Doveleigh Care Limited

Dove Court Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 21 and 22 June 2016 and was unannounced. We had previously inspected the service in August 2014 and found no breaches of regulations in the standards inspected.

Dove Court is a 32 bed residential care home, 30 people lived there when we visited. It provides accommodation with personal care to older people but does not provide nursing care.

The service had a registered manager. 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 consistently told us about the excellent care they received. People mattered, staff were patient, and they demonstrated empathy in their conversations with people and in how they spoke about them. The service had received numerous compliments and an award for their caring ethos.

Staff developed exceptionally positive caring and compassionate relationships with people. The ethos of the home was that of an extended family. People were treated with dignity and respect and staff were caring and compassionate towards them. Staff had signed up to the national 'Dignity in care' initiative and were committed to taking action, to uphold the ten good practice steps to demonstrate compassion and respect for people. Staff knew each person as an individual and what mattered to them. Consistently positive feedback from people and relatives meant Dove Court had received a top 20 care home award from the care homes association for the past two consecutive years. People having end of life care were kept peaceful, and pain free.

People, relatives and professionals consistently gave us positive feedback about how the service was personalised to meet people's individual needs. Staff supported people with communication difficulties in innovative ways. Staff knew each person as an individual, their preferences and interests. The home had a wide range of activities suited to the individual needs of people which brought pleasure to their lives which enhanced people's health and wellbeing. People were part of their local community and participated in local events. People's wellbeing had improved because staff and volunteers had befriended and engaged with people in ways that prevented them becoming isolated. Comments included, "He is so happy now that he has people to talk to and activities to join in with" and " She has a new lease for living which is so good to see."

People experienced effective care and support that promoted their health and wellbeing from staff that had the knowledge and skills needed to carry out their role. People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Each person's needs were assessed and care records had personalised information about how to meet them. Care was focused on people's wishes and preferences and people were supported to remain active and independent. People

praised the quality of food, and were offered a well-balanced diet. Health and social care professionals gave us positive feedback about the care and support of people.

People were supported to express their views and were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, capacity relatives, friends and relevant professionals were involved in best interest decision making.

People said they felt safe living at the home. Staff were aware of signs of abuse and knew how to report concerns; any concerns reported were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff. People knew how to raise concerns and were confident any concerns would be listened and responded to. The service had a written complaints process. Any concerns or complaints were investigated with actions identified to make improvements.

People, relatives and staff said the home was organised and well run. The culture was open and honest. Staff worked well as a team and felt supported and valued for their work. Senior staff acted as role models to support staff to achieve high standards of care. The provider had a range of quality monitoring systems, which were well established. There was evidence of making continuous improvements in response to people's feedback, the findings of audits, and of learning lessons following accidents and incidents.

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.

Staff knew how to recognise signs of potential abuse and how to report it.

Risks to people were managed to reduce them as much as possible, whilst respecting people's freedom and independence.

People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Suitable staff was recruited to meet people's needs.

People received their medicines on time and in a safe way.

Accidents and incidents were reported and actions were taken to reduce risks of recurrence.

Is the service effective?

Good

The service was effective.

People experienced a level of care and support that promoted their health and wellbeing.

People were cared for by skilled and experienced staff. Staff had regular training and received support with practice through supervision and appraisals.

People's consent to care and treatment was sought. Staff confidently used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet. Staff used a variety of ways to ensure people who were reluctant to eat and drink were encouraged and supported to do so.

Is the service caring?

Outstanding ☆

The service was caring.

People and relatives consistently said staff developed exceptionally positive, caring and compassionate relationships with them. People mattered, staff made sure people were able to maintain relationships with those that mattered to them. The service had received numerous compliments and an award for their caring ethos.

The ethos of care was person-centred and valued each person as an individual. Staff were exceptionally skilled at helping people to express their views and communicated with them in ways they could understand.

People could express their views and make decisions, which staff acted on. People privacy, dignity and independence was respected.

People receiving end of life care were treated with dignity, kept peaceful, and pain free. Families and those that mattered to the person were supported to spend quality time with them.

Is the service responsive?

Outstanding ☆

The service was responsive.

People received exceptionally person centred care from staff who knew each person, about their life and what mattered to them. They experienced a level of care and support that promoted their health and wellbeing and enhanced their quality of life.

Staff had excellent skills and supported people with communication difficulties in innovative ways. People were encouraged to socialise, pursue their interests and hobbies and try new things in a variety of inspiring innovative ways.

People were partners in their care and care records were individual, comprehensive and detailed. People's views were actively sought, listened to and acted on.

People knew how to raise concerns, which were listened and positively responded to and were used to make further improvements.

