

Dove's Nest Limited

Doves Nest Nursing Home

Inspection report

15-19 Windsor Road
Clayton Bridge
Manchester
Greater Manchester
M40 1QQ

Tel: 01616817410
Website: www.dovesnest.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 and 12 December 2018 and the first day was unannounced.

This service was selected to be part of our national review looking at the quality of oral health care support for people living in care homes.

Dove's Nest Nursing Home (Dove's Nest) was previously inspected in September 2017. We found three breaches of the Health and Social Care Act regulations and the Care Quality Commission Registration regulations. These related to providing safe care and treatment, good governance and requirements to display the service's performance rating. At this inspection we found some improvements had been made, but there were aspects of the service which still required improvement. These are discussed below and within the main sections of the report.

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

Dove's Nest is registered to provide accommodation and nursing care for up to 40 older and younger age adults with complex physical disability needs. Accommodation is located across three floors, with a passenger lift available between floors. There were 36 people living at the service during this inspection.

There was a manager in post who had been registered with the CQC since September 2013. 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 was supported in the day to day running of the care home by a clinical lead and an operational lead.

In the main, Dove's Nest provided care and support that was safe but there were areas which required improvements. Though risks to providing care had been identified, specific guidance was not always in place to help staff manage these risks. Risks were not always reviewed regularly.

Not all lifting equipment had been checked as required by industry regulations to help ensure people, staff and visitors to the home were protected from risk of injury. Following our site visit we received evidence that this had been done.

The provider had made the required improvements since the last inspection in September 2017 to help ensure medicines were managed and stored safely.

People were supported by a consistent staff team for whom all relevant pre-employment checks had been

completed, to ensure they were appropriate to work with vulnerable people. The provider had suitable systems in place to take action to protect people from abuse including accidents and incidents.

People were protected from the risk of infection because suitable arrangements were in place to ensure hygiene standards were maintained. The home was visibly clean and free from unpleasant smells. Staff were knowledgeable about and demonstrated good infection control practices.

People 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. The provider had submitted appropriate applications for the deprivation of liberty safeguards to the local authority and the registered manager had a good system in place to track the progress of these.

Staff were competent and had adequate professional support to enable them to support people safely and effectively. Staff received an induction, training considered mandatory by the provider and shadowed experienced colleagues prior to working unsupervised. Staff had regular supervisions and annual appraisals.

People's nutrition and hydration needs were met effectively. People were very satisfied with the food and drink on offer. The service acted proactively to ensure people maintained a balanced diet and that they received relevant health and medical attention as required. This helped to ensure people achieved a good quality of life and wellbeing.

People were supported in a friendly and respectful way. People, relatives and staff got on well and staff were aware of people's personalities and behaviours. Staff responded promptly when people asked for help and were seen to support people in a patient and unhurried manner. People and relatives were complimentary about the staff and their caring attitude; they said the care they received was supportive and kind and that staff were genuinely caring.

The care home operated within a diverse and multicultural community and had systems in place to ensure people's equality and diversity needs were recognised.

Most care plans contained detailed and adequate person-centred information to guide staff to provide personalised care. These plans were reviewed regularly.

Activities and events were meaningful and engaging. During our inspection, we observed activities taking place, including one-to-one activities. Activity records evidenced people's participation in a range of events outside the home such as concerts, Christmas markets and visits to garden centres and museums.

Concerns and complaints were managed effectively with a clear process in place. People and their relatives told us they knew how to make a complaint or raise their concerns. The registered manager had a good oversight of issues identified which helped to reduce the likelihood of reoccurrence.

People and their relatives knew the registered manager and said they were friendly and approachable. Staff were equally complimentary about the registered manager and spoke about their 'open door' policy. People and their relatives were very pleased with the service. They felt very involved in the care provided and were always kept informed and consulted with.

Staff had appropriate mechanisms to support them in carrying out their jobs. These included staff meetings and policies and procedures.

The provider complied with the legal requirement to display its most recent rating within the home and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Specific guidance around managing potential risks to people's health and safety was not always in place.

Improvements made helped to ensure medicines were managed safely.

