Mrs Wendy J Gilbert & Mr Mark J Gilbert

Dovehaven House

Inspection report

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Ratings

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

Overall summary

Dovehaven House is situated in the village of Birkdale near Southport town centre with all amenities being a short drive away. The home provides single room accommodation for up to 40 adults who need assistance with personal care, including people living with dementia. There are lounge and dining areas on both floors, the first floor being served by a passenger lift. En-suite facilities are available in some rooms, and toilets and bathrooms are also located throughout the home.

The last inspection of the home was carried out on 29 April 2013. The service was found to be compliant with all the regulations assessed at this time.

This inspection was carried out on 23rd July 2015 and was unannounced.

We were assisted throughout the inspection by the long-term registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People who used the service and their relatives expressed satisfaction with the way their care, or their loved one's care was provided. People described staff as kind, caring and helpful and told us they were treated with respect and dignity.

People expressed confidence in the skills of care workers and felt care workers understood their needs. People told us they felt involved in the planning of their or their relatives care and able to express their views about the service as whole.

We found that the arrangements to protect people against the risks of unsafe medicines practice were not always effective. We identified a number of concerns about the way medicines were managed that could compromise the health and wellbeing of people who used the service.

The support for people who did not have capacity to consent to any aspects of their care was inconsistent and not always in accordance with the Mental Capacity Act (2005). This meant that some people could be at risk of having their liberty unlawfully restricted.

People were satisfied with the support they received to maintain good health. Staff were able to identify any new health related problems and took action to ensure people had access to community health care support when they needed it.

People's nutritional needs were assessed and addressed. People felt the standard and variety of food provided was good and expressed satisfaction with this area.

Much consideration had been given to how the environment could be adapted to meet the needs of people who used the service. We saw some innovatively designed areas in the home including an old style pub and hair salon.

People felt their care plans reflected their, or their loved one's, needs and felt able to express their views and choices.

The registered manager demonstrated a positive view of staff training and support. We saw that the training programme was constantly reviewed and developed to help ensure it reflected ongoing developments in best practice.

People described an open culture within which they could express concerns as well as share their ideas and opinions. All staff spoken with were fully aware of the procedures to follow if they were concerned about the safety or welfare of someone who used the service. They were confident managers would support them and respond appropriately in the event they had to report suspected abuse or poor practice.

There were processes in place which enabled the provider to monitor safety and quality across the service. We saw evidence that the majority of these processes were effective and that action was taken when any areas for improvement were identified. However, the systems had not identified the issues we found in relation to medicines management and mental capacity.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to consent and medicines management. The action we have asked the provider to take is detailed at the end of this report.

Summary of findings

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 consistently safe.

Care workers were aware of the risks facing individual people who used the service and the action required to keep them safe.

Staff were carefully recruited to help ensure they had the relevant skills and experience and were of suitable character.

Care workers were fully aware of the procedures to follow in the event that an incident of abuse was alleged or suspected. Staff told us they would be confident to raise any concerns with the registered manager or provider.

Arrangements for the safe management of people's medicines were not effective. This meant people's health and wellbeing was at risk.

Is the service effective?

Requires improvement

The service was not consistently effective.

Practice in relation to the support of people who may not be able to consent to some aspects of their care was not consistent and not always in accordance with the Mental Capacity Act 2005. This meant people were at risk of being unlawfully deprived of their liberty.

People received support to access health care and staff at the service worked in partnership with community health care professionals to ensure people received safe and effective care.

A high proportion of care staff held national qualifications in care. The registered manager had a positive view of staff training and support and constantly updated the staff training programme.

Is the service caring?

Good

The service was caring.

People expressed satisfaction with the care they received and the approach of care workers.

People felt they were treated with kindness and respect and that their privacy and dignity was always respected.

Care workers were aware of the personal preferences and wishes of people they supported and attempted to provide care in accordance with them.

Is the service responsive?

Good

The service was responsive.

People's individual needs and wishes were clearly recorded in their care plans, which helped staff provide person centred care.

Summary of findings

People felt able to express their wishes in relation to their own care or the general running of the service.

The registered manager responded positively to feedback from people who used the service and developed the service accordingly.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

People who used the service, their relatives and staff were aware of the management structure and described the registered manager as supportive and approachable.

People told us there was a positive culture at the home within which they could raise concerns and express their views.

There were systems in place which enabled the registered manager and provider to monitor safety and quality across the service. We saw these systems were effective in most areas.

Dovehaven House

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 took place on 23 July 2015 and was unannounced.