Is the service well-led?

Good

The service well led.

The provider promoted care, comfort and companionship for people. The culture of the home was open and inclusive and staff

worked effectively with people, relatives, and other professionals.

The service was well organised and provided a consistently high quality of care. Staff worked together as a team to support people and they felt valued.

People, relatives expressed high levels of confidence in the management and leadership at the service.

Dove Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 22 June 2016 and was unannounced. The inspection team included an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with 15 people using the service, three relatives and looked in detail at four people's care records. We met with the provider, general manager, registered manager and with eight other staff, which included care, administrative, housekeeping and catering staff. We looked at staff recruitment, training, supervision and appraisal. We also looked at the provider's quality monitoring systems such as audits of medicines, care records, health and safety, and at actions taken in response to feedback from people, relatives and staff. We contacted professionals who worked regularly with the home such as GP's, community nurses, a social worker and received responses from seven of them.

Good

Is the service safe?

Our findings

People felt safe and secure at the home. One person said, "I feel good about the way staff help me." A relative said, "I feel he is safe here, I've been able to step back, "and another said, "It gives me peace of mind knowing my mum is safe and cared for so well." A staff member said, "People still have their independence but feel safe."

People were protected from potential abuse and avoidable harm. Staff received safeguarding adults training. They knew about the various types of abuse and how to report them. For example, staff at the service raised concerns with the local authority safeguarding team and notified the Care Quality Commission about suspected financial abuse of a person. This was investigated and actions taken to protect the person by arranging for them to have independent legal advice to protect their rights. The provider had safeguarding and whistle blowing policies and the PIR showed staff were provided with cards with details of who to contact and what to do if they suspected or witnessed abuse or poor practice.

People confirmed staff met their needs at a time convenient for them. The atmosphere in the home was calm and organised; staff worked in an unhurried way and were able to spend time with people. They responded promptly to people's call bells and their response times were monitored by management. There were sufficient numbers of staff within the service to keep people safe and meet their needs. The service used a dependency tool to calculate and review the staffing levels needed, based on an assessment of each person's care needs. Staffing levels varied at different times of the day, for example, there was more staff on duty early in the morning and in the evening when people needed extra support getting up and going to bed. Where a person's needs had increased, additional staffing was organised, for example, for a person needing end of life care. The provider did not use agency staff, any gaps in staffing were met by existing staff working extra shifts. This meant people benefitted from continuity of care by staff who knew them well.

Risks for people were well managed, people's risk assessments had detailed information about how to reduce risks. For example, risks of falling and developing pressure sores from reduced mobility and skin breakdown. Where a person was identified at high risk of falling, staff involved the community falls team, who suggested additional steps to promote the person to remain active, and minimise their risks of slips, trips and falls. For example, the importance of staff ensuring their room was well lit and kept clutter free. Staff undertook regular 'comfort rounds' during the day and at night to check people at increased risk had everything they needed and to offer them assistance to use the bathroom. For people at high risk of falling, the provider had installed a passive infra-red sensor in their rooms, which alerted staff when the person was getting out of bed, so they could offer the person assistance. These measures further minimised the risk of falls.

Staff negotiated with a person who liked to go out in the evening about letting them know what time to expect them back and had a written contingency plan if they failed to return. Where a person made unwise choices, but had capacity, staff respected their decision. Their risk assessment said, '[Person] is aware of the choice to make a bad decision which could harm them.'

Environmental risk assessments were completed and showed measures taken to reduce risks. For example, radiator covers were fitted to reduce risks of burning for people. People's hot water supply in newer parts of the building was temperature controlled, which meant they were within the the 44 degrees limit recommended by the health and safety executive (HSE), as were bathrooms in the old part of the building. This prevented people's risk of scalding by immersion in hot water. However, risk assessments showed tap hot water temperatures in the handwash basins in most people's rooms in the older parts of the building exceeded 44 degrees. The provider had taken additional measures to reduce risks by alerting people, as these taps had 'caution hot water hazard signage' displayed above them. We followed this up further with the provider and general manager, who confirmed they individually risk assessed whether each person had the capacity to safely manage the hot water in their room. Where they didn't, they had installed thermostatically controlled valves in individual people's bedrooms, and planned to fit them in all rooms eventually.

Staff received regular fire, health and safety, and infection control training. Accidents and incidents were reported and reviewed to identify ways to further reduce risks. In the PIR the registered manager highlighted the health and safety checklist had been amended to monitor any trends related to accidents/ incidents, falls, complaints and medication errors. Gas and electrical appliances and equipment was regularly serviced and tested.

