



Enter and View Report:

Davers Court Residential and Nursing Home

29th June 2017



CONTENTS

Acknowledgements and 'What is Enter & View?'		Page 1
Introduction to the service		Page 2
What we found		Page 4
Areas of good practice		Page 15
Recommendations		Page 15
Providers feedback and comments		Page 17
Appendix 1 (Provider Action Plan)		Page 19

Name and Address of Service visited:

Davers Court Residential & Nursing Home
Shakers Lane
Bury Saint Edmunds
IP32 7BN

We visited this service on:

29th June 2017 (Announced visit)

Name of Provider:

Care UK

ACKNOWLEDGEMENTS, DISCLAIMER AND... WHAT IS ENTER AND VIEW?

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. These may be announced or unannounced.

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.

EXECUTIVE SUMMARY...

“Staffing numbers have improved and there was a significant reduction in agency staff...”

This Enter & View (E&V) visit was designed to follow up the previous HWS E&V visit which took place in October 2015 and to also address some of the findings from the CQC Inspections of February 2016 reported May 2016 when CQC had given Davers Court the classification of “Requires Improvement” because of several breaches of regulation.

The E & V team were impressed with the progress that had been made by the experienced and enthusiastic manager who had addressed the concerns previously raised by CQC and HWS. The manager felt well supported by Care UK senior managers and the company had established a system of internal monitoring.

Staffing numbers have improved and there was a significant reduction in agency staff.

Provider verbatim response:

This is not correct because staffing numbers are the same as on the last Healthwatch inspection in 2015 this has never altered but there is a significant reduction in agency.

Training and induction is provided for staff who take pride in their training achievements. The home's Management celebrate the success of team members through a Graduation Event at which residents, relatives and staff are invited. A new culture seems to be evolving. Staff demonstrated a kindly, respectful and caring approach to residents.

The appointment of two Lifestyle Coordinators in recent months appeared to have had a positive impact on the daily experience of residents who had the opportunity to retain home-life skills and opportunities to socialise with each other.

Meals and meal time seemed to be a positive experience for residents who had an opportunity

to influence the meals provided for them.

The problem of frequent falls was identified in the CQC report dated May 2016. However, Davers Court management and staff had successfully addressed this issue with pro-active, individual ‘Falls Action Plans’ and this is evidenced by the falls record book and the comments from staff.

Provider verbatim response:

*CQC were challenged by Care UK in that frequency of falls statement in their report and the final CQC Inspection report, we provided evidence that falls were being positively identified and managed proactively, this was removed by CQC from the final Inspection report**

(HWS note: the CQC revisited Davers Court in July 2017, the report was published in August 2017).*

This visit was not able to gather sufficient information about the services offered specifically to people with dementia to draw any separate conclusions from those it came to about the care provided for residents in general.

Recommendations

1. A large proportion of the staff group had been recruited in the last 6 months. Long term strategies need to be developed to consolidate progress with stabilising and retaining staff.
2. Work should be undertaken by management to demonstrate greater delegation of responsibilities to other staff members to encourage team spirit and enable staff to progress and gain management skills and qualifications.
3. The Lifestyle Coordinators should

focus on improving activities which are designed specifically for people with dementia.

4. Ensure that all staff are aware of the NHS Accessible Information Standard and that all information held on the resident should be in an accessible format that meets individual resident need.

Enter and View report

“The E&V team are much more confident that Davers Court has overcome many of the difficulties it experienced in the past..”

1. Visit Conducted by:

- David Evans (Lead Authorised Representative)
- Helen Hollinworth (Authorised Representative)
- Bob Hawkes (Authorised Representative)
- Nicky Jay (Authorised Representative)

2. Purpose of the visit:

- 2.1 This Enter & View visit was designed to follow up the previous HWS E & V visit which took place in October 2015 and to also address some of the findings from the CQC Inspections of February 2016 published in May 2016 when CQC had given Davers Court the classification of “Requires Improvement” because of several breaches of regulation.
- 2.2 In addition to the formal breaches of regulation there had been additional concerns relating to the leadership, both the on-site management and the lack of oversight from senior Care UK management. Staffing numbers and skills were felt to be inadequate and there were too many agency staff. Activities and stimulation provided for residents, especially those with dementia had been lacking and the arrangements for meals and mealtimes had not demonstrated care, respect and dignity to residents.
- 2.3 Healthwatch Suffolk Enter & View team decided that as previous visits by CQC and by HWS had been unannounced, this visit would be announced but with only two days’ notice given to determine a more accurate view of staffing levels.