The inspection team was made up of two adult social care inspectors including the lead inspector for the service, a pharmacist inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

The provider sent us 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.

We spoke with eight people who used the service during our visit and four visitors. We also had discussions with the registered manager, quality compliance officer, the cook, two senior care workers and four care workers. We contacted three community professionals as part of the inspection and received feedback from one of them. We contacted the local authority contracts team who had no concerns.

We closely examined the care records of six people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We looked at medicines records for 22 people.

We reviewed a variety of other records, including policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe receiving care and support at Dovehaven House. People felt that care workers understood their needs and were able to meet them. Their comments included, "Nowadays I'm not too clear about most things. I know I'm OK in here and I'm comfortable and happy with things." "I do feel safe in here and well cared for."

During the inspection we checked the medicines and records for 22 people who used the service. We spoke with a senior care worker with responsibility for medicines and two managers.

We observed a staff member administering medicines and noted this was done in a friendly and caring way. However, we found medicines were not always given as prescribed by the doctor. For example, a medical professional had changed the dose of a medicine prescribed to a person to thin their blood but we saw that staff at the home had continued to give the higher dose. Similarly, hospital instructions had not been followed when a new medicine was prescribed for a second person. It was unclear as to whether a medicine for blood pressure prescribed for a third person, had been stopped or missed off by the hospital as it was still on the medicine record chart.

Additionally, we found records in respect of 'when required' medicines were sometimes unclear and did not always demonstrate these medicines had been given correctly. Protocols to help staff determine whether 'as required' medicines should be administered were not always in place. This meant that some people were at risk of not receiving their medicines when they needed them, or receiving them when they were not needed.

Clear records were not made showing when medicines were given by the district nurse and of when the next dose was due. Medicine allergies were not always written on the medicines record chart as recommended by current practice.

Medicines were safely locked away but the fridge temperatures were not always clearly recorded. Staff were unaware of how to reset the fridge and room thermometer and how to read it correctly. Records indicated that the temperatures of the fridges had been incorrect over several months. However, no action had been taken to address this. A tube of ointment which had spoiled was found in a fridge. Other items in the fridges were extremely wet and also at risk of spoiling.

Medicines audits had been completed for a small sample of patients each month. However, they did not include all areas, for example the suitable storage of refrigerated items. Procedures for carrying forward stock balances of medicines were not always followed properly which meant some balances were not auditable. Systems were in place for reporting medicines incidents and errors. We found that action had been taken to try and reduce the risk of reoccurrence when one person was found not to be taking some doses of medication. However, incidents were not managed in the same way each time. There had been a controlled drug (a medicine that can be misused) incident in December 2014. An audit was requested by the manager to be completed in January 2015 but it not been completed.

The above findings demonstrated a breach of Regulation 12 (2) (g) the proper and safe management of medicines; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were advised that infection control training was provided to all staff and this information was supported by training records viewed.

We noted there were ample hand-washing facilities throughout the home and adequate supplies of PPE (personal protective equipment) for the use of staff. Staff we spoke with confirmed PPE was routinely available and were able to describe how they followed safe infection control practices

We carried out a tour of the home and found it to be generally clean, well maintained and free from clutter, However, we did note the downstairs lounge to be malodorous. This was pointed out to the registered manager during the inspection.

In viewing people's care plans we saw a range of risk assessments were conducted in areas such as nutrition, falling and pressure care. We were able to confirm that when risk was identified, there was a clear plan in place about how to maintain people's safety. We also noted that the assessments and plans were reviewed monthly to help ensure they took account of people's changing needs.

Requires improvement

Is the service safe?

We were able to confirm that action was taken to reduce risks to people who used the service. For example, we saw that one person who was at risk of developing pressure sores, had a special mattress to help reduce this risk. We were advised by the registered manager that he was in the process of obtaining additional pressure mats, which would alert staff that someone at high risk of falling may be in need of support.

The registered manager demonstrated a good understating of the balance between promoting people's rights to make decisions, whilst maintaining their safety. They told us, "We promote people's rights in taking acceptable levels of risk in their activities of daily living. This approach is tempered with a responsible outlook towards their well-being."

We saw that records of adverse incidents such as accidents were maintained and monitored. Individual incidents were managed appropriately and included follow ups of people's health and wellbeing. In addition, incidents were analysed to ascertain if any learning could be identified to reduce the risk of similar events occurring in the future.