Each person had a personal emergency evacuation plan showing what support they needed to evacuate the building in the event of a fire. Fire drills were carried out regularly in accordance with fire regulations. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and fire exits were undertaken.

People received their medicines safely and on time and some people administered their own medicines, where it was assessed as safe for them to do so. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Where a person's medical condition required them to receive their medicines at set times, staff made sure this happened. This meant the person was able to gain the maximum benefit from their medicine. The PIR showed when a person's medicines were changed, staff were alerted on a white board in the medicines cupboard, to reduce the risk of any errors.

Medicines administered were well documented in people's Medicine Administration Records (MAR), as were prescribed creams applied. Medicines were checked and MAR sheets audited regularly by an assistant manager, with a lead role for managing medicines. Actions were taken to follow up any discrepancies or gaps in documentation. For example, following an incident involving a 'pain patch' medication, lessons were learned and improvements were made. Staff records were improved when new patches were applied and confirmed the old patch was removed. This ensured these medicines were used in accordance with the manufacturer's instructions. A pharmacist visited the home regularly to provide advice about medicines, and praised the robust systems at the home.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Staff had hand washing facilities and used gloves and aprons appropriately to reduce cross infection risks. Housekeeping staff used suitable cleaning materials and followed cleaning schedules. An environmental infection control audit was carried out on 24 February 2016 and looked at the environment of the home, cleanliness of equipment, hand hygiene, kitchen, laundry and waste management. Audit results of 98% showed staff acted in accordance with infection control measures. Any improvement actions identified had been completed, such as repairing a kitchen worktop. The most recent environmental health food hygiene inspection had rated the home with the top score of five.

Suitable recruitment procedures and required checks were undertaken before care workers began to work for the agency. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People felt well supported by staff who were appropriately trained and knew how to care for them. One person said, "If I had to be in a home anywhere it would be here." A professional said staff made the effort to look after people with significant health issues. Another said, "I'm more that happy with the care, staff are proactive, they are open and work well with our nursing team, and their practice is good."

In the PIR, the registered manager highlighted staff followed evidence based practice through the use of link roles called 'Ambassador roles.' Staff had ambassador roles for dementia, diabetes, epilepsy, nutrition, end of life care and Parkinson's disease (a neurological disorder). Ambassadors researched in their topic area, did additional training to further their knowledge and produced a resource folder to share best practice information with the rest of the team. For example, a nutrition ambassador raised staff awareness about the importance of good nutrition and hydration for people's health. They promoted the Department of Health's Keeping Nourished –Getting Better guidance on individualised nutritional care.

People gave us positive feedback about food choices, variety, portion sizes and said their dietary preferences were met. One person said, "The food is excellent" and another said, "The food is very good, we always have a choice." People regularly dropped into the kitchen to chat with the cook and order or collect fruit of their choice. Information about people's food likes/dislikes, allergies or food restrictions were kept in the kitchen. Reduced sugar alternatives and sweeteners were available for people with diabetes. People were offered drinks and snacks regularly throughout the day and weight charts showed people's weight was well managed. Where people were at increased risk of malnutrition or dehydration, or had a poor appetite they were offered drinks and snacks regularly throughout the day, and food and fluids were monitored. Weight charts showed staff were managing people's weight well.

People with swallowing difficulties had been seen by a speech and language therapist (SALT) and had a detailed care plan for staff to support them to eat and drink. For example, one person needed their drinks thickened and their food pureed and required staff to assistance to eat. A detailed care plan showed staff needed to prompt the person to eat slowly, swallow their food and avoid drinking whilst eating their meal, to reduce their risk of choking. At lunchtime, each component of the person's meal was presented separately pureed, and staff sat patiently and supported them to have their meal in accordance with their care plan. Staff were aware of the importance of making mealtimes a positive experience for people with swallowing difficulties, and gave them a choice of where they wished to eat. One person chose to eat in their room whereas another person preferred to go to the dining room with staff nearby to support them. This meant they enjoyed the social aspects, and maintained their independence, knowing a staff member was nearby if they experienced any difficulties.

Before each person came to live at the home, a thorough assessment of their needs was undertaken. The provider used evidence based tools to assess if people were at risk of developing pressure sores, of falling, malnutrition and dehydration. For example, where a person was at risk of developing pressure sores, their care plans provided staff with detailed instructions about their skin care, and the need for pressure relieving equipment help them stay in good health. People's had detailed moving and handling plans which showed

how staff needed to assist a person to mobilise, how many staff and any equipment such as a wheelchair or walking frame. Staff reminded people to use their mobility aids when they were moving around the home to ensure they remained safe and independent. People had access to healthcare services through regular visits from their local GP and district nurses. They had regular dental appointments, eye tests and visits from a chiropodist. Health professionals said staff were proactive, contacted them appropriately about people and carried out their instructions.

