Enter and View Report:
Davers Court, Bury St Edmunds

29th October 2015 (Unannounced visit)
Name and Address of Service visited:
Davers Court, Residential and Nursing Home,
Shakers Lane,
Bury St Edmunds
Suffolk

Name of Provider:
Care UK Community Partnerships Ltd

We visited this service (unannounced) on:
11.30am - 2.55pm on 29th October 2015
Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer:

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, it is an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch ‘Authorised Representatives’ to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but they can also occur when services have a good reputation - Healthwatch Suffolk wants to learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.
The purpose of the visit was to ascertain whether or not Davers Court has made the “Improvement” required by CQC in their report of 10 June 2015 and to explore the background to and response from Care UK to three serious complaints received by Healthwatch Suffolk from resident’s relatives which highlighted a range of concerns including:

- a lack of care and dignity,
- lack of sufficient staffing,
- unsafe practices regarding moving and handling,
- resident access to fluids/poor quality food for those on pureed food
- a lack of cleanliness
- compliance with Deprivation of Liberty Safeguards (DoLS) in relation to individual care plans

A number of recommendations have been made as a result of the visit:

1. **Recommendation 1 (Staffing):** Recruiting and training additional permanent staff is required to replace the current level of, at least, 25% agency staff.

   The lack of sufficient permanent employed staff and the reliance on agency staff has an impact on the quality of care provided to residents, which is a concern to both relatives and staff themselves. A stable staff team is essential if performance is to be improved.

   **Provider response:** All team members receive supervision this is planned and on the supervision matrix. We also provide ad hoc supervision and recorded discussion when needed.

2. **Recommendation 2 (Measures to improve trust):** Changes in senior management combined with the recruitment of new staff and fewer agency staff has resulted in a lack of trust between managers and staff and the relatives of residents.

   This needs to be addressed openly and in a responsive way. The Care UK regional manager should closely monitor the outcomes of the Home Manager’s efforts.

3. **Recommendation 3 (Meals and Menu):** A new chef has recently been appointed and changes to the menu have received some adverse comment. The opinions of residents and relatives on the meals, menu and choice should be surveyed regularly.

   **Provider response:** We have menu feedback forms on the reception desk and the chef speaks to the team each day.

4. **Recommendation 4 (Training, Supervision and Mentoring):** A programme of training should be provided for all staff but especially for those newly recruited.

   This should build upon that currently provided for medicine management, and moving and handling but should be extended to include both practical “hands-on” tasks as well as enhancing staff skills when working with people with dementia.

   Care staff should receive periodic supervision to identify their training needs.

   When the permanent manager returns to work he should be offered mentoring support from the Operational Support Manager so that recent improvements are embedded.

   **Provider response:** All team members receive supervision this is planned and on the supervision matrix. We also provide ad hoc supervision and recorded discussion when needed.

5. **Recommendation 5 (Update noticeboards):** Legal notices should be updated to reflect the home management arrangements.

   The information boards for residents and relatives should be maintained and updated regularly to show the management response to comments and suggestions

6. **Recommendation 6 (Suffolk County Council responses to DoLS assessments):** There is a need for Suffolk County Council to improve the speed of response to Deprivation of Liberty Safeguards applications.
Suffolk County Council also needs to rapidly address the issue of outstanding Deprivation of Liberty assessments.
ENTER AND VIEW

“The Operational Support Manager felt that there was currently a lack of trust between some relatives and the staff and management of Davers Court…”

1. This visit was conducted for Healthwatch Suffolk by the following Authorised Representatives (AR): David Evans (Lead), Sue Spencer and Jeff Stern.