People told us they felt safe at the home. Staff knew what action to take to keep people safe.

Is the service effective?

Good 

The service was effective.

People told us the food on offer was good and that they always had a choice of meals.

The provider followed the principles of Mental Capacity Act to ensure people's rights were safeguarded.

There were robust systems such as supervision and annual appraisal in place to support staff performance in their caring role.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and respect.

The atmosphere at the home was comfortable and relaxed. Staff knew people well who in turn had a good rapport with staff.

People and their relatives were involved in making decisions about the care provided.

Is the service responsive?

Good 

The service was responsive.

Care plans were detailed and personalised to people's needs. Care plans were reviewed monthly or when people's circumstances changed.

People were engaged in meaningful activities and recreation within and outside of the home, which they had been involved in planning.

Concerns and complaints were investigated in line with the provider's policy, and outcomes communicated to the complainant in a timely manner.

Is the service well-led?

The home was not consistently well-led.

Quality assurance processes needed to be strengthened to ensure all aspects of the care provision were monitored adequately.

People living at the home and their relatives were able to provide feedback to help make improvements to the service.

Staff felt valued in their roles. The registered manager attended various forums which gave them the opportunity to discuss best practice and challenges within the industry.

Requires Improvement 

Doves Nest Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 and 12 December 2018 and the first day was unannounced. The inspection team consisted of two adult social care inspectors and one dental inspector. This service was selected to be part of our national review looking at the quality of oral health care support for people living in care homes. The dental inspector looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish a national report of our findings and recommendations in 2019.

Prior to our site visit, we reviewed information we held about the service. This included previous inspection reports, any notifications the service had sent to us since our last inspection such as safeguarding incidents, serious injuries or other significant events that had occurred.

The provider completed a provider information return (PIR) which we reviewed before visiting the service. A PIR is a form we ask providers to complete to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authorities and clinical commissioning groups (CCG) that commissioned packages of care from the service for information they held about the service. Only one CCG contacted us to indicate they had no concerns with this service. We received no other feedback. We checked the Manchester Healthwatch website; there were no reviews about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During the inspection we spoke with six people living at the home and two relatives. We 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 spoke with nine staff members, including the registered

manager, a nurse, two care staff, the chef, the laundry attendant and the activities staff.

We reviewed records relating to the care people received. These included four care plans, daily records of care and medication administration records (MARs). We also looked at other records relating to the running of a care home, including four staff recruitment files, records of training and staff supervision, records of servicing and maintenance and quality monitoring carried out.

Is the service safe?

Our findings

The provider carried out regular maintenance and checks of the building and equipment to help ensure the environment was safe for people using the service, staff and visitors. This included lifting and fire safety equipment, electrical systems and portable appliance testing and water systems. However, we did not see records to show the passenger lifts had been inspected in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). LOLER requires that all lifts and lifting equipment such as hoists provided for use in work activities are thoroughly examined by a competent person at regular intervals (every six months). The registered manager told us the LOLER documents may have been misfiled and said they would forward this evidence to us. Following our site visit, the registered manager confirmed the LOLER inspection had not been carried out and arranged for the lifts to be inspected immediately. They provided copies of the LOLER certificate showing the lift was inspected in December 2018.

There was a plan in place for controlling the risk of Legionella bacteria. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease that can be dangerous, particularly to more vulnerable people such as older adults. While the plan identified various hazards and the service carried out checks, there was no evidence that current control measures provided suitable assurances of being effective. We recommend the provider reviews guidance of the Health and Safety Executive regarding the assessment of risk of exposure to Legionella bacteria.

At the previous inspection in September 2017, the provider was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they did not carry out adequate assessments of risks relating to people's care and support. At this inspection whilst we found improvements had been made there was still scope for further improvement. Most people's care files contained assessments that considered potential risks to their health, safety and wellbeing arising from identified hazards such as falls, skin integrity, malnutrition and eating and drinking. We found one example where risk of falls had been identified but there was no guidance to help staff manage these risks. However, we acknowledged the risk of harm was lessened because staff we spoke with were aware of these risks and knew what to do to keep people safe.

