

# White Doves Residential Home Limited

## Southover Care Home

### Inspection report

397 Burton Road, Derby,  
Derbyshire.  
DE23 6AN  
Tel: 01332 295428  
Website: N/A

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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 

### Overall summary

This inspection took place on 23 October 2014 and was unannounced.

Southover Care Home provides accommodation and personal care for up to 22 older people. There were 10 people using the service on the day of our inspection visit.

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 told us they felt safe living at the care home and were cared for by staff who knew how to protect them from the risk of abuse. People were supported by a sufficient number of staff and the provider ensured appropriate checks were carried out on staff before they started work. Staff received training to ensure that they could meet people's needs.

# Summary of findings

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Positive and caring relationships had been developed between people and staff. People were fully involved in the planning and reviewing of their care and made day to day decisions. People were treated with dignity and respect by staff and supported to maintain their independence.

People had regular access to health care professionals. People had access to sufficient quantities of food and drink. People received their medicines as prescribed and they were stored safely.

There was a positive, open and transparent culture in the home. People who used the service and staff felt able to raise any issues with the manager and they were dealt with. Staff felt valued and people felt supported. There were different ways people could provide feedback about the service which people were made aware of. There were effective systems in place to monitor the quality of the service. These resulted in improvements being made to the service where required.

# Summary of findings

## 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 safe.

Good



Individual risk assessments and management plans ensured people could be supported safely and there were sufficient numbers of staff to keep people safe. Staff knew how to safeguard people and understood their responsibility for reporting any concerns about people's wellbeing. Medicines were managed according to good practice so people received them safely.

### Is the service effective?

The service was effective.

Good



Staff received training and support for their roles and were competent in meeting people's needs. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

People's had access to healthcare services which meant their healthcare needs were met.

### Is the service caring?

The service was caring.

Good



People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

### Is the service responsive?

The service was responsive.

Good



People and their families were involved in their care and were asked about their preferences and choices.

People were supported by staff who knew their individual needs and preferences and were encouraged to pursue their social interests.

People's views were listened to and acted upon through daily interactions with staff as well as more formally in meetings and surveys.

### Is the service well-led?

The service was well led.

Good



# Summary of findings

The management and staff worked together as a team and focussed around the needs of people who lived at the service. People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

There were audits in place to check on the quality of care provided in the service. Staff were supported through regular supervisions and the deputy manager met with them as well as with people and their relatives at the service. The registered manager and provider also monitored key aspects of the quality of the service provided.

# Southover 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 was planned to check 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 23 October 2014 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience with expertise in care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and contacted the local authority.

We looked at any notifications sent in to us by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with seven people who used the service, two relatives and friends, four staff, the deputy manager and the registered manager who is also the provider. We also spoke with a visiting healthcare professional. We looked at four people's care records. We observed the interactions between people who used the service and staff.

We looked at three staff recruitment records. We read the minutes of meetings with people at the service and staff meeting minutes. We looked at the staff duty rota, the menu for meals, the cleaning schedules within the kitchen and 10 Medication Administration Records. Following the inspection the management team sent us additional information requested.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe in the service. One person said, "There's always someone around if I need any help and that makes me feel secure." Another person said, "Staff are here and they make sure I don't fall; they know how to help me." We observed staff to walk with people when they needed support. When people asked for help or assistance staff provided this to them in a timely manner.

Staff told us they knew how to recognise signs of abuse. They were able to explain the signs they would look out for which would tell them if a person was not safe. They told us that they had not witnessed abuse at the service. Staff described how they would protect people from abuse and they gave examples of different types of abuse. Staff told us because of their training this helped them to keep people in their care safe.

