

## White Doves Residential Home Limited

# White Doves Ltd

### Inspection report

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Derby  
Derbyshire  
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Tel: 01332332725

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16 May 2016

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 April 2016 and was unannounced.

White Doves Ltd is a care home that provides residential care for up to 13 people to older people. . The service a detached property with reception area, a lounge, dining room and a kitchen. The bedrooms are seven single occupancy rooms and three shared rooms and close to bathrooms and toilets. At the time of our inspection there were 10 people in residence.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the service and with the staff that looked after them People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Staff were trained and understood their responsibility in protecting people from the risk of harm.

People's care needs were assessed including risks to their health and safety. Care plans were tailored to people's needs, which included the measures to help promote their safety and independence. Care plans provided staff with clear guidance about people's needs which were monitored and reviewed regularly.

People lived in an environment that was homely and comfortable. There were ongoing improvements being made to the décor and the secure garden which people could use safely.

People received their medicines at the right time and medicines were stored safely. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health. People were provided with a choice of meals that met their health and dietary needs.

Staff were recruited in accordance with the provider's recruitment procedures. The provider took account of the needs of people they supported to ensure there were sufficient numbers of staff to promote their safety and wellbeing.

People's consent had been appropriately obtained and recorded. The management team and staff team understood the principles of the Mental Capacity Act and how they might apply to the people who used the service. When staff had concerns about people's capacity then they sought advice and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty.

People were involved and made decisions about their care and support needs and how they wish to spend their day. People had opportunities to pursue their hobbies and interests and their lifestyle choices were respected by staff.

People told us staff were caring and kind and that they had confidence in them to provide the support they needed. There was a warm and relaxed atmosphere where people were comfortable. We saw staff interact with people positively; and treated them with dignity and respect.

The registered manager and the assistant manager collectively provided effective leadership to the service. Staff spoke positively about them in relation to the support and training provided. Staff were confident that any issues raised would be addressed.

People who used the service and relatives told us if they had any concerns or complaints they would tell the registered manager or the staff.

The provider had an effective system in place to assess and monitor the quality of the service. The views and opinions of people who used the service and staff were sought, which included meetings, completion of a range of surveys and internal audits.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely to promote their independence.

Staff were appropriately recruited and there sufficient numbers of staff available to keep people safe.

People received their medicines at the right time, and medicines were stored and managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training and support that enabled them to provide the care and support people required.

People's consent to care and treatment was sought and their care plans showed the principles of the Mental Capacity Act were used. People were encouraged and supported to make decisions which affected their day to day lives.

People's nutritional needs were met which took account of their preferences.

People were supported by staff to maintain good health and to access and liaise with health care professionals as required.

### Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff that were kind and caring in their approach. People were treated with dignity and respect.

People were encouraged and involved in decisions made about their care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and their on-going support was reviewed regularly to ensure the care provided was appropriate and met their needs and preferences.

People's lifestyle choices, social interests, religious beliefs and hobbies were promoted. Activities were available within the service and outings were planned to promote people's wellbeing.

People were encouraged to make comments about the quality of service provided and were confident that their concerns were listened to and acted upon.

### Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who provided good support and leadership to staff which focused on promoting and maintaining people's quality of life.

The provider had a system in place to assess and monitor the quality of care provided. People and staff were encouraged to give their views about the service which enable the provider to assure themselves people were safe and received quality care.

# White Doves Ltd

## Detailed findings

### Background to this inspection

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People were involved and made decisions about their care and support needs and how they wish to spend their day. People had opportunities to pursue their hobbies and interests and their lifestyle choices were respected by staff.

People told us staff were caring and kind and that they had confidence in them to provide the support they needed. There was a warm and relaxed atmosphere where people were comfortable. We saw staff interact with people positively; and treated them with dignity and respect.

The registered manager and the assistant manager collectively provided effective leadership to the service. Staff spoke positively about them in relation to the support and training provided. Staff were confident that any issues raised would be addressed.

People who used the service and relatives told us if they had any concerns or complaints they would tell the registered manager or the staff.

