

Dove House Residential Home Limited

Dove House Residential Home

Inspection report

Dovehouse Green
Ashbourne
Derbyshire
DE6 1FF

Tel: 01335346079

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09 February 2018

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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

The inspection took place on 9 February 2018 and was unannounced. Dove House is a care home that provides accommodation with personal care and is registered to accommodate 20 people. The service provides support to older people who may be living with dementia. The accommodation at Dove House is on the ground and first floor and there are three lounge areas and a dining room for people. The home is near the centre of Ashbourne and has a car park for visitors to use. Public facilities and transport services are within easy reach of the home.

Dove House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 18 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People continued to receive safe care. There were enough staff to support people and staff were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able them to care for people well. People were supported to maintain a diet that met their requirements and they received support from health care professionals to ensure their well-being was maintained. Health concerns were monitored to ensure people received specialist health care intervention when this was needed. The environment met people's needs.

People continued to have positive relationships with the staff who were caring and treated them with respect and kindness. There were opportunities for people to get involved in activities and pursue their interests. Staff knew people well and understood how to provide the care they wanted. People had a support plan which was reviewed with them and they knew how to raise a concern or make a complaint; all concerns were acted upon.

People were included in developing the service and found the registered manager approachable. There were processes in place for people to express their views and opinions about the service provided. There

were systems in place to monitor the quality of the service. The registered manager worked with other professionals to continue to raise standards in the home and to drive improvement within the care environment.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

This service remains good.

Good ●

Is the service responsive?

This service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Dove House Residential 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.

This inspection visit took place on the 9 February 2018 and was unannounced. The inspection visit was carried out by one inspector.

On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people who used the service and two relatives. We also spoke with six members of care staff, the deputy manager, the registered manager and a director of the company. We also gained the views of the Practice manager of a local GP Surgery and a health care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and audits and staff files.

Is the service safe?

Our findings

On our last inspection we found that improvements were needed with how infection control procedures and medicines were managed. On this inspection we found the registered manager had reflected on the quality of service provision and improvements had been made.

People were satisfied with the standard of cleanliness in the home. One person told us, "Everything is kept so nice and clean for us here. The home is spotless and very homely." We saw staff wore gloves and aprons where this was needed and used hand gels which were located around the home before delivering personal care. An infection control audit was completed to identify if standards were not being maintained. Our previous inspection identified that suitable waste disposal bins were not available; on this inspection we saw these were provided in toilet and bathroom areas and any disposal equipment had been disposed of safely. We also found laundry in an area close to a manual sluice. On this inspection we saw any laundry was being dried and aired in a separate room to ensure there was no risk of cross infection.

People's medicines were now safely managed and we saw people were offered their medicines with a drink. People were told what their medicines were for and staff spent time with them to ensure they took them. We saw that medicines were administered according to the prescriptions and the medication administration record was signed for after people had taken their medicine. Where people refused any medicine, this was respected. Staff offered people the opportunity to take their medicines at a later time. Some people needed certain medicines 'as required' (PRN); individual plans were agreed so that staff knew when to administer these medicines and the amount to give. All medicines were kept securely in a locked cupboard to ensure that they were not accessible to unauthorised people.

Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce the risk of harm. Potential risks for people had been identified and steps taken to minimise them. For example, where people needed supported to move. One person told us, "The staff make sure I am safe. They don't rush me and they help me to get around. I haven't had any falls since I moved here and feel much better for it." The care records guided staff on how to reduce identified risks while avoiding undue restriction; we saw that these were followed.

The registered manager had ensured that lessons were learned and improvements made when things had gone wrong. Records showed accidents and near misses were analysed so that they could establish how and why they had occurred. We also saw that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to report any concerns and were confident these would be dealt with by the manager. One member of staff told us, "It's made very clear that we should report any concerns we have to the manager and if we need it, the safeguarding telephone number is in the folder." The staff confirmed they would have no hesitation in reporting any concerns and

were aware of whistleblowing procedures and how to use them. One member of staff told us, "Our priority is people's welfare. If we see something wrong, then we need to report it."

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help the staff were quick to respond. One person told us, "There's a bell we can call in each room but the staff are always around or popping in so we don't need to use it." We observed that staff were available at the times people needed them, so they received care and support that met their needs and preferences. The staff told us that the team worked together to ensure that vacancies or unplanned absences were covered in the team. One member of staff told us, "It's important to us that people get the care from staff they know. We don't use any agency staff; if something needs covering, then we will work together and cover it ourselves." The staff explained this ensured continuity of care for people.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. It had been identified that a number of people may no longer be able to make decisions about their safety or whether should take medicines to keep well. Capacity assessments had been completed for these particular decisions and a best interest decision had been recorded. Staff understood that where people had capacity they were able to make decisions, which may feel unwise. One member of staff told us, "If people don't want any medicine even if it's in their best interest, we respect this. We recognise that we may need to go back later and ask again or another staff will ask them. The care plan records that we would let their nurse or doctor know, as it's important that they keep well, but we don't give anybody any medicine without their agreement."

