

Barchester Healthcare Homes Limited

Dovedale Court

Inspection report

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Date of inspection visit:
06 October 2016
07 October 2016

Date of publication:
14 November 2016

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 06 and 07 October 2016.

Dovedale Court is located in Ingol, a residential area of Preston. A bus link to Preston town centre is nearby. The home provides accommodation for up to 32 adults requiring help with personal and nursing care. The home is divided into two units. The Tessymann unit is a dedicated nursing unit for people with complex mental health needs and is based on the first floor. On the ground floor is the Memory Lane Unit which is residential care. There are separate secure gardens available for both units of the home to the rear.

There was not a registered manager in place. 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. We spoke with the regional director about the arrangements for ensuring there was a registered manager at the home. They advised us a manager had been recruited and had started the registration process with the Commission. We looked upon our information system which confirmed this. The manager was unavailable at the time of the inspection visit as they were completing their induction at another Barchester Healthcare Homes limited home.

The service was last inspected on 15 May 2014. At this inspection we identified no concerns and found the service was meeting all standards we assessed.

At this comprehensive inspection visit carried out on 06 and 07 October 2016, we received positive feedback from people who lived at the home and relatives. Staff were described as kind, caring and hard working.

Although people told us they felt safe we found risks were not consistently managed and addressed. Whilst the Tessymann unit had systems in place to manage and mitigate risk, we found systems in place on the Memory Lane unit did not consistently meet the needs of all people who lived on the unit. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014.

Observations of interactions between staff and people who lived at the home demonstrated people were happy and content. On the days of the inspection visit, we observed staff offering comfort to people who were upset.

People told us they were supported to remain busy with activities if they wished. We observed the activities coordinator carrying out activities taking place on the first day of our inspection visit. We received mixed feedback about staffing levels. Staff on the Tessymann unit told us staffing levels enabled them to meet the needs of the people who lived on the unit. Staff on the ground floor unit told us they were busy and could not always meet people's needs in a timely manner. We found deployment of staff on the ground floor was not always sufficient to meet people's needs.

Care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. We noted organisational policy was not always followed on the Memory Lane unit, which resulted in one person not having a care plan developed in the required time. We have made a recommendation about this.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. Consent was gained wherever appropriate.

Suitable arrangements were in place for managing and administering medicines. Records were concise and complete and medicines were secured in line with current guidance. Regular audits of medicines took place.

Suitable recruitment procedures were in place to ensure people employed to work at the home were of a satisfactory standard for working with vulnerable people.

People who lived at the home and relatives praised the quality of food on offer. There was a variety of food choices on offer at the time of the inspection visit.

Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

There was a training and development plan in place for all staff. We saw evidence staff had been provided with relevant training to enable them to carry out their role. Staff praised the training opportunities provided by the registered provider. Staff told us they received supervisions and appraisals as a means for self-development.

The service was supported by a senior management team employed by Barchester Healthcare Homes Limited. The management team had worked closely with the service during the transition of managers. Staff spoke highly of the management team and the support provided to enable the service to run smoothly.

The service had systems in place for on-going monitoring of the quality of service. Senior managers audited the service every two months to ensure quality and safety. Monthly audits of care records and health and safety audits took place.

Staff told us the home was a good place to work. They told us staff received praise and recognition for hard work and commitment. We saw evidence staff and teams had been nominated for awards both internally and externally.

The service had implemented a range of quality assurance systems to monitor the quality and effectiveness of the service provided. Feedback was positive.

You can see what action we have asked the provider to take at the back of the main body of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was sometimes safe.

Risk was not consistently identified, managed and addressed.

People who lived at the home told us they felt safe.

Staff were aware of their responsibilities in responding to and reporting abuse.

The service had suitable recruitment procedures in place.

Suitable arrangements were in place for management of medicines.

Deployment of staffing was not consistent within the home to ensure people were kept safe.

Is the service effective?

Good ●

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. People at risk of malnourishment received appropriate support with diet and nutrition.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

Staff were caring.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion.

