Doveleigh Care Limited

Doveridge Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 30 August and 1 September 2016 and was unannounced. We had previously inspected the service on 4 October 2013 and no breaches of regulations were found in the standards inspected. Doveridge Care Home is a 20 bed residential care home which provides accommodation with personal care for older people living with dementia but does not provide nursing care. 19 people lived at the home when we visited.

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.

People, relatives and professionals consistently told us about the excellent care they received from well trained staff with the knowledge and skills of staff, which had a positive impact on people's health and wellbeing. People received effective care by staff who understood the needs of people living with dementia. The provider promoted best evidence based practice through the use of lead roles, called 'Ambassador roles.' Staff had ambassador roles for dementia, dignity, safeguarding, epilepsy, nutrition, diabetes as well as palliative and end of life care. Ambassadors undertook additional training and shared their knowledge within the team through championing and raising awareness in their topic area.

People's independence and wellbeing had been enhanced by improvements made in the internal and external environment of the home. Staff took account of best practice evidence to make the environment of care more 'dementia friendly' and further improvements were underway. The home was decorated in themed colours with toilet/bathroom areas clearly identified by their colour and signage, which helped people navigate their way independently around the home. A new covered pergola had been built in the courtyard garden and planted with a sensory planting scheme. Great care and thought had been given to how to adapt this space to make it suitable for people living with dementia, in order to stimulate and encourage them to use the space and minimise restrictions on their freedom.

The service purchased sensory glasses to help train staff in innovative ways to help them understand people's experiences of how visual impairment affected their perceptions. In response, staff identified more personalised ways to support each person with a visual impairment, for example, by providing coloured, rather than white crockery which for some people, helped them to see their food more easily and made their dining experience more positive. People with cognitive difficulties and conditions such as arthritis had specialised cutlery and crockery, which enabled them to eat and drink independently.

Staff developed exceptionally positive caring and compassionate relationships with people. The ethos of the home was that of an extended family. People were treated with dignity and respect and with compassion. Staff knew each person as an individual, people mattered, they were patient, and demonstrated empathy in their conversations with people and in how they spoke about them. They were exceptionally kind and made

time for each person, there were lots of hugs and kisses. A staff member held a person's hand, and offered people a reassuring touch, hug or kiss when they looked sad or bewildered. Staff forged strong relationships through music and singing, which was an everyday part of life at the home.

Staff had signed up to the national 'Dignity in care' initiative and they were committed to upholding the ten good practice steps to demonstrate compassion and respect for people. Empathy dolls were used to promote nurturing and bring comfort to people. People received exemplary end of life care in line with national best practice guidance and were kept peaceful, comfortable and pain free. A relative wrote, 'We were able to stay in mum's room with her until the end. The kindness and care were exceptional. A better place I will never know.'

People received personalised care which was holistic and individualised, staff put them first and knew each person well, such as what made a good day for them. People were relaxed and comfortable with staff who were attuned to their needs. Staff could recognise from their non-verbal cues such as gestures and body language, and they responded appropriately. There was a relaxed, calm and happy atmosphere at the home with lots of smiles, good humour, fun and gestures of affection. Staff spoke with pride about the people they cared for and celebrated their achievements.

Care was focused on people's wishes and preferences and people were supported to remain active and independent. Staff went that extra mile for people, for example, on the day we visited, a person's key worker came in on their day off to accompany the person for a dental procedure. The person had a developed a special bond with them, and trusted them and the staff member had prepared them well by doing several 'dry runs' in preparation. The service used the 'Living well through activity' toolkit to find ideas and suggestions about activities people would enjoy. Staff organised a trip to a RAF museum in response to a chance remark they made about their war experiences and that meant so much to the person. Another person, who previously had an allotment, had their own mini greenhouse growing runner beans and staff sourced equipment to help another person be able to put on their own socks when they experienced difficulties. People were supported to maintain links with the local community were known in local shops and cafes. Staff supported a person to continue go to their local exercise class and hairdresser, organised a men's curry and beer pub night regularly and several people enjoyed attending the local 'Memory café' each week.

People, relatives and professionals spoke about the exceptional quality of care provided at Doveridge Care Home. Visiting professionals spoke about the 'can do' attitude of staff at the home, excellent leadership and team working. The service had received a top 20 care home award from the care homes association for the past two years for their caring ethos. The average review score of 9.9 (maximum of 10) was based on 19 reviews/recommendations over the past two years, all of whom were 'Extremely likely' to recommend the home to others.

People received a consistently high standard of care because staff were led by an experienced, and proactive registered manager. The staff team were highly motivated and enthusiastic, and committed to ensuring each person had a good quality of life. There was a clear management structure in place, staff understood their roles and responsibilities and were accountable. The home was organised and well run and the culture was open and honest. Staff told us about excellent teamwork, support and effective communication between staff, they felt supported and valued for their work. Senior staff acted as role models to support staff to achieve high standards of care and The provider had a range of well- established quality monitoring systems, and made continuous improvements in response to people's feedback, the findings of audits, and in response to accidents and incidents.

People were supported to express their views and were involved in decision making about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, capacity relatives, friends and relevant professionals were involved in best interest decision making.

People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. People said they felt safe living at the home. Staff knew the signs of abuse and how to report concerns; any concerns reported were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff. People knew how to raise concerns and were confident any concerns would be listened and responded to. The service had a written complaints process. Any concerns or complaints were investigated with actions identified to make improvements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

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 knew how to recognise signs of abuse and how to report suspected abuse. Any concerns reported were acted on.