The provider had an effective system in place to assess and monitor the quality of the service. The views and opinions of people who used the service and staff were sought, which included meetings, completion of a range of surveys and internal audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel nice and safe." Another person told us, "I wouldn't be here if I didn't think I was safe. In fact I'm very safe here." A relative told us that their family member was 'much safer at White Doves' compared to their experience of using another care service.

The provider's safeguarding policy and procedure was easily accessible to staff and being reviewed by the registered manager. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Staff we spoke with understood their responsibilities in providing support to people to help them make decisions to promote their own safety and were confident to raise concerns with the registered manager.

Records showed incidents concerning people's safety and wellbeing had been reported to the relevant authorities and action was taken to help maintain the person's health and safety. This supported the information sent to us by the provider and the information received from commissioners that are responsible for funding the people who used the service. This meant staff ensured people's safety was protected.

People were supported dependent upon their needs to manage their finances and protect their personal valuables. Where the people's money was held in safekeeping procedures were in place to support people to manage their finances. Records of financial transactions showed people's finances were audited regularly and managed safely. This helped to ensure people were protected from financial exploitation and abuse.

People's safety was protected by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks had been completed before staff commenced work at White Doves Ltd.

People's care records included risk assessments associated to individual needs and potential risks relation to nutrition, falls, pressure care and moving and handling. Care plans provided staff with clear information as to people's preferences with regards to how their personal care was to be provided and their daily routines. We saw advice was sought from health care professionals such as the district nurse with regards to wound care and the dietician to support someone with a poor appetite. Staff we spoke with described how they supported people, which was consistent with the information in their care plans. This meant that risks to people's health, safety and wellbeing were managed effectively.

We saw people moved around the home independently or used a walking frame. Where people needed assistance staff helped them to move safely. For instance, we saw staff walking with a person using a walking frame safely giving clear guidance and direction. On another occasion the assistance manager intervened when they saw the person was not safely supported by the member of staff. This was addressed immediately and the registered manager assured us the staff member would receive further training in moving and handling, their practice observed and competency assessed regularly. This meant people's safety could be assured.



People told us they had a call bell in their room which they used to call for assistance. One person told us they used the call bell at night and found staff usually responded quickly. People had individual personal evacuation plans in place in the event of an emergency or fire. This was to help ensure people received the appropriate level of support in an emergency to keep them safe.

Staff were aware of the actions they should take when an incident affecting people's safety occurred. For example, when one person who had had a fall staff sought medical advice and treatment was provided by the emergency service. The person's care records had been updated and was consistent with the information recorded in the incident report along with the actions taken by staff. This showed people's safety and wellbeing was assured by staff's quick response and ongoing support.

People's safety within the home was promoted by staff carrying out safety checks. The focus was to ensure there were no hazards identified such as fire escape routes being blocked, trips or fall hazards. Staff knew how to report faults if they had any concerns. Action plan from the recent premises check carried showed repairs carried out were monitored. This helped to ensure people's safety was maintained.

There were systems in place for the maintenance of the building. Servicing and maintenance records for equipment such as hoists, slings and electrics were up to date. The registered manager told us that there were ongoing improvements made to the premises internally and externally. Carpets throughout the service and the glazing had been replaced in the conservatory and improvements made to the garden to ensure people could use it safely.

People told us that there were enough staff on duty to support people. During our visit we saw this was the case as staff supported people without rushing them and spent time talking to people and supported people to pursue their hobbies and interests such as playing dominoes.

Staff told us staffing was sufficient to meet people's needs safely. One member of staff said, "Staffing is ok, there's always someone to cover if anyone goes sick." Another said, "If we're going out with someone then there's always an extra staff on." The staff rota reflected the care staff on duty during the day along with the cook and cleaner. There were two staff on at night with the on-call support provided by the assistant manager or the registered manager.