Relatives were positive about the staff who worked at the home.

Is the service responsive?

Good ●

The service was responsive.

Records were person centred and showed people were involved in making decisions about what was important to them.

The service ensured there was a wide range of social activities on offer for people who lived at the home.

The service worked closely with people and their families to act on any concerns before they became a complaint.

Is the service well-led?

Requires Improvement ●

The service was sometimes well led.

Systems had been put in place to support the staff during the absence of the lack of registered manager. A new manager had been identified and was in the process of applying to become the registered manager.

Leadership and responsibility throughout the home was inconsistent. We have made a recommendation about performance upon the Memory Lane unit.

Regular communication took place between the senior management team and staff as a means to improve service delivery.

Regular quality audits of the service took place and required improvements were communicated back to the acting manager for action.

Dovedale Court

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 visit took place on 06 and 07 October and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority and we received no information of concern. We contacted Healthwatch Lancashire who confirmed they had visited the property at the beginning of the year. Healthwatch Lancashire is an independent consumer champion for health and social care. They provided us with a copy of the findings from the visit.

Information was gathered from a variety of sources throughout the inspection process. We spoke with seven people who lived at the home and five friends and relatives who were visiting the home.

Not everyone who lived at the home was able to speak with us due to an impairment of cognitive ability. We observed interactions between staff and people who could not verbally communicate their opinions. We did this to try and understand the experiences of people who lived at the home.

We spoke with eleven staff members at the home. This included the regional director, the acting manager, the head of training at the home, a qualified nurse, the chef, the maintenance person, administrative manager and four staff who provided direct care.

To gather information, we looked at a variety of records. This included care records relating to six people who lived at the home and recruitment records belonging to five staff members. We viewed other

documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of people who lived there.

Is the service safe?

Our findings

People who lived at the home told us they felt reassured and safe. Feedback included, "Well I am very happy here. I wouldn't be happy if I did not feel safe." And, "I most definitely feel safe."

Relatives of people who lived at the home told us they were confident people were safe. One relative said, "People are safe here. I was frightened of leaving [relative] but I have never needed to worry." Another relative said, "[Relative] feels safer here than she did at home. As far as I am concerned [relative] is safe and happy here."

We looked at how risks were managed at the home to ensure people were kept safe. Although people told us they were happy and felt safe we found risk was not consistently addressed and suitably managed throughout the service. There was a variety of risk assessments to address and manage risk including risk assessments for moving and handling, management of pressure ulcers and management of behaviours which may challenge the service.

Staff told us they routinely monitored risks and updated risk assessments after incidents had occurred or people's needs changed. We saw evidence in care records upon the Tessymann unit this occurred. For example, one person who lived at the home displayed behaviours which challenged. This had resulted in a number of assaults taking place. The service therefore put systems in place to provide intensive support to this person to ensure continual oversight throughout the day. This reduced any further incidents of harm from occurring.

On the Memory Lane unit we found risk was not consistently managed. As part of our inspection planning we reviewed all statutory notifications and outcomes of safeguarding investigations carried out by the local authority. We noted from our records one person had a history of eating objects which were not edible. At the inspection visit, we looked at corresponding care records developed by staff. The risk assessment for the person stated they were at risk of eating inappropriate objects and said items should be removed from the person's room to promote safety. We noted from the person's daily records, an incident had taken place the month previous where the person was found eating an item stored in their bathroom. We viewed the person's room and noted this item was still stored there. No action had been taken to review the incident or update the risk assessment and remove the hazard from the room. We brought this to the attention of a senior who worked on the unit. They agreed this should be removed and took immediate action. We received written confirmation after the inspection visit action had been taken and the risk assessment updated.