Risks to people were managed to reduce them as much as possible, whilst promoting people's freedom and independence.

People were supported by enough staff to receive care at a time and pace convenient for them.

Recruitment practices were robust, checks were undertaken to ensure staff employed had the right attitudes, skills and were suitable to work with vulnerable people.

People were supported to take their medicines on time and in a safe way.

Accidents and incidents were reported and actions were taken to reduce risks of recurrence.

Is the service effective?

Outstanding

The service was effective.

People's independence and wellbeing had been enhanced by improvements made in the internal and external environment of the home. Staff used their knowledge of best practice evidence to make the environment better suited to the needs of people living with dementia.

People received effective care by experienced and knowledgeable staff who understood the needs of people living with dementia. We received consistently positive feedback about the knowledge and skills of staff and their impact on people's health and wellbeing.

Staff confidently used the Mental Capacity Act (MCA) and its principles, which was embedded in day to day practice at the home. Comprehensive records of 'best interest' decisions were kept for each person.

Staff worked effectively with people, relatives, and other professionals so people experienced care and treatment that promoted their health. People were supported to eat and drink independently by staff who made sure mealtimes were a pleasurable experience.

Is the service caring?

Outstanding ☆

The service was caring.

The ethos of the home was one of an extended family. Staff valued each person as an individual, people mattered and staff developed exceptionally positive, kind, and compassionate relationships with the people they supported.

People's privacy, dignity and independence was promoted and respected. A 'dignity' advocate promoted and championed dignity issues within the team.

People received exemplary end of life care at the home in line with best practice guidance. They were treated with dignity, kept peaceful, and pain free and staff supported families and those that mattered to the person to spend quality time with them.

Is the service responsive?

Good

The service was responsive.

People received person centred care from staff who promoted each person's health, well-being and independence in a way which enhanced their quality of life.

People were occupied, stimulated and encouraged to socialise through an excellent programme of activities and social events. People were supported to pursue their interests and hobbies and try new things.

People were partners in their care and care records were individual, comprehensive and detailed. People's views were actively sought, listened to and acted on.

People and relatives felt comfortable to raise concerns or complaints because staff and the management team were approachable. Any concerns raised were listened and positively responded to and used to make further improvements.

Is the service well-led?

Outstanding ☆

The service was well led.

People received a consistently high standard of care because the registered manager led by example and set high expectations of staff about the standards of care.

People, relatives and staff expressed high levels of confidence in the management and leadership at the service. Staff worked together as a team to support people and felt valued for their contribution.

The culture was open and honest and focused on each person as an individual. Staff put people first, and were committed to continually improving each person's quality of life.

The provider promoted best practice and people benefited from the skills and knowledge of staff. They had robust quality monitoring arrangements through which they continually reviewed, and evaluated to improve people's care.

Doveridge Care 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 took place on 31 August and 1 September 2016 and was unannounced. The inspection team included an 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 services for older people.

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. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with all 19 people using the service, and with 11 relatives and looked in detail at four people's care records. A number of people living at the service were unable to comment directly on their care and experience of living at the home as they were living with dementia. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met with the provider, general manager, registered manager and with eight other staff, which included care, administrative, housekeeping and catering staff. We looked at staff recruitment, training, supervision and appraisal records in four staff files. We also looked at the provider's quality monitoring systems such as audits of medicines, care records, health and safety, and at actions taken in response to feedback from people, relatives and staff. We contacted professionals who worked regularly with the home such as commissioners, GP's, community nurses and other specialists, a social worker and received responses from six of them.

Good

Is the service safe?

Our findings

People appeared happy and content in their surroundings and said they felt safe living at the home. One person said, "It feels like a home, relaxed, safe and secure," another said, "I feel perfectly safe." A relative said, "I can go on holiday and not worry."

Staff were knowledgeable about the various types of abuse, and had completed safeguarding training and had regular updates. The registered manager was the safeguarding lead for the home. They promoted staff awareness about safeguarding through discussions about people, staff supervision and team meetings. The provider had an appropriate safeguarding policy, so staff had contact details of other agencies they could report concerns to.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on them to keep people safe. For example, the relative of a person who lacked capacity wanted to make arrangements about where they should live, which staff thought were not in their best interest. Although the person didn't live at the home, staff recognised they were in a vulnerable position. They phoned the local authority safeguarding team to share their concerns and sought advice. In response, the local authority appointed an independent mental health advocate to represent the person in making a decision about where they should live. This demonstrated staff stood up for people's rights. The Care Quality Commission (CQC) did not receive any safeguarding notifications from the home since the last inspection. We confirmed with the registered manager and from looking at documents that no safeguarding incidents had occurred.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. In the morning there were three care staff on duty plus the registered manager, with three staff in the afternoon with two waking staff at night. The atmosphere in the home was calm and organised; people's needs were met at a time convenient for them. Staff worked in an unhurried way and spent time with people. The provider information return showed the service used a dependency tool to calculate and review the staffing levels, based on an individual assessment of each person's care needs. Staffing levels varied at different times of the day, for example, some staff started their shift earlier in the morning/ evening, so they were available when more people needed extra support getting up and going to bed. When a person's needs increased, because they needed end of life care, additional staffing was organised. The provider did not use agency staff, any gaps in staffing were met by existing staff working extra shifts. This meant people benefitted from continuity of care by staff who knew them well.

People were safely cared for by experienced staff team, who were observant, and were aware of individual risks for people and how to minimise them. People's demeanour and their interactions with staff showed they felt safe. Staff noticed when a person needed help, and offered them an arm to lean on, a reminder to watch the step and prompted people to use their walking stick or other mobility aid. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Personalised risk assessments promoted people's safety and reduced risks for people as much as possible.

