

Alexandra Care (Leicester) Limited

Dane View Care Home With Nursing

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Dane View Care Home with Nursing is a residential care home, providing personal or nursing care to up to 41 people, some of whom are living with dementia care needs. At the time of inspection, 34 people were living at the service.

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

Right Support: The service is set in a beautiful old convent building and is well designed. There were large spaces utilised effectively for activities and other functions. The service was mostly well decorated and personalised throughout.

Staff worked alongside community health and social care professionals to ensure people received timely care.

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

Right Care: Management of known risks to people's health and wellbeing still required improvement. Wound and skin care management had significantly improved since our last inspection, however, we found gaps in people's records that did not promote safe practice. There was a continued lack of guidance in place for staff regarding people's mobility needs and risk of falls. Safe medicines practices were not always followed.

People's assessment documents were not always fully completed, for example, food and fluid records. Feedback from people indicated they were happy with the care they received and felt it met their needs. The mealtime experience was calm and relaxed.

People were protected from risk of harm and abuse by an effective safeguarding system. People and their relatives told us they felt safe.

People were supported by enough staff who were deployed effectively. Safe recruitment processes were in place.

Right Culture: The registered manager demonstrated desire and ability to learn lessons when things went

wrong, however, further improvements in relation to safe care and treatment were required. The provider had employed a group quality and compliance manager and a group operations manager to support service development.

Quality assurance processes were not always being used effectively. Senior staff were not always clear on their roles in relation to quality oversight.

The provider was proactive in ensuring staff compliance with required training. Most people and their relatives told us they felt staff were well trained and competent.

Staff spoke highly of the registered manager. Feedback from people and their relatives indicated the home was well managed.

Staff received regular supervisions. Regular staff and relative meetings took place to provide people opportunity to provide feedback.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 11 August 2023). Breaches in regulations relating to dignity and respect, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance, staffing, and fit and proper persons employed were identified. The provider completed an action plan after the inspection to show what they would do and by when, to improve and meet the breaches in regulation related to dignity and respect, consent, safeguarding service users from abuse and improper treatment, and fit and proper persons employed. Warning Notices were served for the breaches relating to safe care and treatment, governance, and staffing. At this inspection we found the provider remained in breach of regulations.

At this inspection we found improvements had been made. However, not enough improvement had been made and the provider remained in breach of regulations. This service has been in Special Measures since 22 Mar 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to good governance, safe care and treatment and staffing had been met. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dane View Care Home with Nursing on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dane View Care Home With Nursing

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008

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

Inspection team

The inspection was completed by 2 Inspectors, 1 Regulatory Co-Ordinator and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dane View Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dane View Care Home with Nursing is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

The first day of inspection was unannounced. We gave the service 24 hours' notice of the second day of inspection, and approximately 72 hours' notice of the third day of inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people living at the service and 6 relatives, to gain feedback on their experiences of using the service. We spoke with 13 staff members including the registered manager, the group operations manager, the clinical lead, care staff, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a selection of records including 9 people's care files and multiple medication records. We looked at 5 staff files in relation to recruitment and reviewed the provider's monitoring documents for staff training and supervisions for all staff. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to ensure effective risk management, the safe use of medicines, and effective infection prevention and control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a Warning Notice in relation to the concerns identified.

Some improvement had been made at this inspection and the Warning Notice was met, and the risk to people had been reduced. However, not enough improvement had been made and the provider remained in breach of regulation 12.

- Wound and skin care management had significantly improved since our last inspection. People did not have any pressure related injuries at the time of this inspection, and there was evidence to suggest other skin related injuries were improving. This indicated care had significantly improved since our last inspection. However, we found gaps in people's repositioning charts. This prevented effective oversight of skin integrity care. We raised this with the provider, and they told us a new digital monitoring system was in place, and staff were readjusting to this. The provider also responded by putting in place a new monitoring check to be completed by the clinical lead.
- The safe use of as and when required medicines had improved since our last inspection. People were now receiving their as and when medicines as prescribed. However, the effects of administration were not always being recorded. This meant the effectiveness of people's medicines could not be suitably reviewed or understood. The provider acknowledged more improvements were needed in this area.
- Infection prevention and control had significantly improved since our last inspection. The service was clean throughout, and improvements had been made in the laundry room to reduce the risk of cross contamination. However, we found 5 people's pressure relieving cushion covers to be dirty and/or stained. This meant we were not assured that the provider was always supporting people living at the service to minimise the spread of infection. We raised this with the provider, and they took immediate action to replace or clean people's pressure cushions covers.
- There was a continued lack of guidance in place for staff regarding people's mobility needs and falls risk. We found people's care plans were not consistent and falls risk assessments were not always robust. The provider told us they had recently put in place a new digital system and were in the process of updating people's care plans and risk assessments.
- Medicine records were not always fully completed. We found some unexplained gaps in people's medicine

administration records. This meant the provider could not always be assured people received their medicines as prescribed.

