

Dove's Nest Limited

Doves Nest Nursing Home

Inspection report

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Date of inspection visit:
14 January 2020
15 January 2020

Date of publication:
25 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Doves Nest Nursing Home is registered to provide accommodation and nursing care for older and younger age adults. Accommodation is located across three floors, with a passenger lift available between floors. One floor specialises in providing care to younger people living with complex physical disability needs. The service is registered to support up to 40 but supports a maximum of 36 people at any one time. There were 33 people living at the service at the time of this inspection.

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

People told us they felt safe and risks to people's health and safety were managed well. People's needs were met safely with appropriate staffing levels and well trained staff. People were supported by staff who understood how to identify and report potential abuse. People received their medicines as prescribed although some processes could be improved. We have made a recommendation about the storage of medicines awaiting disposal and the recording of thickeners. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. Checks were carried out on new staff to ensure they were suitable to work in the home. Infection control was well managed and the home was clean and free from hazards.

Staff had opportunities for regular meetings, reviews of performance and access to mandatory and bespoke training. The home worked in tandem with other health professionals to make sure people received the right care and support to maintain good health. Meal time experiences were unhurried and pleasant on both days of our inspection and one person described the food as, "always good and home cooked."

Staff placed people at the centre of the service, ensuring those who were able to maintained their own independence. Staff promoted positive, caring relationships with the people who lived at the service. Staff respected people's privacy and dignity and promoted independence, equality and diversity. There was no discrimination in the service. The service involved people and their relatives in the planning and delivery of care.

The service promoted a person-centred approach and people living at Doves Nest Nursing Home achieved good outcomes. Care plans were individualised and reflected people's specific care needs. There was a good range of activities and events going on in the home and in the community. People and their relatives were confident to raise issues and concerns. Complaints procedures were effective. The service sought feedback to help maintain and improve standards of care. People's wishes regarding their end of life care were explored and documented, so these could be addressed at the appropriate time. The service had received many compliments from relatives following the care and support their family members had received at the end of their lives.

People living at Doves Nest, their relatives and staff all considered the service was managed well. The service operated in a way that demonstrated there was an open and transparent culture at the service. Staff told us they received the leadership and direction they needed. They were happy working at the service and felt

part of a team. The service had effective systems of quality assurance in place which assessed and monitored the quality of the service. As the registered manager was also the nominated individual they had the opportunity to take on board ideas and suggestions about how to improve the quality of the service and implement change.

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

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

Rating at last inspection

The last rating for this service was Requires Improvement (29 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Doves Nest on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Doves Nest Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a regional manager of the medicines team, a medicines support officer and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Doves Nest is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of inspection was unannounced. The second day was by mutual agreement.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with fourteen people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, a nurse, the operational lead, a team leader, two care workers, maintenance personnel, a housekeeper and two chefs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and seven medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from a team of health professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Using medicines safely

- Not all best practice process was in place, particularly regarding the storage of waste medicines and the formal recording of thickeners in drinks. However, we found no evidence of harm and once we brought this to the registered manager's attention positive action was taken.

We recommend the registered manager reviews the storage of medicines and seeks advice from a reputable source regarding formally documenting the use of thickeners.

- Overall, medicines were safely received, stored and administered. Effective systems were in place to support people with their medication.
- Trained members of staff supported people with their medicines. Staff regularly had their competency levels checked and verified that nursing staff remained valid to practice.

Assessing risk, safety monitoring and management

- The provider had a more robust approach to managing the risk of exposure to Legionella bacteria, as recommended at our last inspection. Two members of staff had completed a legionella awareness course.
- Appropriate support plans and risk assessments were in place to help people stay safe and maintain good health.
- Levels of risk posed to people were assessed and well managed. Risk assessments were individually tailored around the individual needs of each person.
- Health and safety was well managed. All required maintenance checks had taken place and all compliance certificates were in place; these indicated safe systems within the service.

Staffing and recruitment

- Staffing levels were safely managed. On both days of inspection there were enough staff to meet people's needs. People told us, "I feel safer being here", "There are enough staff day and night" and, "We never have to wait for care to be provided."
- Safe recruitment procedures continued to be in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.
- Gaps in employment had been explored at interview. The risk of employing a member of staff with an unclear DBS had been assessed but not formally documented. We brought this to the registered manager's attention who rectified this immediately.