The PIR showed 99% of staff had completed qualifications in care at level 2 or above so had the knowledge and skills they needed to meet people's needs. A staff trainer praised management support of learners, their flexibility in allowing staff time to complete various assessments and for providing the relevant education resources. When staff first came to work at the home, they undertook a period of induction, working alongside more experienced staff to get to know people. A new staff member was undertaking the national care certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. Staff undertook regular update training such as safeguarding adults, health and safety, and infection control. They did other training relevant to people's needs. For example, training on supporting people with swallowing difficulties to eat and drink, continence awareness, epilepsy training and dementia awareness. Staff received on-going supervision and appraisals to support them in their roles and to identify further development opportunities.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant.

At the time we visited, staff were involved in working with a person, their family and professionals to decide about their future. The person needed to make a decision and had memory problems. Family members had differing views about what they thought was in the person's 'best interest.' Staff involved the person's GP and sought the advice of the local authority Deprivation of Liberty Team. They arranged for a social worker to meet the person and their family, and undertake a mental capacity assessment to assess whether the person had capacity to weigh up the risks and benefits of the decision. The social worker said, "Staff took a very balanced view of the situation and acted promptly to do the right thing, they demonstrated a good knowledge of the Mental Capacity Act." DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. A person living at the home had a Deprivation of Liberty authorisation in place, which staff were acting in accordance with. Applications had been made to the local authority DoLS team for other people living at the home, who were awaiting assessment.

The home was adapted to meet the individual needs of people with disabilities, for example, a person's room had been modified to meet their changing mobility needs by altering the height of their book case and fitting a wheelchair ramp so they could access the garden. Grab rails were fitted in corridors, bedrooms and bathrooms to help people move around independently. Several people had pendant call bells around their neck, so they could summon help if they needed it. In the PIR the registered manager highlighted reasonable adjustments made for a staff member with a hearing impairment. For example, they had a pager that vibrated, so they were alerted to people using their call bell. They also had a 'buddy' who made sure they knew when the fire alarm was sounding, as part of the fire procedures. The staff member said they found these measures supportive and reassuring.

When we visited, a wheelchair platform lift on the lower ground floor wasn't working. This meant staff had to push a person in their wheelchair around an outside path which wasn't ideal, particularly when it was a wet day or dark. The provider said the lift had broken down several times and had new parts fitted, and they had decided to replace it. Following the inspection, the general manager advised us that a temporary repair was done and has since confirmed a new platform lift has been installed. Further improvements planned included installing another 'wet room' in the old building.

Outstanding ☆

Is the service caring?

Our findings

People and relatives consistently told us about the excellent care at Dove Court. One person said, "I love living at Dove Court, I feel good about the way staff help me." Other people's comments included, "We are all spoiled; " "Staff here are brilliant; it's wonderful" and "The staff are all delightful." A relative said, "I would say it is excellent, but it is even better than that, it has given mum a new outlook on life," another said, "I come to visit my husband often and I am always made to feel very welcome." Professional feedback included, "They treat people with dignity and respect, and have a good reputation."

Staff developed exceptionally positive caring and compassionate relationships with people. The ethos of the home was that of an extended family. The atmosphere was relaxed and people mattered, and staff were interested in what they had to say. People said staff were kind, they treated them with dignity and respect, and staff met their needs. One person said they liked to share a bit of banter with the staff, staff liked to 'pull her leg' and she enjoyed doing likewise to them. The registered manager said, " Dove Court is safe and homely for people, it's all about them, like a family. Even though people don't choose to be here, the staff are very caring and do a really good job."

Staff had signed up to the national 'Dignity in care' initiative and were upholding the ten good practice steps to demonstrate compassion and respect for people. A dignity ambassador promoted people's dignity and person centred care amongst the staff team. Care plans focused on people's abilities and described 'Things I am able to do and Things I would like you to help me with.' For example, in relation to personal care, a person's care plan said, 'I can shower my top half and do my hair but need help with washing my back and my lower half.'

Staff followed national best practice such as 'One chance to get it right' and NICE guidelines for end of life care (2015). The PIR showed staff worked with hospice staff in a pilot project to improve the quality of end of life care for people. Hospice staff did staff training sessions on managing pain relief using a pain scale to assess pain levels, on managing breathlessness and mouth care. The home had 'Just in case bags' which provided anticipatory medicines their GP anticipated they might need, to avoid delays in obtaining medicines. Staff said this training gave them the skills and confidence to discuss death and dying with people and help them have a good death. Hospice staff said, "Staff keep people so they receive end of life care from staff they know and trust, they don't hesitate to phone us for advice.