People told us they were supported with their medicines. We observed a trained member of staff administered medicines at lunchtime. The staff member spent time talking with people both before and after they were given their medicines signed the medication records to confirm medicines were taken. This gave staff time to interact with and explain to people what the medicine was for. Staff followed the correct procedure for medicines administered as and when required, otherwise known as 'PRN', and recorded the quantity of PRN medicines administered. This helped to ensure people's health continues to be monitored.

Medicines were kept securely and only administered by trained staff whose competency had been assessed. The registered manager told us that the provider's medicine policy and procedure was being updated and tailored to meet the requirements of the service.

People's preferences for how they would like their medicine were recorded in their care plans including any allergies to medicines and the doctor's contact details. The medicines administration records detailed any known allergies and special instructions with regards to medicines to be taken before or after meals. Records showed people received their prescribed medicines at the right times and where medicines were refused the records showed the action taken by staff to ensure their health and wellbeing.

# Is the service effective?

## Our findings

People we spoke with said they received the care and support they needed. One person said, "I have the help I need and do things that I enjoy."

Staff we spoke with had received the induction and training, which had equipped them to support people who used the service. The training covered the provider's policies, procedures, practical training in using equipment safely and they also worked alongside the assistance manager until their competency was assessed as to supporting people safely. One staff said, "I've just done the refresher training for medicines which was good. It helps me to make sure I'm doing thing correctly."

Staff training records showed that staff had completed essential training which included moving and handling, first aid, safeguarding training, health and safety, dignity in care and dementia care and medication administration training for seniors with the responsibility. The assistant manager told us that senior carers are also 'dignity champions' and 'dementia champions'. This means 'champions' that act to change and improve the experience of care and treatment for everyone using the care service including people living with dementia.

The registered manager monitored and planned staff training to ensure staff maintained their knowledge and skills. They told us that they planned to introduce the Care Certificate to all the staff. This is a set standard for care staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Records showed that staff were regularly supervised and had their work appraised. This helped to ensure that the staff met the needs of the people and the provider's expectations of providing quality person centred support. Staff meeting records showed that staff had the opportunity to talk about the people they supported to ensure that any issues could be effectively managed to promote people's care. Staff told us that they felt confident to raise issues and make suggestions to develop the service and improve people's quality of life.

People told us that staff always sought consent before they were helped, and we saw this to be the case throughout our visit. One person told us, "They [staff] do help me whenever I ask, it's never a problem."

Staff we spoke with were trained and had a good understanding of the MCA and how this applied to people who they support. We saw staff always asked people if they wanted to be helped and supported them accordingly.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated a good awareness and understanding of the MCA, and when this should be applied.

We checked whether the service was working within the principles of the MCA. We found one person had a DoLS authorisation in place which did not have any conditions. Records showed that people's capacity to consent to their care and treatment had been completed and where appropriate their representatives such as relative and health care professionals had made best interest decisions on their behalf. That showed that the principles of the MCA were followed.

People told us they enjoyed the meals, "the Shepherd's pie was OK." One person told us that the desserts were particularly good. When we asked another person for their views about the meals they said "I can't complain" and told us there was a choice at lunch time and tea time with a light supper/snack just before bed time.

We saw a bowl of fruit on the coffee table in the lounge, which people could help themselves to. Throughout the day and evening we saw staff regularly offered people drinks and snacks.

We spoke with the cook who was trained in food preparation and safety. They had information about people's dietary needs and sought people's views about the meals to ensure menus took account of people's preferred meal choices. This showed people's dietary needs were met.

Records showed people's nutritional needs were assessed, and where required advice was sought from health care professionals to ensure risks were managed. Care plans contained information about people's dietary needs, individual requirements and preferences. People who were at risk of poor appetite or weight loss were provided with fortified meals and drinks with full fat milks and double cream. Records showed their intake of food and drink was monitored which helped to maintain their nutritional needs.

At lunchtime we saw people were asked if they wanted to eat in the dining room and helped there. One person told us that the 'place settings and condiments were always nicely set out', with a choice of cold drinks on all the tables. We saw staff asked people if they wanted any additional sauces and people helped themselves to it.