We saw where there were concerns that people may be restricted; applications to lawfully deprive people of their liberty had been made. One member of staff told us, "We know there is a waiting list to get these assessed so we look for the least restrictive way to provide care. For one person, this meant just putting a sign on the door reminding them to ask staff to come with them if they wanted to go out. We don't want to stop people going out; we just want them to be safe."

New staff members completed an induction when they first started to work in the home and were given the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "We have a member of staff here who is trained to check new staff are competent. This works well as they get to spend time with staff and check they are doing everything as they've been trained and people aren't uncomfortable as they know the staff."

People were confident that staff supported them in the way they wanted. Staff received on-going training the registered manager considered essential to meet people's care and support needs. One member of staff told us, "We've had training for supporting people with dementia. This really helped me to recognise the differences in people's behaviour and how dementia can change people's moods and what they do." Another member of staff told us, "The last training I had looked at acute kidney infections and covered how to recognise if people may have any infection. If people have a urine infection, it alters how they are and can make them quite unwell, so it's important we recognise this."

People were provided with a varied diet and there was a choice of food and drink. The meal time was a pleasant experience and the tables were laid with table cloths and flowers and people could sit with people they enjoyed spending time with. People were independent and sat talking with other people sharing experiences and laughing. People were asked by staff what they wanted to eat and drink and asked if they were still hungry and wanted more food. Drinks were available throughout the day. Cold drinks were left on a table and when hot drinks were served people could choose from a mug or china cup and saucer.

People were supported to access health care services such as GPs, dentists and opticians. One person told us, "I'm going to have two pairs of new glasses; an everyday pair and a pair of reading glasses." Where people needed medical support due to changing health needs, we saw this was obtained and changes to people's care was recorded. People received support from the district nursing team where they needed any wounds monitoring or to check the integrity of their skin. This support was recorded in the care plan to ensure all staff had the necessary information to provide the support people needed. The manager liaised with the GP each week to ensure health concerns were discussed and referrals were made for health intervention where this was needed. One health care professional told us that the staff had a detailed knowledge of people with regards to their medical history and social circumstances, which meant they could work well with people to make decisions about any treatment and intervention. They reported, 'It feels like team work.'

All shared facilities were on the ground floor and there were two lounges and a reading room. People were able to move about their home safely as there was sufficient communal space to enable people to pass or have room to use their wheelchair or walking aids. The shared facilities had been changed as the home had been recently extended to provide four new bedrooms. These rooms were all ensuite and people had a private toilet and wet room. The rear garden was still under construction. The registered manager explained that bi-folding doors had been fitted to the reading room so it would be easier for people to access the garden in the summer. The new bedrooms all had private doors which led out into the garden. People had been involved with the official opening of the new extension and one health care professional reported that people were included in the ceremony 'which was a lovely event and celebration of all the team's hard work.' All areas of the home were furnished and decorated to a high standard and people told us they were happy with the facilities. One person told us, "The rooms are lovely. The whole house is and it's lovely to live in such a place."

Is the service caring?

Our findings

People maintained relationships which were important to them. Staff recognised people's rights to have personal relationships and have opportunities to be intimate and share time together. Relatives could visit anytime and there was a variety of communal areas where people could spend their time. We saw family and friends visit throughout the day. People and their relatives told us they were happy and were complimentary about the care and support they received. One relative told us, "You always feel welcomed here and everything feels and looks right. We are very happy with how the staff are and what they do." We saw there was a relaxed atmosphere and people were comfortable with staff. There was laughter between people and each other, and with staff. One health care professional reported, 'It is a very pleasant home to visit as it is friendly, caring and very organised.'

The staff understood their role in relation to supporting people to express themselves. The staff did not discriminate on the basis of sexual orientation and consideration was given to people's preferences in relation to their diverse cultural and human rights. One member of staff told us, "People are able to share how they want to be cared for and we will do whatever we can to make this happen. Many people who come and stay here come from a rural background so it's important we take that into account too."

Staff respected people's privacy and dignity and we saw staff speaking with people discreetly about matters of a personal nature. One person told us, "The staff are excellent and don't intrude where they don't have to. If you need them, they are always around and always popping in the room to see if everyone is alright. If anybody needs anything, the staff help them to their room so it's all very private and dignified."

People were dressed in a style of their choosing and had matching accessories and people could have their bags and personal possessions near to them. We saw when people were supported to move, staff remembered to take their personal belongings with them and asked people where they could place these so they could reach them. One person told us, "I've got my newspaper and everything I need here. The staff always make sure I have everything and I don't worry then." People were asked where they wanted to go and when being helped to sit down, they were helped to be comfortable and had pressure cushions to sit on where this was needed. We saw that staff respected people's personal space.

There was a relaxed atmosphere in the home and we saw people were comfortable and happy around staff. We saw that staff listened to what people had to say with interest and one person told us, "The staff are delightful. They are lovely and always have time and a kind word for everyone." Staff spoke with people who were sitting so that they were on eye level with them. We saw staff reassured people with a touch on the arm or hand where this was appropriate and talked about their lives, who and what mattered to them and significant events.