3. Methodology:

- 3.1 The visit focused on four areas of enquiry:
- Management and staffing
 - Customer satisfaction with meals and food
 - Social activity and inter-action for residents
 - Resident and Relatives Satisfaction with the service, including care and dignity.
- 3.2 For each area, the E & V team devised a series of basic questions based on the CQC findings and the previous HWS E & V visit.
- 3.3 Before the visit the team considered whether the visit should be announced or unannounced. Previous visits by CQC and by HWS had all been unannounced. On this occasion, the team chose to conduct an announced visit as it was decided to give little notice amounting to two days only. This decision was made because staffing was one of the team’s main concerns. It was considered that by providing little notice, staff shift patterns would have been set and the team would be likely to get a more accurate picture of normal staffing. However, the disadvantage of this is that there was not sufficient time for Davers Court to notify relatives of the visit and this may have reduced the amount of feedback received from family members of residents.
- 3.4 The team comprised four ARs, who worked in pairs. This inevitably resulted in limited opportunities to see all aspects of the home and all activities. The team spoke to ten members of staff (including the Registered Home Manager, carers and one of the Lifestyle Coordinators) and to several residents both individually and in

small groups at lunch time.

- 3.5 The E&V team arrived at Davers Court at 11am and left at 3pm which enabled the team to observe lunchtime and to speak to residents in an informal way.

4. Introduction:

- 4.1 Davers Court is a purpose built residential and nursing care home. It has a maximum of 60 beds with 15 of them designed to provide nursing care but at the time of the E&V visit there were 37 residents and all the nursing beds were unoccupied. Admissions to the nursing unit were planned for the week following the E&V visit

Provider verbatim response:

This is not factually right as the Council uses nursing beds in the home for residential placements due to demand

- 4.2 The home has two floors and is designed on a unit basis with four units; two units are on each floor. There is a specialist dementia unit with 15 beds and other residents with dementia live on other units. Each unit is self-contained with its own lounge and dining room. There is a separate Day Centre in its own building which was not the subject of the visit.

- 4.3 The visit was designed to follow up the previous HWS E & V visit which took place in October 2015 and the CQC Inspections of February 2016. As a result, there were several aspects to investigate.

- 4.5 The HWS report had concluded in October 2015 that there were management problems at Davers Court and a high turnover of Registered Managers. Staffing generally was insufficient, a high proportion of agency staff were used and there was a need for improved training. Concern had also been expressed about poor quality meals and restricted menu choices. HWS had also been concerned that Suffolk County

Council had failed to devise a satisfactory system for reviewing residents needing a Deprivation of Liberty assessment.

- 4.6 It was therefore disappointing to discover that little progress had been made by February 2016 when CQC had given Davers Court the classification of 'Requires Improvement' as a result of several breaches of regulation.

Breaches of regulation at the time of the Feb 2016 inspection:

1. The provider failed to ensure the proper and safe management of medicines. Regulation 12 - 1, 2 (g).
2. The provider failed to ensure that people who used the service were treated with dignity and respect. Regulation 10 - 1.
3. The provider failed to maintain an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 - 1,2(c)
4. The provider failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff. Regulation 18 - 1.

- 4.7 The May 2016 CQC report identified that the breach in relation to the proper and safe management of medicines had been addressed satisfactorily. The other breaches were not inspected and as a result the classification remained as "Requires Improvement".

- 4.8 In addition to the formal breaches of regulation there were other matters that were of concern to CQC and, in large part these mirrored the concerns that HWS had identified in October 2015.

Other Matters of Concern at the time of the CQC Feb 2016 inspection:

- The service was not well led and morale was low; the auditing of the service was not effective and there was a lack of oversight from the management and Care UK as a provider.
- There were not enough staff who had the required skills, knowledge and experience and there were a high proportion of male & agency carers on duty at night. Some staff had not received a comprehensive induction.
- There was no evidence of 'Activity Based Care' and the Lifestyle Co-ordinator offered very little stimulation or activity to people living with dementia. In addition, there had been 5 falls on the dementia unit in the 24 hours prior to the inspection.
- People were not always positive about the food and one person felt there was not enough "traditional food". Mealtimes could be poorly planned and "chaotic" with some waiting a long time to be served. Some people were not dressed at lunchtime and had their meal while in soiled pyjamas which compromised their dignity and caused embarrassment.
- The management team did not always listen to people and change did not always follow. There had been 13 complaints in the 3 months prior to the inspection (i.e. one per week).

become settled in post as it was felt this would give a more reliable indication of progress, or the lack of it.

5. What the Enter & View team found - Impressions and findings about the service (including NHS Accessibility Standard):
- 5.1 Davers Court is a purpose built residential and nursing care home which opened in August 2014 to replace a Suffolk County Council (SCC) residential home on the same site. It has a maximum of 60 beds with 15 of them designed to provide nursing care. At the time of the visit there were 37 residents, the team were told that 28 of them had been diagnosed with dementia. All the nursing beds were unoccupied but the team were told that admissions to the unit would begin during the week following the visit.