A staff member had a lead role to champion end of life care and supported each person, if they wanted to, to develop an advanced care plan. People had the opportunity to let their family, friends and professionals know what was important for them for a time in the future where they may be unable to do so. A 'When I die' documented their views about resuscitation, the withdrawal of treatment and details of funeral arrangements. Staff worked with a local undertaker to follow a person's journey after their death and make sure they were caring for people appropriately following their death. A funeral director said, "It's refreshing to go into this home, staff present people who have died in a respectful way."

The PIR showed Dove Court had received a top 20 care home award from the care homes association for the

past two consecutive years. The care homes association uses feedback from people and relatives from an online questionnaire reviews. Dove Court had average scores of 9.9 out of 10 from 68 respondents who were 'Extremely likely' to recommend the home to others. Comments included, 'Nothing ever too much trouble for the staff at the home, whatever care my husband needs he gets, I feel my husband could not be in a better home.' Feedback comments from the most recent annual survey of the home included; "It's definitely the best;" and "I'm very happy here, it's a good place for me."

On the day we visited, it was a person's 90th birthday, staff presented the person with a helium balloon and decorated their room with bunting. They discussed with the person which dress and shoes they would like to wear going out for lunch. Later in the day, they enjoyed tea in the garden with family and a special coffee birthday cake (their favourite) whilst staff sang 'Happy Birthday' to them. Staff spent time chatting to people around the home, and praised and encouraged them, saying "You are doing very well" to a person using their walking frame to navigate their way along the corridor. Mid-morning several people sat around in a group and a member of staff chatting about an article on fashion in the newspaper, later their conversation moved onto their shared experiences of visiting Edinburgh. At lunchtime, people sat companionably around the table chatting and enjoying a pre-lunch sherry or glass of wine. Staff brought in parasols to keep people cool and comfortable in the shade.

People were supported to take pride in their appearance and staff ensured each person dressed and had their hair in a style they liked. A person's care plan said, I like to choose my outfit and look smart, wear my hair in a ponytail with my headband on.' Each person was asked about how they would like to be addressed and whether they were happy to receive personal care by male and female care workers, and their preferences recorded. People were supported to eat independently with adapted cutlery, plates and plate guards. At mealtimes, people's clothes were protected where needed, staff noticed when a person spilled food or drink and immediately attended to them.

Staff knew each person well and had an excellent understanding of how they wanted to be supported. They organised their day flexibly around people's needs and wishes and noticed what was happening for people. They checked regularly on each person, and listened attentively to what they had to say. When a person was anxious or sad, staff noticed immediately and went to comfort the person, distract them and reassured them.

A staff member told us how told us how they arranged for a couple to go out for their wedding anniversary to a place special to them and made sure they had time and privacy. On Valentine's day staff arranged a special evening including flowers and drinks, which the couple said brought back memories of their first Valentine's. Care records included details of how people expressed their sexuality and the date of their wedding anniversary. The home had several double rooms which could accommodate couples, if they wished but were otherwise used for single occupancy.

Staff praised people's knowledge and experience and encouraged them to share skills. For example, one person was really skilled at tapestry and was teaching others and a member of staff how to do it. A relative commented on how a person's sense of wellbeing had improved since they came to live at the home. They said the person self-confidence had been restored, they enjoyed regular facials and massages, and visits to the hairdresser, wore their jewellery and looked well groomed. Where a person made lifestyle choices staff were not wholly comfortable, they kept an open mind. The person's care record said [Person's name] has capacity and the right to a full and private life, ' which showed the persons human and legal rights were upheld.

Staff were proactive and made sure that people were able to maintain relationships with those that

mattered to them. Family and visitors dropped in regularly throughout the day, were warmly welcomed and chatted easily to staff. A relative said, "Some weekends my daughter and I stay for lunch with my husband which is lovely. For a little time, we feel like a family." Staff arranged 'sleepovers' at the weekend for a young person to spend fun quality time with their parent. They helped another person keep in touch with relatives abroad by supporting them to use video calling software. The PIR showed the registered manager was trying to arrange a family holiday for another person to enable them to spend quality time together and make some memories.

People were consulted and involved in decisions about their care and signed their care plans to confirm they agreed with them. Each person had a key worker who
co-ordinated their care, and reviewed and updated the person's care plans with them regularly. Staff involved relatives and kept them informed of any changes through personal contact, by telephone, email or by letter. A visiting professional said people had good continuity of care and got to know and trust their key worker.