Accidents and incidents reported included measures to reduce risks for people. Any slips, trips or falls were reviewed to identify avoidable factors, so they could be addressed to reduce the risk of recurrence. We spoke with a staff member who had a lead role in falls prevention at the home. They met with the community falls team and reviewed what actions staff could take to further reduce risks for people. For example by checking the environment to reduce the risk of falls such as by getting rid of trip hazards such as trailing leads, and by ensuring people unsteady on their feet were prompted to use their mobility aids and wore sturdy, good fitting shoes. The provider had installed a passive infra-red sensor system in all bedrooms, which could alert staff when a person was getting out of bed, or had left their room, so staff could offer them assistance. Eight people were identified at high risk of falling, so staff undertook regular 'comfort rounds' on those people to check they had everything they needed, and to offer them assistance to use the bathroom regularly. These measures improved people's safety and minimised their risk of falls.

People received their medicines safely and on time. Medicines were securely stored in a designated medicines room, with key access to staff authorised to administer medicines. Those staff were trained and had their competencies assessed to make sure they had the required skills and knowledge. Staff wore a 'do not disturb' red tabard when administering medicines, to remind others they needed to concentrate and avoid interruptions, in order to minimise the risk of errors.

Where a person's medical condition required them to receive their medicines at set times, in order to gain the maximum benefit, staff made sure this happened. Another person was assessed as lacking capacity to make decisions about whether to take their medicine and sometimes refused. Staff had consulted the person's GP and family members who agreed staff could give the person their medicines disguised in their food or drink, in their best interest, (known as covert medication). A white board in the medicines cupboard, alerted staff to any recent medicine changes, such as the commencement of a course of antibiotics or changes of dosage, which also reduced the risk of medicine errors.

Medicines administered were well documented in people's Medicine Administration Records (MAR), as were prescribed creams applied. Medicines were checked and MAR sheets were audited regularly by an assistant manager, with a lead role for managing medicines. Actions were taken to follow up any discrepancies or gaps in documentation. For example, following an incident involving a 'pain patch' medication in another home within the group, lessons were learnt and improvements in documentation were made. Staff documented the date, time and site when new patches were applied and confirmed the old patch was removed. This ensured those medicines were used in accordance with the manufacturer's instructions.

Environmental risk assessments were completed for each room and showed measures taken to reduce risks. For example, to reduce obstacles and trip hazards such as trailing leads. The provider had systems staff used to monitor the safety of the environment such as checks on health and safety, infection control, medicines management, and fire prevention measures. Records showed repairs and maintenance of the building were regularly undertaken. Equipment was regularly serviced and tested as were gas, electrical and fire equipment.

Regular fire drills were undertaken regularly in accordance with fire regulations, as were regular checks of the fire alarm and fire extinguishers, emergency lighting, smoke alarms, and fire exits. Each person had a personal emergency evacuation plan which showed what support they needed to evacuate the building in the event of a fire. This included details of people with visual or hearing impairments, and people with mobility needs, who might need extra support or equipment.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Staff had hand washing facilities and used gloves and aprons appropriately to reduce cross infection risks.

Housekeeping staff used suitable cleaning materials and followed cleaning schedules. The most recent environmental health food hygiene inspection had rated the home with the top score of five.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Outstanding ☆

Is the service effective?

Our findings

People received exceptionally effective care by staff that had an in-depth knowledge of their care and treatment needs, and were skilled and confident in their practice. Relatives and professionals confirmed staff had the skills to meet people's needs, and understood the needs of people with dementia well. Relatives comments included; "The care here is second to none, my wife is exceptionally well looked after;" [Person's name] "could not be in a better care home, staff are obviously well trained and very professional, and understand the needs and requirements of all the residents." A professional said; "I have always found care to be safe and of a very high quality, not just physically but emotionally."

To help staff understand people's visual experiences, such as cataracts and the effects of dementia on some people's visual perceptions, the provider purchased sensory glasses. These were used innovatively in staff training to help staff appreciate how visual impairment affected people's perceptions. In response staff identified more personalised ways to support each person with a visual impairment, for example, by providing coloured, rather than white crockery which for some people, helped them to see their food more easily and made their dining experience more positive. In the provider information return, the registered manager highlighted how the home also used the 'Stimulate Our Senses' best practice tool which provided ideas about how to stimulate each sense such as sight, touch, feel, taste and smell. In the new courtyard garden, the dementia ambassador researched sensory planting schemes suitable for people living with dementia, and incorporated a mix of colours, textures, scents and edible plants to stimulate people's senses.

In the provider information return, the registered manager highlighted lead roles, called 'Ambassador roles' which promoted best evidence based practice. There were lead roles for dementia, dignity, safeguarding, epilepsy, nutrition, diabetes as well as for palliative and end of life care. Those staff undertook additional training and shared their knowledge within the team through championing and raising awareness in their topic area. For example, the dementia ambassador encouraged staff to think of creative ways people could be encouraged to live well and inspired other staff and family members to learn about dementia. They compiled a resource file which included information and ideas for supporting and encouraging people living with dementia. Staff had signed up to the Alzheimer's society 'Dementia Friends' scheme and had undertaken training. They demonstrated a good understanding of the different types of dementia, and how it affected each person in different ways.