The service had a safeguarding policy and related procedures in place. In discussion, we were advised that the policy was updated on an annual basis or more frequently if there were changes in legislation or good practice guidance, that needed to be reflected.

Managers and staff spoken with demonstrated a good understanding of safeguarding procedures and were able to describe the correct action to take should concerns be identified about the safety or wellbeing of a person using the service.

Staff could describe the different forms of potential abuse and what they would do if they encountered any concerns. One care worker commented, "If I saw anything I did not like, I would go straight to the office. I would expect them to take it very seriously." All staff spoken with confirmed they had received recent training in safeguarding adults. This information was supported by training records, which showed a number of safeguarding courses had taken place in recent months.

The majority of people we spoke with expressed satisfaction with the staffing levels at the service and told us they felt there were appropriate numbers of staff to meet people's needs safely. One person said they were not sure and the other told us, "I do feel safe in here but I'm not sure about staffing levels. Sometimes they can seem a bit short-handed." However, we were able to confirm that these people did not have any safety concerns.

Care workers spoken with told us they felt able to carry out their roles safely. Their comments included, "I am happy with the staffing. We get time to sit with people." "We go to them straight away if they call us." "Generally the staffing is fine. If you were planning something like a garden party they might need more staff. You never run out of time."

We saw that a dependency assessment was completed for each person who used the service. The registered manager advised us this was not formally used to determine staffing levels. However, people spoken with including the registered manager, were confident there was provision to increase staffing levels at any time people's needs indicated this may be necessary.

We viewed some staff members' personnel records and found that the registered manager followed effective recruitment procedures. Records showed that all prospective employees were asked to provide a full employment history and give explanations for any periods they had not worked. We also noted that prior to being offered an appointment, candidates were required to provide at least two references and undergo a Disclosure and Barring Service (DBS) check, which would highlight if they had any criminal convictions or had ever been barred from working with vulnerable people. Carrying out these checks helped to safeguard people who used the service.

Effective systems were operated to help protect the health and safety of people who used the service, staff and visitors to the home. An environmental risk assessment was in place and regularly reviewed. Certificates were available to confirm that regular checks were conducted of the safety of facilities and equipment, such as lifting hoists, fire detection and prevention equipment and electrical equipment.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

In discussion, the registered manager and staff showed some awareness of the MCA and DoLS and records showed that staff had received training in DoLS/MCA in March 2015. However, we found that practice in this area was inconsistent.

The registered manager was aware of recent rulings made in relation to the MCA and as such, aware of the requirement to make additional applications in respect of some people who used the service. At the time of the inspection, the registered manager was working with the local authority to ensure priority was given to the more urgent applications. However, there were no completed DoLS applications in any of the care files we viewed and staff we spoke with were not always fully up to date with which people had DoLS authorisations in place, or had applications awaiting assessment.

We found that some best interests decisions had been made on behalf of people who used the service but no evidence that formal processes had been followed. For example, one person had a stair gate on their bedroom door. This action had been discussed with the person's family who had agreed it was in their relative's best interests and signed a consent form. However, a formal best interests meeting had not been conducted and there was no formal best interests decision on file.

People's rooms on the first floor unit, were locked & could not be accessed unless staff were present to assist. Another person's file stated they did not have capacity to decide whether to stay in the home but it was not clear on their care file that a DoLS application had been made. We were later able to establish that an application had been made but was stored electronically meaning care staff did not have access to the information. In addition, the lack of information in people's files regarding DoLS applications and best interests decisions meant it was not possible to establish that the least restrictive options possible had been taken.

The above findings demonstrated a breach of Regulation 11 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with expressed satisfaction with the support they received to maintain good health. People confirmed they were supported to access health care when they required it, for example, from their GP or district nurse.

People's care plans demonstrated that where appropriate, healthcare professionals were involved in their care. We saw evidence of joint working with a variety of community professionals including dieticians, mental health workers and physiotherapists. We received feedback from one community professional who told us that staff at the home always passed on relevant information and took health care advice into account when providing care.

At the time of the inspection the registered manager had recently introduced the MUST nutritional assessment tool. This assessment was carried for all the people who used the service and helped to ensure that any risks to people's nutritional health would be identified and addressed. For people assessed as being at high risk in this area, additional measures were in place to help support them safely, including additional monitoring of their weight and food and fluid intake.

A system was in place to ensure that catering staff were aware of individual people's needs and preferences. The head chef demonstrated good understanding of people's individual needs as well as good general knowledge in relation to the nutritional needs of older people. We were advised that the head chef recently won a Regional Care Award for good practice in this area.