Outstanding ☆

Is the service responsive?

Our findings

People, relatives and professionals consistently gave us positive feedback about how the service was personalised to meet people's individual needs. People's comments included, "They are very good, and there is plenty to do;" and "Staff are lovely, they talk to me and I enjoy the company." Speaking about various named members of staff, a person said one was "brilliant" and described another as "a star." A relative said, "Mum is stronger, more confident and independent since she came to live here."

Staff went that extra mile to support people's to communicate effectively. Five people at the home had visual impairments due to brain injuries, and eye conditions such as cataracts and macular degeneration (a degenerative condition which mainly affects older people and leads to a loss of central vision). To help staff understand people's visual experiences and their challenges, the provider purchased sensory glasses to simulate those eye conditions. Staff took it in turns to wear the equipment around the home, guided by other staff. This made them appreciate some people couldn't see their food and how visual impairment affected people's sense of balance so they weren't aware of trip hazards such as steps. In response staff identified more personalised ways to support each person with a visual impairment by being aware of the importance of aromas and describing people's food to them to make their dining experience positive. Staff told us about plans to set up a sensory area for people to use items they can touch and feel for relaxation.

Each person had a detailed communication plan, for example, they included details of a person's hearing loss, hearing aids, whether they needed a hearing loop to use the phone and how best for staff to communicate with them verbally, through sign language or visual aids. A person's communication plan said, 'I can be vacant, at times but I usually respond, given time. If not, leave me till I'm more alert and try again." A deaf member of staff championed the needs of people with hearing loss. The registered manager said, "When [staff name] came to work for us, we realised she had so much to offer our residents, as she could empathise with them." They were knowledgeable about hearing aids, helped people clean them and change the batteries each week. They raised awareness amongst staff about how best to effectively communicate with people with hearing loss.

Another person had difficulty communicating verbally due to a medical condition. Staff worked with a speech and language therapist (SALT) to develop a visual communication folder, which the person could use to ask for things and convey their feelings. The person wasn't very comfortable using this method, and liked computers. So, staff arranged for an occupational therapist to visit, who has ordered a computer assisted programme to help the person communicate more effectively. This was much more acceptable to the person, who was looking forward to the arrival of their new equipment.

Staff knew each person as an individual, their preferences and interests. For example, that one person liked rugby and cricket and needed staff to let them know when there was a match on the TV so they could watch it. Another person's care plan said, 'If I don't feel like joining in just encourage me to sit and watch others.' Several people enjoyed a daily paper, others liked to visit their local library and read books from a selection available around the home. One person with impaired vision had a notice on their door requesting people entering to 'greet me and announce their name,' and said everyone did as they asked. People developed

friendships and shared memories of the local area with others they had known in the past. One person visited another person's room each morning for a coffee and a chat. When a person was experiencing anxiety, their friend gave them much needed reassurance and comfort.

Dove Court had a wide range of activities suited to the individual needs of people which brought pleasure to their lives. One relative said, "He is so happy now that he has people to talk to and activities to join in with. Especially going out on the bus trips." Another said, "Since moving in she has improved so much. She looks happy and well cared for. She joins in with the activities and has a new lease for living which is so good to see." The PIR showed activity hours have been increased by an additional 18 hours per week as a result of feedback from residents and staff. The home had three activity co-ordinators, each with different skills and areas of interest. For example, one co-ordinator was a trained beautician and some women particularly appreciated the range of beauty treatments at pampering sessions. This meant they were able to spend more one to one time with people in their rooms, and increase the number of trips out with individuals and groups.

A weekly activity calendar showed people could pursue their interests and hobbies, they were encouraged to try new things and learn new skills. For example, musical themed evenings such as hits of 50's, 60's and golden oldies, visits to Sidmouth theatre and Otter nurseries as well as flower arranging. People were encouraged to remain active and exercise regularly through an activity and exercise programme, known as 'Flexercise', which aims to promote people's mental health and wellbeing and was very popular. Several people enjoyed cookery, baking, crosswords, quizzes as well as arts and crafts. There was a wide range of films and nature programmes on DVDs. Staff told us about visits from the Zoo Lab, which brought animals into the home to show people and gave a talk about their care which was very popular. Staff had applied to the 'Pets as Therapy' group and were on a waiting list to be allocated a volunteer and dog. This would mean people who enjoyed dogs could get to know them and have regular contact with a pet. Other activities being pursued was trying to get a group called 'Sing for Life' to visit people at the home regularly.