2. The purpose of the visit was:
   2.1 Davers Court received a Care Quality Commission (CQC) inspection on 21st January 2015 (published on 10th June 2015). CQC rated the home as “Requires Improvement”.
   2.2 Since then there has been an adverse item in the local press which reported staff shortages and a lack of contingency plans as well as a report of poor medication management on the weekend of 21st - 22nd June.
   2.3 In October 2015, HWS received three serious complaints from residents which highlighted a broad range of concerns including; a lack of care and dignity, lack of sufficient staffing, unsafe practices regarding moving and handling, access to fluids and a lack of cleanliness. There were also complaints about the quality of pureed food, the timing of lunch time and also a claim that Deprivation of Liberty Safeguards (DoLS) were not followed in an individual’s care plan.
   2.4 In these circumstances, and following discussion with CQC and the Suffolk County Council Quality Monitoring Team, it was concluded that an unannounced Enter and View visit was justified.
   2.5 The purpose of the visit was to ascertain whether or not Davers Court has made the “Improvement” required by CQC. The recent complaints suggested that the problems (staffing, medication management, moving and handling practices, and compliance with DoLS) identified by CQC continued and additional ones (lack of care and dignity, access to fluids, meal times and quality of food) had arisen.
   2.6 The E&V team also wished to follow up the CQC concerns about the level of activity and stimulation for people receiving dementia care.

3. Methodology:
   3.1 Observations of the care environment and conversations with:
   - The Operational Support Manager (Acting Manager, the responsible permanent Manager, was absent through sickness)
   - Clinical Lead
   - 3 other members of staff with varied roles
   3.2 The E&V team also spoke to 4 relatives

4. Introduction and Impressions:
   4.1 Davers Court is a purpose built residential home which opened in August 2014 to replace a Suffolk County Council residential home on the same site. It has a maximum of 60 beds and had 57 residents on the day we visited.
   4.2 The home has 2 floors and is designed on a unit basis with 4 units (Orchard, Meadows, Riverside and Vines).
   4.3 Some residents have dementia and there is a specialist dementia care unit.
   4.4 Orchard unit has 15 nursing care beds, 10 of which are contracted to West Suffolk Hospital for patients who are waiting for a place in a residential or nursing home or who may benefit from some rehabilitation before returning to their own home.
   4.5 The senior management team includes the Acting Home Manager and a Clinical Lead who has specific responsibility for Orchard unit and for the nurses. A new Chef has recently been appointed and he is supported by other kitchen staff.
   4.6 The entrance lobby and reception area is spacious and leads into a cafe which was used by residents, with or without their relatives. Appropriate notices and information boards were displayed in this area and adjacent
corridors. These included the formal legal documents that are required to be on public display and included information about the complaints system. Healthwatch Suffolk comment cards were available on a table as well as information from Suffolk Family Carers.

4.7 The entrance lobby was well used by residents, some of whom appeared to have a degree of mental confusion, however, they seemed relaxed and at ease and there were plenty of seats for them sit and rest if they wished. Staff were aware of their presence and intervened appropriately to gently escort a resident back on to their unit when necessary.

4.8 Menus for the day were displayed near the reception area downstairs. There was also a large colourful board intended to display information about the matters discussed at relatives’ meetings and the outcomes of them. This was presented in a “You said - We did” style but unfortunately, although there was a record of the dates of past and future meetings all that was recorded about the meetings was a message saying “This is where we will publish a summary of the most recent relatives meeting”. However; no information about the issues raised by relatives or the response to them from Care UK was provided.

4.9 The home has a level access, good sized, garden which is now well established. It has benches, chairs and tables for residents to use on warm fine days. It was cool and damp when we visited and no-one was outside.

4.10 Davers Court is designed as a unit style home with four 15 bedded units; two on each floor. There is a central kitchen and food is delivered to the units in hot trolleys. The general layout of the units with bedrooms off wide corridors, a lounge and separate dining area seemed very well designed. Bedrooms appeared to be of a good size with presumably (this was not viewed) en-suite facilities. The units were clean and well-kept with good decoration and signage and had a well-appointed feel.