Staff took into account evidence based practice in redesigning environments to make them more suitable for people living with dementia. The home was a Victorian building, but improvements had recently been made and more were underway. Each of four areas around the home was painted a different colour to help people find their way around. Toilet doors had all been painted yellow and displayed easy read signage, which helped people find and access toilet/bathroom areas. Grab rails were fitted in corridors, bedrooms and bathrooms to help people move around independently. Chairs were of a suitable height and had sturdy arms so people could use them for support to help them to sit down and stand up. Because the improvements made navigation easier for people, it helped them reduce the daily stress of finding their way around the building and to retain their independence for longer.

A new covered pergola had been built in the courtyard garden. People could see and access this area independently and safely through wide patio doors from the conservatory, as it was paved and level, suitable for people with mobility aids and wheelchairs. Raised beds had been introduced at a comfortable height, so people could grow flowers and vegetables, water plants and do weeding. Great care and thought had been given to how to make this space suitable for people living with dementia, in order to minimise the restrictions on people's freedom. The registered manager explained the location of the pergola in the middle of the courtyard led people naturally around the space to enjoy the flowers and plants, and removed the focus from the external gate.

People had chosen pictures and objects meaningful to them, such as family members, beloved pets, to display on their bedroom door, which helped them find their own room. The living room had a very homely feel with chairs set around a fireplace area and a selection of ornaments and other objects of interest. Vintage pictures on display included war time themes, posters of well know food brands, and provided interest and stimulation for people, and prompted conversations about their memories. Further improvements planned included relocating the kitchen to provide a more sociable dining room space and adding an extension to a downstairs lounge to make the space more generous, bring additional daylight into the room and provide people with a better view outside.

Staff sought people's consent for all day to day support and decision making, using ways appropriate to the person's individual communication needs. For example, a staff member gently explained to a person about their eye drops, and checked if the person was happy to have them. Although the person couldn't verbally communicate, the staff member recognised from the person's eye movements and vocal sounds they didn't wish to have their eye drops at that time. They reassured the person it was fine and they said they would check later if they wanted them.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant.

Relatives or others with legal responsibilities to support their relatives with decisions relating to health and welfare and /or finances were consulted and involved in making decisions about the care and support provided. The registered manager had records of any such arrangements so they were clear what had been agreed, which made sure people's legal and human rights were upheld. For example, when a decision was made a person needed a dental procedure, records showed family members and the person's GP were consulted and involved in the best interest decision.

DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. 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 and found that they were. The registered manager said they thought everyone who lived at the home was being deprived of their liberty. For example, through the use of key pads on external doors which prevented people leaving the home unaccompanied for their safety, security and wellbeing. They made DoLS applications to the supervisory body for everyone, and were awaiting people's assessment. This meant people's legal rights had been protected.

When staff first came to work at the home, they undertook a period of induction working alongside the registered manager and other experienced staff to get to know people, and about their care and support needs. All new staff had a probationary period to assess they had the right skills and attitudes to ensure good standards of practice and the provider checked they had the required competencies to become a permanent member of staff. Two staff said they felt well supported during their induction period and a new staff member was undertaking the national care certificate. This is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff had received a range of training to develop the skills and knowledge they needed to meet people's individual needs. A health professional said, "The manager is very supportive of all her staff. Staff are encouraged through training and regular input from the manager, to provide the best care for each individual as they can." For example, district nursing staff had trained and assessed staff to monitor the blood sugar levels of a person who was insulin dependent diabetic so they could administer the person's daily insulin. This meant the person could get up and have their meals at times that suited them, rather than having to wait for the district nurse. Staff demonstrated a good knowledge and understanding about caring for people with diabetes.

The provider information return showed most staff had completed qualifications in care at level two or above, so they had the knowledge and skills they needed to meet people's needs. A training matrix showed all staff undertook regular training and updates on topics such as health and safety, moving and handling, first aid and infection control. Staff also undertook other training relevant to the health needs of people they supported. For example, supporting people with diabetes, continence awareness, dementia awareness and managing challenging and unpredictable behaviours. Staff received support through regular one to one supervision, group supervision in handover and at staff meetings. Supervision included senior staff monitoring staff practice around the home, and providing constructive feedback. Staff had an annual appraisal and regular performance review meetings, which provided an opportunity to discuss their practice and identify further training and support needs.

Before each person came to live at the home, a thorough assessment of their needs was undertaken. The provider used evidence based tools to assess if people were at risk of developing pressure sores, of falling, malnutrition and dehydration. Care plans provided staff with detailed instructions about people's skin care and any pressure relieving equipment they needed. Detailed moving and handling plans which showed how staff needed to assist a person to mobilise.

People had access to healthcare services through regular visits from their local GP and district nurses. People had regular dental appointments, eye tests and visits from a chiropodist. Staff monitored people's health care needs and reported any changes in their health or well-being to their GP or district nurse. Heath professionals reported standards of care were consistently high, and said staff were proactive, recognised changes in people's health and contacted them for advice and carried out their instructions.

For example, several people living at the home were at increased risk of choking due to difficulties chewing and swallowing their food and had been seen and assessed by a speech and language therapist (SALT). The SALT confirmed staff completed the appropriate training and demonstrated a good understanding of how to safely manage people's swallowing and choking risks. Care plans had detailed information about how to reduce risks for that person. One person said they still enjoyed their food, although it had to be pureed because they had difficulties swallowing. Catering staff had researched how to present pureed food in an appetising way, and had obtained food moulds. They used these so they could present the person's meat, vegetable and potatoes separately to make the person's meal more appetising for them. At lunchtime, staff supervised the person eating and drinking and encouraged the person to swallow each mouthful before

eating again, which minimised their choking risk.

