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Dovehaven

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 3 and 4 October 2018 and was unannounced.

Dovehaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Dovehaven is a care home providing accommodation and personal care for up to 40 older people. There were 37 people accommodated at the time.

The service had a registered manager in place at the time of the inspection.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The last inspection of Dovehaven took place in December 2017 and was a focused inspection to follow up on two breaches of regulation in relation to fire safety, staffing, and governance. These breaches had been identified at the comprehensive inspection in July 2017. At the focused inspection we found the provider had acted to meet the breaches and the requirements were met. The service was rated good at the inspection in December 2017; the rating remained good at this inspection.

People and their relatives said they received safe care and attention in accordance with their individual needs. They also said the staff were polite and caring and this we observed during the inspection.

People's plan of care considered risks to people's safety and wellbeing. Plans were in place to minimise these risks. Systems were in place for the recording and monitoring of accidents and incidents to identify any trends or patterns that may occur.

People had a plan of care which was centred around their individual support needs. This included plenty of information about their routines, likes, dislikes, preference and choices to enable staff to deliver this how they wished.

People were supported with their eating and drinking needs and staff were aware of people's personal likes and dislikes in relation to what they ate.

People were fully involved with decisions about their support. Their consent was sought around day-to-day decisions and they were fully involved in any changes made.

The registered provider worked in accordance with the Mental Capacity Act (MCA) 2005 and staff demonstrated a good knowledge around how this was applied in a care setting.

There was an open culture which people and staff were encouraged to speak up if they had concerns. Staff had received training in the protection of adults and knew what action they should take if they suspected or witnessed abuse.

Staff were knowledgeable regarding people's care and support. Staff had a good understanding of how people liked to communicate and wished to be treated.

We saw liaison with external professionals to support people with their care needs. Referrals to them were made appropriately. For example, doctors and district nurse teams.

People were supported to follow their chosen interests and maintain relationships with relatives and friends that mattered to them. The registered manager was looking at providing a more varied activities programme as they appreciated more events needed to be organised.

Recruitment practices were robust and this helped ensure that only people suitable to work with vulnerable people were employed by Dovehaven.

The management of medicines was safe and medicines were administered by staff who were trained and deemed competent.

Staff supported people with end of life care. Advice and support was available from the district nurse team and other relevant health professionals when needed.

Policies and procedures provided guidance to staff regarding expectations and performance in accordance with current legislation and best practice.

Staff received training which provided them with the skills and expertise to undertake their work safely. This included more specific training to meet more complex conditions and opportunities for staff development. New staff received a comprehensive induction training programme to support them.

Staff members we spoke with fully understood the importance of acknowledging people's diversity, treating people equally and ensure that they promoted people's rights.

The registered provider had a complaints' policy and procedure. Complaints received were logged and investigation in accordance with home the complaints' procedure.

Confidential information was stored appropriately to maintain people's privacy.

Systems and audits were in place to regularly check standards and to support the continual development of the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Systems and processes were in place to protect people from the risk of abuse and neglect.

Staff were safely recruited to ensure they were suitable to work with vulnerable people.

Systems were in place to support the safe administration of medicines.

Risks to people's health and within the home's environment were assessed and minimised to ensure people's safety.

Is the service effective?

Good 

The service was effective.

Staff received training and support to enable them to work safely and effectively.

People's nutritional requirements were assessed and staff provided dietary support.

People were asked for their consent to the care and support they received.

When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was undertaken.

The staff supported people to access external health professionals to ensure their health needs were met.

Is the service caring?

Good 

The service was caring.

People were positive regarding the caring and helpful nature of the staff who supported them. Staff knew people very well and forged close working relationships built on friendship.

People received their care and support from a staff team who knew them well. Staff's interactions with people was appropriate and care and support was provided when people needed it.

People's consent was sought regarding day-to-day decisions.

Is the service responsive?

Good ●

The service was responsive.

People had a plan of care which provided information for staff about their care, support, choices and preferences.

There were some social activities planned and agreed for people living in the home and these were being extended to provide a more stimulating programme of events.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain. Complaints received had been investigated and responded to.

There was a system in place to obtain feedback from people so that the service could be developed with respect to their needs and wishes.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager and feedback from people, relatives and staff was positive regarding their management of the home.

The service had links with community organisations and community health professionals to maintain good standards of care based on best practice.