*Provider verbatim response:
This is not factually right as the Council uses nursing beds in the home for residential placements due to demand.*

- 5.2 The senior management team includes the Home Manager and her Deputy plus the Chef.
- 5.3 The home has two floors and is designed on a unit basis with four units (Orchard, Meadows, Riverside and Vines). Two units are on each floor. Orchard unit has 15 nursing care beds but at the time of the visit there were no nursing residents. Vines is the specialist dementia unit but as it only has 15 beds other residents with dementia live on other units. Each unit is self-contained with its' own lounge and dining room. There is a separate Day Centre in its own building which was not the subject of the visit.

*Provider verbatim response:
Orchard has 15 beds unoccupied and at present no decision has been made as to what they will be used for.*

- 4.9 In summary, the E&V visit was required because of substantial and long-standing concerns about the management and running of Davers Court. The E&V team were aware that a new Manager had been employed. The team had delayed the return visit to allow the new Manager to

Communal Areas

- 5.4 The entrance lobby and reception area are spacious and lead into a café which is available at all times for residents, their relatives and visitors. It was used for a resident's group activity in the afternoon of our visit. Information boards were on display in this area and these included the formal legal documents that are required to be on public display and, unlike our last visit, were up to date. Information about the complaints system was displayed as well as information about the HWS Ambassadors.
- 5.5 The corridors between each unit were light and uncluttered. The general décor around the home is designed to stimulate the memories of the residents either by wall displays of period pictures, film advertising posters or small, personalised memory boxes outside residents' rooms. There was a large photo montage board displaying pictures of trips and activities that residents had enjoyed, including a trip to Felixstowe. A weekly Activities Calendar was on display on notice boards in each unit. This showed activities each morning and afternoon
- 5.6 The home has a level access fragrant garden with secure raised beds and bird feeders. There were benches, chairs and tables for residents to use and a smoking area at the rear of the garden. The residents have a small shop and they are able to choose what should be sold and we were told that they manage the shop themselves with support from staff. There was also a crafts and games room on the ground floor.

Dining room and Meals

- 5.7 The dining rooms on each unit were spacious and colourfully and attractively decorated. Outside each dining room is a notice-board where menus for the week are displayed. There is a central kitchen and the food is delivered to the units in

hot trolleys. The lunch was served from the trolley by three care staff.

Lounge areas

- 5.8 Each unit had its own lounge but not all lounges were the same. One had the traditional arrangement of chairs around the wall but in another the room had been divided into smaller areas by the use of sofas which resulted in residents sitting closer to each other in smaller groups rather than alongside each other. The chairs were of different heights and designs reflecting personal preferences or needs.
- 5.9 The manager has been in post since April 2016 which was four weeks prior to the second visit by CQC. Initially she was working alongside the then current operational manager. She became the Registered Manager in February 2017.
- 5.10 The Manager told us that there are currently 78 staff employed at Davers Court and also that 70 new staff had been appointed since February 2016. This had enabled a reduction in agency staff from 500 hours to 100 hours a week.
- 5.11 The Manager admitted that she had been anxious about criticism of the home prior to her arrival and that there had been much to do to repair the damaged reputation that Davers Court previously had.
- 5.12 The Manager said she had agreed an improvement plan with the CEO of Care UK and this was supported by Suffolk County Council. She said her priorities were;

- No agency staff
- Induction for all staff
- Improve activities for residents
- Stabilise the Home
- Improve staff retention

5.13 She felt that this would be a long-term task and said a recent 'Open Day' had been poorly attended, however, she felt that links with the community were improving and told us that the neighbouring Priory School would be visiting the following day to sing to the residents.

5.14 The Manager is supported by a deputy manager, who the E&V team did not have the opportunity to talk to and therefore it was difficult to assess her role in the organisation. The Manager said that she felt "very well supported" by her Care UK regional manager and the Care UK Operations Director. She is also able to contact the CEO of Care UK when required for advice and support. Care UK organise a monthly meeting of the Suffolk Care UK managers which enables a sharing of experience.

5.15 The support from Care UK has been formalised into a structured internal monitoring 'Inspection' which had recently been conducted. The manager reported that she had received support from the Care UK Chief Executive Officer and direct support from the Regional Director. The Manager also felt that SCC had been supportive by regular weekly visits for a number of months "when times were very challenging". This has now ceased which she felt was evidence that positive progress has been made. These comments were confirmed by the previous SCC contract monitoring officer, who emailed to say that:

"I used to visit the home regularly this was from late February 2016 - to approximately September 2016. The home before this had some quality issues (as reflected in the public CQC report from this time period). I monitored and supported the home during this time period and I saw improvements become embedded and sustained. The home is now monitored through ongoing contractual arrangements with the Care UK contract manager. The monitoring

is part of the wider Care UK Suffolk contract".

