

Dove's Nest Limited

# Doves Nest Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 8 and 9 March 2016. We had previously carried out an inspection in February 2015. At the inspection in 2015 we found there was a breach in regulations in relation to the delivery of person centred care and improvement was needed in relation to the quality and quantity of activities within the home. At this inspection we found improvements had been made in both these areas.

Doves Nest is a nursing home registered to provide accommodation, nursing and personal care for up to forty people with wide variety of complex care needs. On the day of our inspection there were thirty three people living at the home.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). 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. The registered manager was responsible for all the services delivered by the provider.

People who used the service told us they felt safe with staff who supported them. They told us staff were available to support them in the activities they wished to do. People were encouraged to make their own decisions and told us staff always promoted their independence. During the inspection we observed staff were caring and respectful in their interactions with people who used the service.

Recruitment processes were robust and should help protect people who used the service from the risk of staff who were unsuitable to work with vulnerable adults.

Systems were in place to help ensure the safety and cleanliness of the environment.

Staff told us they received the training and support they needed to carry out their role effectively. There were systems in place to track the training staff had completed and to plan the training required. All the staff we spoke with told us they enjoyed working in the service and felt valued by both the registered manager and the rest of the team. Staff felt able to raise any issues of concern in supervisions and in staff meetings.

People who used the service had support plans in place. Records were stored securely and were easily accessible by staff. Records reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People were also supported by staff to maintain a healthy diet as far as possible.

Care records we looked at showed people who used the service had been involved in developing and reviewing their care and support plans. The support plans we looked at were person centred and focused on the care and support people said they wanted.

All the people we spoke with told us they felt able to raise any concerns with the registered manager and were confident they would be listened to. We noted systems were in place to encourage people who used the service to provide feedback on the care and support they received.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed. However there were no systems in place to support staff to administer 'as needed' (PRN) medicine. Some of the records relating to the administration of medicine had gaps which had not been accounted for. We found this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the back of the full version 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 not always safe because records of medicine administered were incomplete. Improvement was also needed to guide staff in the safe administration of 'as needed' (PRN) medicine.

People who used the service told us they felt safe with staff who supported them. People's care records included information about any risks people might experience and the support strategies in place to manage these risks.

Staff had been safely recruited and there were enough staff to meet people's needs at the time of inspection. Staff had received training in how to protect people who used the service from the risk of abuse.

### Is the service effective?

**Good** ●

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices.

People received the support they needed to help ensure their health and nutritional needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service told us staff were kind and caring in their approach. During the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew people who used the service well. Staff advocated on behalf of people who were unable to advocate for themselves.

End of life care was planned and delivered well and people being cared for at the end of life were treated with respect and with dignity.

### Is the service responsive?

Good ●

The service was responsive.

We found people were offered a variety of activities which they said they enjoyed and the home had a full timetable of activities for people to access.

Systems to record people's care had been improved with the implementation of person centred care plans. These care plans provided clear information to guide staff in the safe delivery of people's care.

Systems were in place for reporting and responding to people's complaints and concerns.

### Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were supported in the day to day running of the service by a deputy manager. All the people we spoke with during the inspection told us the managers in the service were approachable.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and managers.

Systems to monitor, review and improve the quality of service provided were in place to help ensure people received a good level of care and support within the home.

# Doves Nest Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team comprised of two adult social care inspectors and a specialist advisor. A specialist advisor is a healthcare professional with relevant experience of the care setting being inspected; the specialist advisor on this inspection was a nurse.

Before the inspection we reviewed the information we held about the service including the last inspection report and notifications the provider had made to us. We also contacted the local authority contract monitoring team and the safeguarding team who made no comments regarding the service.

We did not ask the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five of the people who used the service two visiting relatives and two visiting healthcare professionals. We carried out observations around the home and spoke with the registered manager, clinical lead, one nurse, two support workers and the chef. We looked at the care and medication records for seven people who were using the service. We also looked at a range of records relating to how the service was managed; these included staff training records and policies and procedures.

# Is the service safe?

## Our findings

People we spoke with and their families told us they felt safe and had no concerns about the care and support they received. One person told us, "I like it here; it's the best place I have been. I have been in about four homes before this one; this is the nicest and yes I feel safe."

Staff told us, and records confirmed, they had received training in safeguarding adults. All the staff we spoke with were able to tell us of the action they would take to protect people who used the service if they witnessed or suspected abuse had taken place. Staff told us they would also be confident to use the whistle blowing procedures in place for the service if they observed poor practice from colleagues and were certain they would be listened to by the registered manager. One staff member told us, "We work well as a team. We can challenge each other and are encouraged to discuss things at supervisions and team meetings."

