Care Quality Commission

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Dovecote Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Dovecote Manor is registered to provide care and support for 30 older people. The home is situated close to Southport town centre and shops and public transport are easily accessible. The home provides en-suite facilities and is equipped with aids and adaptations to assist people who may have limited mobility.

This was an unannounced inspection which took place on 16 November 2016. The service was last inspected in October 2015 and at that time we found breaches of regulations with respect to: People living in the home were not protected against the risks associated with unsafe or unsuitable premises because of inadequate safety equipment on staircases; people were not protected against the risks associated with security and confidentiality because records were not stored securely; quality assurance systems did not identify risks and omissions in care files and people's personal preferences were not met.

Following the inspection the provider sent us an action plan which told us how the regulations would be met. This inspection was a comprehensive inspection, during which we reviewed the previous breaches. We found all of the breaches had been met and the home was operating safely.

There was a registered manager in post. 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 found the home supported people to provide effective outcomes for their health and wellbeing. We saw there was effective referral and liaison with health care professionals when needed to support people.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We saw required checks had been made to help ensure staff employed were 'fit' to work with vulnerable people.

We found there were sufficient staff on duty to meet people's care needs.
Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

We saw there were good systems in place to monitor medication safety and that nursing staff were supported with updates to help ensure their competency so that people received their medicines safely.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report any concerns they had.

We made a recommendation regarding the induction training for staff. The provider needs to develop the induction training to include the 'Care Certificate' which is the governments blue print for ensuring effective induction for new care staff.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety checks were completed on a regular basis so hazards could be identified. Planned development / maintenance was assessed and planned well so that people were living in a comfortable environment.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made.

When necessary, referrals had been made to support people on a Deprivation of Liberty [DoLS] authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The applications were being monitored by the registered manager of the home.

We saw people's dietary needs were managed with reference to individual preferences and choice. Meal time was seen to be a relaxed and sociable occasion.

People we spoke with said they were happy living at Dovecote Manor. Staff interacted well with people living at the home and they showed a caring nature with appropriate interventions to support people. People told us their privacy was respected and staff were careful to ensure people's dignity was maintained. Staff were able to explain each person's care needs on an individual basis and how they communicated these needs.

People we spoke with and their relatives felt staff had the skills and approach needed to ensure people were receiving the right care.

People felt involved in their care and there was evidence in the care files to show how people had been included.

Social activities were organised in the home. People told us they could take part in a variety of social events which were held.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We saw there were good records of complaints made and the manager had provided a response to these.

The registered manager was able to evidence a range of quality assurance processes and audits carried out internally at the home. We found supporting management systems fractured and inconsistent but the standards in the service had been maintained and monitored well by the registered manager.

The registered manager was aware of their responsibility to notify us [The CQC] of any notifiable incidents in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been not been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

We found there were protocols in place to protect people from abuse or mistreatment and staff were aware of these.

There were enough staff on duty at all times to help ensure people's care needs were consistently met.

There was good monitoring of the environment to ensure it was safe and well maintained. We found that people were protected because any environmental hazards had been assessed and effective action to reduce any risk had been taken.

Medicines were administered safely. Medication administration records [MARs] were maintained in line with the service's policies and good practice guidance.

Is the service effective?

Requires Improvement

The service was mostly effective.

Staff said they were supported through induction, appraisal and the home's training programme. However new staff were not inducted using the governments blue print for 'best practice'; we made a recommendation for the provider to fully embrace and commence the 'Care Certificate' for all staff inducted to the home.

We found the service supported people to provide effective outcomes for their health and wellbeing.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Is the service caring?

Good

The service was caring.

When interacting with people staff showed a caring nature with appropriate interventions to support people. Staff told us they had time to spend with people and engage with them.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained.

People told us they felt involved in their care and could have some input into the running of the home.

Is the service responsive?

Good

The service was responsive.

Care plans were being reviewed and monitoring of people's care had improved which evidenced a more individual approach to care.