At the previous inspection in September 2017 we recommended the provider review guidance from a reputable source regarding managing the safety and security of care home premises. At this inspection we found the provider had installed new window restrictors in line with Health and Safety Executive guidance.

Medicines including controlled drugs were administered safely and stored securely. Controlled drugs are medicines that are subject to additional legal requirements in relation to their safe storage, administration and destruction due to the risk of their misuse. We found various improvements had been made since our last inspection. These included a medication stock count, out of stock medication checklist and monitoring short term antibiotic treatments. Protocols for 'as required' (PRN) medicines were implemented. PRN protocols provide staff with information about when these medicines should be administered and their intended effect. For one person prescribed a PRN pain medicine, there was a protocol in place, but this did not contain detailed information about when the medication should be administered. We spoke to the

nurse on duty who explained the specific physical and verbal signs the resident would display. We pointed out these should be recorded on the protocol as they would be helpful to new or temporary staff administering medicines.

The registered manager kept a record of accidents and incidents that took place within the service. Appropriate action had been taken to safeguard the person and reduce the likelihood of future incidents. Incidents had been reported to the relevant authorities such as the local authority and CQC..

There was sufficient staff deployed to help ensure people were supported safely and according to their needs. People and relatives told us there was always sufficient staff on duty. The registered manager said when using an agency, they tried to get the same staff to help ensure continuity of care. Throughout our inspection we observed sufficient staff on duty and they carried out their responsibilities in an unrushed manner.

There were effective systems and procedures in place to help ensure people were safe at Doves Nest. The registered manager kept a record of safeguarding incidents referred to the local authority and CQC. We found appropriate action was taken to ensure people were safeguarded. Staff we spoke with knew the different types of abuse and what action to take if they suspected abuse was occurring. Safeguarding training for all staff was up to date.

People and their relatives told us they felt safe. One person said, "Oh yes, I feel very safe. There's always somebody about. I never feel scared" and another said, "They know how to use the equipment (hoist)." A relative told us, "[Person's name] didn't want to go home (following respite care provided by Dove's Nest) because she felt safe here."

Recruitment processes were safe and helped to ensure only suitable staff and volunteers were hired to work with the people living at the care home. Pre-employment checks such the collection of references and Disclosure and Barring Service (DBS) checks were carried out. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people. There were up to date records showing the nursing staff employed at the home were registered with the Nursing and Midwifery Council (NMC). This helped to ensure they remained authorised to work as a registered nurse.

There were adequate processes in place to help ensure people, staff and visitors were protected from risk of infection. The environment was visibly clean, tidy and free from malodour. One relative said, "(The home) is really clean and fresh smelling." Personal protective equipment (PPE) was available for staff's use and anti-bacterial gel dispensers were located around the home. There were procedures in place to keep clean and dirty laundry separated. Infection control checks were carried out by a senior staff member.

Each person living at the service including newly admitted people had an up to date personal emergency evacuation plan (PEEP). A PEEP provides personalised requirements on how to evacuate an individual person safely from the premises in the event of an emergency.

Is the service effective?

Our findings

The service continued to provide effective care and support.

People were provided with a choice of suitable and nutritious food and drink to ensure their health and cultural needs were met. Menu options were varied, considered people's cultural and religious preferences and offered a choice of main and lighter meals and alternatives. We spoke with one of the chefs who had worked for the service for many years. The chef was passionate about ensuring people's nutrition needs were met and that people and relatives were involved in decisions about meal choices. They said, "I prefer to go around and speak with all the residents about the meals instead of just getting the carers to do it. I then have a better sense of what people like and don't like." The chef was familiar with people's dietary needs including those that needed fortified diets and modified texture diets.

People and their relatives were very complimentary of the food and knew the chefs. Comments included, "The food is lovely; I'm quite pleased with that. There is plenty choice and staff check with me what I want", "I've never left a meal because I've not enjoyed it", "Excellent cook" and "The meals are really good. We get surveys which asks our opinion about the food and we can make suggestions." In a mealtime experience questionnaire, one person responded, "I can have what I like to eat. I am happy with my meals."