5.16 The E&V team saw evidence of the progress that had been made for instance from the Service Improvement Action Plan which demonstrated progress made. The E&V team also spoke to residents and staff about changes within the home.

Staffing and Training

5.17 The Manager said that at the time of her appointment staff morale was very poor and told the team that she had a "strategic approach to training" and aimed to create a "career structure for care staff", wanting to link it with nurse training. The Manager referenced this approach as part of her determination to create a "team approach". Separate conversations by the E & V team with staff confirmed that staff recognised this description of the management style in the home.

5.18 In the past not all staff had received an induction programme. Now all staff undertake an induction programme which includes internal, Care UK e-learning training modules as well as external packages. The Manager said she ensures that all staff record their training activities. The E&V team were told that 99.86% (sic) of staff had completed all their internal training and 95.1% had completed their external training. The Manager said that 46 staff are currently undertaking NVQ level 2 or 3 and two were undertaking NVQ level 5.

5.19 Some of the staff that the E&V team spoke to confirmed that the training programme had proved to be popular. One of the E & V team met a new member of staff who is on an apprenticeship with Care UK which had given her the opportunity to work through NVQ qualifications to a level 5. She was just completing her induction training folder to hand in the afternoon of the visit and proudly showed her folder to the E&V team and talked about the

very positive experience she has gained through this process. She said that all new staff have a mentor which had made a lot of difference to her confidence in undertaking new tasks.

5.20 Another carer told the E&V team that she had completed some internal training and had also obtained a basic qualification in English and Maths. She was very proud of what she had achieved and was delighted that Care UK had supported her to do this. She had previously been in a retail job and was glad she had moved into the role of a residential carer.

5.21 Employee achievements were publicly acknowledged and the reception area displayed a photo of a staff member who had received a GEM Award (Gone the Extra Mile); there is also an employee of the month system. A 'Graduation Day' had been held the previous week which celebrated the achievement of staff gaining their qualifications, this had been attended by residents, relatives and staff.

5.22 As part of the Manager's programme of stabilising staffing, the E&V team were told that wages had been increased and that "there are less than 100 hours of agency staff employed per week and by the end of July there will be no agency staff employed. The E&V team were also informed that there are both male and female staff on duty every night.

5.23 In the view of the Manager "the company is evolving and changing". The Manager now feels that she has a stable and motivated group of staff offering excellent support to all residents who she wants to be "at the centre of everything".

Vines unit, the specialist unit for people with dementia.

5.25 Residents sat either in small groups or on separate tables and were provided with a three-course lunch which was served from a trolley by three care staff. Meals were plated up by the carers and residents were offered a choice of two main courses at their table. On the day of the E&V visit, the main course choice was between a beef chilli or ham and egg with potato wedges. This was followed by Eton Mess or Sticky Toffee Pudding. The lunch looked attractive and was well presented; it also looked nutritious.

5.26 Individual preferences were noted by the carers for example, one resident had a small portion and another had a second helping of the whole main course. Residents can request food that is not on the menu and the E&V team were told that residents are regularly asked if they would like different types of food. The response was they would like Chinese and Italian style meals on occasions. A resident complimented the food and meals provided; "The food is good, I always get a choice".

5.27 The meals were served in a friendly, courteous and attentive manner by care staff; first names were used in an appropriate way. Residents who required assistance to eat were well supported. The mealtime was unhurried and plates were not cleared until residents had finished eating their chosen meal. In addition, once the food had been served the staff sat and conversed with the residents at the table. A system was in place to identify residents who had diabetic needs or who had swallowing problems.

Customer Satisfaction; meal times and food

5.24 The four ARs sat with residents who were having lunch in the dining rooms on two of the units. This enabled the ARs to have individual informal conversations with residents or small groups of them. Two of the ARs ate their lunch with residents on

5.28 Residents did not seem to engage with each other even though some sat together but two of them were happy to talk to one of the ARs. They said they had enjoyed their meal. Another resident said at lunchtimes that the staff "are very helpful

and very efficient". During lunchtime, a resident expressed confusion about where she was and a carer spoke to her in a kindly manner to re-assure her that her daughter was planning to visit that afternoon.

Social Activity and Interaction for Residents

5.29 In the lounges, E&V team members observed that residents were engaged in personal activities, listening to music, or were resting or asleep. Small baskets of finger snacks were noticed on tables in some of the lounge areas. The lounge and dining areas did not really support residents to engage in home life activities, such as doing washing up or laying table & making snacks but there were opportunities to do this as part of an organised activity.