People who used the service expressed satisfaction with the quality and variety of food provided. People's comments included, "The food is good." "The food here is excellent and I have no problem in getting drinks and snacks when I need them." "I do know the food is good and I can ask for an alternative if I don't like the meal."

Requires improvement

Is the service effective?

All the relatives we spoke with were confident their family member got enough to eat and drink. They were also sure that the staff understood their loved ones' likes and dislikes.

We observed a lunch time service. We noted the dining area was pleasant, with nicely set tables. The atmosphere during the lunch time service was relaxed and people appeared to enjoy their meals. People who required assistance with their meals were supported in an appropriate manner and enabled to take their meals at their own pace.

People who used the service and their relatives told us they were confident that the staff had the necessary skills to provide safe and effective care.

The registered manager advised us that all new care workers were provided with a comprehensive induction at the start of their employment. This information was supported by discussions with staff and records we viewed. Care workers described a through induction programme, which included a number of training courses and the opportunity to work alongside an experienced member of staff until they felt confident to carry out their role. We noted the registered manager had implemented the Care Certificate in line with national guidance, which demonstrated they kept up to date with changes in good practice.

There was a comprehensive training programme in place, which included a number of courses. Staff described courses they had completed in areas such as First Aid, Infection Control, Safeguarding, Moving and Handling, and the safe administration of medicines. In addition courses to enhance people's skills were provided in areas such as dementia care, life stories and reminiscence and the MCA and DoLS.

Staff told us they were supported and encouraged to undertake national qualifications in care. We noted that 21 out of the 26 care workers employed at the home held a national qualification in care. Some staff members had been supported to obtain advanced qualifications in areas such as dementia care.

The registered manager was able to provide evidence that the training programme provided to staff was constantly reviewed and updated. We noted the registered manager was working closely with a number of external training providers, including a local university, to ensure the training programme was constantly developed in line with good practice.

We found that the training matrix within the home was not fully up to date and did not consistently reflect all the training completed by each staff member. This meant that the registered manager was not always able to monitor training effectively and as such, we found one example where a staff member who had been employed at the service for nine months, had not completed all their mandatory courses.

We discussed this with the registered manager who advised us that as part of recent developments, a new system had been introduced for the recording of staff training and maintenance of the training matrix. The registered manager explained there was now a nominated person to oversee the training and ensure every staff member was fully up to date with their mandatory courses.

Formal supervision was provided on a regular basis for all staff. During these meetings with senior staff members, staff were encouraged to air their views, as well as any issues or problems they may be experiencing. In addition, the registered manager explained that supervision was a tool used to recognise staff members' achievements and progress.

It was apparent that much consideration had been given to how the environment could be adapted to meet the needs of people who lived with dementia. There were some innovative ideas that had been implemented, which included the provision of a traditional pub, a traditional hair salon and various seating areas decorated with murals depicting scenes of forests, fields, aquariums, old style streets and beach scenes. The registered manager was in the process of completing a 50's style kitchen for people to access, with safe equipment and decorations from that era.

All areas of the home were found to be nicely maintained and well equipped. People we spoke with told us they were happy with their rooms and those we viewed, were personalised with people's pictures, ornaments and other such valued possessions.

It is recommended that any information relating to best interest decisions or applications submitted to the Local Authority in relation to a Deprivation of Liberty, are fully documented on people's care plans.

Good

Is the service caring?

Our findings

People who used the service and their relatives spoke very highly of staff and expressed satisfaction with the manner in which staff interacted with them. People described care workers in ways such as 'kind', 'caring' and 'helpful' and told us they were comfortable in requesting assistance at any time.

People's comments included, "I would recommend the home. All the staff are so caring." "The staff treat me very well." "I am happy with everything here. I just love it and everyone is so nice." "The staff are fine with me and I think they are very good, they treat me so well." "I am quite happy with things as they are. The staff are all very good and very kind."

The visitors we spoke with all agreed that the staff were kind and compassionate in their approach. Their comments included, "I am visiting my mother who is being cared for very well here. I am sure she is safe and I have full confidence in the staff as the care they provide is excellent." And, "There is a pleasant atmosphere here."

We observed care workers interacting with staff throughout the day and providing support. We noted staff approached people in a pleasant and respectful manner and provided assistance when required. Care workers were seen to support people in a patient and unhurried manner, so that people were able to carry out tasks at their own pace.