We noted from safeguarding records another person who lived on the Memory Lane unit demonstrated some behaviours which had challenged other people who lived at the home. This had resulted in the person being harmed by other people who lived at the home. On the second day of the inspection visit we observed the person taking decorative items from within the lounge and throwing them on the floor. Another person in the room became upset at this and started shouting at the person. The person also walked around the room placing themselves in people's personal space. People again responded negatively to this behaviour,

which placed the person at risk of harm. However, this risk was not addressed within the person's risk assessment and systems had not been implemented to mitigate any risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 as the registered provider had not assessed the risks to health and safety of people who lived at the home and done all that was reasonably practicable to mitigate the risks.

We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. Of the seven people we spoke with, six people told us they were happy with staffing levels. One person told us, "There are always staff about to look after us."

We spoke with five relatives about staffing levels. They said they were happy with staffing levels and felt they were sufficient to meet people's needs. They commended the staff for their approach and the willingness to respond to people's needs.

During the inspection visit we observed staff working on both units. On the Tessymann unit we found staff were not rushing and responded to people's needs in a timely manner. Staff interacted with people as and when required. There was a calm atmosphere on the unit. Staff told us with correct planning and teamwork staffing levels on this unit enabled them to carry out their roles efficiently.

On the Memory Lane unit we found deployment of staff was not consistent to meet people's needs. We observed poor oversight in the communal area's in the morning which led to potential risk.

We asked staff on the Tessyman unit if they felt staffing levels met the needs of people who lived on the unit. One staff member said, "We are always busy on this unit. We need more help." We spoke with a senior on the unit; they told us when the senior member of staff was able to carry out hands on tasks the unit ran smoothly. However, when they were carrying out other requested tasks it sometimes had an impact on other staff carrying out direct care. We were informed by a member of staff, at the time the observation was carried out the senior was in a meeting with a doctor who was visiting the home. This had affected the deployment of staff.

We spoke with the acting manager and the regional director about staffing levels. They told us a staffing dependency tool was used to review levels on a monthly basis and staff on duty reflected the assessment tool recommendations. The regional director told us they were aware of a deployment issue upon this unit and this was currently being investigated.

We looked at how medicines were managed within the home. Medicines were stored securely within a designated room on each floor. Storing medicines safely helps prevent mishandling and misuse. The rooms were air conditioned to ensure medicines were stored at the optimal temperatures. Tablets were blister packed by the pharmacy ready for administration. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis".

Controlled drugs were stored in a separate secure cabinet and the service maintained a register of all available stock. We checked the contents of one controlled drug and noted the stock and controlled drugs register matched up.

Medicines were administered following good practice guidelines. Medicines Administration Records belonging to each person had a photograph upon them so the person could be identified prior to medicines being given. They clearly detailed any known allergies of the person. This minimised any risks of people

being administered medicines which may cause harm.

The senior management team carried out regular observations of staff administering medicines to ensure they were competent to do so. Audits of medicines were carried out on a regular basis

As part of the inspection process we looked at accidents and incidents that occurred within the home. The service kept a record of all accidents and incidents. This allowed the service to assess all accidents and incidents to look for emerging patterns. Accidents and incidents were reported to the senior management team for trends and themes to be analysed.

We looked at how safeguarding procedures were managed by the service. Staff were able to describe the different forms of abuse and systems for reporting abuse. One staff member said, "I would go straight to [acting manager] if I was concerned about anyone or if I saw something out of the ordinary." The registered nurse told us it was their responsibility as shift leader to report safeguarding concerns to the local authority, Care Quality Commission, (CQC) and Barchester Healthcare Homes Limited. They said, "I have made a few alerts. I prefer to do this, we are open. We can always learn from incidents."

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed records relating to the two most recently employed staff. Records showed full employment checks had been carried out prior to staff commencing work. Two references were sought for each person, one of which was from their previous employer. This allowed the service to check people's suitability, knowledge and skills required for the role.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We noted DBS checks were in place for all new starters. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work.

As part of the inspection process we looked around the home and found it was clean and tidy. We noted one bedroom had a strong odour. We spoke to the regional manager about this. They told us the flooring was in the process of being replaced. We saw evidence of this. We noted there were no odours to communal areas. We checked the water temperature in several bedrooms and one bathroom. We found the water temperature was comfortable to touch. Audits of water temperatures were recorded on a weekly basis. There were appropriate systems in place for monitoring the risk of legionella.