Quality assurance systems were robust and provided very good evidence of how standards were monitored to assure the service provision.

We found the management structure had clear lines of accountability and responsibility which helped promote good service development.

The Care Quality Commission had been notified of reportable incidents in the home.

Dovehaven

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 was 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 was an unannounced inspection which took place on 3 and 4 October 2018. The inspection team consisted of 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 this type of care service. The Expert by Experience had experience with the care of older people.

Before the inspection we reviewed records held by CQC which included notifications and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law.

Before the inspection we received a completed Provider Information Return (PIR). This document gave the registered provider the opportunity to tell us about how the service delivers safe, effective, compassionate and high-quality care to people and what plans they have in place to continue to make improvements to the service. We also contacted the local authority commissioning team to ask for their views. We used all this information to plan how the inspection was conducted.

During the inspection we met and spoke with the registered manager, deputy manager, registered provider, the registered provider's compliance manager and a regional manager for the Dovehaven group. We also met and spoke with five staff (carers), the chef, 10 people living in the home and six relatives. We received positive feedback from community-based health professional who was supporting people in the home.

We looked at the care records for four of the people living at the home. We also looked at 10 medication records, three staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home and relatives. We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

Is the service safe?

Our findings

People said they felt comfortable and safe living at Dovehaven. Their comments included, "Yes, living here makes me feel well cared for and in turn safe" and "Knowing there's someone around all the time." A relative told us the service was well run and this supported a 'safe' home.

Safeguarding policies and procedures were in place and staff demonstrated a good understanding of safeguarding to help keep people safe to protect them from harm. Staff received safeguarding training and told us they felt confident in speaking up if they had a concern. We saw that the local contact numbers for the local authority safeguarding team were available for staff referral. At the time of this inspection the registered manager had been informed of a potential safeguarding referral; they advised us they would be working with the local authority regarding the referral and would notify us formally in accordance with our regulations.

Medicines were administered safely by staff who had completed medicines training and who were deemed competent. Staff told us they received medicines training and their medicines practices were reviewed to ensure they administered medicines safely. We observed part of a medicine round and staff gave medicines to people in a safe and caring manner.

Each person had a medicines administration record (MAR) listing each item of their prescribed medicines and instructions for use. MARs were signed by staff to evidence when a person had taken or refused their medicine. A body map was in place for people who were prescribed topical creams; these clearly identified the area on the body where the medicine was to be applied. For people who required the use of a thickening agent this was recorded by staff when administered. The records kept provided an accurate record of the amount of thickener added to ensure this was given at the required consistency for liquids, minimising the risk of choking.

Some people were prescribed medicines to be given 'as and when required', (PRN), for example, for pain relief. PRN protocols were in place to guide staff on the administration of PRN medicines. We discussed with the registered manager the need for further details around how long to administer a PRN medicine before seeking support from the prescriber. The registered manager said they would action this. People said they could request pain killers when they needed them and they received them promptly.

The medication fridge temperature was recorded daily to ensure it was within a safe limit. This is important as if medication is not stored at the correct temperature it may not work as effectively. We looked at how controlled drugs were handled. Controlled drugs are subject to the Misuse of Drugs Act and associated legislation and so require extra checks. Controlled drugs were kept securely in a locked cupboard. We checked the stock balance of a controlled drug and found it to be correct.

Staff had been recruited safely to ensure staff were suitable to work with vulnerable people. We looked at the recruitment records for three staff. This included photographic identification, references from past employers and a Disclosure and Barring Service (DBS) check. DBS checks are used to help employers

establish if applicants are suited to working with vulnerable people. A review of these records showed all checks were completed before staff commenced working in the service.

There were sufficient numbers of staff available to provide care and support to people in accordance with their individual needs. Staffing levels were continually assessed to ensure there were enough staff to provide safe and effective care. The registered manager said they were considering a change in shift times for staff to start at 7am rather than 8am as a number of people wished to get up earlier and this would offer more support at this time.

Risks to people's safety were assessed and plans were put in place to minimise risk of harm and provide safe support. This included risks associated with people's health such as, their mobility, the condition of their skin and dietary needs. We saw good evidence where an increase in risk had been identified and specialised equipment had been sought to maintain a person's independence thus assuring their comfort and safety. For another person there were clear instructions how staff should support them by linking an arm when walking to decrease the risk of falls. Staff we spoke with had in depth knowledge about the details of these risks, and what they needed to do to ensure people's safety.