5.30 The Manager told the E&V team that a Lifestyle Coordinator had been in post since January 2017 and a deputy has been appointed in recent weeks. Although not experienced in directly leading activity coordination, these staff have been transferred from other roles in the home. As part of their training they have had opportunities to visit other Care UK homes and have met with another Lifestyle Coordinators. All the Suffolk Care UK Lifestyle coordinators meet every three months and more local meetings are held on a monthly basis. The Lifestyle Coordinators and the residents have use of a spacious and well-equipped crafts and games room on the ground floor.

Provider verbatim response:

The activity staff have been in care several years and have participated in activities with residents as part of their job.

5.31 Two of the ARs spoke with the deputy Lifestyle Coordinator who was young, enthusiastic and recently recruited. The coordinator said that they met with residents individually and asked what

they wanted to do. The coordinator brought the various ideas to the residents meeting to "check them out" before introducing them into the activities programme.

5.32 The coordinator felt that a group of four residents was about the right size to work with at any one time, for a larger group coordinators are able to call on additional care staff from the units to help (there are four carers in each unit). The coordinator said that as well as discussions with colleagues they used the Care UK booklet describing Activity Based Care to stimulate ideas for working with residents. The activities that the residents participate in are recorded on their care plan.

5.33 In addition to small group activities the Coordinator provided individual activity for some residents, on occasions coordinators would read to residents in their rooms if that is what they liked. It seemed that the activities described are all fairly new to the home and would need time to bed in. The plan is that there will be Coordinator led activities 7 days a week in the near future.

5.34 Every resident can have a life story book created and the Lifestyle Coordinator played a role in working with the resident to create this. The book is kept in the resident's bedroom (as is the information that would be required by a trip to hospital).

5.35 When asked what coordinators thought would improve the quality of life for residents, they said that more outside trips or opportunities to go out in the fresh air would be good. Coordinators have tried to arrange two different activities each day. The E&V team were told the Coordinator team were trying to "do more" on Vines unit, which accommodates a majority of people with dementia.

- 5.36 The coordinator confirmed that, as the Manager had said, there is an Activities budget of £420 per month which is shared with the Day Care unit which residents are also able to attend. The budget has enabled Coordinators to purchase craft materials and games, there is also a separate 'central budget' which pays for entertainers to visit the home twice a month.
- 5.37 No activities were observed during the E&V visit to Davers Court but a religious communion had been held on the morning of the visit and residents were gathering in the cafe to bake some cookies as the E&V team left. There was also evidence of other activities previously having taken place and one resident was noticed at lunchtime wearing a colourful bead necklace which she said she had made during an activity session. She described other activities she had taken part in including the communion service that morning and also mentioned a trip to Felixstowe. She told the team that her favourite activity was playing dominoes.
- 5.39 The home now has an iPad and the Manager liked the suggestion made by one of the E & V team that this could be used to facilitate face to face 'Skype' conversations between residents and relatives. This would be particularly useful as a way of involving relatives who lived a distance from the home in the internal reviews with their family member.
- 5.40 The Manager also audits life-story books which are also used with residents at 'Tea at 3pm' gatherings.

Resident and Relatives satisfaction with the service, including care and dignity

*Provider verbatim response:
There were activities that day as the report states earlier, there were unit based exercise classes, drawing and painting and Holy Communion in the morning and after 2pm there was cooking in the café with residents making scones, cakes and buns.*

- 5.38 A weekly Activities calendar was on display on notice boards in each unit which showed activities each morning and afternoon. The E&V team were told by a carer that one of the activities that residents are encouraged to participate in, on one of the units, is the preparation of some food or baking products which are then made available in the cafe. The Manager said she had recently initiated a 'Men's Forum' and a 'Ladies Circle' was being planned. They had also had a 'Sports Day' with residents and staff. A resident confirmed that he had recently attended the Men's Group (Men's Forum)
- 5.41 The E&V team asked the residents about their experience of living at Davers Court and the care they received from staff, including at night which had been an issue referred to by CQC. The residents spoken to were, on the whole very complimentary. The E&V team were told by them that "Staff are very efficient, I'm not kept waiting". Another said, "Staff are respectful, I am treated with dignity". However, there was one negative comment and one resident told one of the ARs that, "Just occasionally staff can be a little rough helping me move, but otherwise they are really good".
- 5.42 There did not seem to be a problem with care at night even though there are male carers on duty at night (but the overwhelming majority are not men, as they were when CQC visited). A resident told the team that, "I don't mind having a male carer, even if I need one at night".
- 5.43 The residents appreciated the opportunities for privacy when family members visited and one said, "When my

son visits we go to my room or sit in the garden”.

- 5.44 The E&V team were pleased to see that, unlike during the CQC visit, all residents in the dining room were dressed at lunch time. The team met one resident who was unwell and had chosen to eat in her room.

