

Midland Healthcare Limited

Dove House Care Home

Inspection report

Dairy Lane
Sudbury
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Tel: 01283820304

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on the 7 June 2016 and was unannounced.

Dove House is registered to provide accommodation and nursing care for up to 42 older people. There were 42 people who used the service at the time of our visit. The manager told us that the home was not currently providing nursing care to anyone.

The service had a registered manager. 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.

At our previous inspection visit on the 12 June 2015 the service was meeting the regulations that we checked but we did ask the provider to make some improvements. This was because one area of the home was not independently accessible to people with limited mobility and people needed staff support to ensure their safety was maintained. The dining experience for people required improvement to ensure people were supported to enjoy their meal in a relaxed atmosphere and improvements were needed to enhance people's social and therapeutic opportunities. At this inspection visit we saw that improvements had been made in all areas.

We observed and were told by people and their visitors that there were sufficient staff available to support them. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff told us that they were supported by the management team and provided with the relevant training to ensure people's needs could be met.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Systems were in place and followed so that medicines were managed safely and people were given their medicine as and when needed. Thorough recruitment checks were done prior to employment to ensure the staff were suitable to work with people.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise identified risks. Plans were in place to respond to emergencies to ensure people were supported in accordance with their needs. Care staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Where people were unable to make decisions, assessments were in place to demonstrate how decisions were made in their best interests. Staff gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals to maintain their health

and wellbeing.

People were supported to socialise and take part in activities to promote their wellbeing. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us the staff made them feel welcome and were approachable and friendly.

Staff listened to people's views and people knew how to make a complaint or raise concerns. There were processes in place for people and their relatives to express their views and opinions about the service provided. People felt the service was well managed and were involved in decisions related to the planning of their care. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

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 understood their responsibilities to keep people safe and were confident any concerns they raised would be listened to and acted on by the registered manager. There were sufficient staff to support people safely. Risks were identified and managed to ensure staff could minimise the risk for people. People were supported to take their medicine in a safe way. Recruitment procedures were thorough to ensure the staff employed were suitable to work with people. There were arrangements in place to support people's safety in relation to the premises and equipment.

Is the service effective?

Good ●

The service was effective.

People were supported by suitably skilled and experienced staff who received training and support to meet people's needs. Assessments were in place to demonstrate that decisions were made in people's best interest when they lacked the capacity to make decisions for themselves. People's nutritional needs were met and monitored and they were supported to maintain good health and access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People's privacy was respected and staff supported people to maintain their dignity. People had positive relationships with the staff.. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in discussions about

how they were cared for and supported to ensure their individual needs were met. The provider's complaints policy and procedure was accessible to people and their relatives and any complaints made were addressed.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post. Quality monitoring systems were in place to gather people's views and to identify areas that required improvement. Staff and people who used the service were positive about the management of the home and found the registered manager approachable and friendly.

Dove House Care Home

Detailed findings

Background to this inspection

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

This inspection visit took place on the 7 June 2016 and was unannounced. The inspection team consisted of one 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.

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. As part of our planning, we reviewed the information in the PIR and other information we hold on the service, such as notifications received from the provider. A notification is information about important events that the service is required to send us by law. We took all of this information into account when we made the judgements in this report. We also took into account information from social workers and the local authority quality monitoring teams that had visited the service.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who lived at the home and four people's visitors. We also spoke with the senior supervisor, two care staff, the cook, the deputy manager and the registered manager.

We observed how staff interacted with people who used the service and looked at two people's care records to check that the care they received matched the information in their records. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records for four people to check that people were given their medicines as prescribed and in

a safe way. We checked two staff files to see how staff were recruited, trained and supported to meet people's needs. We reviewed management records of the checks the registered manager and provider made to assure themselves people received a quality service.

Is the service safe?

Our findings

At our last inspection in June 2015 there were steps down into the courtyard with no ramp in place and we saw that it was difficult for people with limited mobility to access the courtyard safely. At this inspection we saw that action had been taken by the provider as ramps were in place in this area, to minimise the risk of people falling.

The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. One member of staff told us, "Although [Name] can walk with a frame we supervise them when they go into the courtyard because they are at risk of falls." Records seen and discussions with staff demonstrated that accidents, incidents and skin care was monitored and reviewed. The senior supervisor told us, "In April we identified patterns of falls in public areas, so we now have additional staff monitoring the lounge and dining room at meal times." This assured us that people's safety was monitored and the appropriate actions were taken to keep people safe. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

People confirmed they felt safe at the home. One person told us, "I feel very safe here, all of the carers are wonderful and nothing is too much trouble." Another person said, "I feel safe as the staff are here to support me. I am still getting used to being here but all of the staff seem very nice." A visitor told us, "The staff are very caring, very thoughtful and look after [Name] very well; they do their very best to keep [Name] safe and everyone living here safe."