Environmental risks were identified and health and safety checks carried out to ensure the service and equipment were safely maintained. For example, hot water and fire safety checks and service contracts for the gas and electric supply. People had a personal emergency evacuation plan (PEEP) to make sure they were assisted safely if there was a need to evacuate the premises. This helped ensure that the service was a safe place to live, visit and work in.

There were systems in place for recording, reporting and monitoring incidents and accidents. The registered manager carried out audits of accidents and incidents to assess if actions could be taken to minimise the risks of re-occurrence.

People were protected from the risk of infection by staff who were appropriately trained. Staff had access to personal protective equipment (PPE) which included disposable gloves and aprons and these were worn appropriately by the staff. Cleaning schedules were completed and ensured all areas were maintained in a clean and hygienic state.

Is the service effective?

Our findings

People told us the staff had the skills and approach needed to ensure they received care and support for their health. This included seeking medical advice and support with hospital appointments. Relatives said their family member's health needs were monitored closely and staff were prompt in seeking advice from the district nurses and doctor. People and relatives told us they were confident that staff knew them well and therefore understood how to support them.

Staff received training and support to provide them with the skills, knowledge and expertise to provide safe and effective care. Staff received training in areas such as moving and handling, medicines, infection control and mental capacity. More specific training had also been recently introduced to support staffs' learning. For example, pressure area care, catheter and stoma care. Staff said the organisation's training programme provided them with the information they needed to carry out their role safely and that they welcomed the role of the organisation's training manager.

Staff told us they received good support from the registered manager and this included supervision meetings and appraisals. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. We saw dates of supervision meetings and these were held regularly. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Most staff had completed external courses in care such as, National Vocational Qualifications (NVQs) to support their professional development. NVQs are work based qualifications which recognise the skills and knowledge a person requires to do a job and help them carry out the tasks associated with their job role. New staff were enrolled on the Care Certificate. The Care Certificate is a nationally recognised set of standards for people working within health and social care. Staff spoke positively regarding the induction, with one new staff member reporting, "The induction was good as it covered health and safety and people's care needs. I got plenty of support."

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw examples where a person's mental capacity to make 'key' decisions regarding care and treatment had been assessed using the standard 'two stage' mental capacity assessment tool. For instance, assessments for the decision to live in the home and for on-going placement. We saw there were clear decisions recorded in respect of people having a 'do not attempt cardio pulmonary resuscitation' (DNACPR) in place. Best interest meetings were held for specific decisions such as, the use of bed rails and for staff to take control of people's medicines. This was to ensure that any decisions made about a person's care, was done so by the appropriate people, and was to the benefit of the person. Where appropriate, people had

signed to indicate their consent and had clearly been involved in the day-to-day decisions regarding care being provided. The registered manager and staff demonstrated a good knowledge of how to support people to make their own decisions and how act on their behalf to protect them.

Staff had applied for a number of people to be supported on a Deprivation of Liberty (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The applications were being monitored by the registered manager of the home.

We saw people's care needs were recorded so staff had the information they needed to support them safely and effectively. Care records contained a detailed pre-admission assessment, so that people's key health care requirements were known by the staff; this information helped formulate people's plan of care. Care charts were completed for people who were nursed and these provided good information relating to their general condition, diet and fluid intake and personal care. Staff supported people to access advice and treatment from health care professionals to respond to any change in a person's condition and to maintain their health. For example, district nurses, doctors, speech and language therapists and palliative care team. A community health professional who was supporting a number of people at the home told us the staff were prompt in making referrals to them and that the staff delivered a good standard of care.

People's nutritional needs were assessed and monitored and they received meals that met their individual dietary needs and preferences. We spoke with the chef who was knowledgeable about people's dietary needs, in particular for a person who had very specific dietary requirements. There was a four-weekly rolling menu, menus were displayed on the dining room tables and we heard people being consulted about the menu choices. People's comments about the food included, "Excellent, we've got a marvellous chef. [Chef] brilliant, if you don't like what there is, [chef]I makes you something different", "I work closely with the chef, I eat small meals and snacks" and "The menus seem nice, there's a nice aroma, it smells appetising." The majority of people had lunch in the dining room and the tables were attractively laid before the meal was served. People had a choice of juices, wine, beer or lager with their meal and a hot beverage afterwards. Hot and cold drinks and snacks were available between the main meal times.