People said they liked the food and were able to make choices about what they had to eat and were offered drinks and snacks regularly throughout the day. One person said, "There are lots of cakes, wonderful, I've put on weight here." Staff knew people's food preferences, likes/dislikes and any allergies or food restrictions. For example, that one person preferred their own oats and bottled water, and that another person liked prunes and yogurt for breakfast. A person, with a poor appetite, enjoyed chocolate mints, so staff made sure they had a regular supply to tempt them. For a person who was agitated and restless, staff ensured they received adequate nutrition by providing them with 'finger food' and snacks they could eat on the move, which is good practice.

Staff made mealtimes a positive and sociable experience for people and understood the importance of people's meal time experience, as a way to promote their health and well-being. They were passionate about the importance of good nutrition and hydration, food was freshly cooked and looked appetising and nutritious. A four week menu offered a choice of main course each day, choices which people could easily change on the day. Several people enjoyed a pre- lunch sherry or glass of wine to stimulate their appetite. Where people were at increased risk of malnutrition or dehydration, staff increased the nutritional and calorie content of their meals, such as by adding butter, cream and milk powder. Where a person's physical frailty meant staff could no longer check their weight, they used regular upper arm measurements to monitor the person's nutritional health instead, which is good practice.

Outstanding ☆

Is the service caring?

Our findings

People, relatives and professionals praised staff and told us about the excellent care provided at Doveridge Care Home. Comments included; "I love it here, nothing is too much trouble." A relative described the caring ethos of the home which they said was "amazing." Written feedback said, 'Doveridge certainly lives up to all that I would want for my mother. She is loved and cared for with respect and dignity and gets all the little treats that she requires.' Another said, 'I have never had cause for worry as the staff are so attentive and caring.'

Speaking about staff, a professional said, "They are so lovely and kind, they truly love people and will go to the ends of the earth for each person at the home." Another said, "The whole team are very caring and go that extra mile." Another wrote; 'Just a few examples of their exemplary conduct: staff always speak directly to the residents, even when it is likely the resident cannot hear or understand. I have never once seen a member of staff speak across the bed. I find this extremely moving.'

The service had a strong, person centred culture and staff went that extra mile for the people and families they supported. A professional said, "Their attention to families is wonderful. The whole family becomes part of the Doveridge family, not just the person who lives there." The registered manager told us how recently staff arranged a family celebration for a couple to celebrate their 45th wedding anniversary at the home. They arranged for the vicar to do a blessing, helped the person dress up and do their hair. They baked a special celebratory cake and organised a party. A photograph on the wall, entitled 'My special day' showed the person and their husband enjoying the occasion, surrounded by their children and grandchildren. Speaking about the occasion, the local vicar said, "It will live long in my memory, such care and thought was put into it."

Staff developed exceptionally positive, caring and compassionate relationships with people. The ethos of the home was that of an extended family. A person looked very happy and content hugging and looking after an 'Empathy Doll. ' Empathy dolls are specialist equipment designed to be nurtured by people living with dementia. For some people, they are thought to invoke happy memories of parenting and nurturing and can bring them a real sense of well-being. The registered manager told us how the empathy doll had made a big difference to this person's happiness, and had encouraged two other people to engage with this person about the doll. Staff encouraged the person to look after the doll, whilst they helped them to come downstairs on the stair lift, something they found stressful and difficult.

Staff organised their day flexibly around people's needs and wishes and noticed what was happening for people. They checked regularly on each person, and listened attentively to what they had to say. People seemed relaxed with staff, there was lots of banter and laughter. Staff were exceptionally kind and patient and made time for each person, and there was lots of hugs and kisses. They held a person's hand, and offered people a reassuring touch, hug or kiss when they looked sad or bewildered. Staff forged strong relationships with people through music and singing, which was an everyday part of daily life at the home. For example, two staff started singing with a person which distracted them when they became anxious. Others joined in and sang along, which helped people connect with staff and gave them pleasure.

Staff were kind, and treated each person with dignity and respect. They had signed up to the national, 'Dignity in care' initiative, and were upholding the ten good practice steps to demonstrate compassion and respect for people. A dignity ambassador promoted people's dignity amongst the staff team. They researched what equipment works best and purchased 'dignity' cutlery and crockery for people with cognitive difficulties conditions such as arthritis. For example, two handled beakers and different coloured plates, which staff explained helped the person see and recognise their food. They also used a range of lightweight and heavier crockery in different sizes for people to use, depending on their individual needs, which enabled people to eat and drink independently.

Staff encouraged people them to make their own decisions wherever possible. They could recognise people's non - verbal responses and what they meant. One person's communication care plan said, 'My facial expressions and vocalisations will show you how I'm feeling.' A pictorial menu board was used in the dining area to remind people of the daily food choices at each meal. Staff said this was really helpful in aiding people to choose and communicate their choices.

Staff were proactive and helped people maintain relationships with those that mattered to them. Family and visitors dropped in regularly throughout the day, and were warmly welcomed and chatted easily to staff. People's bedrooms were decorated to their taste and personalised with things that were meaningful for them. Relatives confirmed staff kept in regular contact with them and also involved them in day to day decision making for people who lacked capacity. Care plans were reviewed six monthly, including by telephone for relatives who didn't live locally.