- Needle sticks were not always handled safely. We observed one instance of unsafe practice in relation to needle stick disposal, that created a potential risk of harm to staff and people. Staff independently identified this as an issue during our inspection and raised this with the registered manager.
- Topical medicine patches were not always administered safely. The location of application was not always rotated in line with the manufacturer's guidelines to effectively ensure people were protected from the risk of skin deterioration.

Risk management and infection prevention and control was not always effective. Safe medicine practices were not always followed. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider failed to protect people from improper treatment and abuse through the use of effect systems and processes. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13.

- People were protected from risk of harm and abuse by an effective safeguarding system.
- Staff were trained in safeguarding and knew how to recognise signs of abuse and when to report concerns. Staff told us they felt people at the service were safe.
- People and their relatives told us they felt safe. One relative told us, '[Relative] is definitely safe, they understand both [their] physical and mental health. We [The Family] are very happy.'

Staffing and recruitment

At our last inspection, the provider failed to ensure staff had the qualifications, competence, skills and experience necessary for their role. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 19.

- People were now supported by enough staff who were deployed effectively. Most people and their relatives told us they felt there were enough staff available. One relative said, 'There is enough staff. There is always someone that I can talk to.'
- Safe recruitment processes were in place. Including nursing registration and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider obtained employment references and completed interviews with new applicants to ensure they had the necessary skills and experience required to complete their role.

Visiting in care homes

- People had access to visitors such as relatives and health care professionals.
- The provider supported and facilitated visitors at the service.

Learning lessons when things go wrong

- The registered manager had responded to concerns about the safe care and treatment of people raised at our last inspection and made positive changes at the service. Whilst further improvements were still required at this inspection, the registered manager had demonstrated desire and ability to learn lessons when things went wrong.
- The provider had employed a group quality compliance manager and a group operations manager to support service development. These roles were having a positive impact on the safety of people at the service. Whilst further improvements were still required in relation to safe care and treatment, the staff and resources required to make and embed the necessary service developments were now in place.
- An effective incident analysis process was in place. This supported learning and promoted people's safety.

Is the service effective?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection, the provider failed to ensure staff were appropriately trained and competent. Staff did not receive suitable inductions or support. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a Warning Notice in relation to the concerns identified.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff received the training they needed to meet the needs of people at the service, and the provider was proactive at ensuring staff compliance with required training.
- Staff told us if they felt they needed additional training, they felt comfortable raising this with the registered manager. Staff told us they felt the registered manager was supportive at ensuring their training needs were met.
- Most people and their relatives told us they felt staff were well trained and competent. One relative told us, "I do think that they [staff] have training e.g. pain relief, positioning of my [relative] when they were in a chair. They [staff] showed empathy and understanding when [relative] was very ill."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

At our last inspection, the provider failed to act in accordance with The Mental Capacity Act 2005, when people were unable to give consent due to a lack of capacity. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 11.

- Where required, DoLS authorisations were now in place and people's conditions were being met. Effective oversight was in place to ensure these records were well maintained.
- Staff were now trained on mental capacity and most had a suitable understanding of how to seek consent from people during care activity.

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

- Some people and relatives expressed meal portion sizes were sometimes too large and could potentially be off putting. We observed the deputy manager working with people to better understand their wishes in this area and shared this information with staff to promote a personalised approach.
- People's food and fluid records were not always thoroughly completed. For example, we found some meal records lacked detail regarding foods consumed. We raised this with the provider, and they told us staff were getting used to the new digital record keeping system.
- The mealtime experience was calm and relaxed. Staff were well organised and effective.
- People who required support with their meals, received safe and dignified care.
- People who had specific dietary needs due to a health condition, received food prepared appropriately. Kitchen staff responsible for preparing people's food had accessible information regarding people's dietary needs. This promoted person centred care and reduced risk.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection, the provider failed to ensure people's dignity and respect was protected. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 10. Please see caring domain for detail on dignity and respect.