The design, layout and decoration of the service met people's individual needs and there was evidence of some signage to help orientate people with their surroundings. The registered manager informed us the use of signage was 'work in progress' as this was an area they wish to improve for people. This was to include clear signs on people's bedroom door and bathroom signs. A different colour toilet seat had been ordered for one person to support their personal care needs and for another person their bedroom doors was going to be painted a different colour so they would recognise it easily.

Is the service caring?

Our findings

People told us the staff were kind, patient and polite. Their comments included, "The people (staff) are so nice, if you ask a question they give you an answer. I think this is a good example of what a home should be like", "They feel like a family, I have a purpose here", "The staff are good and always on hand" and "Very polite and nice to be with." Relatives said, "I think the staff are so good and so attentive. My [relative] has improved so much since being here" and "You can tell the staff genuinely care about the people they're looking after", "Nothing is ever too much trouble for them."

Throughout our inspection, we saw positive interactions between the staff and people living at the home. Staff addressed and treated people with kindness and respect. For example, supporting people with their meals, aspects of personal care and medical appointments. The support was given in an unhurried manner with staff checking on people's welfare at all times. People told us the staff knocked on their doors and waited to be asked in and curtains were closed when receiving personal care. Staff told us they established whether people would prefer to receive support from a male or female staff member, as a mark of respect. For a person who needed close observations staff ensured their comfort at regular intervals and this support was extended to the family who were present. For another person who had very specific dietary requirements staff made sure their lunch was prepared and served just as they liked as they realised how important this was for them. There was a pleasant and relaxed feel to the home and we saw a genuine warmth between the staff and people they looked after. Positive relationships had been developed between people living at the home and staff who were able to explain the things that were important to everyone. A staff member said, "We look after people how we would want our family cared for."

We saw calls for assistance were answered promptly and people were not left waiting for long periods of time which could lead to anxiety and distress. People and relatives told us that there were occasions when the home was busy however staff came as quickly as they could to assist them. We did not observe any person having to wait a long time for staff support. There was a staff presence in the communal areas and staff chatted with people on an individual basis or within a group. Staff sat next to people and maintained eye contact at all times. A tactile approach was well received by a person who was feeling unwell and needed some reassurance. There was good communication by the staff when talking with people and they used gestures and non-verbal signs to support people's understanding of the spoken word. When talking about the staff a person told us, "I love our chats and we get on so well. They really are my friends here."

Records showed that people using the service and their relatives were fully involved in making decisions about their support and their consent was sought appropriately. This included the plan of care so that staff got to know people's likes and dislikes so they could provide support tailored to people's individual needs. For instance, we saw information recorded around people's routines, meal preferences, social activities and family involvement. A person told us, "I know the carers know what I like." Relatives told us they were kept informed of changes in respect of their family member's care and attended care reviews. They went on to say they could visit at any time and always received a warm welcome from the staff. We received very good feedback from a relative whose family member had recently passed away. They told us the registered manager and all the staff had been, "Wonderful and so very caring" and had treated all their family like their

own.

Staff described how they supported people to maintain their independence. For a person who enjoyed going out regularly from the home, with staff support their confidence had increased and this had played a big part in their recovery. People who needed walking aids to move around were gently reminded by staff to use them when moving from one place to another.

The provider's statement of purpose set out the aims and objectives of the service and explained the organisation's values. This meant that people were provided with important information and knew what to expect from the registered provider. Relatives told us they were given plenty of information about the care home before admission. All information was safely secured and protected in line with General Data Protection Regulation (GDPR). Staff told us the importance of not sharing information outside of the work environment thus maintaining confidentiality.

We saw that people were supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

People and relatives, we spoke with informed us that staff provided a responsive level of care and support. A relative said, "Yes, [mother's] needs are met and the staff have been proactive in improving her health."