The service had well developed links with the local community. The service had a 'Dove Bus', wheelchair accessible transport so groups of people could go out together and two smaller vehicles known as 'Dove Bugs' that staff could use to transport one or two people. One person enjoyed going for a coffee and a chat with their key worker every week, and others went to the local supermarket do their personal shopping independently, staff dropped them and picked them up later. Several people were members of the local rotary club and participated in two different 'Tea and talk' groups each week, which included quizzes and ballroom dancing. Staff had organised a volunteer to 'befriend' and visit a person regularly, which had significantly improved their mental wellbeing. Another volunteer (an ex member of staff) visited several people with their child in their rooms whilst we were there and chatted with them. This meant people kept in touch with them and enjoyed seeing their child grow. A member of staff was working on arranging for other children from a local playgroup to visit the home regularly. When we visited, the referendum about whether Great Britain should remain or leave the European Union had just been held. Staff supported people who preferred to vote by post to do so, and arranged for others to vote at their locally polling station. This meant people could fulfil their duty to vote as a citizen.

Where people chose to remain in their rooms, or were confined there due to ill health, staff popped in regularly to chat and keep them company. Activity co-ordinators spend dedicated one to one time with people in their rooms. For example, one explained how they used technology creatively to engage with a person by using a tablet computer to research and reminisce with a person about what life was like in Seaton when they were young. They showed the person old pictures of the area and found clips of their favourite songs and films. A health professional told us how staff had moved another person from the lower ground floor upstairs to make sure they were encouraged to mix with other people and socialise.

People had individualised care plans that reflected how each person wanted to receive their care, treatment and support. Care plans were focussed upon the person's whole life, and completed a 'Life before you knew me' account when they came to live at the home. Each person had a named key worker who reviewed the person's care plan with them regularly and updated it as their needs changed. The provider had introduced an electronic care record system, which meant care records were printed, so were easier to read and navigate. Care plans showed what people could do independently and what they needed help with. For example, that a person could brush their own teeth, choose what to wear each day and walk independently using a walking frame, but needed staff help with having a shower.

Staff sought advice from health and social care professionals whenever necessary. For example, they worked with a specialist nurse to develop a comprehensive moving and handling plan to maintain their independence. For example, it included tips about how to get the person moving and what to do if they got stuck whilst walking. A therapist said staff involved a person's relative, which helped them communicate with and involve the person. Another therapist praised the commitment of staff to encourage people to remain active and mobilise.

Each person was encouraged to personalise their room with things that were meaningful for them. For example, with photographs of family members, treasured pictures, favourite ornaments and items of furniture. One person chose to paint their room a vibrant yellow and said it was cheerful and sunny. Staff said, "It's their home, they can choose whatever colour they want." Another person had chosen to move rooms, so they could enjoy the local view.

People's views were sought and their suggestions implemented in a variety of ways. The registered manager hosted a regular 'Matrons tea' where people dropped in for tea, cake and a chat, which was very popular and well supported. From this people made several suggestions which were implemented. For example, putting an extra notice board up on the first floor, so people had access to up to date information and news nearer their room. Catering staff regularly sought people's feedback and implemented their food suggestions. For example, offering more 'greens', making fruit pies, crumbles, and fruitcake in response to people's requests.

People and relatives said they had no complaints about the home. They felt happy to raise any issues with the registered manager and were confident it would be dealt with straightaway. The provider had a written complaints policy and procedure, information about how to complain was given to people and was on display in the home. The complaints log showed two complaints had been received by the service in the past 12 months. One related to a person's meal experiences so staff had a more in-depth discussion with them about their likes and dislikes and sought the advice of their dentist to resolve problems with their dentures. From this the cook now has more input with all of the people living at the home about their food preferences. The other related to unwanted visits by another person, so staff spent more time with this person, to engage and distract them. This showed complaints were used as an opportunity to resolve issues and make wider improvements.

Good

Is the service well-led?

Our findings

People, relatives and professionals gave us consistently positive feedback about the quality of care provided at Dove Court. Feedback included, "It's wonderful here," and " I'm very happy living at Dove Court. The staff are very friendly and always helpful;" and "They do a very good job and look after us very well." When we asked people if they could identify any area for improvement, people couldn't think of anything. Relative's comments included, "We couldn't be happier;" "Well run home with excellent attention to detail... staff who are more like family, cannot recommend this home highly enough." Staff comments included; "It feels like a proper home rather than just a place to care for the elderly" and "we are making a positive difference to people's lives." A professional said, "Staff at the home are very organised, they sort out problems, it's excellent." Several said Dove Court had a good reputation locally, comments included, "The home is well thought of in town" and "One of the best homes."