People told us they were able to see their GP as and when required. One person said that they were always accompanied by staff to attend hospital appointments and another told us that the optician and chiropodist visited them regularly. People's care records showed that they had access to a range of health care professionals to meet their health needs. This meant people's health and wellbeing was maintained.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. We asked people for their views about the care provided comments received included, "very nice and comfortable" "homely feel, you can do what you like" "staff are very good" "I'm very happy" and "They [staff] look after you well, alright." When we asked a relative for their view about the service they said "It's homely" and "People are "Looked after well; he's as happy as Larry, can't find anywhere better."

During our visit we observed lots of positive interaction between staff and people using the service. It was clear that staff knew the people they were looking after. One person told us that when they wanted 'any treats' then the "[assistant manager] or the cook would fetch them from town."

People told us they knew about their care and support arrangements. People had been actively involved in making decisions about their care and how they wished to be supported and their care plans were signed to confirm the agreed support. One person told us that they spoke with staff about the support provided to make sure it was right for them.

People's care records detailed how they wished to be cared for including their individual choices, preferences, daily routines and any decisions made were recorded. Staff knew people well with regards to their life histories, interests and family members who were important to them. Records showed that people, and where appropriate, their relative and health care professionals were involved in developing their care plan.

The daily records completed by staff included information about the care and support provided to the person. Records also included any contact with other people such as relatives, friends or professionals and how the person spent their day, such as out with relatives, played dominoes, knitting and reading the daily papers or magazines.

Throughout our visit we observed staff treating people they supported and others with respect at all times. There were three shared rooms of which only one room was being used by two people. All the shared rooms had a privacy screen, which meant people's dignity would be maintained.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. They described ways in which they preserved people's privacy and dignity, which for one person it was important for staff to support them to maintain their dignity. Records showed that action taken by the staff was consistent with the guidance detailed in the person's care plan. This meant people could be confident that staff promoted and respected people's privacy and dignity.

People looked clean and dressed in clothing of their choice. Ladies wore jewellery and make-up which was important to them. We saw staff talking with people or played games and also checked on those who preferred to stay in their bedrooms to make sure they were comfortable. Staff knocked on doors before entering people's rooms.

A relative told us they visited regularly sometimes with their young children and were made to feel welcome. They were invited to stay for lunch with their family member, which showed the service recognised importance of maintaining relationships.

## Is the service responsive?

### Our findings

We found people received care and support that was tailored and responsive to their needs. There was a relaxed atmosphere at the home. During the morning we saw several people had newspapers and magazines delivered which they were reading in the morning. One person was completing a puzzle, whilst others were watching the television or having their nails painted. One person was still having breakfast in the dining room as they preferred to get up a little later that day.

People received visitors, went out with their relatives or staff support people to go shopping. For instance, one person told us they went to Matlock for the day with their relative. Another person enjoyed being outside and was seen sitting in the garden on the seating provided

There was a list of activities on the door of the lounge, which included chair exercises, cake decorating, music and crafts. Staff told us that whilst there was a list of planned activities people chose how they spent their day. One person told us that the library service called each month so they choose their own books to read and another person told us they 'did not particularly like the chair exercises' and were later seen playing dominos with a member of staff. A third person told us that they attended the religious service held at the care home close by which was owned by the same provider. The assistance manager told us that extra staff were available to support those who wished to attend the service.

People's care plans included information about their personal life history, their needs, interests and abilities to make decisions about their day to day lives. Care plans set out the support people needed and provided staff with information as to how the person wished to be supported. Records showed people were involved in the review of their care plans and their views and decisions made were also recorded. This helped to ensure people received support that was individual and tailored to their choice of lifestyle.

People were encouraged to express their views about the service individually and through a range of meetings and any suggestions and issues raised were acted upon by the assistant manager. Minutes of the meeting held previously showed people views were taken into account in relation to improvements such as the décor and also involved in planning social events, such as seasonal festivities.