We looked at window restrictors in place. We saw windows were fitted with restrictors which were checked on a regular basis by the maintenance man to ensure they were in good order. We noted the restrictors in place were not tamperproof. The regional director agreed to refer to the HSE guidance, "Falls from Height" consult with their health and safety team and assess the risks of the current restrictors in place.

Equipment used was appropriately serviced and in order. Fire alarms and equipment had been serviced within the past twelve months. We saw documentation to evidence a gas safety check and portable appliance testing had been carried out.

Is the service effective?

Our findings

People who lived at the home and relatives considered staff to be well trained and able to meet the needs of people who lived at Dovedale Court. Feedback included, "Staff know what they are doing." And, "The staff are very good." And, "They know my [relatives] needs."

We looked at how the service met the health needs of people who lived at the home. People who lived at the home told us staff provided support to access health care professionals when required. One person told us staff would call a doctor if they did not feel well. They told us, "We get looked after." A relative told us their family member had been to the dentist the day previous.

We looked at care records relating to five people who lived at the home. We noted there was clear documentation which detailed all health professional involvement and outcomes of meetings with health professionals. People who lived at the home had regular appointments with health professionals including GP's, dentists and opticians.

Individual care records showed health care needs were monitored and action was taken to ensure good health was maintained. For example, people at risk of pressure ulcers had positional charts in bedrooms. Staff signed the positional charts when people had been turned. One relative told us when their family member displayed behaviours which indicated pain, staff responded appropriately to relieve the pain.

The service had considered good practice guidelines when managing people's health needs. For example, we saw each person had hospital passports in place. Hospital passports are documents which promote communication between health professionals and people who cannot always communicate. They contain clear direction as to how to support a person.

We spoke with a visiting health professional. They told us they didn't have any concerns about the service and said staff always followed what was asked of them by the health professionals.

We looked at how people's nutritional needs were met. People who lived at the home and relatives consistently told us food was good and plentiful. Comments included, "The meals are always on time and are good." And, "I had toast this morning. I can always choose what I want." And, "The food is good. I usually visit at lunchtime." And, "Everything is cooked from fresh, even the cakes and biscuits. They are wonderful."

We observed meals being served on the Memory Lane unit at lunchtime. People were encouraged to be involved in selecting their own meals. People were offered choice as to what they wanted to eat. Food looked appetising and there was plenty of food available. We observed people in the dining area receiving support when required. Staff did not rush people and were patient.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records demonstrated the service had a good understanding of the principles and the way in which the service was to be delivered. People were encouraged to make decisions in areas in which they had capacity.

When people did not have capacity, best interest meetings had been held with family and professionals to discuss the most appropriate decision for that person. For example, we noted one best interests meeting had been held to discuss the usage of covert medicine for one person. The outcome from the best interests meeting was documented within the person's care plan. We noted however there was no record of the best interests meeting within the care file for the person. The regional director advised the information may have been archived as the meeting was a number of months ago. The acting manager took immediate action and had the best interests decision reviewed. The acting manager said they were going to implement new forms to ensure best interests meetings were clearly documented, dated and signed.

We noted from individual care records people who lived at the home had a number of restrictions placed upon their liberty to maintain their safety. We spoke with the acting manager about the Deprivation of Liberty Standards. (DoLS.) The acting manager said one application had been approved and they were routinely chasing progress of the other applications. The acting manager reviewed the DoLS applications during our visit and confirmed all required applications had been submitted to the supervisory body by the end of our inspection visit.

We looked around the home and noted the environment was not always dementia friendly. We noted toilets were not fitted with contrasting toilet seats to enable people to distinguish them. Signage around the Memory Lane unit was lacking. For example, people's bedrooms doors were not easily identifiable. We discussed these findings with the regional director. They agreed to discuss these concerns with the service's dementia consultant and look at ways to improve the environment to make it more accessible. Having an accessible environment promotes people's independence and well-being. We recommend the registered provider consults with good practice guidelines to develop a dementia friendly environment.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Staff told us they were provided with training on an on-going basis. Staff said they were happy with the training offered and were confident they had the necessary skills to provide effective and safe care.