Where meal time support was required, we saw people being supported by staff in a compassionate and unrushed way. Meals were well presented, and we observed people enjoyed their meals. Throughout the day, people were offered drinks and snacks which included fruit.

The kitchen was clean and well organised. The last food hygiene inspection was done in June 2018 and the home was rated a '5', the highest award. There was an effective system in place to ensure food stocks were sufficient including the regular supply of fresh vegetables and fruit.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People were not unlawfully deprived of their liberty as appropriate applications had been made to the local authority for DoLS authorisations. When there were concerns regarding a person's capacity to make a particular decision, a best interest meeting had been held to facilitate the decision-making process.

During the inspection we observed staff asked for people's consent before providing care or support. One person told us, "Nothing is done without my permission." Staff we spoke with had a good understanding of MCA and DoLS.

People were supported by staff who had received an induction and training considered mandatory by the provider. The registered manager told us they used the care certificate as an induction for staff new to the care industry. The care certificate is a nationally recognised programme that sets out knowledge, skills and behaviours expected for specific job roles within the health and social care sector. Staff told us and training records confirmed staff training covered key areas such as safeguarding, moving and handling, mental capacity, oral health, PEG (percutaneous endoscopic gastrostomy) care and syringe drivers. A PEG is a tube that is inserted into the stomach, often to provide food, fluids or medicines to people who are not able to take them orally. New staff shadowed experienced colleagues before working unsupervised.

There were robust systems such as supervisions and annual appraisals to help ensure all staff were supported in their roles and given the opportunity to identify areas for professional development. Supervisions were themed meaning they covered specific areas such as infection control or safeguarding. This helped to ensure training was completed. Staff confirmed they had regular supervision and, if they had been with the service over a year, an annual appraisal. Nursing staff received clinical support and guidance including clinical supervision from a clinical lead. Supervision records showed staff were asked for: feedback about the service and ideas for improvements in the home; any training required or outstanding training to be completed and people were asked to provide feedback on staff.

People's needs and choices were assessed in line with current legislation and best practice to ensure care and support was delivered effectively. Care records we looked contained initial assessments. Assessments of people's needs were comprehensive and identified expected outcomes such as personal care and safety, communication, eating and drinking, mobility and social interaction. People and their relatives we spoke with confirmed an assessment had been carried out before the person moved into the home and they had been involved at all stages of the admission process. Where possible the service used assistive technology to enhance the delivery of effective care and support. For example, we saw one person had a system in place to operate their nurse call button, lighting and television in a way that promoted their independence.

The service proactively managed people's weights, nutritional screening and pressure care as needed. For example, care records evidenced that people's weights were regularly monitored when particular risks such as malnutrition or overweight had been identified. We saw staff contacted the dietician if concerns arose. People had access to appropriate healthcare when required. People's care records evidenced that appointments and referrals were made to other health care services as required. These included dental, tissue viability, continence and stroke services.

People's bedrooms were personalised with their own items such as family photos and other personal effects. The home was set in large, well-maintained gardens that were accessible to people living at the home. The premises were clean and spacious though in need of refurbishment. The registered manager told us and we saw the provider had started a redevelopment of the premises. This was designed to improve the quality of the living environment for their residents. People and their relatives told us the provider had consulted with them regarding the redevelopment work.

The provider had a well-organised plan which helped to ensure construction work did not impact negatively on people's wellbeing. One person told us, "No, I've not been disrupted by the building work. Quite the opposite, I like watching (the builders)." Minutes from residents' meetings confirmed the development was discussed and people and relatives were updated as the work progressed.

Is the service caring?

Our findings

The service continued to provide care and support that was caring and compassionate.

On both days of our inspection we saw people got up in the morning and retired at night when they wished. Daily routines were flexible, and people chose where they spent their time, either in their rooms or in communal areas.

We observed the interaction between staff and people and their relatives was good. People and relatives were very complimentary about the staff's attitude and approach. People and their relatives said, "Staff are caring", "I feel like they (the staff) are my family" and "Everybody is kind."