During our visit a meeting was held and the assistant manager took notes. Most people attended and were asked for their views about the menu choices and take-away nights; ideas about day trips and outings including the celebrating the Queens' 90th Birthday. People also had the opportunity to raise any concerns and were asked if they preferred to speak with registered manager in private. This showed people's views were encouraged and welcomed.

We contacted commissioners that are responsible for funding the people who used the service and asked them for their views about the service. They told us that the staff and management team were responsive when they enquired about the safety and wellbeing of people who they supported.

During our visit we raised issues with regards to the premises and concerns about people's specific health

needs. Following our visit the registered manager sent us information as to the actions taken to ensure the home environment was made safe including the external grounds and steps taken to maintain people's health with involvement of health care professionals. This showed that the provider understood the importance of providing care and support that was safe and responsive.

People we spoke with had no concerns about the service and if they had any issues they would speak with the assistant manager first. One person said told us they 'would have no hesitation in speaking up' if they were unhappy with any aspect of care.

The provider's complaint procedure was available to people using the service and their relatives. The registered manager told us the service had not received any complaints in the last 12 months. They described how all concerns, verbal or written would be dealt with and had the contact details for the local advocacy service should someone need support to make a complaint.

The service had also received a number of compliments and cards and letters of thanks from relatives of people using the service and those who no longer used the service. We looked at a sample of compliments received and the comments were of thanks and compliments about the staff and the care provided at White Doves Ltd.

# Is the service well-led?

## Our findings

People's views about the service were sought about the service provided and any suggestions made including any concerns were acted upon. People told us they were happy with the quality of care and support provided. Care plans and records showed they and they were involved in the planning and review of their care. This meant people could be assured that the care and support was tailored to their needs and changes would be managed.

Surveys were used to gather people's views about all aspects of the service. These showed people were satisfied with the support and were involved in the decisions made; aware of how to complain and happy with the staff that supported them. We saw the survey results on the meal time experience and improvements made were assessed through regular observations. For instance, people were offered encouraged to help themselves to the gravy and other condiments and staff supported others who needed assistance.

White Doves Ltd has a registered manager and is supported by the assistant manager. They both worked well together and kept their knowledge up to date in relation to health and social care and the needs of people they looked after. They encouraged people who used the service and staff to share their views about the service and had an 'open door' policy, which meant they were available to listen to the views of people who used the service and staff.

We asked people for their views about the staff and the management of the service. People were complimentary about the registered manager and assistant manager in that they were 'approachable and helpful'. One person said, "This is my home now and I like it just the way it is. I know that [assistant manager] is here if I need anything." Throughout our visit we saw the assistant manager and later when the registered manager arrived, both were visible and worked well with the staff to support people and responded to their queries and needs.

The registered manager and assistant manager maintained their knowledge up to date. Both were completing further management training in care and were aware of the new Care Certificate training, which is being rolled out to all staff. They felt the Care Certificate which is a set of standards for care would enhance staffs' existing skills, knowledge and behaviours to provide good quality care and support.

The staff told us they felt supported and provided with the training and knowledge needed to look after people. Staff had clear responsibilities which focussed promoting a quality of life for people who used the service and supported the management's view in of what 'good' care looked like.

Staff were supported through individual supervisions and staff meetings. Staff meeting minutes showed a range of topics were discussed including concerns about people's care and wellbeing, issues about staff practice and when required, remedial action taken with staff.

Staff were supervised and their work was appraised. Staff received a range of training to that enabled them



to develop. This showed that the staff provided quality support to meet people's needs and the provider's expectations of providing person centred support.

We looked at the monitoring systems that the service had in place. These included routine safety checks on the premises, equipment, maintenance and fire. We saw the action plan had a number of improvements listed and remedial works were scheduled to be carried out. Records showed the assistant manager carried out regular audits on people's care plans and medicines. The aim was to ensure people's safety and wellbeing and the continual review of people's care helped to ensure their needs were met appropriately.

Prior to the inspection we spoke with the local authority who had funding responsibility for some people who were using the service and a contract with the provider. They told us that the service reported any incidents in good time and were satisfied with the service that was being delivered.