We checked if a safe system of staff recruitment was in place. The home ensured checks were carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that systems were in place to review any risks in relation to applicant's previous convictions to determine if they were suitable to work in the service. The registered manager also ensured checks were done with the Nursing and Midwifery Council (NMC) to ensure the Personal Identity Numbers (PINs) of the nurses were correct. This meant they were assured people receiving the service were supported by staff who were suitable.

During our inspection we carried out several observations within the home to ascertain whether there were enough staff to meet the needs of the people who used the service. We noted call bells were answered in a timely manner and people in the lounge areas were appropriately supported with tasks such as personal care and at mealtimes.

We spoke with people who used the service about staffing levels. The feedback we received was mixed and comments included, "Yes they [staff] are there when I need them." And, "Enough staff? Not always; sometimes I have to wait to go to the toilet. The worst time is at night" And, "At night, sometimes there are only two on instead of three." A visiting healthcare professional said, "Enough staff? there are more than in most places". All the staff we spoke with confirmed there were always sufficient numbers of staff available to provide people with the support they wanted although they said they would benefit from extra time and support to complete some administration tasks. We spoke with the registered manager about this. They agreed that more administration time was needed and was something they could address immediately. They said staffing levels were determined by the needs of the people using the service and where this changed the staffing levels would change accordingly. We found there were enough staff available on the day of inspection to meet people's needs safely.

Care records we reviewed included information about the risks people who used the service might experience and the support strategies staff should use to help manage these risks. We saw that risk assessments had been regularly reviewed and updated when people's need changed.

We saw the home had systems in place to manage risks in relation to cross infection and staff had access to appropriate personal protective equipment. We noted the home was clean, tidy and free from odour throughout the day.

We reviewed how medicines were managed in the service. We found improvements were needed to ensure medicine was administered and stored safely. During a walk around of the building we found a box of build-up drinks which had an expiry date of 2014 in one person's bedroom. The nurse told us they thought the drinks had been stored there ready for disposal and that the person was unable to access them as they were not mobile. We found this did not mitigate the risk of this person having access to medicine which was out of date.

We reviewed the medication administration record (MAR) charts for seven of the people who used the service. We found these were not all fully completed. For example, there were photographs in some but not all of the records. This was a risk as the home had told us they had used a high number of agency staff and photographs helped new staff familiarise themselves with the people they were supporting. We found there were gaps in records on the MAR sheet and brought this to the attention of the registered manager during the inspection.

We noted that each person whose records we looked at was prescribed medicines that were 'as needed' or PRN; this meant they were prescribed to be taken when the person felt they needed them. When people receive support to take their medicines, staff need the guidance of a medicine protocol to explain the circumstances when the medicine should be given, the correct dose and how often it can be taken. Protocols are especially important for people who are unable to tell staff when they are in pain. If protocols are used correctly they ensure that a person gets medicine when they need it and they also prevent people from receiving too much of a medicine or have it too frequently.

We found two people had been prescribed 'Paracetamol 2 tablets, four times a day PRN', but had had it every day, twice a day since February 2016. Because there was no PRN protocol in place it was not clear how staff would know if they were in pain. We asked staff about one person's pain and checked their care plan. The care records outlined how this person would indicate they were in pain but there was no record in their care file that they had demonstrated this to staff despite being given PRN medicine. The lack of PRN protocols meant people were at risk of receiving too much medicine or medicine they did not want or need.

Prescribed creams and lotions were included on people's MARs but there were no body maps to show where they should be applied. It was therefore not clear why the cream or lotion was to be applied and how often. This meant that care staff had no clear instructions where and how often to apply topical creams and lotions and so people may not have received them as they were prescribed by their GPs.

The lack of 'as required' medicines protocols, body maps for creams and lotions and gaps in MAR sheets constituted a breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records we reviewed showed that the equipment within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal evacuation plans (PEEPS)



had been completed for all people who used the service; these records should help to ensure people received the support they required in the event of an emergency. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

## Is the service effective?

### Our findings

People were cared for by staff that were effectively trained and supported within their roles. All the people we spoke with told us that they thought the staff had the appropriate training for their job. One person who used the service said, "The staff are really good at what they do." A visiting healthcare professional told us that they felt staff were well trained and demonstrated skill in their roles. They told us, "The staff are nice and the nurse in charge is aware of changes in people's health; it's good."