There were some social activities planned and agreed for people living in the home.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain. Complaints made had been addressed.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who provided an effective lead for the home.

Previous breaches of regulations had been met.

Some of the operational support for the service was still being developed but the registered manager had developed 'in house' systems and audits to help provided good on-going monitoring.

Care Quality Commission

Dovecote Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 was an unannounced inspection. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we collated information we had about the service and contacted the social service contracting team to get their opinions. We also reviewed other information we held about the service.

During the visit we were able to meet and speak with eight of the people who were staying at the home. We spoke with two visiting family members.

We spoke with six of the staff working at Dovecote Manor including care/support staff, domestic staff and senior managers. We also spoke with one of the providers [owners] of the home.

We looked at the care records for eight of the people staying at the home including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home and relatives.

We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

Good

Is the service safe?

Our findings

At the last inspection in October 2015 we found people were at risk because of some failings in the safety of the environment; we told the provider to take action. The provider sent us an action plan following our inspection to assure us appropriate action had been taken and the home was safe. We checked on this inspection to make sure the environment remained safe and standards had been maintained. We found the regulation had been met.

We found arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. We reported some minor maintenance issues following our walk around the home and these were attended to on the day. We saw the general environment was safe.

A 'fire risk assessment' had been carried out and updated at intervals. We saw personal evacuation plans [PEEP's] were available for the people resident in the home to help ensure effective evacuation in case of an emergency. We spot checked safety certificates for electrical safety, gas safety and fire safety equipment and these were up to date [the maintenance plan for the stair lift was out of date and this was attended to on the inspection]. Overall there was good attention to ensuring safety in the home and on-going maintenance.

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at two staff files of staff recently employed and asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw appropriate checks had been made and staff records were clear and it was easy to access information. It is important that robust recruitment checks are made to help ensure staff employed are 'fit' to work with vulnerable people.

When we visited the home we checked to see if there was sufficient staff to carry out care in a timely and effective manner. During the visit we made observations in the day area/lounge and spoke with people who were living at the home. We saw that people received care on time and were not left for long periods. People told us there were enough staff to support them. People commented; "I feel very safe here", "Staff help me to stop having a tumble. I feel safe", "I let staff know when I am leaving the home" and "I feel safe, two carers help me always."

A visitor told us, "There are some staff changes but generally they are very settled and I think they [staff] know the residents well."

When we spoke with care staff we were told that they enjoyed working in the home and felt there was a good atmosphere and good team work. Staff we spoke with confirmed that staffing in the home was stable. One staff told us, "I love working here, we have time to carry out the care." Another staff said, "There was an issue at weekends but it was sorted and now we always have enough staff on."

On the day of the inspection the home had 21 people in residence. We saw staff on duty included the registered manager and five care staff on duty during the day [up till 4pm]. We also saw a domestic staff, and a cook who worked 7.30am – 6pm. The laundry is managed in an adjoining sister home. The home had a set number of maintenance hours input each week.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw that the local contact numbers for the local authority safeguarding team were available.

We looked at how medicines were managed at the service. We saw medicines were administered safely to people. A person who administered their own medicines told us, "I look after and administer my medicines and I will let the manager know if I need some help."

A medication policy was in place Staff who administered medicines had received medicine training and had undergone a competency assessment to ensure they had the skills and knowledge to administer medicines safely to people.

We found medicines to be stored safely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw controlled drugs were stored appropriately and records showed they were checked and administered by two staff members. We checked a number of medicines, including a controlled medicine and found the stock balances to be correct.

People had a plan of care which set out their support needs for their medicines, including 'as required' (PRN) medicines. We checked eight medicine administration records (MARs) and found staff had signed to say they had administered the majority of medicines. Records were clear and we were easily able to track whether people had had their medicines; this included the application for topical preparations (creams) which were applied appropriately.

