

Midland Healthcare Limited

Dove House Care Home

Inspection report

Dairy Lane
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dove House Care Home is a residential care home providing personal care to 22 people at the time of the inspection, some of whom were living with dementia. The service can support up to 42 people in an adapted building.

People's experience of using this service and what we found

Quality assurance checks at the service had previously failed to identify areas of improvement required to the environment. At the inspection we saw that the provider had made improvements to the quality assurance systems, but we could not be assured that these were embedded into their practice.

Areas of the building required decoration and refurbishment. The provider had addressed the urgent issues and had a plan for the rest of the work.

People's care plans were reflective of their current needs.

Effective systems were in place to assess and manage risk to people's safety. Accident and incidents were recorded and reviewed.

People were supported by enough staff who supported them in a timely manner and staff members received training on how to keep people safe from the risk of abuse.

People's medicines were managed effectively.

We found there was a positive culture shared between staff to promote good outcomes for people. Incidents were investigated and improvements were made.

Managers and staff were open and honest. People, their relatives and staff had the opportunity to make changes to the service.

Staff worked in partnership with other healthcare professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 8 June 2019).

Why we inspected

We undertook this focussed inspection due to concerns we had received from the local authority that Dove House Care Home was not managing infection control risks at the home effectively and concerns with the

environment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Ratings from the previous comprehensive inspection for those key questions we did not look at were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dove House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in the safe section below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details can be found in the well led section below.

Dove House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out over two days by one inspector.

Service and service type

Dove House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager currently registered with the Care Quality Commission. However, the manager was in process of applying for their registration at the time of our inspection. This means that they (once registered), along with the provider, will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced; however, we telephoned the provider from outside the home because of the risks associated with Covid-19. This was because we needed to know of the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and health professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the manager, assistant manager, care co-ordinator, handyman, care assistants, and cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as required improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- During an inspection by the local authority's infection control team, concerns had been raised about the condition of areas of the building. At this inspection we found that the provider had addressed the urgent concerns and had made arrangements for the remaining work to be carried out.
- The provider had effective systems were in place to assess and manage risk to people's safety and these were followed by the staff team.
- Risk assessments were in place for people in relation to the COVID-19 pandemic.
- Staff at the home carried out regular health and safety checks in the home to ensure the safety of people living there.

Using medicines safely

- People's medicines were managed safely. People received their medicines as prescribed and were dispensed by trained staff. Protocols had been drawn up considering people's preference as to how and where they would like to have them administered.
- Where people were prescribed medicine on an 'as required' basis, clear protocols were in place for staff to follow.
- We found medicines were stored securely and people's medicine administration charts were completed fully.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections, through the use of a separate entrance, available PPE and lateral flow tests being taken prior to entering.
- We were mostly assured the provider was promoting safety through the layout and hygiene practices of the premises. Whilst the home was clean and cleaning schedules had been increased, some areas of the building required some redecorating to help keep it clean, however, the manager was already aware and were waiting for contractors to commence work.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was facilitating visits for people living in the home in accordance with

the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by staff who were trained to recognise and report potential abuse.
- Staff told us the process to follow if they had any concerns, and who to raise concerns with to ensure people were safeguarded.
- People we spoke with felt safe living in the home. One person told us "I feel safe here, the staff are lovely and always here to help me."

Staffing and recruitment

- We saw people were supported by enough staff who responded to, and met their, needs in a timely manner.
- Staffing levels were checked by a dependency tool. This meant the provider regularly reviewed staffing levels to ensure there were enough staff to meet people's needs. Although staff were busy, people and staff reported people's needs were always met.
- The providers recruitment processes were in place to ensure the suitability of staff working in the home. Preemployment checks and references were obtained prior to staff employment.

Learning lessons when things go wrong

- The home kept records of accident and incidents and reviewed them to identify ways to prevent a re-occurrence.
- The provider took actions including seeking advice from health care professionals, to reduce the risk of it happening again.
- Staff regularly completed accident and incident audits to make changes and help keep people safe.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At the time of our inspection the manager was not registered with us, however they were in the process of applying to register. This is a ratings limiter for well-led, therefore we cannot improve the rating of requires improvement.
- Regular quality assurance checks were carried out by the management team of the home and by personnel from the provider. These covered areas such as the environment, safety measures, infection control and medicines.
- The local authority's infection control team had recently carried out an inspection at Dove House and had found a number of issues with the environment and work practises that had not been identified in the home's own quality assurance checks. This showed that the systems in place were not effective, however, the provider had recently made improvements to their systems to address this. As these had only just been introduced there was insufficient evidence to show these has been successfully/effectively embedded
- The manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.
- The Manager had a plan for improvements at the service. They admitted that their previous plans had been disrupted by the pandemic and the difficulty in obtaining contractors and materials to carry out remedial work. That had now eased, and we saw the work being carried out during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong, positive person-centred culture in the home. Each person was treated as an individual with their own unique needs.
- People were involved in decisions about their care and support. Where appropriate, families and healthcare professionals also had input.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given the opportunity to be involved in and influence the running of the home. The home had altered how it gained people's opinions about their care and support due to COVID-19 and used questionnaires rather than holding meetings.
- Staff told us that they received regular staff meetings and handovers. A staff member told us, "I know if I

had any ideas about someone's care needs, I could approach (registered manager) and I would be listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to be open and honest with people when things went wrong. When things went wrong the management team engaged people and those close to them in identifying what had happened and what could be done differently in the future.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy, dieticians and local GP's to ensure the best outcomes for people using the service.