4.11 Each unit had a lounge area with large TV that was located opposite to the dining area. The latter had around half a dozen tables each with four chairs and had a kitchen preparation area which allowed drinks and snacks to be prepared on the unit.

4.12 The E & V team did not enter any bedrooms but when visiting Meadow and Orchard in the period before lunch many of the bedroom doors were open, some with residents inside, either in bed or sitting in a chair, staff were not very evident at this time.

4.13 The high dependency dementia unit is upstairs. Areas of the home are segregated by means of electronic key pads which control entry and exit as well as preventing access up and down the stairs. This is designed to prevent residents walking into unsafe areas.

Provider response: All doors that are secured by a key pad have the numbers next to them in a flower pattern; this ensures that anyone with capacity can leave if they wish to do so.

4.14 Davers Court has the benefit of a room dedicated to an internal cinema which shows films each day. The room can also be used for meetings with staff. There is a hobbies room on the ground floor.

4.15 The staff that the E&V team saw in the public areas, whatever their role, seemed professional and helpful and spoke to the residents and visitors in a kindly way.

5. Findings:

5.1 This section will consider the concerns identified by CQC and also those reported directly to HWS.

Staffing

5.2 The E&V team were pleased that even though this was an “unannounced” visit the Acting Manager, received the team in a constructive, professional manner and immediately welcomed the team into his office.

5.3 The permanent Manager was currently off sick and has been absent for up to 8 weeks and is not expected to return until mid-November. Management cover is being provided on a weekly rotational basis by two Operational Support Managers who work a rotation of one week on and one week off. The senior
management team includes a Clinical Lead who began working at Davers Court in early July. She has previous experience working in a care home for 12 years as a unit manager and most recently was employed by West Suffolk CCG as the Specialist Nurse for assessing Continuing Healthcare. A Deputy Manager post is to be advertised.

5.4 Provider response: Management cover is being provided on a weekly rotational basis by 2 operations support managers, this includes weekend cover. This ensures each weekend during this process of development there is always a senior manager in the home.

5.5 One of the relatives spoken to by the team felt that previous difficulties had been caused in part by “frequent changes in management” and she claimed that Davers Court had had 6 managers in its short history. It was interesting to note that the public information in the lobby recorded that the Registered Manager was “RA”, however she was not known to either the Operational Support Manager or the Clinical Lead.

5.6 The staffing allocation for the 15 bedded, units is 3 carers per unit, however in Orchard unit one of the carers is replaced by a Nurse. One relative told us that fewer staff than this are on duty at weekends.

5.7 The E&V team were told that there were a total of 1,400 nursing/care staff hours used during the week and of these 250/300 hours are provided by agency staff. The balance between agency and permanent staff has been, according to one staff member, between 25 - 50% agency but has improved following a very recent recruitment campaign which resulted in the appointment of 7 full time carers and 1 full time nurse; 9 other staff applications are currently being processed.

5.8 The E&V team were told that it is Company policy to “over recruit” by 30% to allow for sickness cover and to provide a reservoir of “bank staff”.

Provider response: The staffing allocation for the 15 bedded units is 3 carers per unit plus a senior care worker. Totalling 4 team members per area for up to a maximum of 15 residents. On Orchard unit there are 3 care staff, 1 nurse, plus a supernumerary clinical lead to oversee the residents care, providing care for up to 15 residents.

5.9 Several of the staff members that the team spoke to felt that there were insufficient staff available. The dementia unit (Vines) was felt to be inadequately staffed because “some residents need a double up of staff and cannot be rushed” and a carer commented that there was a need for 4 carers as well as a Team Leader on this unit. Staff also spoke about the effect on staff and residents of what was described as the “very unsettling” changes of management.

5.10 The relatives that the E&V team spoke to, also felt that there were staffing problems. One relative felt that the problems stemmed from not enough staff and a lack of continuity in care because of too many agency staff.