Falls

- 5.45 The E&V team asked the Manager about falls and noted that there was a falls record book which evidenced one fall in the last month. The Manager said she had a ‘Falls Plan’ and developed an individual action plan after each falls incident. The falls plan included the provision of ‘falls mats’ in the rooms of all Suffolk CC contract residents as required by the contract. This was not routinely available for other residents but they could be provided as part of a falls action plan. An AR spoke to a senior carer about falls and she stated there were “very few falls”.

*Provider verbatim response:
I explained during the Inspection anyone needing specialist falls prevention equipment is provided for not just Suffolk CC and it is routinely available on admission, the needs for falls prevention is identified during the pre-assessment stage*

- 5.46 The home has a number of techniques that have reduced falls, including the use of technology. The E&V team were told that ‘bedrails’ were not used for residents but ‘crash mats’ (pressure mats) were used at both sides of beds where a resident might fall out of bed. Movement alarms were also used as appropriate in chairs, and in one bedroom where a resident with dementia was inclined to get out of bed unaided. A call bell system was in use across all bedrooms, bathrooms and toilets.
- 5.47 The E&V team observed the use of walking and moving aids and slings which were used appropriately. The

team also noticed that ‘Alback’ mats were in evidence at the top of the stairs to facilitate the evacuation of frail or immobile residents. The Caretaker told the team these were very effective and easy to use.

Relationships between relatives and Staff & Managers

- 5.48 At the time of the last E&V visit in October 2015, several relatives had expressed directly to HWS and also publicly in the press that they had a serious loss of confidence in the management and staff at Davers Court. Several relatives were on site when the team last visited, even though the visit was unannounced and they had expressed their concerns directly to the visiting ARs.
- 5.49 As mentioned in the ‘methodology’ on page 6, the decision to conduct the E & V visit without an extended period of notice gave relatives little opportunity to know of the visit. As a result, the E&V team only met one relative. However, there appeared to be fewer negative issues between relatives and staff, for example the complaints book evidenced few complaints and there had only been one complaint in the last three months. The complaints book showed that complaints had been recorded and dealt with appropriately. It may be reasonable to conclude that relatives may be more confident now with the care of their family members than had been the case at the time of our previous visit.
- 5.50 A ‘Resident of the Day’ system is in place which involves reviewing the care plan of a resident with the resident, key worker and a relative if not in person via the telephone. The review is carried out by staff and a written report is submitted to the Manager for monitoring purposes. The Manager said all care plans are reviewed every month and gave an example of how the organisation had met their individual needs.

5.51 Regular group meetings are held with residents and, separately, with relatives. The next meeting with relatives was planned for 6pm on 24th August and the next residents' meeting was on 29th June (the day after the E&V visit). Residents meetings are held every two months.

Deprivation of Liberty Safeguarding (DoLS)

5.52 As DoLS had been a significant area of concern at the last E&V visit, the team asked the Manager about the current situation and the performance of SCC, who HWS had criticised in the last E&V report. The E&V team were told that all new residents have a Mental Capacity Act assessment completed by the home staff and Deprivation of Liberty Safeguarding (DoLS) referrals were made as necessary. The Manager said that SCC responds promptly to requests for 'emergency DoLS assessments' but she said there was a waiting list of "well over 12 months" for non-emergency assessments. The Manager said she monitors the response to all referrals and progress changes from time to time. She felt that SCC had increased assessment staff since the last HWS E & V visit in October 2015.

Conclusions

5.53 At the time of the last E&V visit in October 2015, the E&V team expressed the view that Davers Court was "at a critical point in its development". A temporary manager had begun to make some improvements but the team were concerned that this would not be maintained "unless there is stable and effective management and improvements in staffing". In May 2016 CQC concluded that Davers Court 'Requires Improvement'. Since the E&V visit in June 2017, the CQC re-inspected in July 2017 and awarded Davers Court an assessment of 'Good'.

5.54 The E&V team are pleased to report that they are much more confident

that Davers Court has overcome many of the difficulties it experienced in the past and that it has made significant improvements.

5.55 The improvement plan that the Manager and Care UK had devised to respond to CQC's concerns was being successfully implemented. The Managers priorities of reducing agency staff and improving training, especially induction, for staff seemed to have raised staff morale. However, the team noted that there had been a large staff turnover in recent months (70 staff had been appointed since February 2017) so it is too early to say whether the Manager's other priorities of stabilising the home by improving staff retention would be achieved.

5.56 Staff spoken to by the E&V team were uniformly complimentary about their employment at Davers Court. They appreciated the opportunities that they had had to undertake basic access courses and also the NVQ qualifications that they were studying for. The support of a mentor was welcomed.