Each staff member had a personal training and development plan which detailed their completed training and training needs. Staff training was managed by the head trainer at the home and overseen by the senior management team. The head trainer told us they received feedback from a senior management team on a monthly basis about training performance of staff who worked at the home. This helped them plan staff training.

We noted a variety of training was provided to staff including duty of candour, customer service, food safety, fire training, safeguarding of vulnerable adults, moving and handling, first aid and medicines awareness.

The head trainer told us there was a structured induction process in place. Newly employed staff

participated in an induction period which covered necessary training topics. Newly recruited staff were provided with support from a more senior member of staff at the outset of employment.

Staff praised the development opportunities provided by Barchester Healthcare Homes Limited and said staff with potential were provided with training and support to progress within the service.

We spoke to staff about supervision. Supervision is a one to one meeting between a manager and staff member. One to one meetings are a means to discuss staff progress and conduct and discuss any concerns. Records showed staff received regular supervisions. Staff confirmed this was the case. Staff praised the approachability of the senior management team and said they could discuss any concerns they may have in between supervisions.

We looked at staff files and noted appraisals had taken place for all staff who had worked at the home for twelve months or more.

Is the service caring?

Our findings

People who lived at the home told us staff were caring. Staff were described as, "Caring." And, "Kind." One person with limited communication said, "Write this down. They always make me happy. It's the best you want it to be. They are good girls [staff]."

Relatives praised staff attitudes and behaviours. Feedback included, "They always have a smile. As soon as we step over the door, they make us welcome." And, "Everyone does so much as possible to make [relative] happy." And, "They are always pleasant."

Staff were positive about the relationships they had formed with the people who lived at the home and spoke fondly of the people in their care. One staff member said, "If I see someone upset it is my intention to make them smile."

Observations made during the inspection visit demonstrated staff were caring and patient. For example, we noted one person was showing signs of being anxious and upset. The person could not verbally communicate what was causing their anxiety. We observed a staff member responding immediately and reassured the person. The person kissed the staff member's hand. The staff member responded by placing an arm around the person. The person immediately relaxed and smiled.

We observed general interactions between staff and people who lived on the Tessymann unit. Staff took time to sit with people and engage in conversation. Communication was light hearted and warm. There was a pleasant atmosphere at the home with one person teasing the staff, making jokes. One person was walking along the corridor with a member of staff. The person introduced the staff member to us and joked, "This is my girlfriend."

A relative praised the relationships formed between people who lived at the home and the staff team. They said this reassured them about the care provided. They told us they visited regularly and noted, "My [relative's] eyes light up when they see staff." This demonstrated the person felt comfortable in the presence of staff.

The acting manager praised the caring nature and the dedication of the staff team. Two staff had been nominated for awards in the past year for going above and beyond what was expected of them. One staff member won an award from a regional newspaper for, "Health Hero of the Year." We received information from the previous registered manager who had nominated the person. They told us the staff member went out of their way to be a good role model to other carers and always went the extra mile for people who lived at the home and relatives.

In the past year, the maintenance person who worked at the home had been a finalist at a National Awards ceremony and finished in the top ten finalists. The manager who nominated the person praised the commitment of the staff member and the way in which they worked to include people who lived at the home. We spoke to this person about their role and why they thought they were nominated. The staff

member spoke passionately about their role within the service and told us how they often carried out tasks in their own time. They demonstrated a commitment to making improvements to increase the quality of life for people who lived at the home. For example, they spent their spare time looking for items on EBay which may be of benefit to the home which the service could not afford to buy at full price.