People we spoke with felt confident that staff treated them in a respectful and dignified manner. People told us care workers always protected their privacy and dignity when providing support. One person commented, "I do think they are very good though with us, you know kind and caring and they are careful about privacy and dignity."

Staff we spoke with were able to give us examples of how they ensured that people who used the service received care that promoted their dignity and privacy. Care workers confidently described measures they took to ensure people received care in a respectful manner such as knocking prior to entering people's rooms, ensuring people were kept covered during periods of personal care and that doors and curtains were kept closed at these times. Staff told us any personal or private issues they needed to discuss with people were discussed privately with them, in order to ensure their dignity and that people who required personal care support were assisted to look presentable and dignified at all times. One care worker commented that they felt staffing levels at the service meant they were able to take their time to provide care properly and spend time 'just listening to people'.

The registered manager advised us that the service aimed to provide care tailored to individuals. He explained that people were not expected to fit in with the home's routines and that it was a goal of the service to encourage people to express their individuality and right to self- determination so they felt empowered and important.

We observed people being encouraged to make choices throughout the day. For example, where and how to spend their time. Staff told us they encouraged people to make decisions such as where they would like to sit, what they wanted to do, what they wanted to wear, whether they wanted support or not, and what time they wished to get up.

People's care plans provided some good information about their preferred daily routines and good person centred information, about the things that were important to them. For example, one person's plan clearly detailed certain triggers for their anxiety and strategies for staff about how to support them, during such periods.

People we spoke with felt they were able to be involved in their care plans or that of their relatives. This was facilitated through regular care plan reviews. However, people felt they could discuss any aspect of their care with staff or the registered manager at any time, not just during formal reviews.

We observed people visiting during the day without any restrictions. Visitors we spoke with told us they were always made welcome and enjoyed visiting the service. The registered manager advised us that family members were encouraged to visit regularly and sometimes invited to stay for meals with their loved ones. This information was supported by the visitors we spoke with.

The service had an end of life care champion in place who had a specific role in overseeing the care provided to people in their final days. A programme known as '6 Steps' was used which helped ensure people's care was provided in line with their and their loves ones wishes. As part of this programme care staff received training in the area of end of life care.

Good

Is the service caring?

We saw some specific end of life care plans on people's files. These demonstrated that there had been close contact with the person, their family and other professionals involved in their care. In addition, people's wishes about how they wanted their care to be provided had been recorded

Good

Is the service responsive?

Our findings

People we spoke with expressed satisfaction with the service and were confident their needs were met. People were also confident that any changes in their needs would be recognised and responded to appropriately. One person said, "I feel I can rely on them [the staff]. I know if there are any problems they do what is needed and keep me informed." Other comments from people who used the service were, "This place is very good, I am happy with my room" "I feel safe and happy with the staff who, in my opinion, are very well organised." A visiting professional told us, "I cover a number of Care Homes in the Southport area and I think this one goes the extra mile. The manager and the staff are great. I can't see any problems here but I know that, with my job, someone would soon tell me if things were going wrong."

Arrangements were in place to carry out a full care needs assessment, prior to any person starting to use the service. This meant that the registered manager could be sure they could meet a person's needs, prior to offering them a place. Records demonstrated that people who used the service and their families were fully involved at the time of the pre-admission assessment and asked to provide information about people's choices, preferences and support needs.

Information gathered during assessment was used to develop a care plan covering all areas of daily living. We viewed a selection of people's care plans and found them to be well detailed. People's care plans covered areas such as mobility, personal care needs, nutrition and health care. In addition, there was a good level of information about people's social histories, their preferred activities, hobbies and important relationships.

We saw some very good examples of person centred care planning. For example, information such as, 'likes one sugar and milk in tea', 'likes to wear trousers rather than a skirt,' 'expresses anxiety through facial expression.' 'Likes a hug when feeling anxious.'

The registered manager explained that one of the aims of the service was to empower people to make choices in as many areas of their lives as possible. Ways in which this was achieved were ensuring choices were offered in areas such as diet, personal care routines, getting up times and going to bed times. We were advised that person centred care had been placed on the mandatory training programme at the service, which meant all staff were expected to complete it.

Care plans were updated on a monthly basis or as and when any changes had taken place. This helped to ensure that people's care plans always reflected an up to date picture of their needs and that their changing needs were addressed.

There were effective arrangements in place for handover which meant that staff communicated important information between shifts. Care staff we spoke with were fully aware of people's care plans and told us there was always time to read them. Every staff member we spoke with demonstrated a good understanding of people's needs, choices and preferences.