5.57 Progress has been made in providing more stimulating activities for residents by the employment of two "Lifestyle Coordinators". The concept of "Activity Based Care" was no longer just a marketing slogan and residents confirmed that they participated in and enjoyed a variety of activities but the Lifestyle Coordinator acknowledged that more needed to be done for people with dementia.

5.58 The lunchtime observed was calm and the food provided was varied, attractively presented, served in a kindly manner and was enjoyed by the residents. The weekly menus were on display and residents have a choice at mealtimes. Residents were complimentary about the food offered to them and had an opportunity

to influence the menu.

- 5.59 The residents spoken to felt that they were treated with dignity and respect and the team saw evidence of that in the manner staff spoke to residents, using their first name appropriately and speaking to them at eye level when the resident was sitting down. The team did not witness the poor practice observed by CQC.
- 5.60 The E&V team did not have the authority or skills to examine how medication was provided to residents.

RECOMMENDATIONS AND AREAS OF GOOD PRACTICE

“Staffing numbers have improved and there was a significant reduction in agency staff...”

Areas of Good Practice

- 6.1 Care UK has been able to appoint and retain an experienced and enthusiastic manager. The Manager said that she was well supported by Care UK senior managers and the company had established a system of internal monitoring.
- 6.2 Staffing numbers have improved and there was a significant reduction in agency staff. A systematic approach has been made to training staff and all staff now have a consistent induction which does not rely on “observation of existing staff”, as was the case in October 2015. Staff take pride in their training achievements and this is mirrored by the home’s Management who display and celebrate the success of team members. A new culture seems to be evolving.
- 6.3 The appointment of two Lifestyle Coordinators in recent months seemed to have had a positive impact on the daily experience of residents who had the opportunity to retain home-life skills such as baking. The very recent introduction of a Men’s Forum and the imminent introduction of a Ladies Circle has (or will) create more opportunities for residents to socialise with each other.
- 6.4 Meals and meal time seemed to be a positive experience for residents who had an opportunity to influence the meals provided for them.
- 6.5 Residents’ care plans are reported to be regularly reviewed in a way which involves relatives.
- 6.6 The issue of falls had been identified by the CQC in their report dated 20 May

2016. At the time of the E&V visit, falls had been successfully addressed with proactive, individual ‘Fall Risk Assessment Scale for the Elderly’ (FRASE) and this is evidenced by the falls record book and the comments from staff.

- 6.7 General information boards were up to date and those intended for residents were attractively designed with text of an appropriate size.

Recommendations

1. The staff met during the visit enjoyed working at Davers Court and were complimentary about the support they received, however a large proportion of the staff group had been recruited in the last 6 months. The team recommend that the Manager devise longer term strategies to consolidate the progress she has made with stabilising and retaining staff. At present the system may be overly dependent upon the enthusiasm and commitment of a manager who is, relatively, new in post.

A specific recommendation is that work is undertaken to demonstrate greater delegation of responsibilities to other staff members in order to encourage team spirit and enable opportunity for staff to progress and gain management skills.

2. The Lifestyle Coordinators focus on improving activities which are designed specifically for people with dementia.
3. Work should be undertaken by management to demonstrate greater delegation of responsibilities to other staff members to encourage team spirit and enable staff to progress and gain managements skills and qualifications.

4. Ensure that all staff are aware of the NHS Accessible Information Standard and that all information held on the resident should be in an accessible format. All notices to be in larger print at least font size 14. The NHS Accessible Information Standard aims to make sure that users of services have access to information in a format that they can understand and that it is communicated to them in such a way that they can understand. That services may need to offer support to the resident or user to enable them to access the information for example the use of signer/ large print. See www.england.nhs.uk/ourwork/accessibleinfo
4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so.
5. Make sure that people get information in an accessible way and communication support if they need it.

This is a standard that aims to make sure that all disabled people have access to information in a format that they can understand and offer any communication support they might need. Organisations must follow the standard by law from the 31st July 2016. This is explained in Section 250 of the Health and Social Care Act 2012.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs, and find out how to meet their needs.
2. Record those needs in a set way.
3. Highlight in a person's file, it is clear that they have information or communication needs, and clearly explain how those needs should be met.

Provider feedback (On receipt of draft report)

Verbatim, provider comments are included within the text of the report (see pink text).