5.11 On Orchard unit the nurses work 12 hour shifts, one being on duty during the day and one at night. The Clinical Lead works from 9am - 5pm on week days. In addition to the nurses on Orchard unit there are 2 carers on duty during the day.

5.12 A relative contrasted the care that her partner had received at Glastonbury Court (also a Care UK home) which she said had been much better run in all areas and there had been much more interaction between staff and residents as well as a proactive Activity coordinator. She felt that at Glastonbury Court there had been more stable staffing allowing staff to spend more time and know residents individually. Although these comments describe the care provided at Glastonbury Court which is not relevant to this report they provide an insight into a relatives view of what is missing at Davers Court.

5.13 An “Activities Co-ordinator” has recently been appointed as a result of an internal promotion and she is receiving support from the Operational Support Manager who has a background in dementia care. He is helping her develop individualised activities for people living with dementia using, amongst other things, the Care UK “Activity Based Care” approach.
5.14 Life Story Book work is carried out as part of the “This is Me” record which staff build up about each resident to create an individual approach for example, by taking people out for a walk, getting a toolkit for a resident who used to be employed as a maintenance man and giving him an opportunity to spend time with the Davers Court caretaker.

5.15 The Activities Co-ordinator is also gathering together more sensory resources such as a “rummage box” for dementia units and is developing an indoor garden. Hand massage and nail painting is also offered to residents.

5.16 The Activities Co-ordinator is supported by 2 staff who are on light duties; they work across all 4 units.

5.17 The in-house cinema shows films on two nights a week and films requested by residents are shown at other times. Davers Court now have a laptop for residents’ use which can connect to the cinema screen and enables them to see programmes from YouTube, BBC etc. It will also be able to connect to Skype.

5.18 The Clinical Lead does not receive planned professional supervision but does receive it “on demand” from the Operational Support Manager, who is a qualified Nurse, and also from the Care UK Regional Clinical Lead. The Clinical Lead provides supervision to the nurses and to the Senior Carers and holds a weekly clinical meeting with them.

5.19 A member of staff complained to the E&V team that the training of new staff depended too much on “on-the-job shadowing” and mentioned two particular training needs; new young staff members would benefit from training in “how to wash elderly frail people and in how to manage residents with dementia (aggression issue etc)”. focus on the details of correct procedures and current issues.

Medication management

5.21 The Operational Support Manager described, in some detail, the work he had undertaken to re-organise and re-structure the administrative and record keeping processes at Davers Court. He said that there was a Service Improvement Plan (SIP) and one of its priorities was Medication Management.

5.22 He discussed the actions outlined in the plan and was able to evidence that all the medication competencies of staff had been reviewed and that they have undertaken a medication competency assessment or reassessment using a “Boots” online course. Other staff had completed the “Boots” foundation course and Care UK’s e-learning package. There had also been some one-to-one and small group training on medication.

5.23 This learning is supported by internal audits and spot checks. The E&V team were told that it was part of the duties of Team Leaders to check the current medications sheet and a medication review is built in to the “Resident of the day” approach which focuses on each resident in turn.

5.24 The Clinical Lead was spoken to separately and said that improving medication management had been one of her priorities. She confirmed that internal audits and independent external audits from a pharmacist were part of a new approach to medication management.

5.25 The Clinical Lead felt that real progress had been made but also said that there was still room for improvement and in this regard mentioned that ensuring newly prescribed medications were built into the existing system was something they were working on.

Moving and handling practices

5.26 During the visit the E&V team witnessed one incident of a resident sliding off their seat in the café. This was dealt with appropriately by, firstly, making the resident comfortable on the floor and re-assuring the resident’s husband who was with her. The Clinical
Lead was called to provide assistance and the resident was made comfortable with a cushion and blanket. The resident was given time to recover and then gradually moved to a sitting position and eventually into wheelchair. No specialist equipment was needed.