We discussed with the registered manager the need for staff to sign the MARs for meal replacement drinks administered to people. We noted some gaps where staff had not signed; these however they were in the minority. We also highlighted the need for better recording around the consistency of thickening agents added to drinks. Thickening agents are added to drinks when a person has been assessed as having difficulty swallowing. There was however no evidence of people not receiving theses medicines in accordance with their MAR and plan of care.

People told us they received their medicines on time and could request tablets, such as painkillers, should they have a headache.

For people who wished to administer their own medicines, we saw this had been risk assessed by the staff to ensure this practice could be undertaken safely. We discussed with the registered manager recording medicines to be self-administered on the risk assessment so as to ensure staff were clear which medicines were to be self-administered.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility, pressure relief and the use of bed rails.

When we looked round the home we found it to be clean. Staff had access to personal protective equipment (PPE), such as aprons and gloves and we saw they used this when providing care. This meant that appropriate action was taken to ensure the home was clean and the risk of infections or contamination limited.

Requires Improvement

Is the service effective?

Our findings

We looked at the training and support in place for staff. The manager supplied a copy of a staff training matrix and records for training undertaken and planned. This was up to date and reflected a series of 'mandatory' training sessions for staff. We saw training had been carried out in subjects such as health and safety, medication, safeguarding, infection control and fire awareness, dementia and the Mental Capacity Act 2005.

The registered manager told us that some staff had a qualification in care, for example, QCF (Qualifications and Certificates Framework) and this was confirmed by records we saw. We saw the percentage of staff with these qualifications was 50% on this inspection. We met a member of the providers 'Training Academy' who was in the home signing up staff to commence such qualifications.

Staff we spoke with said they felt supported by the registered manager and the training provided. One staff commented, "I received an in depth induction, shadowed a member of staff during my induction. I have completed all my mandatory training since starting." I know the local safeguarding procedures to follow."

Staff told us that they had had appraisals and there were support systems in place such as supervision sessions. We asked about staff meetings and we were told that these were held. We saw the notes from a meeting held in August 2016 which had been well attended and included a very full agenda. Staff reported they were asked their opinions and felt the manager did their best to act on feedback they gave.

We spoke with a new staff member during the inspection who was undergoing their induction to the home. The staff member was new to care and was working through a series of training DVD's. The new staff member had not heard of the 'Care Certificate' which is the government's blue print for induction for all care workers. We spoke with the registered manager and were told that the company had not fully introduced the Care Certificate but the providers 'Training Academy' was aiming to start this.

We would recommend that the provider fully embrace and commence the Care Certificate for all staff inducted to the home.

During our inspection we reviewed the care of eight people living at the home. We found staff liaised effectively to ensure that people living at the home accessed health care when needed. One person we spoke with told us they received support from an occupational therapist who was helping with their rehabilitation. We saw from care records that another person had lost weight during a spell in hospital. This had been carefully monitored by the staff and there had been a referral to the dietician and an appropriate care plan put in place to support the person." When we looked at people's care notes we saw references to referrals and support for people from a range of health care professionals.

People we spoke with told us, "The staff know when I am poorly", "I can sort out my own appointments but I let the staff know" and "I see a GP when I need to."

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. 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.

The registered manager was able to discuss examples where people had been supported and included to make key decisions regarding their care.

For example, we saw care files were people had consented to their plan of care. We saw examples of DNACPR [do not attempt cardio pulmonary resuscitation] decisions which had been made. We could see the person involved had been consulted and agreed the decision.

There was also some evidence to show that staff understood when people lacked capacity to consent to care and treatment and they required a 'best interest meeting' to establish the best course of action. One person was unable to consent to their care and had a relative who had been appointed as Lasting Power of Attorney (LPA) to act in their best interest; this was clearly documented with evidence of the LPA forms on file. For another person we saw their mental capacity had been assessed by staff using an appropriate assessment tool as they were acting to support the person by the use of bedrails to help ensure they were safe when in bed.