The local vicar visited regularly and offered companionship and communion to those who wanted it. Volunteers from the local church assisted some people to go to local services. Staff followed national best practice such as 'One chance to get it right' and NICE guidelines for end of life care (2015). Staff worked with hospice staff to improve the quality of end of life care for people. Hospice staff did staff training sessions on managing pain relief using a pain scale to assess pain levels, on managing breathlessness and mouth care and provided information leaflets for staff on symptom control. Hospice staff said staff were confident in providing end of life care at the home, which meant people received care from staff they knew and trusted and didn't hesitate to contact them for advice. They also said staff managed people's pain relief and comfort well, provided good skin and mouth care and organised all the equipment needed. Hospice staff described how one night, the registered manager came in to work, so a staff member could sit with a dying person. A relative wrote, 'To know he was not alone when he died was a great comfort.'

A staff member had a lead role to champion end of life care and supported each person, if they wanted to, to develop an advanced care plan. They said the hospice training gave them the skills and confidence to discuss death and dying with people and families in order to help them have a good death. A 'When I die' documented people and families views about resuscitation, the withdrawal of treatment and details of funeral arrangements, if they wished. This gave people and families the opportunity to let other family members, friends and professionals know what was important for them in the future, where they may no longer be able to do so. One person's advanced plan said, 'I would like you to help me float away with as little fuss as possible.'

When we visited, a person was having end of life care. They looked comfortable, peaceful, relaxed and pain free. The service used an 'Abbey Pain Scale' to assess people's pain and comfort needs and got the person's GP to prescribe 'Just in case bags.' This meant anticipatory medicines were available which the person might need, so avoided delays and meant the person was kept comfortable. The relative of the person receiving end of life care said staff were, "Amazing, so caring." Written feedback from the relative of another person who received end of life care at the home said; 'I can't thank you enough for the excellent care you

gave mum, when we were at our lowest ebb you gave us reassuring hugs which meant everything to us.'
Each time the registered manager completed a statutory notification about a person's death, it was personalised to include an outline of the person, which demonstrated the positive regard they had for each person in their care.

Good

Is the service responsive?

Our findings

People, relatives and professionals consistently gave us positive feedback about how the service was exceptionally personalised to meet people's individual needs. Words they used to describe the home included; "friendly," "homely" and "full of life." One person said, "I've got everything I need, the staff always help me and I help them. I like a little laugh and a joke, staff talk to me and they listen." The daughter of a person who moved from another home said, "She is so much happier here, its smaller, quieter, staff are so sweet and kind, nothing is too much trouble." Relatives written feedback included; 'I could not ask for better care;' 'Mum's keyworker is very kind and caring and has been exceptional in the way she looks after mum,' I find all the staff very welcoming and friendly and am pleased with the excellent care and their attention to detail.' A visiting professional described how impressed they were when an off duty member of staff came into to escort a person who needed to go to hospital, as they were so scared.

A staff member said, "It's their home and it feels like that" and another said, "Staff are more like their friends." Professional comments included, "I have always found it to be a very happy home where the residents are supported very well in a person centred way;" and "I have always found care safe and of a very high quality, not just physically but emotionally;" and "They are a part of the local community."

On the day we visited, a person's key worker came in on their day off to accompany the person for a dental procedure. This was because the person had a developed a special bond with them, and trusted them. Staff had taken great care to prepare and support the person to have a dental procedure with the minimum distress. They did some 'dry runs' to practise getting the person downstairs and arranged for the person's GP to prescribe a tablet to help them relax and reduce their anxiety. They spoke gently with the person, told them what was happening at each stage, and reassured and praised them. This meant the person was supported to go into the awaiting transport without distress, and the dental procedure was successfully carried out.

Each person had a keyworker, a named member of staff that was responsible for ensuring people's care needs were met. This included spending time with the person and supporting them with activities, hobbies and interests. A professional told us how the person had mentioned to a member of staff about a trip to a museum they had visited in the past, which featured the story of a plane crash that happened whilst they were serving in the RAF. In response, staff arranged to take the person to visit the museum again. The professional said, "It was amazing, to hear the person talking about it, such personalised care."

People really mattered and their care was personalised to support their individual needs. Staff had an excellent understanding of people's social and cultural needs and had undertaken training on person centred care and equality and diversity. People's care and support was holistic and managed in partnership with them. Staff involved people and those close to them in developing individualised care plans and in reviewing and updating them. A section of the care plan entitled 'My life so far' included detailed information about each person, their family, their work, interests, skills and achievements before they came to live at the home. Staff demonstrated their respect for people and all they had achieved by talking with them about their past, their family and their lives. A member of staff chatted with a person about their

children and the school holidays. Another sat happily with a person looking at their photograph album and encouraged them to reminisce about a foreign holiday they enjoyed, to talk about various family members and what they had achieved and enjoyed. Staff said their training helped them better understand what it is like for people living with dementia and tried to help people maintain their independence. For example, a staff member described how a person living with dementia had difficulty putting their socks on, so they researched online to find them some equipment to help them do so.'

Staff helped a person who liked the colour blue to choose curtains and a lamp for their room. Another person was an accomplished artist and their paintings were proudly on display in their room. Another person preferred their clothes washed separately in a particular detergent, which staff arranged for them. Staff arranged soft pink lighting in the room of a person who was confined to bed, which made the room very relaxing and feminine. The person's care plan said, 'I like my hair being brushed and wearing my perfume.' A professional commented on how this person's hair was always beautifully plaited when they visited.

Staff involved people in the day to day household tasks around the home if they wished. One person had made a shopping list, others helped with setting the table for lunch, and clearing it afterwards. After lunch, another person enjoyed doing a bit of washing up and drying dishes in the kitchen. A person got agitated on several occasions and the staff managed the situation calmly and gave them the time they needed. Two different staff explained the person was often agitated when they needed the toilet, so they took the person to the bathroom, held their hand and spent time with her walking up and down.