Appendix 1

Provider action plan

Numbers	Recommendations	Action Plan	Signed
1.	A large number proportion of the staff group had been recruited in the last 6 months. Long term strategies need to be developed to consolidate progress with stabilising and retaining staff	These are some of the strategies in place at Davers Court to stabilise and retain staff: • Robust recruitment process • Good Induction Programme (supervisions at 6 weeks, 12 weeks and Probationary Meeting at 6 months) • Mentoring/Buddying for all new staff with existing experienced staff (longstanding not just through induction) • Shadowing experienced staff for two weeks plus (one to one tutoring if needed - help with Elearning if has difficulties) • Two monthly supervision and bi-annual Appraisals and review of Personal Development Plan • Ongoing training through Elearning and Face2Face, source outside trainers for more 'bespoke' training packages • Open door policy, availability to all staff, private consultation • Investment in Social Activities and Team building (e.g., Autumn Ball and Outing to France for staff) • Dealing with sickness promptly, 'Back to Work' interview completed same day (no long term sickness recorded) • Lifestyle Co-ordinators signed up for NVQ 2/and or 3, leadership Courses, NAPA Activity VQ • Regular staff meetings where staff are allowed to add to agenda	Completed 15/8/17
ii.	Work should be undertaken to demonstrate greater delegation of responsibilities to encourage team spirit and enable staff to progress and gain management skills and qualifications	• Work is delegated each day through handover and '11 to 11' Meeting which are for Heads of Departments. • Senior staff are in charge of their unit but have the back up and support from the Deputy Manager and Home Manager. • Staff are autonomous are encouraged to question, ask for rationales and to be advocates for the people in their Care. • There is a 24/7 on call facility and outside of the home we have Regional Director support and Head Office support services at hand 24/7 • As a new staff team we have to train, build up confidence and delegate accordingly when staff are ready and trained adequately (this helps with staff retention) • Provide leadership courses and further education NVQ 2/3/ and Level	Completed 12/8/17

		5, Administration level 3 and Kitchen staff have just completed Level 3 - Food Hygiene • Support staff to delegate duties with confidence and mentor promotion from within the home • Identify staff that want to progress and facilitate this (even if it means transferring to other Care UK vacancies so the business does not lose them) • Promote the internet and Learning and Development Team to look for individual training that will equip staff with better skills (e.g., syringe driver training, Hospice study days, attending external college courses)	
iii.	The Lifestyle Coordinators should focus on improving activities which are designed specifically for people with dementia	We provide the following individual and group activities for dementia residents: • Group and individual (one to one) activities, reminiscing • Walking and daily exercise classes • Musical appreciation - Project called 'Sing for Life' around music, touch, taste and hearing and observation • Outings catering for dementia residents in wheelchairs • Specialist books produced by the Alzheimer's Society for discussion • Doll Therapy • Activities take place in the day but also through the night if the resident is restless and awake • Baking days with residents and relatives • 'grazing' snack's (and freshly cut up fruit ready to eat - provided twice a day) suggested especially for people with dementia • Clay modelling • Residents participate in 'activities of daily living' chores participating in giving out laundry, cleaning shoes, sorting laundry, washing up, making soup and cakes, peeling potatoes and vegetables, making bread and rolls • Meet and Greet - forged good relationship with an outside company and they come and help for half a day, taking part in activities (card making, making decoration, chatting and making tea) • Involvement with the local school - 'Scope' who have children of various ages who comes and 'chat and perform/sing' to dementia residents • Specific activities that challenge thought - Quiz's, handson remembrance sessions (will past life memorabilia)	Completed 16/8/17

		• Use the ipad for family interaction and speaking to long distances relatives • Hire outside entertainers who are excellent with dementia residents specifically, recalling songs of old • Art classes, drawing and painting (have used charcoal and oil based paints) • Trips to Abbey Gardens/Bird Sanctuary/animal farm • Visits from PAT dogs • Visits from small animal farms so residents can feel and touch the small animals (includes hamsters, guinea pigs, tortoises, birds etc)	
--	--	---	--

Completed by: Wendy Harvey - Home Manager

Date: 01/09/2017

HERE TO HELP...

If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:

www.healthwatchsuffolk.co.uk/about-us/

For information about how we made a difference in the year 2016/17, please download our annual report from:

<http://www.healthwatchsuffolk.co.uk/about-us/annual-reports-and-agm-resources/>

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for "Healthwatch Suffolk" on YouTube.

CONTACT US

Tel: 01449 703949

Email: info@healthwatchsuffolk.co.uk

Website: www.healthwatchsuffolk.co.uk

Write:

FREEPOST RTTY - CEUT - LCRH
14 Hill View Business Park,
Claydon
IP6 OAJ

If you require this report in an alternative format please contact us at the address above.

This Enter and View report is publicly available on our website and has been distributed to the Care Quality Commission, Suffolk County Council Adult Care Services Quality and Monitoring Team, Healthwatch England and other stakeholders including all Healthwatch Suffolk friends and members.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the license agreement. The text of this document may be reproduced free

of charge in any format or medium providing that it is reproduced accurately and not in a misleading context. Enquiries should be sent to us at info@healthwatchsuffolk.co.uk or you can call 01449 703949.

© Copyright Healthwatch Suffolk 2017