

Dovecote Manor Healthcare Limited

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Inspection report

Dovecote Manor
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Dovecote Manor Healthcare Limited is a care home providing care and support for up to 41 older people, the service also provides care for people living with dementia. On the day of our visit, there were 37 people using the service.

The inspection was unannounced and took place on 4 May 2017. At the last inspection on 12 May 2015 the service was rated Good. At this inspection we found that the service remained Good.

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 and associated Regulations about how the service is run.

People using the service continued to receive safe care. Staff were knowledgeable of the safeguarding procedures. Robust staff recruitment procedures were followed. The staffing levels met people's needs. People received their prescribed medicines safely.

People using the service continued to receive effective care and 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 support this practice. Staff had the appropriate knowledge and skills to meet their needs, and they were supported to maintain good health and nutrition. Staff were provided with comprehensive induction training and on-going refresher training. They had attended a variety of training to ensure they were able to provide care that was based on current practice. Staff received regular supervision and appraisal from their allocated supervisors.

Staff took an interest in people and delivered care that respected their individuality and diversity. People were treated with kindness, dignity and compassion and people were encouraged to be involved in planning their care and support. The care plans were personalised giving details on people's needs and preferences. People knew how to raise a concern or make a complaint and effective systems were in place to respond to complaints.

People benefitted from using a service that had a positive, person centred ethos and an open culture. People, their relatives and staff had confidence in the registered manager's ability to provide high quality managerial oversight and leadership. Established quality monitoring systems were used to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Dovecote Manor Healthcare Limited

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.

This inspection took place on 4 May 2017 and it was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We had asked the provider to complete a Provider Information Return (PIR), which 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. This was completed by the provider and returned on the 10 March 2017. We also looked at other information we held about the service from statutory notifications of events that the provider is required by law to submit to the Care Quality Commission (CQC) and information received from commissioners.

During the inspection we spoke with nine people using the service and four visiting relatives. We spoke with the registered manager, the deputy manager, five care staff, one domestic worker, an activity worker and three catering staff. 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 reviewed the care plans and other associated care records for three people using the service. We also reviewed three staff recruitment files and records in relation to staff training and support and the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe and secure at the service. One person said, "I feel safe; I'm not vulnerable. I would tell someone if I felt frightened." Another person said, "I feel safe in here, the staff make me feel safe and happy." One relative said, "I feel that I can go home and sleep well knowing that [Name of relation] is being well cared for." Another relative said, "[Name of relation] is entirely safe here; I have no worries in that respect." All staff received safeguarding training and annual updates. One member of staff said, "It's my job to make sure residents are safe, I have spoken up in the past when there was a problem." Another member of staff said, "I am aware of my role in protecting residents." We saw that safeguarding concerns had been reported and investigated appropriately.

Risk assessments were in place and regularly reviewed. A detailed risk assessment was in place for a person that smoked in their room. The person told us they understood the risks and co-operated fully with the requirements of the service to ensure their safety and the safety of others. Another person told us they had been involved in putting together a risk assessment so they could have their dog move into the home with them. They said, "I wanted to regularly take my dog outside, the staff were a bit worried that I'd fall or get lost. They came with me at first, then watched me from the door and now I go out alone. I'm so happy with this." Systems were in place to record accident and incidents. People told us the fire system was tested and records demonstrated the tests were routinely carried out.

The recruitment procedures ensured suitable staff were employed at the service. Documents reviewed evidenced that all the necessary pre-employment checks had been carried out. There was sufficient staff available to meet people's needs. One person said, "There is enough staff I see them around all the time. Another person said, "They're very good at night if I call I don't have to wait very long." Staff said they thought there was enough staff available, one member of staff said, "We have time to care." Another said, "The staffing levels are good, we have time to do our jobs well."

Medicines were managed safely. One person said, "All my tablets are given to me by staff, which is good, as I would get them mixed up." Another person said, "I ask for painkillers if I need them, it's not a problem." The staff were knowledgeable about the way in which people preferred their medicines to be administered and followed the guidance in the service medicines policy.

Is the service effective?

Our findings

People received care from a staff team that were knowledgeable and skilled in carrying out their roles and responsibilities. One person said, "They all seem to know what they're doing." The staff told us they received induction training and specific training was provided to meet the needs of people using the service. They told us they had regular supervision meetings to discuss their learning and development needs and that annual appraisal meetings took place. Records viewed at the time of inspection also confirmed the meetings took place as arranged.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff told us they had received training in this area. The registered manager had submitted DoLS applications and authorisations had been made for some people using the service to keep them safe. We observed staff asking people for their consent before carrying out any care tasks. One member of staff said, "People need to have a choice and be involved in their care." Another person said, "I prefer my meals in my room, but they always ask me if I want to go to the dining room in case I change my mind."

People were supported to maintain a balanced diet and to eat outside of meal times if they wished. Fruit smoothie's and prescribed food supplement drinks were offered to people. One member of staff said, "I went on a study day and I'm now the nutrition champion, I'm so pleased that this idea has been implemented." Most people said they enjoyed the meals. People told us the chef consulted with them when first moving into the home to find out their food preferences and dietary needs. One person said, "I enjoy the food, we get three choices a day, it's usually nice and hot." Another person said, "The food is lovely, just normal home cooking."