The registered manager was able to demonstrate that the staff team were up to date with all of their mandatory training. In addition, staff were assessed by the registered manager regularly to ensure their competence. Staff told us the quality of the training they received was good and that they were supported to undertake further qualifications to improve their knowledge.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw capacity assessments had been done and best interest meetings arranged to decide the appropriate level of support needed to keep each person safe. DoLS applications had been made to the local authority and six had recently been authorised. Through discussion with staff it was clear they understood the importance of gaining consent before providing any treatment or care. The registered manager showed us guidance they had recently purchased in relation to the MCA which they said would be used to further underpin staff's knowledge. This demonstrated the home's commitment to ensuring current best practice guidance was followed to ensure people were protected from the risk of having their liberty unlawfully restricted and their rights protected.

Staff had regular and effective supervision and appraisal, and told us they felt supported by the management of the service. Records also confirmed that staff members had regular supervision sessions, called breakpoints, with the manager or clinical lead and had an appraisal once per year. Appraisals and supervisions were used to set development goals and drive staff improvement. The breakpoint reviews were used to reflect on practice and identify any training or development which may be needed. They were also used to share good practice. People who used the service would be asked to score staff and staff would be asked to score themselves. This would then be discussed at the review meetings. We found this to be a good way of ensuring staff understood what was expected of them both from the registered manager and people

who used the service.

We asked the registered manager about the process for introducing people to the service. They told us there was an initial assessment undertaken to help ensure the service was able to meet the individual's needs. They told us that, following any admission, a trial period took place to ensure the service was appropriate to the person's needs. We noted throughout the inspection there was a good relationship between people living at the home. People who used the service told us, "It's like a big family here; these are my friends."

All the staff we spoke with told us they had received an induction when they started work in the service. New staff also attended mandatory training including equality and diversity, fire safety, food hygiene, safeguarding adults and record keeping. Staff confirmed that the induction had prepared them fully for their role in the service.

People were supported to make choices about their food and drink. One person said "There is lots of choice; the food is lovely." Staff supported people to eat independently and provided them with the appropriate equipment and support to do so. Where people needed full support from staff to eat, they were helped discreetly and at their own pace. People's nutritional needs were assessed and their weight monitored for changes. This fed into care plans for people which clearly identified any specific support needs or dietary requirements.

## Is the service caring?

### Our findings

We observed kind, caring and positive interaction between people and staff throughout our inspection. One person told us, "The staff here are great; they care about us." Another person said, "I let them know if I am not happy. Sometimes I give them a hard time but they are good to me; I am lucky." And, "The staff are generally really, really good. It's cracking." A visiting relative told us, "I don't worry so much about [my relative] now because I know [they] are really well looked after by good staff."

People told us staff upheld their right to privacy and dignity. One said "Yes they respect my privacy; I am very comfortable when they support me." Staff told us about how they supported people to have their own private space which they respected. We observed that staff respected people's privacy and ensured they knocked on people's bedroom doors before entering and they offered discreet support when required. One person said "I like my private time and they know that; they respect it and that means a lot." People were supported to dress appropriately for the daytime and maintain good appearance which promoted their dignity.

Records we reviewed showed there was a stable staff team in the service. The home had needed to use agency due to staff sickness but had ensured the same member of agency staff was used as much as possible. This meant people who used the service had the opportunity to develop caring and meaningful relationships with the staff that supported them and that the staff supporting them knew them well.

We asked the registered manager how they supported people who used the service to make decisions about the care they wanted at the end of their life. They told us they worked in line with Manchester Council's gold standard framework end of life pathway. The gold standards framework was used to plan care for people at the end of their lives. We saw that the registered manager was an end of life champion. This meant people who used the service could be assured that the home knew and understood about what was important to them and that they would be supported in the way that they wanted and with dignity at the end of their lives.

Everybody who needed it had access to advocacy services via an Independent Mental capacity Advocate (IMCA). IMCA's are a legal safeguard for people who lack the capacity to make specific important decisions including making decisions about where they live and about serious medical treatment options. People's care plans outlined that IMCA's had been used to support and represent the person at risk appropriately thus respecting the rights of the individual involved.

We also saw evidence of the home advocating on behalf of people who were unable to advocate for themselves. For example when new equipment was needed to ensure the health and wellbeing of the person using the service, the home had advocated on behalf of the person to ensure they received the equipment they needed. We found the home understood the importance of respecting and promoting the rights of people receiving support.

People and their relatives told us they were involved in making decisions about their care. One person said,

"The home involve me in making decisions, I don't have anything hidden from me." Another person commented, "They always ask if I want to be involved; sometimes I do, sometimes I don't." The views of the person and their relatives were documented during care reviews and decisions for the future were made collectively.