Systems and processes to safeguard people from risk of abuse

- People felt safe living at Doves Nest. Relatives felt their loved ones were safe and well cared for.
- Staff were aware of safeguarding responsibilities. Staff understood where people required support to reduce the risk of avoidable harm and had confidence in the registered manager to address any concerns.
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations they had carried out. Appropriate actions had been taken to keep people safe.

Preventing and controlling infection

- Staff fully understood the importance of complying with infection control procedures and how this helped maintain people's safety.
- The home was clean, free from odour and well maintained.
- Cleaning schedules and records were of a good standard and dedicated housekeeping staff kept the home clean and tidy.

Learning lessons when things go wrong

- Following an incident with controlled medicines in 2019 the registered manager had reviewed staff practice and procedures.
- The registered manager had introduced additional checks and counts of medicine stocks, including controlled drugs. Regular medicine audits were carried out to check staff compliance.
- Accident and incidents were recorded and regularly reviewed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or nurse completed a full assessment before offering people a place at Doves Nest Nursing Home.
- The assessment indicated whether a residential or nursing care placement was more appropriate, based on specific needs. People were assured they would receive the right care from experienced, trained staff.
- A life history gathered from people and their relatives, included significant life events, past jobs, hobbies and any religious preferences, and formed part of the care plan.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff were attentive during the meal times we observed, ensuring people received choices of food and drinks. The chef was present during meal times. They used this as an opportunity to receive feedback from people for the meal time experience audit.
- Menus were varied, food was homemade and nutritional needs were carefully monitored by staff to ensure people remained healthy. One person told us their health had improved since moving to Doves Nest. Another person said, "There is never a dull moment with food; I love it."
- Individual dietary and cultural requirements were catered for. The chefs were given information about people's different dietary requirements, for example low fat, soft and diabetic diets.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective and timely care

- The home was proactive in addressing any ailments people had.
- People were referred to a range of community health care services. These included speech and language team (SaLT), tissue viability nurses, dietician, district nurses, dentists, podiatrists and opticians.
- Staff had completed oral health training with a oral health lead. All suggestions to improve the approach to oral health had been implemented, including a nominated oral health champion. Unless people had their own dentist and attended with family people, they were only referred for dental treatment when required; there were no routine oral health check-ups or appointments. We brought this to the registered manager's attention to follow up.

Staff support; induction, training, skills and experience

- Well trained staff provided people with effective care and support. Staff completed mandatory training and additional training for complex health conditions. For example, staff had received training from an Abbott nurse for a specific piece of equipment. Syringe driver training and sepsis awareness had been completed by some staff.

- Breakpoint reviews provided staff with the opportunity to have supervision with a line manager. These also formed part of the induction process to check that new staff had settled into the role and were progressing with mandatory training.
- Staff members we spoke with told us how supportive the registered manager and other senior staff were.

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

- A large extension to the home was near to completion. The home had ensured new features of the environment kept people safe.
- Corridors and bedrooms in the new extension were wider and larger. The home had been 'future-proofed' to make sure it could meet people's changing needs.
- Some people were looking forward to moving into their new rooms. There was an air of excitement as the extension was nearly finished.
- Environmental audits were carried out on a monthly basis, and any repairs needed to the existing home were addressed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care plans indicated best interest decisions made where people were deemed not to have capacity.
- Family members or other representatives were involved in best interest decisions and the least restrictive options adopted. One example we saw deemed it was in the person's best interest to receive the flu vaccination. This would reduce the risk of the person contracting the flu. The registered manager, a relative and the GP had all been involved and agreed this decision.
- Consent forms in care plans were signed by the individual or by someone with the appropriate legal authority; for example, a relative with lasting power of attorney.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care and support were delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People felt reassured as they received support from staff who were familiar with their support needs. Staff demonstrated a good knowledge of people's personalities and what was important to them. People appeared comfortable in the presence of staff. A relative we spoke with told us, "I come here every day. Staff's approaches with people are impeccable; people are really treated with compassion."
- It was clear from our discussions with staff that they enjoyed caring for people living at Doves Nest. Staff were passionate about the individualised care they delivered to people and described how they gave people day to day choices.

Respecting and promoting people's privacy, dignity and independence

- Staff gave consideration to promoting inclusivity. Staff gave us examples of how they respected the privacy and dignity of people they supported.
- Staff encouraged people to maintain their independence. Care plans outlined what people could do for themselves and what they needed support with. One person told us, "I've found a place I can finally settle into; where I can be myself and be independent."
- Staff provided people with support in an unhurried manner. People told us they did not feel rushed.
- Confidentiality was respected. All personal information was kept in lockable drawers.

