

Wakefield MDC

Dovecote Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Dovecote Lodge offers short stay accommodation and rehabilitation therapy for older people. It was providing personal care to 20 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People were happy with the service they were receiving. They said staff were kind, caring and considerate and supported them as much as possible. We saw staff were responsive to needs and promoted people's dignity at all times.

The service demonstrated effective partnership working with local services, especially as people were only in the service a short while. There were robust systems in place to manage people's changing needs and the registered manager provided sound leadership along with their team. Care documentation was reviewed frequently to ensure it remained accurate.

Staff were knowledgeable and experienced in managing risk and were supported with regular supervision and training. Medicines were managed safely and the premises were clean.

People were supported with their nutrition and hydration needs. Activities were limited but we observed people happy to chat to each other, and staff interacted well.

Staff knew how to recognise and report potential abuse and any incidents were monitored closely. Quality assurance measures were appropriate and if issues were identified, action was taken swiftly.

More information is in the full report.

Rating at last inspection:

Requires Improvement (report published 1 February 2018)

Why we inspected:

This was a planned inspection based on the rating at the previous inspection. The service had previously been in breach of two regulations but at this inspection we found improvements had been made.

Follow up:

The service will continue to be monitored in line with our inspection programme, and if information of concern is raised, this will be investigated.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Dovecote Lodge

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Dovecote Lodge is a care home providing short term stays and rehabilitation for older people to enable them to return to their own homes.

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:

This inspection was unannounced on the first day and announced on the second.

What we did:

We reviewed information we had received since the last inspection in November 2017.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the information recorded on the PIR was evident during the inspection and everything stated was in place. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with five people using the service. In addition, we spoke with seven staff including three care staff, the administrator, the deputy manager, the provider and the registered manager.

We looked at five care records including risk assessments in depth, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There had been no safeguarding incidents in the service since the last inspection apart from one medicine error which had been dealt with swiftly and effectively.
- Staff understood how to recognise possible safeguarding concerns and what action to take. One staff member said, "I have been here many years and never seen anything to concern me."

Assessing risk, safety monitoring and management

- Staff were attentive when supporting people to move such as ensuring legs did not catch on wheelchair footplates and making sure a person had their balance before setting off. They also provided clear instructions to help people stand and sit safely.
- People wore individual alarms which meant they could easily call for help from staff.
- Equipment and the environment was safe and well maintained.
- Accidents were reported detailing the location and the immediate action taken. Near misses were also logged and reviewed to see if a person needed more support or equipment.
- People had personal emergency evacuation plans and staff undertook regular fire drills with weekly fire alarm tests.

Staffing and recruitment

- There were sufficient staff in the service to meet people's needs promptly.
- Staff were very responsive to alarms which all people wore on their wrists.
- Recruitment checks were robust and included checks on previous employment history and any gaps in employment. All were completed before staff commenced employment.

Using medicines safely

- Medicines were administered, stored and recorded safely.
- Staff knew how to check the correct medication and administer in line with instructions. Tablets were taken at the right time and if people needed 'as required' (PRN) medicines, checks were made to ensure there had been an appropriate interval between doses. Records were also made of whether the medicine had been effective.
- As medication changed so often, records indicated when each person's tablets were due to be ordered to ensure no one was left without. We heard frequent conversations with GPs and the pharmacist showing staff took their responsibility seriously. Any follow ups were recorded in the staff communication book which was used well.
- Records contained photographs to aid identification along with other significant medical information. People had given written consent for assistance with medication.

- Medicines were stored appropriately in locked trolleys and storage temperatures were monitored daily. Stock levels corresponded with medicine records.

Preventing and controlling infection

- Infection control was managed well.
- Staff wore protective personal equipment when assisting people such as gloves and aprons.
- The premises were clean and people told us their rooms were well kept. This was endorsed by a visiting health professional.

Learning lessons when things go wrong

- Where people had had an accident, staff reflected on the incident to see if it could have been avoided.
- Care documentation was amended promptly to show any changed support needs. The service had effective communication through verbal and written handovers which meant staff all knew if any needs had changed, and what new support was required. This was vital in such a dynamic service.

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

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

- People were assessed with clear outcomes and appropriate support plans drawn up.
- Staff displayed sound knowledge and understanding to support people effectively.

Staff support: induction, training, skills and experience

- Staff received regular supervision, annual appraisal and accessed appropriate training.
- Staff received a thorough induction and those new to care completed the Care Certificate which is a set of minimum skills required by all care staff.
- We read supervision notes which showed open conversations between line manager and employee. These focused on personal development and knowledge checks, supported by the appraisal. Staff were valued and complimented on good performance. One comment read, "Service users engage with [name] really well."
- Records showed staff training was up to date and comprehensive.