Key workers co-ordinated people's care, and reviewed and updated the person's care plans with them regularly. People's care, support and treatment plans focused positively on their abilities and described 'Things I am able to do' and 'Things I would like you to help me with.' For example, where a person required support with personal care, their care plan said, 'I am able to wash my hands and face with prompting but need assistance to brush my hair and teeth.

People's views were sought day to day, at regular residents meetings and through care reviews. Staff involved people in menu planning and food was regularly discussed at residents meetings. For example, most people said they liked more traditional meals such as cottage pie and roast dinners, and asked to have more often, so the menu was changed to accommodate that request. This showed staff sought people's views and acted on them.

People were supported by staff to maintain their hobbies and interests. One person, who previously had an allotment, had their own mini greenhouse, and were growing runner beans. It was a lovely sunny day when we visited and people wandered freely in and out, several people enjoyed lunch outside and the pergola provided suitable shade. Several people enjoyed watering the plants and weeding. Others enjoyed sitting and chatting, having a coffee and entertained friends and family when they called. When a person became agitated, a staff member quickly intervened to distract them by inviting them to help them 'deadhead' the flowers, which calmed and distracted them, and kept the person happily occupied for a while.

The provider employed three activity co-ordinators who worked across the homes and other staff regularly did one to one and group activities as well. The service used the 'Living well through activity' toolkit to find ideas and suggestions about activities people would enjoy. A weekly activity calendar showed people could pursue their interests and hobbies, were encouraged to try new things and learn new skills. For example, arts and crafts, cookery, relaxation and reminiscence. A staff member said the registered manager was open to new ideas and suggestions and they were keen to get some people to go swimming regularly.

Several professionals praised the emphasis staff at the home put on providing a range of activities. The service had a 'Dove Bus', wheelchair accessible transport so groups of people could go out together and had access to two smaller vehicles known as 'Dove Bugs' which staff could use to transport one or two people. People enjoyed going to the beach, visiting local garden centres. There was a range of activities people could be involved in. These included jigsaw puzzles, quizzes and word games, sewing and knitting, hand and nail care and musical entertainment. Several people had their preferred paper delivered daily and there was a book club. A photograph album showed a range of other things people had enjoyed such as birthday celebrations, trying out using a Hula Hoop, and wearing a variety of hats.

The service had excellent links with the local community. Staff were proactive and made sure that people were able to maintain relationships that mattered to them. People living at the home were known locally in shops and cafes. People were supported to maintain links with the local community. For example, one person was supported by staff to continue to go to their local hairdresser and exercise class when they came to live at the home. Several gentlemen, who particularly liked hot curries, were supported to have a regular pint and curry night at the pub. Several people enjoyed attending the local 'Memory café' each week.

The provider information return showed complaints and concerns were taken seriously and used as an opportunity to improve the service. The complaints procedure was displayed by front entrance and in the service user guide. The registered manager said the home welcomed comments, complaints and compliments, and promoted a culture of 'What do we get right? What could we do better?' There had been two complaints since our last inspection, both of which were investigated thoroughly. One complaint resulted in a member of staff refreshing their Skills for Care training and undergoing closer supervision. The other complaint resulted in developing a better system for supporting a person with their hearing aid. This demonstrated complaints and concerns were used positively as an opportunity for learning and improvement.

Outstanding ☆

Is the service well-led?

Our findings

People, relatives and professionals spoke about the exceptional quality of care provided at Doveridge Care Home. Visiting professionals spoke about the 'can do' attitude of staff at the home. Other professional comments included; "They are so forward thinking, nothing is a barrier, the registered manager is fabulous" and Team working is excellent ."

The provider Doveleigh Care Limited runs three care homes in Devon. Each home has a registered manager, and a general manager oversees the running of all three homes within the group, along with the provider. People benefitted because Doveridge Care Home was well led by an experienced and proactive management team. They had an open leadership style, promoted a positive culture, and were committed to high standards of care and continuous improvement.

The provider information return showed Doveridge Care Home had received a top 20 care home award from the care homes association for the past two years. The care homes association uses feedback from people and relatives from online reviews. The review score of 9.9 (maximum of 10) for Doveridge Care Home was based on 19 reviews/recommendations over the past two years all of whom were 'Extremely likely' to recommend the home to others. On line review feedback included; 'Staff at Doveridge have made my mum feel very welcome and she settled in quickly. This kindness has been extended to my Dad who visits daily and staff are very supportive towards him, he often eats with mum, adding a bit of normality to their lives. Recently it was Mum's 80th birthday and the home let us take over one of the lounges for a family party, enabling us to make a very special memory.'

Several relatives we spoke with said the home had a good reputation locally, and had been recommended to them as the home of choice for their loved one. A relative spent a lot of time with the person every day at the home, and worked as a volunteer helping with drinks and 'odd jobs' around the home. In recognition of this, the provider offered them paid employment to work flexibly, which meant they could continue to spend family time with the person and do some work. The relative said this gave them a sense of purpose and made them feel valued.

There was a clear management structure in place, with a senior member of staff on duty at all times, organising, supporting and leading the staff team. Staff wore smart distinctive uniforms with name badges, so people knew their role at the home. The registered manager was in day to day charge and worked in the home three days each week, with two management days. They acted as a role model for staff about the standards of care and attitudes they expected, they monitored and supported staff in their practice. Three assistant managers deputised in the absence of the registered manager. A general manager oversaw the running of all three homes within the group, along with the provider.