People were able to retain their independence. Before moving, people were asked whether they felt confident to walk or would prefer to use their wheelchair. We heard one person tell staff, "I think I'll try and walk today. If I don't feel right then we'll come back for my chair but let's try first." This was respected and staff helped them walk. We saw when people were supported to move in their wheelchair, the staff checked

they were wearing footwear and the footplates were positioned correctly and they asked people where they wanted to go.

Is the service responsive?

Our findings

People chose where to go and how to spend their time and we saw people were asked what they wanted to do that day. There was a range of activities available in the home if people wanted to be involved with arts and crafts and we saw people knitting. We saw staff were not rushed and where people wanted their attention, this was given and staff took their time when engaging with all activities. A quiz was arranged and people answered general knowledge type questions. One person told us, "I enjoy the quiz. I like to keep busy and it brings everyone together." Everyone was given the opportunity to participate and people laughed and talked about the different answers, which prompted a discussion about what this meant for them.

The staff were available throughout the day and spent time with people to meet all their support needs. There were different lounge areas where people could choose to be alone or have company. One person told us, "I have my newspaper and like to see what's going on." A notice board displayed local community activities that people enjoyed participating in and links had been developed with local groups. One person talked about a recent visit by a local Scout group and told us they enjoyed listening to the children singing. Another person told us, "I like to see my friends at the community club. The staff will book the community transport if I need it so I can still go on my own."

People felt that the staff were interested in them and their history and this information was used to develop their support plan. People had the opportunity to develop a memory book. One person showed us their memory book which included photographs of events they had been involved with, details about what was important to them and significant events. They told us, "I enjoyed going through everything with the staff. I liked talking about what I enjoyed when I was younger." One member of staff told us, "We want to know what's important to them to and this has been a lovely way to find these things out." There were also books displayed which included favourite poems that people had chosen. One member of staff told us, "We like to read through these and people have chosen the poems that are important to them or they remember. It's lovely to read through." Books had also been created for different members of the Royal family. One person told us, "We do like looking at these. The new babies are so lovely."

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. Individual support plans included information about how people wanted to be supported and their likes and dislikes and family members could be involved with any review with people's consent. One person told us, "I prefer to have my family look through everything. They know what I want it's I feel better if they are with me." One relative told us, "If anything changes then we get involved and I'm quite happy with how things are." People knew they had written support plans and when these were reviewed people had been asked to sign to evidence their involvement. Where people's needs had changed, the support plan was updated to reflect this.

People were supported to practice their faith and staff recognised the differences in how people chose to meet their religious needs. One person told us, "If we want to go to Church then we can. We're quite lucky here as there are quite a few different churches nearby but I like to go to the one where I know everyone and can meet my friends, and that's fine." Some people were visited by a minister if they wanted to continue to

practice their faith but chose not to visit a place of worship.

People knew how to raise any concerns and make complaints if needed. The provider's complaints procedure was on display in the entrance to home and all complaints and concerns were responded to. For example, we saw the last complaint was in relation to toast not being provided at the same time as the main cooked breakfast. One member of staff told us, "This was important to them and so we learn from any mistakes we might make so we can make things better for everyone. It's important that they are served together so it is all at the same temperature. We now make sure this doesn't happen and they are happy with this."

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

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.

The registered manager and senior staff worked alongside staff to promote good practice and so that any areas of concern could be quickly resolved. The registered manager actively sought people's views both in meetings and informally, and staff felt that their suggestions were appreciated and encouraged. The staff felt the registered manager gave clear direction to them and were supported and valued. Staff told us they had a good understanding of their role and responsibilities and were happy and motivated to provide support and care. One member of staff said, "We are all very proud that we have high standards here and a good reputation in the area. The manager is really supportive and makes sure we all keep to these high standards." Another member of staff said, "I'm lucky to work here and to be part of this team. It's wonderful working here."

The registered manager had considered how they could learn and implement innovative practices to enhance people's care. This included working in partnership with local GP practices and commissioning groups to support the 'red bag scheme'. This is where a red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their hospital episode and is returned home with them. This ensures that everyone involved in the care for the person will have necessary information about them. The manager had helped to develop a pre-hospital admission checklist to be included in the red bag. They explained that this meant that all hospital staff had the information they needed to provide a safer and consistent care for people as this included information about their health, medical history and where people needed support to help to make decisions. One health care professional reported the registered manager offered a useful perspective on the information care homes should send into hospital and was 'extremely knowledgeable but also passionate about the care of the people who lived at Dove House and were willing to contribute to anything that will enhance their care and that of other people in care homes in general.'

The registered manager was committed to continuing to develop their own skills and knowledge and attended quality improvement groups. One health care professional explained that as a result of this, the registered manager had supported people to discuss end of life arrangements and whether they wanted to receive any treatment in the event they needed resuscitation.

The staff were able to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. For example, we saw

that checks had been completed on equipment to support people to move and how infection control standards were managed. Where any concerns were identified, action was taken to ensure people were safe.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their web site.