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

- One person who had recently moved into the service told us, "Meals are generous and I was asked if I needed a special diet." Another person said, "We always get a choice." In the service user meeting minutes we read, "The meals are fantastic; it's better than a restaurant!"
- Staff offered people a choice of juice and presented people with their meals which had been chosen the previous day. We spoke with the registered manager to ensure these choices were still acceptable to people at the point of being served as we did not always see this happen.
- Some had their own sauce jugs to promote independence. Tables were nicely prepared with cloths, condiments and cutlery. Staff offered people seconds helpings.
- Staff were aware who was nutritionally at risk and offered people encouragement, recording what had been eaten and drunk. They also knew which people required special diets.

Staff working with other agencies to provide consistent, effective, timely care

- One of the link reablement staff explained the impact the service had for people. Over 50% of people admitted between November 2017 and January 2019 had returned home within 21 days, 9 of those had done so within 10 days. They explained people's abilities were assessed over a short time after admission and plans made early on as to which service would meet their needs best. Home visits were facilitated and intensive rehabilitation support offered to people such as bed transfers and stairs management. This ensured people did not remain in the service longer than required.
- Handover notes completed by each shift were detailed and contained all key information including any

concerns about individuals which were acted on promptly.

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

- The premises were accessible and contrasting furniture was evident to aid people's orientation.

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

- A visiting health professional said, "There are no areas of concern, people are safe. Staff refer to us appropriately and there is nothing which needs to improve at the moment." They continued, "Staff follow all guidance we give to enable people to increase their independence."
- Care records showed people had access to GPs and other health professionals as needed.

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 and found it was. People had signed consent forms to receive care and treatment, and to indicate they had been part of their care plan process.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person told us, "Staff are fantastic and very obliging. I've been made to feel very welcome." Another person said, "Staff are friendly and helpful." A visiting health professional said, "Staff are friendly and caring, and very approachable."
- Staff were attentive to people's needs such as ensuring they were warm enough. One person asked if they could have their hair cut but had no money available to pay the visiting hairdresser. This was resolved promptly and discreetly by staff who offered reassurance and a solution.
- Staff were patient, gentle and took time to chat with people and walk with them, providing reassurance and encouragement.
- People were happy and settled, enjoying conversations with each other and with staff.
- One person had been supported to attend church and staff checked if people had specific needs. We spoke with the registered manager to ensure these were recorded in the person's care record.

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

- One staff member spoke with us about a person who was profoundly deaf and they had used picture cards to communicate. They also said they would write things down for people if it a matter for discretion.

Respecting and promoting people's privacy, dignity and independence

- People were supported discreetly if needing assistance.
- One person was asked if they preferred to go to their room to have their eye drops as they were in the dining room.
- We saw staff knocked on people's doors before entering their room.

Is the service responsive?

Our findings

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

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

- Structured activities were limited but people had the opportunity and support to engage if they wished. People enjoyed card games and a lively coffee morning which was attended by many relatives.
- Care records showed people's support needs and had evidence of regular updates by staff. A detailed personal profile assisted staff to acquaint themselves with people quickly as many were only in the service a short while.
- Daily notes were completed and evidenced tasks completed, evidencing what the person had been able to do for themselves.
- We spoke with the registered manager about ensuring goals were more person-centred for people as although everyone had the same aim, each person was progressing at different rates.

Improving care quality in response to complaints or concerns

- The service had not received any complaints but the procedure was available for people.
- There was evidence of many compliments including, "He has nothing but praise for you," "Thank you for your care and kindness" and "Your friendliness and compassion have been so helpful."

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

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; and how the provider understands and acts on duty of candour responsibility

- People were at the centre of the service and their needs came first. We read in the service user meeting minutes one person said, "Even when staff are tired at the end of their shift, they will always help. We are very lucky to have such staff."
- There was evidence of consistent guidance and support provided by the registered manager and the management team. Audits showed the management team had a good understanding of what was required in each aspect of care.
- Staff were committed to their role and enjoyed working with different colleagues from the reablement team.

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

- One staff member said, "The management team are fair and approachable, and staff get praised often."
- Quality assurance had developed since the previous inspection and we found regular audits of care documentation and medication along with equipment in the service. Where issues were noted, we saw immediate remedial action was taken.

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

- One person told us, "It's great here." Records showed people's views were considered and changes made if needed.
- There were regular service user meetings for people and we read many positive comments in these about care and meal provision. One person said, "I wouldn't find anything better." There were also many positive comments about staff, including, "If I need anything, staff would help me get it."

Continuous learning and improving care

- The Dovecote Lodge staff team had received a 'Top Team Award' from the provider in 2018 to acknowledge their hard work and commitment to helping everyone.

Working in partnership with others

- There was a strong partnership with the rehabilitation services who worked alongside regular staff in the home. The rehabilitation worker told us how much the permanent staff were understanding in terms of people taking risks and promoting independence. Staff were learning to take the lead from the person

rather than try and intervene too quickly.