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm and were aware of the signs to look out for that might mean a person was at risk. One member of staff told us, "It is hard for people living with dementia to tell us if anything is wrong or if someone has upset them but we might notice changes in their behaviour, which we would monitor and report." Staff we spoke with knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report any concerns to the manager but I know that we can go higher or to the local authority, although I have never needed to do that here."

We saw the provider had checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) check in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place, which demonstrated the provider checked staff were suitable to work

with people.

People and their visitors did not raise any concerns regarding the availability of staff to support them. One person told us, "There's always someone to help around, it's all right." Another person said, "It's very safe with the staff around, they check on me and they would do anything I'd like." A visitor told us, "The staff always seem very approachable and there are always staff around." Staff we spoke with confirmed that the staffing levels in place were sufficient to meet people's needs. One member of staff said, "There are enough staff to support people and we all work really well together as a team." We saw there was a clear staff presence throughout the home, who communicated well with each other. Staff were available throughout the day to support people with their personal care needs and their social needs.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. One person told us, "The staff bring me my tablets, I don't have to worry about anything. " Another person said, "I used to do my own tablets but I can't anymore, I would forget or get mixed up, so the staff give them to me, it's safer that way and they never forget." We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to demonstrate that people received their medicines as prescribed.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "I think the staff have skills and knowledge because I don't have to worry about anything, everything is brought to me." A visitor told us, "They look after [Name] just like I would, I am confident that [Name] is in the right place."

We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Staff were able to tell us about people's mobility needs and the level of support they needed to make decisions. Staff told us that they received the training they needed to care for people effectively and confirmed they received regular supervision to support them in their professional development. Staff told us they were supported well by the management team. One member of staff said, "I have my supervision with the deputy manager but at any time I can talk to the deputy or the manager, they are both really approachable and supportive."

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. Where people lacked capacity, assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and asking them if they wanted to participate in activities. For example we saw that one person when asked if they wanted to take part in cake decoration said, "No thanks, I am quite happy sitting chatting." We saw that the activities person respected this person's decision. Visitors we spoke with confirmed that this was normal staff practice. One visitor told us, "The staff do ask people if they want to take part in activities." Another visitor said "The staff explain to people what they are going to do before they offer help." This demonstrated staff respected people's rights and supported them to make their own decisions when 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. At the time of our visit, the manager confirmed that three people had DoLS authorisations in place. Staff we spoke with were aware of these authorisations and the reason for them and supported people in their best interests regarding these. We saw that information regarding these DoLS authorisations were kept in people's care plans. One member of staff told us, "We have allocation sheets and this includes being given time to read care plans, so we keep up to date with people's needs." The registered manager confirmed that applications had been made to the Supervisory Body for everyone that used the service as they all met the DoLS criteria. This showed us that the registered manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the meals and were happy with the quality and quantity of food provided. One person told us, "The food is very nice and if I don't fancy what's on the menu, the cook will make me something else." Another person said, "I can't fault the food, it is always nice, so far I have enjoyed everything."

Meals for people requiring a soft diet were blended separately, which made them visually appealing. We spoke with the cook who had a good understanding of people's dietary needs and preferences. They told us they planned meals around people's preferences and specific dietary needs. For example one person did not like fish, so an alternative was always available when fish dishes were made. The cook told us, "We have some people who are diabetic, so I try and provide healthy meals that everyone can enjoy but there are some foods that are too high in sugar so I make an alternative." People were supported to maintain their nutritional health. Nutritional risk assessments had been carried out and people's weight had been monitored regularly. Referrals had been made to the appropriate health professionals when a risk to a person's nutritional health was identified.

We saw that people's health care was monitored and met as referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, "If I am unwell they will call the doctor out, they are very good like that." Another person said, "I haven't needed the doctor but I am sure the staff would ring them if I needed to see one, they are always asking me if I am alright." Records we saw demonstrated that people had access to health care services and received ongoing healthcare support. Visitors said their relative's health care needs were met and that doctors and other health care professionals were contacted as needed. They told us they were kept informed of any changes in health.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us "They [staff] respect my rights and they treat me as an equal." Another person said, "The staff here are very kind and thoughtful, always checking everything is ok with me and asking me if I need anything, I am so glad that I came to live here." One visitor said, "The staff are very caring. They wouldn't let [Name] be distressed, they would try and comfort [Name]."

Staff we spoke with knew about people's likes and dislikes which enabled them to support people in their preferred way. For example we saw that staff knew how people liked their drinks served and how they preferred to spend their time. People's life histories were recorded in their care records, which gave staff information to enable them to get to know the person and people that were important to them.

We saw that some people were wearing accessories, such as jewellery and hats to demonstrate their individual style and preference. This demonstrated that staff encouraged people to maintain their sense of self and individuality. People told us they were able to follow their preferred routine and were supported to maintain as much independence as possible. One person told us, "I get up and go to bed when I want." Some people preferred to spend time in their bedrooms. One person said, "I do like to spend time in my room and in the conservatory, as it's peaceful there but I go to the dining room for meals and to socialise."