People's equality and diversity needs were acknowledged and respected. Care records documented relevant information regarding their ethnicity, religious and cultural beliefs and practices. Dove's Nest is located in a diverse and multicultural area and benefitted from an equally diverse workforce which was reflective of the local community. The provider had appropriate policies, procedures and training to help ensure staff understood how to protect people's rights and to challenge discrimination.

Through speaking with staff and the management team, we were satisfied the culture at the home was non-discriminatory and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination, for example, discrimination on the basis of age, disability, race, religion or belief and sexuality.

People were supported by staff that knew and understood their care and support needs. Most of the staff team were longstanding. Staff had sufficient information to understand and support people in a caring way. The service held detailed information about people including their personal history, cultural beliefs and practices, likes and dislikes, interests/hobbies, and communication needs. Staff told us through handovers and meetings they kept up to date with changes. Staff we spoke with demonstrated their understanding and gave us examples of how they met people's equality and diversity needs. For example, the chef told us they prepared meals that were culturally appropriate for some residents.

During our inspection we saw that staff were respectful of people's privacy. People and relatives told us staff treated them with dignity and respect. One person told us staff always knocked on their door and waited before entering. Another person told us they had their own daily routine which the home acknowledged and respected.

People and their relatives told us the home involved them in decisions regarding the care and support provided. One relative told us, "I'm always kept informed about what's going on. [The registered manager's name] goes through everything with me." Care plans reflected that people and their relative, where appropriate, were involved in decisions around the care.

People were supported to maintain their independence according to their ability and make decisions to suit

themselves. One person told us they asked to be relocated to another room which helped them to access the garden more independently. Staff told us they encouraged people to "do as much as they can, for example in the shower encourage the person to wash themselves and I will help as required."

Confidential information relating to the people supported and staff personnel was stored appropriately in the office and only accessed by staff authorised to do so.

Is the service responsive?

Our findings

Care plans reflected a holistic assessment of people's health and social care needs and how staff were to meet these. Information was detailed and person centred. For example, one person's care plan informed staff about their night time routine. Another person's care plan contained photos of the person showing how they should be transferred.

People and relatives gave us various examples of how the service was responsive to people's needs. One person told us they preferred to get up late so their meal times were arranged to suit their daily routine. A person's spouse contacted CQC regarding how the service arranged their marriage celebration. They said, "The care my partner received was outstanding. The nursing home put on a wonderful wedding with decorations, cake, flowers and a marquee."

The service was able to respond appropriately to people's needs regarding communication, disability or impairment because these needs were identified and duly recorded. Care records were reviewed every six months or sooner if care needs changed. People and their relatives were involved in the care planning and review process.

People were engaged in meaningful activities and recreation according to their interests. Since our last inspection in September 2017, the provider had employed a full-time activities coordinator who worked five days a week. They were supported on a part-time basis by a member of the care staff. We spoke with people and reviewed the service's activities file which provided evidence of a range of activities people had undertaken. Recent activities included a Spanish-themed evening, film afternoons, a magician, trips to the local pantomime and Christmas markets and outings to cinema, garden centre and the war museum. Where possible, the service promoted people's independence by using public transport, but the home had purchased a mini bus to take people on outings. Relatives we spoke with confirmed there were a lot of activities at the home and that they were always included in these. The activities coordinators were enthusiastic about the activities on offer and how these had been developed inclusively with people. They kept a record of activities in which people had participated and enjoyed.

Some people chose not to engage in group activities. In these cases, we saw the activity coordinator carried out an activity of the person's choice such as reading. It was clear the activities coordinator understood the types of activities each resident preferred.

People were supported to maintain relationships with their relatives and friends. During our inspection we saw relatives, partners and friends could visit and spend time with their loved ones living at the care home. Relatives told us staff and management helped to ensure Dove's Nest felt like home to them.

Complaints and concerns were managed effectively. The complainant received a response to their concerns in a timely manner, in keeping with the provider's complaints procedure. Complaints and concerns were well recorded and gave the registered manager and provider a good oversight of concerns and any emerging themes. People and their relatives we spoke with they knew how to make a complaint but that

they mainly used informal methods such as the residents' meetings, feedback surveys or speaking directly with staff or the registered manager.