## Is the service responsive?

### Our findings

At the inspection in 2015, we found people were in need of more personalised support in order to lead more fulfilling lives. We found there was no stimulation other than what was happening around them each day and people did not have one to one time with staff other than when staff were supporting them with their personal care.

At this inspection we saw significant improvements had been made. The home had recruited an activities co-ordinator who had introduced full and varied activities both inside and outside the home. These included theatre trips and day trips, movie nights, music and singing, arts and crafts and bingo as well as one to one sessions such as, hair brushing, talking and hand massage. Comments from the people who used the service were positive. They told us, "I have enough to do. The activities are good; I can get involved if I want. We all have our own activity plan."

At the last inspection in 2015, we found there was a breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to care and welfare of people who use services. This was because care plans were not person centred and so the home did not meet individual needs of some of the people who used the service.

At this inspection on 8 and 9 March 2016 all the people we spoke with told us that staff knew them well and knew what they liked and disliked. We saw significant improvements had been made to the care plans. Care planning included information about people's medical history, past life, likes and dislikes, daily routines and their hobbies and interests. Staff were aware of these details about people and we observed that staff supported people to engage in meaningful activities which they were interested in. For example, one person was doing a tapestry with a member of staff. This person was unable to communicate using speech but we could see through our observations that they were happily engaged in this activity and were proud to show us their work.

People had a set of individualised care plans. The plans were person centred and described in detail the care needs of the person. People's needs were re-assessed regularly and this prompted reviews of people's care plans, which took into account changes in the person's health. We observed that the care staff delivered to people matched what was in their care plans. Staff were able to tell us about the needs of people, which demonstrated an awareness of the content of people's care planning documents.

People told us they had the opportunity to voice their views about their care and suggest improvements through regular residents' meetings. One person said, "They ask us what we like and don't like." Another person confirmed that a residents meeting took place every month and that information about it was put on the notice board so people could see when it was. They said, "We do have residents' meetings every month; we can say what we are not happy with. I think they take it on board."

We looked at the records of these meetings and saw that action plans were put in place to address some of

the comments people made. A relative said, "It's good that people have an opportunity to speak up. It is important people feel valued and are listened to."

People and their relatives also had an opportunity to feedback their views via an anonymous survey. We saw results of the most recent survey had just come back and were positive. This meant people using the service and their relatives were happy with the care and support given by the home.

People and their relatives told us they knew how to make complaints and told us that they felt their views mattered to the registered manager. One person said, "[The registered manager] has helped me a lot; she really cares about us".

We looked at the records for complaints made in the past year and saw that these were investigated thoroughly and appropriate action taken to resolve any issues.

People we spoke with who used the service told us they always received the support they needed and wanted. They told us, "Yes if I am unwell they know what to do. I am confident staff will respond in the correct way if I need them to." Visiting healthcare professionals told us, "They [staff] were really helpful and quick to respond to the person's needs" And they said that they were; "surprised how quickly [name of person] has built up relationships with the staff."

All the staff we spoke with were knowledgeable about the people they supported. They were aware of their life histories as well as their health and support needs. This enabled staff to deliver a more personalised and responsive service.

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role.

All the staff we spoke with told us they enjoyed working in the service and found the registered manager to be approachable and always available for advice or support.

Staff we spoke with told us there was a transparent culture in the service and staff were always encouraged to raise any issues they had in staff meetings or in private with either the registered manager or another member of the team. Records we reviewed showed regular staff meetings took place at the home. We saw that these meetings were used as a forum to discuss service improvements.

The management team were clear about the challenges faced by the service and their visions for the future of the service, and care staff we spoke with had a shared knowledge of these plans.

The home worked well in partnership with other services and agencies. This was confirmed via records within the care plans and through feedback from other professionals who visited the service. The visitors reported a very good working relationship with the home and described the service and the staff as caring and professional.

There were a number of audits and checks carried out within the service. We saw evidence of equipment and building maintenance checks, health and safety checks and medication audits.

We found there were a number of quality assurance systems within the service, including a monthly audit undertaken by the registered manager. This audit included a review of records relating to the medicines people who used the service were prescribed as well as any incidents or accidents which had occurred; the audit also recorded when care and support plans and risk assessments had been reviewed and updated.

Records we reviewed showed the provider undertook a quarterly satisfaction survey with people who used the service. People using the service told us they were regularly asked if they were happy and satisfied with the service. This showed the home constantly strived to ensure people using the service were satisfied and happy with the care they received at the home.

Prior to the inspection we checked our records and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.

The home had achieved the 'Dignity in Care' and 'Investors in People' Awards. These awards are given to services who can demonstrate consistent, good care, support to people who use services and are committed to the on-going training and development of staff.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure the proper and safe management of medicines.