- People's assessment documents were not always fully completed. For example, in some cases there were multiple sections of assessment tools that were blank. This meant people's needs were not always fully recorded and considered in people's documentation. We raised these concerns with the provider, and they told us they were in the process of integrating a new digital system for care planning, record keeping and needs assessments. The provider explained more time was needed for this system to be fully updated and embedded into practice. We will continue to review this through the action plans received.
- Feedback from people indicated they were happy with the care they received and felt it met their needs.
- Staff worked alongside community health and social care professionals to ensure people received timely care. One relative told us, "They [staff] understand both [relative's] physical and mental health. We're very happy. The nurses sort out their appointments."

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

- The service is set in a spacious old convent building and is well designed. There were large spaces utilised

effectively for activities and other functions.

- Memory boxes were posted outside people's rooms on the dementia unit to support people to understand their environment.
- The service was well decorated and personalised throughout. This included communal areas and people's private rooms.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager was proactive at seeking support and advice from other professionals to ensure the service was meeting people's needs and supporting people to live healthier lives. One relative told us, "They get input from the Huntington's Disease Nurse Specialists. I've had meetings with the deputy manager. I was involved with the care plan about 6 months ago."
- People had access to health care. Staff knew how to raise health related concerns, and these were escalated to healthcare professionals where needed.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- The dignity and respect of people's privacy had improved since our last inspection.
- People were respected by staff. We observed staff interacting with people in a friendly and caring way. Staff were patient with people and listened to what they had to say.
- People and relatives spoke fondly about the staff. One relative told us, "The staff are caring. If there is a concern, they deal with it straight away. I have a good rapport with the staff, they are welcoming, they enquire after me, and we have general chit chat."
- People and relatives were included in decisions about their care.
- People's privacy was promoted by staff. An incident occurred during our inspection, staff were immediately responsive and used a visual shield to promote the person's privacy.
- We spoke with staff as part of our inspection process, and they described how they promoted people's dignity and privacy during personal care activity.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, systems and processes were not effective at monitoring and improving the quality and safety of the service. The provider did not always seek or act on feedback from relevant persons. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a Warning Notice in relation to the concerns identified.

At this inspection, improvement had been made, and the Warning Notice had been met. However, not enough improvement had been made and the provider was in still in breach of regulation 17.

- The registered manager had improved oversight of service provisions. For example, effective oversight of DoLS was now in place.
- Daily oversight of clinical care had improved since our last inspection, and this had a positive impact on the quality of care being delivered. However, clinical oversight was not always effectively recorded, and concerns were not always being identified. For example, we found gaps in people's monitoring records, and there was no evidence this had been identified by oversight processes. This meant opportunities to ensure people's safety and to improve care were being missed.
- Quality assurance processes were not always being used effectively. For example, medicines audits did not always identify recording errors. We raised this with the provider, and they told us they were in the process of implementing a new robust and comprehensive audit system.
- People were not always clear on their roles in relation to quality oversight. We received mixed responses from leaders and senior members of staff regarding roles in relation to quality audits, and the providers policy did not set out clear responsibilities. We raised this with the provider, and they explained they had identified this as a shortfall, and work was taking place to address the issue.

Quality assurance processes were not always used effectively, clinical care oversight was not always recorded, and roles and responsibilities to ensure effective oversight were not always clear. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff spoke highly of the registered manager. One staff member told us, "[Registered Manager] talks to me with respect." Another staff member described the registered manager as supportive and approachable.
- Feedback from people and their relatives indicated the home was well managed. One relative told us, "Yes the service is well managed. The care and attention [relative] gets is good. I can go to [Registered Manager] anytime, their door is always open." Another relative told us, "Things have improved since last year's CQC inspection, relocating the office and having a reception area. The Management are more visible, the door is always open."
- The leadership team spoke with us about care becoming more outcome focussed for people. We observed this approach had reduced risk at the service and improved the quality of care since our last inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and nominated individual had a good understanding of their regulatory obligations in relation to duty of candour.
- The registered manager was consistently open and honest during the inspection and demonstrated exceptional integrity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received regular supervisions and records indicated these were effective. Staff performance was reviewed to promote good quality care.
- During our inspection the group quality compliance manager and the group operations manager were in the process of developing a new system to enable visitors to provide feedback. This demonstrated a clear ambition to seek and listen to the views of others regarding the performance of the service.
- Regular staff meetings took place to provide opportunity for staff to raise concerns and to ensure effective information sharing about the people and the service.
- Relatives were provided opportunity to provide feedback at family member meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risk management and infection prevention and control was not always effective. Safe medicine practices were not always followed. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance processes were not always used effectively, and staff were not always clear about responsibilities to ensure effective oversight. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.