The registered manager said they discussed end of life wishes with people and their families to ensure people's choice to stay at the home was supported. This included the involvement of relevant health care professionals to help ensure end of life care was seamless and the person had a comfortable, pain free and dignified death. The registered manager told us and we saw the home had achieved the Gold Standard Framework (GSF) accreditation for end of life care in 2015. However up to the time of writing this report we saw no evidence that the home had applied for re-accreditation.

The service met the Accessible Information Standard (AIS). AIS aims to ensure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. People's communication needs and preferences were assessed and recorded in their care files. For example, in one person's care record we saw an up to date accessible information assessment. This identified how the person communicated and how staff should communicate with them. The service also used pictorial aids to help staff communicate with people if needed.

Is the service well-led?

Our findings

At the last inspection in September 2017, we found the provider was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not maintained complete and accurate care records and their systems failed to adequately monitor the quality and safety of the service provided. At this inspection we found the regulation was being met but that there was scope for further improvements.

There was a system of monitoring and audits to help ensure the provider assessed the quality of care provided. Audits carried out included medication administration, infection control processes and care plans. We found these audits identified concerns which were addressed. For example, medication audits in January 2018 had identified concerns with the stock counts. This was rectified with the introduction of a stock check process. However, we found the process needed to be more robust. During this inspection we found the following concerns which current checks did not identify: missing risk assessments and passenger lifts that had not been inspected as required by law, Lifting Operations and Lifting Equipment Regulations 1998.

The provider sought the views of people, their relatives and staff to help drive improvement across the service. People and their relatives told us and we saw an annual survey had been completed for 2018. Responses were very positive though no formal analysis of the results had been done. Comments included: "My mam say she wouldn't change a thing because the standard of care and living standards are brilliant" and "Nothing to add totally happy with the care my [person] gets; never have to worry about her."

At the previous inspection in September 2017, the provider did not display its most recent rating on their website as required by law. This was as a breach of Regulation 20A(2)(7) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider complied with the legal requirement to display its most recent rating within the home and on their website.

The service had a registered manager in post who was also a director of the company. They were supported in the day to day running of the care home by a clinical lead, an operational lead and a senior nurse. The registered manager and staff were clear about their roles and responsibilities and during our inspection we found staff team worked well together. Everyone we spoke with, including staff, spoke about the open and transparent culture at Dove's Nest.

People and their relatives made positive comments about the registered manager, staff and the service provided. One relative said, "[Registered manager] always goes through everything (for example care plans, health checks) with me. She's very good." Positive comments from the annual feedback survey included, "Both of us are pleased with [person's] care and [person] feels very safe here" and "The staff are brilliant, friendly, hardworking and dedicated from what I've seen" and "[Person] is well looked after always clean and room is always tidy."

Staff felt valued and supported in their roles. They told us they enjoyed working at Dove's Nest. They said, "I

get good enjoyment looking after people. It makes a difference to people and improves their quality of life", "The management puts a lot back into the home. If we want something (they) get it for us", "Training is brilliant. If you have a need you just need to speak to the manager. Transport will be arranged to get staff there" and "Staff come in on their days off and take the residents out."

People and their relatives had the opportunity to provide feedback on how the service was delivered. There were regular meetings with people using the service. Minutes evidenced discussions were held and people gave their views about a variety of subjects for example, menu options and activities. Several people told us the current redevelopment of the home had been discussed with them and regular updates on the work were provided.

The registered manager understood their statutory obligations to report any incidents in relation to a resident to the appropriate authorities and the CQC. We checked our records prior to our visit and found they had submitted appropriate notifications to the CQC in line with their legal obligations.

The service benefited from the registered manager's attendance at regional meetings such as Skills for Care registered managers forum and provider forums. The registered manager said these meetings gave them a good opportunity to share good practice, discuss the challenges facing services within the industry and keep up to date on current issues within the sector.

There were appropriate support mechanisms in place to ensure staff performed well in their jobs. Policies and procedures were up to date and provided guidance and support to staff in carrying out their roles. Various staff meetings were held and the minutes we looked at showed staff could discuss staff and service related issues with their colleagues.