We saw that each person had risk assessments completed about them and were used by staff to help guide them about how to support people in relation to their identified needs. This included risks associated with people's nutrition and mobility. We saw that they were regularly updated to reflect people's current needs. For one person this included the need to be escorted by two staff when attending appointments in the community. During the inspection we saw that two care staff were allocated to escort this person. They confirmed that they often went out with staff. Another person also confirmed that they could also go out alone or with a member of staff and an assessment was in place for this. One person told us "I often go out on my own to [a place] where I meet my friends. Sometimes, I ask staff to come with me and depending on how I feel I will let them know that I am going out on my own."

We spoke with one person in their room who told us "I'm not feeling well today and it's lovely to see how different staff come to check that I am ok." They told us that because staff checked on them at regular intervals they did not feel alone and felt safe knowing that staff were available when they needed them.

We saw that staff engaged with people and call bells were responded to promptly to ensure that people were safe. We looked at the staff duty rota for the month and found the numbers of staff were consistent with the staffing levels the provider had assessed as being required. The registered manager told us the rota was flexible and met people's assessed needs. When extra staff cover was needed arrangements were in place so that this was provided. This ensured that staff were available to support people at the times they needed them both within the service and out in the community. People told us that if they went to hospital they did not go alone. They told us that staff would go with them or a family member would be with them. People told us they felt safe when staff supported them.

One person told us "They [staff] are all pretty good and they seem to be alright for the job."

Records showed that staff were recruited safely. The provider carried out police checks and took other steps before new staff were employed, to make sure they were suitable to work at the service. Staff files contained application forms, interview records, and employer and character references and where appropriate health questionnaires.

We looked at how medicines were ordered, received, stored, administered and disposed of. People received their medicines as prescribed and we found that medicines were stored safely and correctly.

# Is the service effective?

## Our findings

One person told us: “The carers do know what they are doing” another said: “They [staff] are really good with me.”

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The manager told us a programme of training was in place for all staff. This was evident as several training courses for

2014 were seen to have taken place, including first aid, food hygiene and moving and handling awareness. Staff told us that each training course included an assessment of their competency, for example to move and transfer people safely to ensure that they had the required skills and knowledge. In relation to first aid, staff told us this training gave them the skills they needed to respond to people’s needs in the event of medical emergencies.

The registered manager told us that they had a mechanism for monitoring training to ensure that it was appropriate so that it was effective in meeting people’s specific care and support needs. The manager told us that they also worked alongside the staff team in order to observe how they delivered people’s care. They told us that this would help them to determine whether the training provided was meeting people’s care needs or whether additional training was needed.

Staff told us they received regular supervision on an individual and group basis, which they felt supported them in their roles. The registered manager told us group supervision was used to share best practice and described a recent session where the importance of keeping accurate care records had been discussed.

We found staff had a good understanding of people’s individual needs and knew how to support them effectively.

One person told us “I am always asked what I would like it can be as simple as being asked if I want tea or coffee each day.” Another person told us they could choose what they wanted to watch on television in the lounge area. They told us “If I do not like other people’s choices I can ask to be taken to my room and watch my programmes in there. Staff are always helpful and approachable it’s never too much trouble for them.”

Staff received training in the Mental Capacity Act 2005 and understood people’s rights to make their own decisions. We were told that no one using the service lacked capacity at the time of our inspection. The manager was able to describe the actions they would take if someone needed a decision to restrict their liberty and an application would be made to the local authority for a Deprivation of Liberty Safeguarding (DoLS) assessment for a DoLS to be put into place.

Information in the care records showed the service had assessed people in relation to their mental capacity; people were able to make their own choices and decisions about care. People and their families were involved in discussions about their care and support and any associated risk factors. Individual choices and decisions were documented in the care records. This showed the person at the centre of the decision had been supported in the decision making process.

One person told us “Meal times are really nice, the food is good and I always have enough to eat.” Another person told us. “You always get a choice of main meal and desserts. If there is anything that you do not like from those choices you get offered another alternative such as an omelette or ice cream or yoghurt.”