Staff had applied for a number of people to be supported on a Deprivation of Liberty (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The applications were being monitored by the registered manager of the home.

We observed staff provide support at key times and the interactions we saw showed how staff communicated and supported people. When we spoke with staff they were able to explain each person's care needs and how they communicated these needs. People we spoke with and relatives told us they felt confident staff had the skills and approach needed to ensure people were receiving the right care with respect to maintaining their health. This was mainly due to a consistent care staff base in the home who knew people well.

Throughout our inspection we saw meals and drinks being provided for people on a regular basis. We spoke with people who told us there was no problem with the provision of food and drinks and our observations confirmed this. People we spoke with told us that the meals were good and they were generally satisfied with meals provided.

People could choose where to eat their meal, either in the dining room or in their bedroom. The dining room was well appointed and the meal we saw was a sociable event with good support from people by staff if needed. Tables were laid with cutlery and were nicely presented. The meal was well paced so that people enjoyed the lunch time experience.

Good

Is the service caring?

Our findings

People told us they were content living at the home. People were complimentary regarding the care and attention they received from the staff. Their comments included, "It's not like home but the staff do their best", "It's fine, I enjoy living here", "I was made to feel so special when I celebrated my birthday, the staff were lovely", "The company cares", "The staff are very good and I can keep independent," "They (staff) are very nice and all are polite and kind and "No concerns at all."

People went on to give examples of how staff supported them with daily tasks and support, they told us that at all times staff were respectful in their approach. A person said, "I need to be careful when I move and staff make sure they support my arm so I feel I won't fall."

We observed staff providing care and support; this was carried out in a dignified and unhurried manner. Staff were on hand to help where needed; examples of this were to support people with their meals and to assist people with walking and aspects of personal care. We saw staff knocking on people's doors and waiting to be given permission to enter and also using people's preferred term of address. As a mark of respect, people had been asked if they were happy to receive support from male or female staff and their choice had been recorded and respected.

Throughout the day we witnessed positive communication between the staff and people they supported. It was evident that the people staff supported were known to them; staff had a good understanding of people's individual needs, preferences and how they wished their support to be given. Staff said people's plan of care helped to provide the information they needed to deliver individualised care.

Care plans we viewed showed that people or their families had been involved in the care planning process. This was evident through signed consent forms and care reviews which had been completed with people and their families.

End of life care had been discussed with people living at the home to enable staff to provide care and support in accordance with people's wishes and needs. The registered manager informed us that formal end of life training was going to be arranged for staff to support their learning.

Visitors were welcomed by staff and offered a drink when they arrived. A family member told us they were very pleased with the care at the home and that their relative was very settled. There were no restrictions in visiting, encouraging relationships to be maintained. People we spoke with told us their relatives could visit at any time.

Good

Is the service responsive?

Our findings

At Our last inspection in October 2015 we found the home were in breach of regulation because people were not always having their personal preferences met regarding their care. On this inspection we found improvements and Dovecote Manor was meeting requirements.

We asked people about their involvement with their plan of care. People said the staff had discussed their care and support with them. A person told us they had written their own plan and any change in circumstance or care were always discussed with the staff and their plan of care immediately updated. They told us this was an important aspect of maintaining their independence and also taking control. The person went on to say the staff understood and respected this and their plan of care reflected their care, support and treatment.

People told us they were able to make choices. They said they could choose how and where they wished to spend their day, what meals they would like served and what time to get up and retire at night. A number of people chose to spend time in the lounge whilst others preferred to spend time in their own room. One person told us how they were involved with small tasks around the home and how much they enjoyed doing this. A staff member said, "This is the resident's home, and we support people with what they want to do."

We looked at eight care files. Care records held an assessment of people's needs; this ensured the service was aware of people's needs and that they could be met effectively from admission There were also specific assessments of areas such as, nutrition, health and mobility. People had a plan of care. A care plan provides direction on the type of care an individual may need following their needs assessment. The care plans we saw recorded information which included areas such as, sight, hearing, communication, personal care, mental health needs, medicines, skin integrity, nutrition, mobility, sleeping and social care.