People relatives and staff said the registered manager was approachable, and they felt listened to and received good support. The registered manager was in day to day charge and worked in the home three days each week, with two management days. They acted as a role model for staff about the standards of care and attitudes they expected, they monitored and supported staff in their practice. They were supported by four assistant managers, who deputised in their absence.
Staff wore smart distinctive uniforms with name badges, so people knew their role at the home. Each assistant manager had a lead role they were responsible for, such as monitoring and auditing medicines management, fire safety systems and infection control.

The registered manager, general manager and provider were all based at Dove Court. The general manager oversaw the running of all three homes within the group, along with the provider. The management team had an open leadership style, promoted a positive culture, were committed to high standards of care and continuous improvement. Staff dropped into their offices regularly to pass on information, ask questions and raise issues, which were addressed.

The provider promoted leadership and succession planning, two senior members of staff were undertaking leadership and development courses. The current registered manager was due to retire in a few weeks' time and a new manager had been appointed. They visited the home during the inspection to meet people and staff. This showed the provider was proactive, and enabled a smooth transition to new leadership with handover from the existing manager.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. This included through meetings, surveys, and suggestion boxes. Feedback was overwhelmingly positive and included; " Thank you all for all you do for her especially all the extras; shopping, helping with her clothes and encouraging her" and "You made her life bearable at a difficult time." The registered manager did a daily round and speak to people and see how they were. This enabled them to identify things to improve the quality of care such as ordering little extras on request like crème caramel for one person. Another person said they found their bed "too slippery," so the registered manager arranged another bed for them.

Staff felt valued and appreciated for their work. The provider had a monthly bonus scheme which recognised and rewarded positive staff values, attitudes and behaviours. People, managers and staff could nominate individual staff who went over and above their role for people. For example, for acts of exceptional kindness towards people, such as doing mending for a person, taking another person shopping on a day off and staying on duty late or working extra shifts at short notice. When we asked staff what was the best thing was about the home, they consistently spoke about the home being organised, well led with great teamwork. Staff comments included; "'Dove Court is a good place to work, team morale is very good;" "Friendly, great team providing great care, and good management support;" "We all communicate well" and "we get things get done."

Each day, a staff handover meeting was held to communicate any changes in people's health or care needs to staff coming on duty and used a communication book to pass on urgent messages. The staff team had a list of duties they needed to complete. Staff felt consulted and involved in decision making at the home. Regular staff meetings were held with all staff and minutes showed people's individual care needs were discussed, as were care records, dignity and respect issues and 'best interest' discussions. The most recent staff survey in July 2015 showed new staff received a thorough induction when they first came to work at the home. Staff confirmed they had good training and development opportunities, felt well supported and felt confident to report concerns. Staff reported positively on the standard of care of people and on the improved activities at the home.

The provider used a range of quality monitoring systems to continually review and improve the service. A monthly checklist was used to monitor falls, pressure care and undertake health and safety checks of the premises. Records showed hot water temperatures in people's rooms were checked and rrecorded. The registered manager also did regular 'spot checks' at evenings and weekends. They looked at care plans and medicine records to monitor and identify areas for improvement. Following staff uniform checks, they ordered a number of replacement name badges for staff. The general manager also carried out regular audits which included observations of staff practice in communal areas of the home, talking to people and undertaking checks of people's rooms. The registered manager developed an action plan in response to show how any issues were addressed.

In the PIR, the registered manager had improved a health and safety checklist to monitor trends in relation to accidents/ incidents, falls, complaints and medication errors. This helped them identify people's changing needs and any staff performance issues which were tackled proactively. When a medicines error had occurred, it was thoroughly investigated with lessons learnt and actions taken to prevent recurrence. Following a medicine audit, it was realised more errors were made at the weekend when the supply of new medicines arrived for the following month. In response, the changeover day was changed to a weekday, when more staff were available check and sign them in, which reduced errors.

The provider was committed to continuous improvements. The registered manager completed on line inspection training to meet changes in regulations. Quarterly management meetings were held between senior staff in all three homes within the group to provide an opportunity to share experiences and good practice ideas. The service use Care Ambassadors to promote evidence based practice through developing advanced skills and resource folders to share with the rest of the staff team. There were plans to further extend the ambassador roles in the home, for example, to develop a 'Safeguarding Ambassador' to further raise awareness of abuse. Recent improvements included increased cleaning hours at the home, to provide a cleaner and a laundry assistant every day. The registered manager was reviewing the current activities programme to see what else people might like to do. Other improvements included plans to create a bar area in a little used room on the lower ground floor, so people had another social space to meet for a drink and socialise.

Evidence based policies and procedures were provided to guide staff in their practice. These included policies on safeguarding, Mental Capacity Act, health and safety and infection control. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.