Staff respected people's rights to privacy. One person was observed sitting in a lounge on their own. Staff explained this person liked their own space. During the inspection we observed staff members respecting their privacy and saw staff asking permission to enter their personal space. Staff routinely popped into the lounge to ensure the person was comfortable. We observed a staff member taking the person a drink.

People were treated with dignity. We observed one person leaving their bedroom in their underwear. Staff responded straight away in a gentle non-threatening manner and suggested the person returned to their bedroom and got dressed. This showed us staff understood the importance of respecting people's dignity.

Relatives told us they were always made welcome when they visited. They said they could visit at any time and were always welcomed. One relative said, "We have a good relationship with staff. It feels like we are coming home from home when we visit." Visitors had access to a kitchen where they could make drinks. One relative said, "I wish other homes were as nice as this one."

There was an emphasis on promoting family involvement and supporting people to maintain relationships and friendships. We saw one person's care plan detailed how the person could no longer verbally communicate. The care plan documented how important it was for staff to maintain regular contact with the person's family. This showed us the service promoted relationships to prevent isolation.

We spoke to the acting manager about access to advocacy services. We were told no one at present used an advocacy service but they were aware of how to access them and the benefits they could bring. Advocacy services support people to make independent decisions about care and support.

Is the service responsive?

Our findings

People who lived at Dovedale Court and relatives told us the service provided by Barchester Healthcare Homes Limited was responsive to people's individual needs. One relative said, "Staff know people who live here. They know their needs. They are fantastic with my [relative.]"

We looked at care planning documentation relating to six people. We noted five of the six files contained information relating to people's life history and interests. Information was descriptive which enabled staff to appreciate a person's life history and experiences which had shaped the person. As part of the inspection visit we were able to use this information to start conversation with people. We spoke with a person on the Tessymann unit, their eyes lit up as we talked about their past history and travels.

Each person on the Tessymann unit had a door plaque on the door to their bedroom. The plaque had a photo of the person to enable them to identify their room. Underneath the photo was a short person centred sentence about the person, their life history or their positive qualities. This supported person centred care delivery as it prompted staff to think about the person as an individual. The administrative worker told us they were hoping to have these door plaques installed on the Memory Lane unit in the near future.

We looked at care records relating to people who lived at the home. Staff had used person centred planning material to develop care plans for people. Each person had a "This is Me," document which detailed people's personal qualities and strengths and likes and preferences.

We looked at care records relating to six people. We found one file was in progress of being completed as the person had been admitted to the home the week previous. The remaining five care plans were detailed, up to date and addressed a number of areas including communication, health and wellbeing, medicines, nutrition, personal hygiene and safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relative's involvement wherever appropriate, within the care plan. Care plans were reviewed and updated.

Daily notes were completed for each person in relation to care provided on each shift. Records were detailed and concise for each person.

We saw evidence people who lived at Dovedale Court and their relatives where appropriate, were consulted about their care. One relative told us they were routinely invited to be part of discussions regarding their family members care. They said, "Every six months we go through the care plan. They never rush and tell me all about their medication." We saw written evidence in another person's file of staff attempting to make contact with the person's next of kin to complete a review of the person's care.

As part of the inspection process we looked at how the service managed and addressed complaints. People we spoke with told us they had no complaints about the way the service was managed and care provided. Feedback included, "I am very happy." And, "I have no complaints. The service is good."

Relatives we spoke with confirmed they had no complaints about the service and praised the standard of care. One relative said, "It's the best." Another relative told us they had once made a complaint but they were very impressed by the speed and professionalism in which it was dealt with.

The service kept a log of complaints and all actions taken following a complaint. Complaints were recorded centrally so themes and trends could be identified. We spoke with the regional director; they were able to describe situations when a complaint had triggered change. This showed the service was proactive in listening to complaints and making the required improvements after complaints were raised.

We looked at activities provided for people who lived at the home. The service employed an activities coordinator four days a week. People who lived at the home told us there was plenty of things taking place. One person said, "They keep me busy." Another person showed me their nails. They said, "Staff do them for me."