People's care plans described their valued hobbies and pastimes. We saw an activities timetable was displayed in the home, which included activities such as trips out, quizzes and music sessions. People who used the service told us there were varied activities and said they particularly liked the trips out. Several people mentioned a recent trip to Knowsley Safari Park which they had all very much enjoyed.

Other comments included. "I know they do arrange activities here but they are not for me". "I love it here (hair salon). I think its lovely when we get our hair done."

Some staff we spoke with felt that people who used the service would benefit from more frequent opportunities to participate in activities. In discussion, we were advised that the activities coordinator only worked 12 hours each week across both units. However, in discussion, the registered manager explained this had been recognised as an area for improvement and arrangements were already in place to increase the number of activity coordinator hours.

People we spoke with felt able to make suggestions and raise their views about the service. Whilst nobody recalled attending any formal residents' and relatives' meetings, people felt they could approach staff or the manager at any time. In addition people confirmed they had been invited to express their views through regular satisfaction questionnaires. One person said, "I have done a

Good

Is the service responsive?

questionnaire and was able to tell them that the care here is first class and the leadership is outstanding." "There have not been any meetings but there was a questionnaire to which I gave very positive answers."

The registered manager advised us that satisfaction questionnaires were issued on a six monthly basis. He described them as a useful tool in assessing and improving upon the service provided, demonstrating a positive view about listening to people's views and acting on feedback.

There was a complaints procedure in place, which gave people advice on how to raise concerns. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission, so people had a contact if they wished to raise their concerns outside the service.

People we spoke with told us they would feel comfortable in raising concerns should the need arise. People knew who they should speak to if they had any concerns and felt able to approach the relevant people. People's comments included, "I would always talk to the manager if necessary." "I've never been to any meetings but I would have nothing to complain about if I did." "There is a happy atmosphere and I have no complaints but, if I did have, I would talk to a staff member." "I don't need to know about the complaints procedure because everything is so good here."

Requires improvement

Is the service well-led?

Our findings

There was a well established management structure in place, which included a long term registered manager and long term, deputy manager. Both managers held relevant qualifications in leadership and worked to update their skills and knowledge on a continual basis.

People who used the service and their relatives knew who the managers were and spoke highly of them. People said they were kept up to date with developments within the service and described the leadership of the home as 'very good', 'excellent', and 'outstanding'. One comment was, "I think this is a well run home with excellent management."

Dovehaven House is part of a larger group of care homes, and the registered manager advised that they benefitted from a good level of support from the provider and other managers from the organisation. This included regular manager's meetings where new information for example, regarding any updates on best practice or lessons learned within the group, could be disseminated.

There were processes for effective communication within the home. The management team and senior care staff members had daily discussions regarding people's current needs and issues or problems. The registered manager told us, "No subject is off limits at these times and all opinions are considered equally". We were told that senior care workers and managers adopted a hands on approach, working alongside staff and constantly promoting good practice. This information was supported by our discussions with people who used the service and staff as well as through our observations throughout the day.

People we spoke with described a positive culture within which they were able to express their views and share concerns. Their comments included, "If you go and talk to the managers they listen." "The seniors are very approachable, helpful and supportive." "I would be happy to have a relative here."

The registered manager demonstrated a very positive view about learning from people's experiences or feedback such as complaints. He explained that the team were continually striving to improve the service at Dovehaven House and would react to any identified areas for improvement promptly. He explained that the team used complaints or learning from adverse incidents as opportunities to learn lessons and improve the service.

As part of their quality assurance programme the service held an external accreditation. This meant the service was subject to additional quality monitoring and inspection which was carried out by an external agency on an annual basis.

Regular visits were carried out to the service on behalf of the provider by a Quality Compliance Officer. The Quality Compliance Office worked within other homes run by the provider, which meant they were able to share good practice across the services as well as any learning identified, in relation to possible improvements.

Internal audits were carried out in areas such as infection control, health and safety, care planning and medicines management. We saw records of the audits which demonstrated they were carried out on a regular basis and action recorded when any shortfalls were identified. However, it was noted that the internal audits had not identified the areas requiring improvement in relation to medicines management and practice in relation to mental capacity and DoLS. This was discussed with the registered manager and quality compliance officer. It is important that that the quality and safety of all aspects of the service are continually monitored to ensure areas for improvement are identified effectively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had failed to ensure that adequate arrangements were in place for the safe management of medicines.** 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person had failed to ensure that care was only provided with consent or in accordance with the Mental Capacity Act 2005.** 11(1)(2)(3)