5.27 The E&V team observed staff assisting residents in the reception and café area and in particular noticed a staff member gently guide a resident, who had become unsteady, to a chair. Other than these events the team did not observe any moving and handling procedures being used in practice and relied on what we were told by the Operational Support Managers and the Clinical Lead.

5.28 The E&V team were informed that 56% of all staff have had refresher training in the last 12 months and this included moving and handling procedures. Individual approaches to each resident’s moving and handling needs were included as part of their care plan and staff were made aware that in addition to using the correct procedures it was always necessary to re-assure the resident when using any equipment and that there should be an emphasis on remembering the importance of the residents dignity.

5.29 The Clinical Lead described how she had worked with staff to use the Waterlow Pressure Area Risk Assessment Charts which guided the need to re-position the resident. Moving and Handling re-positioning charts were in use and residents’ needs were monitored and creams were applied when risks were observed. The importance of observation, monitoring and recording in the care plan were emphasised to all staff.

Compliance with Deprivation of Liberty Safeguards (DoLS)

5.30 The Operational Support Manager, and the Clinical Lead were familiar with the five key principles of the Mental Capacity Act (1. Presumption of Capacity, 2. Individuals should be supported to make own decisions, 3. Unwise decisions and the right to make them, 4. Best interests, 5. The less restrictive option).

5.31 The Operational Support Manager told the E&V team that addressing the CQC’s concerns regarding DoLS was part of the Service Improvement Plan (SIP).

5.32 DoLS assessments were carried out on each resident at the point of admission and the team were shown the DoLS checklist used for this purpose. The Operational Support Manager also showed the team a DoLS tracking system which recorded the specific restrictions which had been approved. These details were also recorded on the residents individual care plan and would be highlighted each time the care plan was viewed.

5.33 On the date of the E&V visit, there were 6 DoLS in place and a further 15 had been applied for and were awaiting assessment by the Suffolk County Council assessment team. The E&V team were told that one assessment, requested in August 2014, had been classified as a Priority 3 (the least urgent category) and had still not been completed by the assessment team. The Clinical Lead said that as part of her duties with other care staff she regularly reinforced the DoLS procedures.

Lack of care and dignity

5.34 During the visit the E&V team did not see residents being treated with a lack of care or dignity.

5.35 The interactions between staff and residents that the team saw were caring, gentle and respectful. There was no evidence of unhygienic practices, however despite this, evidence from a staff member and from relatives, suggested that some aspects of personal care had been neglected in the recent past.

5.36 Two relatives related incidents where there had been excessive delay in adequately dealing with residents who had soiled themselves. In one case soiled bedclothes had been left in the room until the morning and in a second case the relative found her father still soiled when she arrived and she decided to clean him herself. A third relative deals with all her husband’s laundry because she seemingly lacks confidence in the home’s housekeeping arrangements.

5.37 A member of staff commented to the team...
that she had not been impressed by the state of laundry arrangements when she arrived.

5.38 The Clinical Lead said that although there is not a formal “Dignity Champion” appointed at Davers Court staff are encouraged to whistle-blow. She also said that staff have done this and felt that they were comfortable in reporting any behaviour or other issues which caused them concern.

**Access to fluids**

5.39 The Operational Support Manager told the team that the unit Team Leaders now check fluid intake records twice a day and said that unannounced spot checks are carried out on occasions at night.

5.40 The E&V team spoke to 2 carers about access to fluids and got contrasting accounts. One told the team that there had been an improvement to fluid recording as residents who cannot manage fluids/food independently or where there are risk factors have charts which are reviewed. However, another carer felt that it was difficult to get drinks to all residents on Vines unit at 11 o’clock (for ‘elevenses’ the mid-morning drink) due to there being insufficient staff.

**Provider response:** All bedrooms have jugs of juice of the residents choice, the kitchen has open access for people to help themselves to hot or cold drinks. There is also a cold juice machine in the dining area that has a different choice of drink within it each day.