The service worked closely with healthcare professionals following their guidance and advice, which was incorporated into the care plans. On the day of the inspection a person returned back from hospital, in response their changing needs a specialist pressure relieving mattress had been put in place for their use. Records within people's care plans evidenced that staff arranged for healthcare professionals to see people for routine health checks and in response to sudden illness and changing needs.

Is the service caring?

Our findings

People were treated with kindness, compassion, dignity and respect. One person said, "They talk to me as an individual." Another person said, "They keep me private when I have a shower, they know that I'm a private person." A third person said, "I like to spend time on my own, the staff respect that."

Staff addressed people by their preferred name and took time to ensure that people understood what was happening and offer reassurance; people took comfort from this attention. We also observed staff responding calmly to people whose behaviour challenged the service.

People told us they were involved in making decisions. One person said, "When I arrived here I discussed my preferences with the staff, my family was involved and we planned it together." A member of staff said, "I try to involve residents in everything that I do."

The staff took an interest in getting to know people. They knew about people's preferences, their hobbies, interests and past occupations. A 'Keyworker' was allocated to people from the point of admission. The role ensured all people received individualised attention and all people and their relatives had a specific member of staff they could turn to. One relative said, "The staff helped her to settle in really quickly, they understood her needs well." One member of staff said, "I focus on treating people as individuals and go with what they want to do."

A 'resident of the day' approach was also used whereby once a month the care of one person was fully reviewed to ensure they continued to receive care that was current to their individual needs. Families were positive about their involvement in their relations care, one relative said, "They communicate well with me about dad, they keep me updated by phone if I don't visit."

Information was made available to people on advocacy services. We saw relatives visiting people throughout our inspection. One relative said, "I visit [Name of relation] whenever I like, there is no restrictions."

The staff understood the importance of maintaining confidentiality. Information about people using the service was password protected and only accessed by people that had permission to do so.

Is the service responsive?

Our findings

Peoples' needs were assessed prior to moving into the service, people and their families were fully involved in this process. One person said, "I often discuss my care plans with the team leader, I sit by her on the computer." One relative said, "When we first arrived I felt the staff really understood what my Nan needed. They just made things happen for her and she loves it." Another relative said, "When I became mums power of attorney, we updated the care plans."

The information gathered from the pre admission assessments was used to develop individualised care plans. The care plans were updated daily to reflect changing needs. The staff passed on information regarding changes in people's care needs. One member of staff said, "I like to know that I'm doing a good job, we have a handover and an update each time we're on a shift."

A varied programme of individualised and group activities was provided. One person said, "I generally don't want to do the activities, but I'm always asked." On the day of the inspection we observed a group of people took part in an activity facilitated by an external therapist, which involved gentle armchair movement exercises, themed on May Pole dancing. We saw that all people participated within the group and seemed to enjoy the activity, with smiles and laughter. One person said, "I really enjoyed that; it was good fun."

Some people chose to follow their own hobbies and interests. One person said, "I have real freedom to make my own choices. I go out to the pub every day, the staff know where I am" Another person said, "I take my dog out in the garden, I'm so happy that my dog can stay."

There was a formal complaints procedure in place, which was on display within the service for people to access if needed. One person said, "I met with the manager to discuss some issues with him, he usually takes action." One relative said, "I have raised a complaint, the manager discussed it with me, he took action and asked me if I was happy with the outcome." Staff were aware of their role in dealing with complaints, one member of staff said, "Sometimes there are little niggles that can be sort out quickly, other times the manager meets up with the family."

Is the service well-led?

Our findings

All people said they knew who the registered manager was and had confidence in the way the service was managed. One person said, "I feel able to say anything to him, he's very understanding." Another person said, "I see him every day, he's very approachable." A third person said, "I think it's well organised and the manager is very respected, the team work well together they are all usually happy and chatty." Relatives told us they would recommend the service to others. One relative said, "The staff work well together, it's open and friendly."

People were involved in providing feedback to develop the service. The findings of a survey carried out in October 2016 were on display in the communal areas for people to see. The service had received many written compliments from people, relatives and healthcare professionals. For example, a healthcare professional sent a letter stating how impressed they were with the staff preparing people homemade smoothie booster drinks to aid people's nutrition. Another complimented a member of staff on how attentive and kind they had been with a person they had escorted to a clinic appointment. The family of a person diagnosed with dementia wrote, ' [Name of relation] was challenging at times, but we appreciate your patience with her.'

Regular resident meetings took place and minutes from the meetings showed that discussions took place around changes to the menus, seeking people's input as to what meals they would like to have on the menus.

Systems were in place for responding to accidents, incidents and complaints and staff knew how to keep people safe from harm. They confirmed they felt supported in their roles and involved in making decisions through attendance at one to one meetings and team meetings. The feedback, we received indicated the staff took pride in helping people to lead enriched and fulfilled lives. They were motivated to work to high standards and build upon their skills and knowledge through on-going training. One member of staff said, "He is a good manager; very approachable." Another said, "The manager and the deputy try hard to keep us informed."

Quality assurance systems were in place to continually drive improvement. These included a number of monthly internal audits as well as provider audits. The audits highlight areas where the service was performing well and areas that required further development. Where improvements were required, action plans were put in place and completed within the timeframes. One member of staff said, "The communication is good, we discuss audits at staff meetings and any particular issues at handover. Alan (registered manager) is full of ideas about how we can improve things for people."