Records contained a review of people's medical history, to highlight any health concerns that may need support. Formal literature about people's medical conditions was available for staff to refer to help them support people.

Care plans were specific to the individual and a life history and personal care booklet held information to help staff to get to know people's physical and social care needs. The personal care booklets provided good information for staff on how people wish to be supported, meal preference, social interests and preferred routine, for example. This along with staff's daily written evaluation of meant care files contained important information about the person as an individual and their particular health and care needs.

We saw staff supporting people in accordance with their needs and wishes during the inspection. Staff also responded promptly when people required assistance so as not to leave people waiting. A person said when they rang their buzzer for assistance, the staff came as soon as they could. Staff discussed with us how they encouraged people to be independent with the use of walking aids where appropriate, though were 'on hand' to provide support when needed.

People told us they could take part in a variety of social events which were held at the home. People said they liked the quiz, armchair exercises and musical entertainment. An activities plan was displayed for people to see in the dining area and the registered manager told us about forthcoming Christmas events which people could take part in if they so wished. We saw people were encouraged to maintain links within the community, for example attending clubs and events, also going out for meals and shopping.

People told us they received regular visits from a hairdresser and members of the clergy. One person told us about an external social activity they would like arranged for them. We passed this to the attention of the registered manager.

People had access to a complaints procedure and this was available to people within the home. People we spoke with told us they knew how to raise concerns and relatives agreed. A system was in place to record and monitor complaints and those we viewed had been responded to appropriately in line with the provider's policy. A person said, "I would speak up if worried or if I had a complaint. It would get sorted." We saw records of complaints made. A complaint we reviewed from August 2016 concerned general care of a person and staffing and this had been addressed and a response was recorded. The registered manager had used the feedback in the complaint to increase staffing at the weekend as a result.

We looked at processes in place to gather feedback from people and listen to their views. Feedback was also sought through the use of quality assurance surveys. We also saw the notes from a residents' meeting held in October 2016 which had been attended by seven residents in the home. This enabled people to have a say in how the home was being run.

Good

Is the service well-led?

Our findings

At the last inspection in October 2015 we found a breach of regulations because there were omissions in the care files regarding key information and care files were not stored securely. We told the provider to take action and they wrote to us to say they had made records secure and improved their monitoring systems to help ensure standards would be maintained.

On this inspection we found good standards regarding the maintenance of care records and the breach had been met. Records had been moved from their original position and stored safely in the registered manager's office.

We reviewed some of the current quality assurance systems in place to monitor performance and to drive continuous improvement. The registered manager was able to evidence some auditing and quality assurance processes carried out internally and these were well developed and evidence good monitoring of standards in the home.

We were told that the provider had a range of monitoring audits and checks in place that were carried out by senior managers in the organisation. We saw one audit that had been carried out by a regional manager [although this was not dated or signed]. This had helped the registered manager to focus on some immediate issues for improvement. The registered manager confirmed they had used this audit as a baseline to improve the service when they had started in post.

A new senior quality manager was present during the inspection and told us that a full management structure of the company had been confirmed with clear areas of accountability for the future. Despite the fact we found supporting management systems fractured and inconsistent the standards in the home had been maintained and monitored well by the registered manager.

We were shown audits and checks carried out regularly for medicines, care planning, laundry, mattresses and nutrition. The home had undergone an external infection control audit and the recommendations from it had been actioned. We also saw that accidents and incidents, although low in number, were recorded in good detail and analysed for any patterns or trends so that any lessons could be learnt.

The manager was aware of their responsibility to notify us [The CQC] of any notifiable incidents in the home.

We received positive feedback from people regarding the manager, from both staff and people living at the home. One staff commented, "(The manager) is very approachable and well organised." Another staff said, "There have been three managers in the last 18 months. We have some stability now."