5.41 Residents were able to help themselves to drinks in the cinema where jugs of water and squash and plastic glasses were prominently available.

**Meal times and quality of food**

5.42 When CQC visited in January 2015 residents praised the quality of the food and CQC received comments that, “The food here is always excellent, you get a good choice and there is ample to eat” and another resident said that “You choose what you want each day. The food is really good”. By the time of the visit a new Chef had recently been appointed and, judging by the comments of 2 relatives, had changed the menu from that used by the previous Chef, who had been held in high regard. The relatives who spoke to the E&V team both said that the menu was now “too sophisticated” or “too up-market”. They said that their relatives preferred “traditional meals, meat and 2 veg, Shepherd’s pie etc”. Both relatives said that they had raised this issue directly with the Chef and also at Residents meetings but “no action had been taken”.

**Provider response:** We currently have a regional chef working with the team at the home to develop and improve food service. The menu is in the process of being reviewed following feedback from the relatives and residents. Some relatives have given very positive feedback in relation to the new menus.

5.43 On the day the E&V visit, people were called for lunch on Meadow unit at 12.20pm and residents with mobility problems were offered assistance by staff to get from their room to the dining area on the unit. One relative told the team that lunch was sometimes served “very late (1.45pm) by which time her relative had gone to sleep”.

5.44 Hot food was served from a metal hot trolley in the dining room from which residents made their choice of meal. The food offered on the day was a starter of cheese sticks and a peanut dip and a main course of sausage and mashed potato or vegetable lasagne plus a choice of desserts. This seemed a limited choice but the menu stated that other “light bites” were available and at least one resident was provided with an omelette. Pureed food was provided separately.

5.45 The team observed that residents who needed help to cut or eat their food were assisted by members of staff. However, a relative told the team that staff often forget that her husband needs a spoon, not a knife and fork as his food is cut up. In her opinion such problems stem from there being not enough staff and the lack of continuity in care because of too many agency staff.

5.46 Another relative told the E&V team that her husband needed pureed food and this had been cold when served in the past. A remedy of using a microwave to heat the food had
been tried but she felt this solution was still not satisfactory as it caused a deterioration in the quality of the food; however she also said that the food was now arriving at the right temperature. The Operational Support Manager acknowledged that there had been problems with the provision of hot pureed food to the units as the food became dried out in the hot trolley and was unappetising. He had responded to this by experimenting with heating the pureed food in the unit microwave and was reviewing this.

Relationships between relatives and staff and Davers Court Managers

5.47 The E&V visit had been prompted, in part by the concerns of relatives and the comments they had made directly to Healthwatch Suffolk.

4.48 Some of the relatives the team spoke to may have been amongst those who had written the complaints and it is difficult to judge to what extent those the team spoke to and those who had put their complaints in writing are representative of a general and continuing feeling amongst relatives.

5.49 However, if the team had any doubts about this the final feedback discussion with the Operational Support Manager confirmed that current problems existed. He was delayed in meeting with the E&V team and explained that he had just had to intervene with an angry relative who had been shouting at a member of staff and accusing her (in words to the effect of) being “uncaring and useless, like all the rest of them”. The Operational Support Manager said he had tried to resolve the matter by explaining to the relative that progress was being made, however, he said the relative was not satisfied and he had a very distressed member of staff to deal with as well.

5.50 The Operational Support Manager felt that there was currently a lack of trust between some relatives and the staff and management of Davers Court and highlighted this as one of the most important things he had to address. He acknowledged that this would take time and realised that before trust could be expected improvements had to be in place.
CONCLUSIONS

“...progress towards better continuity of care for individual residents will not be maintained unless there is stable and effective management...”

6.1 Davers Court seems to be at a critical point in its development. Clearly there were significant problems when CQC inspected in January 2015 and although the report was not published until June the company has had almost 9 months to address the issues identified.

