities co-ordinator is very good, they try and get people involved. I cannot fault the entertainment, birthdays are celebrated and there is external entertainment which come into the home."
- There was an interactive table which we saw people enjoying. The interactive table provided physical and cognitive activity whilst encouraging social interaction, through the projection of games and music themes onto a table.
- People were able to follow their cultural needs. For example, at lunch we saw a person had 'ackee and

saltfish' which was a traditional Jamaican dish.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and felt confident if they had any concerns they would be addressed by management.
- When complaints were received they had been reviewed in line with the provider's procedure.
- The complaints procedure was displayed in the service.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Care records we looked at showed people's end of life wishes or preferences had been discussed.
- Training records showed most staff had received training on end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The providers vision was to provide a high-quality service and person-centred care. Feedback from people during the inspection supported the view that people received care which they felt was good and individualised to their needs.
- The provider demonstrated a commitment to investing in management learning and development, which in turn would benefit the staff team.
- Staff were kept up to date with any changes for example through staff meetings and supervisions.
- Staff felt able to raise concerns with the registered manager and were positive they would be listened to and supported.
- The provider had quality assurance systems in place. Quality audits were in place which enabled the management team to monitor the service and drive improvements as required. However, we found where improvements were identified actions were not always followed up to address the issues. As mentioned under 'Safe' shortfalls identified during internal audits had not been fully implemented. Following the inspection, the registered manager submitted an action plan addressing the issues identified. For example, mattress covers and core checks to be completed monthly and would be signed off by the registered manager. Also, the agency who had supplied staff during this inspection was no longer being used.

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

- The registered manager notified CQC of significant events and incidents and were aware of their legal responsibility to be open and transparent in line with their duty of candour responsibility.
- The provider had displayed their rating in the home and their website, which was a legal requirement.
- Observations showed the shift was well organised, staff were going about their duties and were clear about what they were required to do.
- Since the last inspection there was a new manager in post who had registered with the Care Quality Commission during 2018. People and staff were very positive about the registered manager, saying they were approachable. A relative told us once the registered manager settled in, communication improved with them.
- People and staff felt the service was well managed. One person said, "It's a well-managed home. [Managers name] comes to the table to ask how you are."
- The provider had an annual award for staff 'employee of the year' which recognised the work staff carried

out and were also looking at improving the recruitment, reward, recognition and retention of staff.

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

- People were involved in sharing their views on the service provided. There were regular meetings that enabled people to have input into service improvements, as well as satisfaction surveys.
- There was a 'you said we did' section on the resident's information board. For example, positive feedback was received following a food tasting session as the catering arrangements had changed. Some people raised that their white clothing items were turning grey in the wash. Management subsequently spoke with the laundry staff and clothes were no longer being mixed in the wash.
- The registered manager had links with local health and social care professionals to ensure people had the support they needed.
- The staff and management had developed links with the local community, which ensured people were part of the local community. For example, the Christmas and summer fayre were opened to the local community. People from a local centre visited the home with art work which they had completed. The registered manager told us they were planning on taking some people from Douglas Court to visit the centre to strengthen links.
- The provider had information available at the home, including a newsletter and an activity programme informing people of what was happening at the home and at provider level. Information regarding the provider and service was also available on the providers website.