Supporting people to express their views and be involved in making decisions about their care

- Support plans contained information for staff on how people expressed their views and how best to support them and involve them in making decisions about their care. One person did not want to eat any meat on Fridays. Catering staff were aware of this and the person was given alternative meals that did not contain meat.
- People told us that staff listened to their specific requests and respected their preferences when providing care. One person liked to have meals at set times of the day, independent from everybody else. The service respected this, and staff knew about the person's wishes.
- People had access to an advocate and the service signposted people to independent advocacy organisations when required. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities

and explore choices and options.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans included details of the person's life history, including an 'all about me' profile. This information can help staff as it gives them a better understanding of the person's needs and encourages better communication.

- Staff handovers meant information about people's wellbeing and care needs was shared effectively.
- The regular and consistent staff team had a good level of knowledge and understanding of the people they supported. People enjoyed being in the company of staff, interacting and engaging with them.
- Any involvement by relatives and representatives in the planning of people's care was recorded.

The provision of accessible information

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were identified, recorded and highlighted in people's support plans. Care plans set out ways how best to communicate with each person in order to meet their needs
- Alternative methods of communication were used when needed. One person had been helped by staff to develop their own communication aid. They carried this with them and used it to communicate effectively with others and staff.
- Menus were presented in glossy format, in A3 size with bold lettering and with colourful pictures of the food on offer. These helped people to make informed choices, including people with a visual impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in initiating events and activities that went on in the home. There were group activities, but staff spent time with those who could not or did not want to join in with these. A family member told us, "There is only so much my mum enjoys doing; they definitely like to have a chat with [activity co-ordinator's name]."
- Activities staff explored people's preferences and offered new experiences. There had been trips out to a pantomime at Christmas and people had used local transport, such as trams. 'Themed' evenings with Spanish and Mexican food had been introduced, as well as afternoon tea.
- Staff encouraged and supported people to develop and maintain relationships with others that mattered to them.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place.
- People and relatives knew who to speak to if they had a complaint. People and relatives felt listened to and had no concerns.

End of life care and support

- The service worked with people to obtain their future wishes. These were recorded in care plans to assist with the provision of good end of life care.
- The home followed the principles of the Gold Standards Framework, a programme introduced to improve end of life care in nursing homes. The programme was no longer supported by external health professionals, but the home maintained these standards of care, having received accreditation in the past.
- Staff supported people to plan for and have a dignified death. Appropriately trained staff encouraged people to talk about wishes and care preferences when approaching the end of their lives.
- The home had received compliments from relatives of people who had passed away, praising staff for the care and attention shown to their family member.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- We observed a positive, welcoming culture within the service. We saw people and staff responded positively to the registered manager and knew who they were.
- The manager was committed to providing person-centred care and learning from any incidents or mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of audits were completed on a regular basis, to monitor the quality and safety of the service provided. Staff meetings took place to review the quality of the service provided and to identify where improvements could be made
- The provider was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- Staff were clear about their roles and knew when to raise things with their manager. They made positive comments about the registered manager. They told us they were approachable, friendly and proactive at dealing with any issues that arose.
- Staff told us there was a good team of people working at the service and they worked effectively as a team.

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

- There were regular resident meetings to obtain people's views about different topics. Records confirmed this, for example minutes of meetings.
- The service had made sure people were consulted and involved in the extension to the home. People had contributed to choosing colour schemes and fittings, including a large chandelier in the new lounge.
- Relatives we spoke with had every confidence in the registered manager. One family member told us, "We see [registered manager] and the other manager on a daily basis and if there is anything niggling we will discuss it."

Working in partnership with others

- The registered manager attended managers' forums and networked with other registered managers within the company's group of care homes.
- As the registered manager was also the nominated individual they had the opportunity to take on board

ideas and suggestions about how to improve the quality of the service and implement change.

- The service worked in partnership with other agencies, including social workers and GPs, and other health professionals, such as physiotherapists and dieticians, so that people received good coordinated care.

Continuous learning and improving care

- The home's philosophy of care was on display in the home. The service communicated the four aspects of this to staff in meetings and performance reviews to help improve the quality of care.
- The service recognised that more staff were needed to manage the additional occupancy the new extension would bring. A deputy manager had been appointed and was due to start shortly after this inspection.
- The registered manager and the whole staff team were committed to providing high standards of care and support to people who used the service and their relatives.