6.2 The E&V team were impressed by the professional knowledge and business-like manner in which the Operational Support Manager has gone about the task of creating order out of what, at best, must have been a very unstable situation. Some of the progress that has been made, such as the appointment of the Clinical Lead, pre-dates the arrival of the OSM, however much of what the team were shown seemed to have been recently introduced and the new staff were only appointed in the last week or two.

6.3 The issues raised in the CQC report requiring improvement concerning unsafe practices related to moving and handling and the management and administration of medication have now been addressed.

6.4 The concerns raised in the CQC report about the systems within the home to safeguard the interests of residents, where there is doubt about their mental capacity to consent to care and treatment, have been addressed in part. However there appear to be long delays once application has been made to Suffolk County Council for an assessment to take place and the process is still incomplete for many residents.

6.5 The CQC report commented that people living with dementia had little stimulation or activity; while positive action is being taken to try to improve the quality of life for people living with dementia through work on life story books and trying to engage residents in meaningful daily activities this work is only just beginning and improvement will only be possible with adequate overall leadership and staffing levels.

6.6 In January 2015 relatives interviewed by CQC were consistently complimentary about the number and quality of the staff. The team did not find this on their visit and even the Operational Support Manager shared several examples of concerns from relatives that he had been dealing with.

6.7 Since the CQC report there has been a deterioration in the attitude of some relatives to the home and the Operational Support Manager spoke about the “lack of trust” in the staff and management. The E&V team do not know how representative the comments received from the four relatives are of the general experience of all residents, but they were remarkably consistent in what was reported to the team.

6.8 There were several mentions of management and staffing problems, too many agency staff, a lack of hygiene, poor attention to individual needs and an unresponsive management. Some of these comments were corroborated by some of the staff spoken to by the team.

6.9 It is the view of the E&V team, based on their observations on the day of the visit, that Davers Court appears, at least on an interim basis, to be better managed and is beginning to improve its performance in a number of key areas. These include tackling, in an organised and constructive way, issues that CQC said needed `improvement`. The team are concerned however that this progress towards better continuity of care for individual residents will not be maintained unless there is stable and effective management and improvements in staffing arrangements.

6.10 It is unfortunate that at a time when consistency and stability is required there will be another change of management when the permanent manager returns to work. The E&V team recommendation is that Care UK closely monitors this changeover to ensure effective leadership of the home is sustained.
Areas of good practice

“The Operational Support Manager demonstrated a variety of improvements…”

7.1 The Operational Support Manager demonstrated a variety of improvements he had made. This included creating a filing system to collect evidence for the 5 CQC assessment criteria (is the Service Safe, Effective, Caring, Responsive and Well Led). The “resident of the day” programme and the daily meetings with the senior staff team should, over time, improve the culture and performance of the staff group.

7.2 Clear records were kept to monitor applications for Deprivation of Liberty Safeguards, the delays in obtaining them and the eventual outcomes of these applications. The E&V team were advised that the specific ways in which these safeguards were implemented in individual residents care plans were recorded and highlighted to any staff member looking at that residents care plan.

7.3 The Clinical Lead, appointed in early July, had worked closely with the Operational Support Manager to implement some important changes to “medicine management” and reinforced the importance of this with staff. Medicine management training, training records and internal and external audit systems were in place.

7.4 The Clinical Lead had also implemented improvements to moving and handling practices and the team observed the application of good moving and handling procedures when a resident slipped from a chair onto the floor in the cafe.

7.5 The creation of the new post of Activities Coordinator and the sharing of the experience and knowledge of the Operational Support Manager should improve the quality of life for people with dementia and other residents. Life Story Book work is being carried out in addition to the “This is Me” record which staff build up about each resident which should, if key staff are made aware of the
Recommendations

“...Some of the relatives the E&V team spoke to were keen to speak to the team because issues they had raised had not been addressed and they felt powerless to influence things…”

8.1 **Staffing:** Recruiting and training additional permanent staff is required to replace the current level of, at least, 25% agency staff. The lack of sufficient permanent employed staff and the reliance on agency staff has an impact on the quality of care provided to residents, which is a concern to both relatives and staff themselves. A stable staff team is essential if performance is to be improved.