The chef told us people were involved in the planning of the weekly menus. We saw records were kept when people requested alternative meals to the set menu. We asked about special diets. We were told that although no one needed special diets at present. If, for example someone needed extra calories because they had not been well extra calories were added to their meal such as extra cream in the custard. We were shown information about diabetic diets and for other conditions. The chef told us that he would work with the dietician from the hospital, the person and staff to design a meal plan that would be appropriate for the person to have. People told us when they were not well if they wanted some homemade soup the chef would make this for them they told us this would satisfy them when they did not feel like having much to eat.

We saw when people chose to eat their meal privately in their room, this was facilitated and staff made regular checks to see if people needed anything. Where people needed support to eat, we saw this was given by staff calmly and patiently allowing people to eat at their own pace. People made conversations with each other during their meal time.

## Is the service effective?

We asked people at the service if they had access to health and social care professionals visiting the service. They told us “Yes” all the time. One person told us “The doctor visits me when I tell staff that I am not feeling well.” A relative told us when [my relative] needs a doctor staff request a visit and let me know about it.”

We saw staff responded to people’s needs because whilst we were at the service one person’s health needs required them to have a GP visit and this was requested and recorded. The GP visited the person in their room to ensure that their privacy was maintained.

We spoke with the visiting doctor and they told us that people at the service were well looked after. They told us staff were prompt in seeking help early to prevent health conditions worsening.

We saw that staff kept records of each person’s access to healthcare and other professional visitors in order to monitor their health.



# Is the service caring?

## Our findings

People we spoke with told us they really liked the home and felt well cared for. People were positive about the staff who they described as kind and caring. One person said, "The staff are wonderful, I can't fault them, they do such a wonderful job. I chose to come here so I could be looked after properly and I am." Other comments people made were, "The staff are very good to you." And "It's good here."

Staff we spoke with told us they were introduced to people who used the service at induction and had opportunities to get to know them. One staff member said, "We are given time to read the care plans and people's histories it makes it easier getting to know what people like."

One person supported this by saying "I like it very much here. It feels like home and I'm made to feel at home."

People were encouraged to maintain their independence. We observed one person being guided by staff as they walked towards the dining room whilst using their walking frame. They told us "Staff help me to use the walking frame so that I can remain independent." We listened to a staff member as they talked to them as they walked carefully between the two rooms. Throughout the process staff reminded them about changes in the uneven floor surfaces or any potential obstacles. The staff member was heard to say, "Take care as the carpet is ending and the wooden flooring is coming up so just be extra careful now." We saw that when the person had reached their destination they were happy and told us "The staff look after me alright."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People told us that they enjoyed mealtimes and interacting with other people during this time. We saw tables were set with table cloths, condiments and flowers to make the dining area inviting and this further promoted an enjoyable dining experience for people.

On the day of our inspection we saw some people had gone out with their relatives, one person spent time in their bedroom and other people spent time in the communal lounge areas. One person we spoke with told us, "I can choose what I want to do." Another person told us, "I am going to an appointment today and staff are coming to help support me."

We saw staff respected people's privacy and dignity and were discreet when assisting people with personal care. Staff knocked on people's doors and waited to be invited into their room. We saw people were well dressed and some people chose to wear makeup and jewellery. One person told us they decided what to wear each day and staff sometimes helped them choose suitable clothing by discussing whether it was going to be a cold day or not. One person told us that they had "Selected trousers to keep them warmer this morning because staff advised them about the weather."

# Is the service responsive?

## Our findings

We asked people who lived at the service if staff responded promptly when they needed assistance. People told us, “Staff come when I press my buzzer,” another person told us “All the staff are wonderful and I am not kept waiting when I need help.” We found the service to be quiet as the call system was not in frequent use and when it was used we saw that it was responded to promptly.

People’s needs had been assessed before they came to live in the service and care plans had been put into place to meet their needs. Care plans gave staff information about how to support people’s individual needs in the way they wished to be cared for. The care records were reviewed regularly and as people’s needs changed these records were updated to reflect their current needs. People we spoke with were aware of their care records.