On the first day of the inspection visit we noted people were going out for the day to a stately home with the activities coordinator. We saw people returning from the trip. People looked happy and smiled with pleasure. We also saw staff taking another person out for a walk. Staff told us this person was an avid walker before they moved in to the home. They aimed to take the person out for a short walk three times a day to reduce any anxieties and frustrations.

The activities coordinator planned all activities a month in advance. We looked at the activities planner and noted a number of activities were organised including music therapy with a volunteer, dominoes, baking, trips to the local superstore, Blackpool illuminations and gardening activities.

One relative told us they sometimes visited when entertainment was on. They told us they had made a suggestion for entertainment and this was followed up and booked for the people who lived at Dovedale Court.

Is the service well-led?

Our findings

People who lived at the home told us the home was well organised and managed. One person said, "The home is well run."

There was no registered manager in post at the time of the inspection visit. The registered manager had left their post five weeks prior. The regional director told us however there was a new manager employed and they had commenced the registration process with CQC. Our records confirmed this. The senior management team had worked proactively to recruit a new manager in a timely manner. We were told the previous registered manager gave the service three months' notice to allow them to recruit a new manager. During the five week period in between staff at Dovedale Court were supported by an acting manager and the regional director. Staff told us the support provided was fluid and consistent.

Relatives we spoke with considered the service to be well managed. They were aware of who was in charge in the interim period and said they were confident in the way in which the transition had been carried out.

Staff upon the Tessymann unit told us there was an emphasis on teamwork within the unit and this created good morale between staff. Staff confirmed there was good leadership within the unit which enabled people to work efficiently and effectively. One staff member said, "We know how to support people and how. We adapt to needs and have the right attitude."

Observations on the Memory Lane unit demonstrated there was a lack of organisation within the unit. Risk was not always appropriately addressed and managed. Risk assessment documentation did not always reflect people's needs. Paperwork relating to people who lived at the home was not always completed as stated in accordance with the services' procedures. We noted a care plan had not been created for a person who had recently been admitted to the home, this conflicted with Barchester Healthcare Homes Limited policy for completing care plans. No checks had been undertaken to ensure this piece of work had been completed. We brought this to the attention of a senior on duty and the deputy manager. They agreed to complete the care plan straight away. We received information following the visit this had been completed. We recommend the service reviews systems in place for ensuring all paperwork is completed in a timely manner in accordance with the registered provider's policies.

We shared our concerns regarding findings from the Memory Lane Unit to the regional director and acting manager at the end of the inspection process. The regional director told us these concerns were currently being addressed. Concerns regarding leadership upon this unit had been identified within the regional director's audit July 2016. They said they were addressing morale and staff culture upon the unit.

Staff said they held regular team meetings to discuss important aspects of care and share ideas. Each unit had their own individual team meeting and general meetings for all staff were undertaken when required. Staff said communication systems were good.

Staff said there was a positive atmosphere within the home, where hard work and commitment was

recognised. Staff had been nominated for awards, externally and internally. The service also had an 'employee of the month' scheme within the home. We spoke to one staff member who told us they won a bottle of wine for being the employee of the month. They said it was nice to have work recognised and it contributed to a positive working environment.

The service had a range of quality assurance systems in place. These included a bi-monthly audit from the regional director. We looked at the last two months audit results and noted audits identified where improvements were required. The last audit carried out at the home was dated 25 July 2016. The regional director told us they were currently in the process of completing Septembers audit and showed us evidence this was in process. We noted recommendations made within audits had been followed up.

There was an emphasis on consulting with people who lived at the home and their relatives. We noted an independent annual survey was carried out each year to look at people's experiences of living at Dovedale Court. 28 people who lived at the home took part in the survey. The survey findings for 2015 were positive and showed improvements had been made since 2014. The survey showed 100% of respondents were satisfied with their care.

Relatives told us the service regularly organised relatives meetings and said they were encouraged to participate. Relatives said they were welcomed at the meetings and felt their opinions were listened to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to have systems and processes in place to manage and mitigate risk.