8.2 Until a sufficient and stable team is in place, relatives will continue to have concerns.

8.3 **Culture of Trust between Managers and Relatives:** There have been a significant number of changes of senior management at Davers Court during this year with at least 4 different home managers and a new Clinical Lead and a new Chef plus a previous reliance on agency staff and now new permanent team members.

8.4 This seems to have led to a breakdown in trust between staff and (some) relatives; on more than one occasion the Operational Support Manager recounted complaints he had received from residents. Some of the relatives the E&V team spoke to were keen to speak to the team because issues they had raised had not been addressed and they felt powerless to influence things and hoped that the E&V team would be able to make a difference.

*Provider response: The operations support manager recounted complaints he had received from relatives, these where raised by health watch Suffolk in previous correspondence, these have been addressed and the findings have been sent to health watch Suffolk.*

8.5 It should be a high priority for the current management and for the Care UK regional and senior managers to imaginatively and openly address this problem in variety of ways which build trust between relatives and the on-site managers and staff. Care UK could begin this by actively and systematically seeking the views of residents and relatives across the home so that Care UK get feedback on what is working well and what needs to change. The outcomes of this need to be reported and shared with residents and relatives in an open manner.

8.6 This work should be part of the return to work programme for the permanent manager and should be supported by the Operational Support Managers, who appear to have a good insight into the current difficulties and potential strategies to resolve them.

8.7 **Meals and Menu:** When CQC visited the residents were overwhelmingly complimentary about the food provided. The E&V team learnt that a new Chef had been appointed and some relatives had complained about aspects of the food and menu. It would be a useful way of building trust with relatives and of confirming the views of residents for there to be regular satisfaction surveys on the food and menus and for the results to be published on the “You said - We Did” notice board.

8.8 **Training, Supervision and Mentoring:** The Clinical Lead said that moving and handling training had been provided and relevant staff were trained in medicine management procedures however the E&V team were told by one member of staff that training of new staff depends on observation of existing staff for some key aspects but there was no specific training such as in the physical care of older frail people or for those with dementia.

8.9 Substantial amounts of training, both for the newly recruited and, for existing staff will be necessary in coming months. Specific training should be offered to new staff and those in new roles and this should include a focus on the needs of people with dementia.
The Operational Support Manager may have the skills, knowledge and time available to provide this.

8.10 Time should also be made available for staff, especially newly recruited members, to receive individual supervision during which time their training needs could be identified. Their observations and concerns about individual residents could also be discussed.

8.11 The extent of the new systems and improvements that the Operational Support Manager has introduced in recent weeks suggests that when the current permanent Home Manager returns a programme of mentoring for him should be provided as a normal part of the role of the Operational Support Manager.

8.12 **Update notice boards:** The formal, legally required, information on display needs updating as the Registered Manager is listed as ‘RA’ but she was not known to either the Operational Support Manager or the Clinical Lead.

8.13 The information board for relatives also needs to be updated to include details of the last relatives meeting and to ensure that there are comments on the “You said - We Did” section.

8.14 **Suffolk County Council to improve speed of response to Deprivation of Liberty Safeguards Applications:** Several Deprivation of Liberty Safeguards applications are awaiting assessment by Suffolk County Council. A large number of these applications at one time is an inevitable consequence of the Suffolk County Council decision to commission so many new build homes in a short period and they need to provide sufficient staff to be able to respond to the needs of residents and the home managers responsible for them.

8.15 If sufficient permanent staff are not available then consideration should be given to recruiting agency staff on a short life project basis. This could be funded out of the budget allocated for the service transformation.
9. Provider feedback

9.1 Please see the provider’s comments which have been included verbatim, within the report in pink.
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