People, relatives and staff all said the registered manager was "excellent" approachable, and they felt listened to and received good support. One professional said, "The manager is very 'hands on' and this is clearly appreciated by all staff and residents. She is always cheerful, there is lots of banter and this makes for a very homely environment. I feel she is an excellent leader and team player." Another wrote, 'The staff are

remarkable, and I would draw out [registered manager's] leadership here.' They acted as a role model for staff about the standards of care and attitudes they expected, they monitored and supported staff in their practice. Staff spoke to the manager regularly to pass on information, ask questions and raise issues, which were addressed. Each assistant manager had a lead role they were responsible for, such as monitoring and auditing medicines management, fire safety systems and infection control. Speaking about their leadership style, the registered manager said, "I would never ask staff to do anything I wouldn't do myself." They said each member of staff brought their own unique contribution to the staff team, "I have lots of stars for different reasons."

The service had a positive culture that was person-centred, open, inclusive and empowering. Staff had a well-developed understanding of equality, diversity and human rights and put these into practice. Staff felt consulted and involved in decision making at the home. Regular staff meetings were held with all staff and minutes showed people's individual care needs were discussed, as were care records, dignity and respect issues and 'best interest' discussions. The most recent staff survey showed staff confirmed they had good training and development opportunities, felt well supported and confident to report concerns. The staff survey also reported positively on the standard of care for people and on the improvements at the home.

Staff worked well together as a team, and there was excellent communication. Staff were made very aware of any recent changes to people's health and care needs when they came on duty through a staff handover meeting. This ensured that important information was shared, and acted upon. A communication book was used to follow up important messages about people care and treatment. For example, blood test results and prescription changes. Staff said they felt valued and appreciated for their work. When we asked staff what was the best thing about the home, they consistently spoke about the good teamwork, support and communication between staff. One staff said they particularly valued the support they received from management when they first went to work at the home, and a close family member became ill which meant they needed time off. Another staff member spoke of the extra support they received as they struggled with paperwork. The staff member said, "People here have as good a life as they can, its spot on, I've never been so happy, the manager is so understanding." Other staff comments included; "'It is a good place to work, team morale is very good;" "Friendly, great team providing great care, and good management support;" "We all communicate well" and "we get things get done."

People's views were sought day to day, through residents meetings and through care reviews. The registered manager hosted a regular 'Matrons tea' where people dropped in for tea, cake and a chat, which was very popular and well supported. From this people made several suggestions which were implemented. For example, the service added a handrail and improved the lighting near steps in the conservatory following feedback from a relatives' survey, a bedroom door lock was fixed and extra activity hours were also provided. Other changes in response to feedback included menus changes and an increase in cook hours increased to free up care staff more in the morning and afternoon. The ground floor lounge was refurbished to create a more relaxed area and reduce clutter.

People benefited from staff who understood and were confident about using the whistleblowing procedure. Since the last inspection, a staff member had raised a concern in good faith, which was taken seriously, and investigated. This was managed robustly and successfully through the provider's performance management procedures and staff supervision arrangements. This demonstrated concerns raised in good faith were taken seriously and addressed to make improvements.

Staff were committed to continuing to improve their care. For example, a newer member of staff told us about plans to further personalise the care of each person living with dementia, through Dementia Care Mapping, as they had been trained to use this technique. Dementia mapping is a best practice observational

tool used to look at the care of people with dementia from the viewpoint of the person with dementia. Dementia care mapping enables staff to understand each person's world more clearly and the insight gained can assist staff to identify ways in which they can provide more personalised care to have a positive effect on each person's well-being.

The provider had a monthly bonus scheme they used to recognise and reward positive staff values, attitudes and behaviours. People, managers and staff could nominate individual staff who went over and above their role for people. For example, for acts of exceptional kindness towards people, such as taking a person out on their day off or taking a person's cardigan home to sew the buttons back on. The provider promoted leadership and succession planning. Staff had opportunities to gain additional qualifications and attended training relevant to their ambassador link roles and the three assistant managers were undertaking leadership and development courses. Quarterly management meetings were held between senior staff in all three homes within the group to provide an opportunity to share experiences and good practice ideas.

The provider used a range of quality monitoring systems to continually review and improve the service. A monthly checklist was used to monitor falls, pressure care and undertake health and safety checks of the premises. The registered manager and assistant managers did a range of checks and audits to monitor and identify areas for improvement. For example, by checking people's care records, medicine records and infection control audits which looked at the environment of the home, cleanliness of equipment, hand hygiene, kitchen, laundry and waste management. Audit results showed staff acted in accordance with infection control measures.

The general manager carried out regular audits which included observations of staff practice in communal areas of the home, talking to people and undertaking checks of people's rooms. In response, the registered manager developed an action plan in response to show how any issues were addressed. The provider was committed to continuous improvements. Recent improvements included fitting thermostatically controlled valves to all hot water sinks in people's rooms, which further minimised scald risks for people. Hot water temperatures were checked monthly to ensure they did not exceed the Health and Safety Executive maximum recommended temperature of 44 degrees.

Young people were regularly offered work experience placements at the home following robust recruitment procedures. This registered manager said they gained an insight into the experience of caring for older people. The registered manager said if young people had positive experiences of care for older people, they hoped it would prompt and inspire them to explore care as a career choice. A professional whose son did a placement at the home said the young person really enjoyed the experience, got to know people and said they were planning to go back to see how everyone was doing when they returned from university at Christmas.

The service had evidence based policies and procedures were provided to guide staff in their practice. These included policies on safeguarding, Mental Capacity Act, health and safety and infection control. The service used Care Ambassadors to promote evidence based practice through developing advanced skills and resource folders to share with the rest of the staff team.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.