People and their visitors confirmed that the staff respected their privacy and ensured their dignity was maintained when supporting them. Where people that were cared for in bed or when people were supported to move in the hoist, we saw that staff helped them to maintain their dignity by being appropriately covered.

Visitors confirmed that they were involved in reviews of their relative's care. One visitor told us, "I am kept informed about [Name's] care and involved in reviews, there is no question about that, I am fully involved."

People told us their relatives and friends could call at any time. One person told us, "My family come mainly in the evening or weekend but they could come whenever they wanted to." Visitors confirmed that staff made them feel welcome when they visited. One visitor said, "Visitors are made to feel welcome, everyone knows everyone here and knows each other by first names."

Is the service responsive?

Our findings

At our last inspection in June 2015, meal times were not structured to provide people with a relaxing environment that met their needs. At this visit we observed the lunchtime meal and saw that people's dietary needs and preferences were met. We saw people that needed help to eat were supported by staff in a respectful and unhurried way. We saw that staff checked throughout the meal that people were satisfied and enjoying their meal. Staff were attentive to people's needs and the dining experience was a relaxed, social event.

At our last inspection, improvements were needed to ensure people's social and therapeutic needs were met. At this visit we saw that opportunities were provided for people to participate in recreational activities and to socialise with each other. An activities co-ordinator had been appointed and told us, "I have just started in this post and am trying different things dependent on what people enjoy and their interests, so today we are doing cake decorating as a few of the ladies have said they used to enjoy that." We saw some people participated in the cake decorating. One person told us, "I am really enjoying this, I always liked baking." We saw a group of people taking part in a musical event in the afternoon. One person told us, "That was good fun." We saw that people were supported to spend time as they wished, such as reading the daily papers, magazines and books, doing jigsaws and sitting chatting to each other and to staff.

At our last inspection, people that were cared for in bed had little visual stimulation in their rooms to enhance their well-being. We saw that improvements had been made as sensory lights were in place to enhance people's visual stimulation.

People and their visitors told us that the staff met their needs and supported them in their preferred way. One person told us, "The staff know what I can do and help me when I need help, they are very good." One visitor said, "The staff do interact with them quite nicely and on an individual level." We saw that staff monitored people's health and welfare so that any changes in wellbeing were monitored to enable the appropriate action to be taken. One person's visitor told us "If there are any changes to [Name's] care plan the staff keep me informed." Professional visitors that were contacted following this visit told us they had no concerns regarding the support provided to people. One visiting professional said, "The care staff appear friendly, kind and seem to have a good relationship with the residents who clearly respond well to them. The care plans and risk assessments I looked at were complete and up to date." People's care records showed that pre-admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. We saw that people's care plans and daily records were up to date and fully completed.

People and their visitors we spoke with did not have any complaints about the service and told us that they would speak to the registered manager if they had any concerns. We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

Visitors told us that the registered manager was approachable and accessible to them and told us that they were asked for their views on the service. One visitor said, "I see the manager most days and have a chat, if I have any questions I just ask her, she is approachable." Another visitor told us, "We can speak to anybody. I think the staff are happy to be here and very approachable." People told us they thought the home was well led. One visitor said, "Some of the things we really liked about this home is that it's very sociable, people eat together and talk to each other. This definitely felt like it's about people, homely, friendly and to whatever level people wanted to be involved. The main thing I liked is that it's natural, nothing hidden." Another person said, "I like how my relative is being looked after I'd recommend the home."

The registered manager told us that satisfaction surveys were sent out to visitors every six months. We looked at the most recent responses which showed that positive comments were received regarding the service provided to people. One person had written, 'Any issues, the manager is always happy to listen to. I feel confident that I can trust the manager.'

At our last inspection the registered manager told us that they had implemented a relative's forum which was a support group for relatives of people living with dementia. The manager confirmed that this group continued to meet. This showed us that the registered manager supported and encouraged relatives to share their experiences and support each other.

Staff confirmed that the registered manager was available and easy to talk to. One member of staff said, "I feel that I get very good support, the manager is very good and has been very flexible with me regarding my shift pattern, which has enabled me to do this job, which I love." Another member of staff told us, "It's a nice place to work, with good management support and good team work."

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. Monthly audits were undertaken by the provider to check the audits undertaken by the management team. This included the care people received by evaluating a sample of care plans and other records relating to people's care. The maintenance of equipment was checked to ensure it was safe for use and accidents, incidents and complaints were audited. We saw that this system of monitoring was new to the service and the registered manager confirmed that no areas requiring action had been identified at the time of our inspection. We looked at the accident audits for people. This was done each month to enable the management team to identify any patterns or trends. People had been referred to the falls prevention team in some instances when patterns were identified, to minimise the risk of further falls.

We saw people's confidential records were kept securely which ensured only authorised persons had access. Staff records were kept securely and confidentially by the management team. The registered manager sent us statutory notifications in accordance with the regulations.