One person told us, “I ask for my personal care to be carried out as I prefer and the staff follow my instructions.” Two relatives we spoke with confirmed they had been involved in care planning discussions.

People told us that a range of activities and social events were available to them that met their needs and preferences. People were given choices throughout the day. We observed people sitting and talking with each other or with their visitors and saw photographs of birthday parties and other events held at the home.

People were supported to pursue their hobbies and interests. For example, one person who wanted to use information technology at the service was in the process of being provided with facilities to enable them to do so. Following the inspection the registered manager told us this had been facilitated.

Visitors to the service told us they were made to feel welcome and we saw that people were supported to maintain relationships with people important to them and participate in social activities and outings.

When people went out staff supported them when needed. Two people told us that they liked to go to a church service and were taken by family or staff every Sunday. We saw photographs of various activities including the trips out to a place of worship.

The registered manager told us people living at the service were offered a range of social activities. People’s care records contained individual activities. People were supported to engage in activities outside the home to ensure they were part of the local community.

People we spoke with and relatives said they felt able to raise any concerns or complaints with any of the staff team and were confident they would be acted upon. One person we spoke with said, “I would speak with the manager if I had a complaint.” One relative we spoke with said, “I have never had any concerns.” A copy of the provider’s complaints policy was within people’s care plans so that people and staff could access this.

Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. One person raised a concern about the attitude of a staff member whilst providing personal care. This was raised with the registered manager and was dealt with in order to reduce the risk of an incident of a similar nature from occurring again. The manager told us that they shared the outcomes of complaints with the staff team so that learning took place.

We saw people’s complaints were fully investigated and resolved where possible to their satisfaction.

# Is the service well-led?

## Our findings

The service was led by the registered manager who was also the provider. Staff told us they found the registered manager and deputy manager were approachable. They told us they found them to be helpful and because of this the service ran well because staff felt supported.

People told us they were encouraged to share their opinions in how the service was run. Group meetings were held and relatives were also invited to attend. We saw that people's feedback was discussed during these meetings and actions taken as a result of their feedback. For example, changes to the menu and plans for more trips out during the year. People told us they could talk to the registered manager whenever they needed to. They told us that the registered manager was approachable and spoke with them each day to ensure that they were happy with the service they received.

Staff told us that they were able to speak with the registered manager formally through supervisions and staff meetings. They told us they could speak with the management team whenever they wanted to and that they were approachable. Staff told us they enjoyed their jobs, worked well as a team and staff morale was good.

The registered manager told us she tried to promote openness whilst communicating with staff and worked alongside them. The registered manager spoke knowledgeably about the people who lived there and was a good role model to staff. The registered manager told us they felt the service had made good progress and that they shared any areas for improvement and actions taken to address these with the staff team. For example, staff we spoke with were aware that actions were being taken to improve the living environment for people who lived at the

service. We saw that the provider now had an on-going refurbishment programme in place. This included replacing floors and carpets and redecorating rooms when they became available.

Clear and effective quality assurance systems were in place. The registered manager told us they completed weekly and monthly audits to review and improve the quality of service provided in all areas. For example, we saw the provider made an assessment of people's needs before admission to the service and considered whether staff had the skills and training to meet the person's needs. Assessment tools were used to help them to decide people's dependency needs to inform the number of staff required to meet them. Further checks were made which included staff files, care records, medication audits, fire systems and maintenance logs to ensure that repairs required within the home were being completed. We saw a copy of the provider's quality report. This included information on how the service was performing and how the people living in the service were. This meant that the provider monitored the quality of service provided.

Health and safety and environmental reviews were also carried out by an external company every two to three years. If issues were identified an action plan was produced and progress against actions were monitored. Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. There had been no safeguarding referrals or whistleblowing concerns raised within the last year. We saw evidence in people's care records that risk assessments had been updated in response to any incidents which had involved people who used the service.