During this inspection we found that records were up to date and demonstrated a person-centred approach to care. This means the care and support delivered is in line with people's individual needs. Care plans contained detailed person-centred information including people's likes, dislikes, support needs and things that were important to them. The level of information based on personal preference and choice helped staff to get to know people in more depth and provide care that was personalised. We saw this, for example, in relation to people's preferred routine, preferred foods, social activities and a life story book which established information around childhood, employment, school, religious beliefs, and interests. A person told us the staff made their evening drink and helped them to bed at the time they liked. Another person told us they received their breakfast in bed and had been able to bring their pet budgie to the home. Some of the ladies told us they liked sitting in the conservatory as they had made friends with each other and could chat, play cards and dominoes; some people said they liked to go back to their rooms after lunch for either a rest or to watch television. We saw staff supported people with how they wished to spend their day.

The registered provider ensured that people were protected from discrimination. Everyone was treated regardless of age, gender, disability, religion/belief or race with care documents exploring different protected characteristics such as, age, gender, religion and disabilities. Staff received equality and diversity training to support their practices thus ensuring people were treated equally and fairly.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard is to ensure that 'people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need'. We saw that information relating to how people liked to communicate was recorded and where people were hard of hearing, for the need to speak slowly and clearly. The registered manager confirmed that documentation was available in easy-read or pictorial format to support people's individual needs. No one required these formats at the time our inspection.

There was a programme of social activities for people to join in with and the Dovehaven group's activities organiser attended the home once a week. The registered manager appreciated that further activities needed to be arranged and they were in the process of recruiting a second activities organiser for the home. This would be welcomed as a number of people told us they were bored and would like more 'going on'. Their comments included, "I play cards with the others, I often get bored", "I read a lot, watch TV in my rooms and play dominoes", "I sit outside when the weather's OK and watch television. That's all you can do", "I knit all day, I never get bored" and "I like having my hair done and enjoy the singers." We saw that people were encouraged to join in with arts and crafts and armchair exercise. The registered manager informed us of their plans which included a forthcoming Halloween party and setting up a pen pal link with local primary school and for children to visit the home. The services of an external company for trips out and gentle exercise and activities at the home was also going to be accessed more.

The registered provider had a complaints' policy and procedure. The procedure for making a complaint was clear and people and relatives we spoke with were familiar with the complaints process. Complaints received had been logged, investigated and responded to appropriately. relative informed us they had not received a letter of apology for a complaint they had received recently. The registered manager was aware of the complaint and was conducting an investigation into poor personal care, a lack of social activities and times medicines were administered. The complaint had yet to be logged however this was carried out during our visit, along with a meeting with the relative to provide reassurance as to the actions they were taking. The registered manager stated that elements of the complaint were substantiated and lessons learnt would be shared with staff to improve care practices and staff communication. This included further personal care training for staff to ensure people's rights were upheld. The relative and person involved were satisfied with the actions taken. At the time of the inspection we observed good standards of personal care and no one else raised any concerns with us.

People's views were gathered via satisfaction surveys to help the service improve. 'You say, We did' showed improvements the registered manager had made regarding menu choices in response to people's comments. A winter and summer menu had been introduced along with cooked breakfasts. These had been well received.

Staff supported people with end of life care at the appropriate time, along with advance care directives and final wishes. At the time of the inspection staff were working closely with the district nurse team to support a person approaching end of life. They were very caring in their approach and this comfort and support was provided for the family. A relative who was visiting the home told us their family member had received wonderful end of life care with the staff staying with their family member and holding their hand to ensure their comfort.

Is the service well-led?

Our findings

People and relatives told us the home was well run and they had confidence in the registered manager. Their comments about the registered manager included, "She's lovely, you can always talk to her", "She's very approachable, she does a good job", "When you speak to her she seems fantastic", "She's very good, she does a good job. She's very kind and understanding." Staff were complimentary regarding the registered manager's leadership and the registered manager was described as approachable, supportive and fair. Staff told us they felt confident in speaking up if they had a concern and that was an 'open' culture in the home.

We asked people what they thought about the atmosphere in the home. People said, "Very good, very friendly", "It's just like one big family and "Very relaxed, I've no issues, it's welcoming and the staff are approachable." A relative described the atmosphere as very homely.

We saw the registered manager was proactive in response to our findings. For example, we found that a relative had not been informed of an accident which had affected their family member. The registered manager informed us they would introduce a protocol to tighten up on the procedure to ensure families were notified as soon as possible. We noted that the medicines trolley and controlled drug cupboard were kept in the dining room. We discussed with the registered manager the provision of a clinical room for more appropriate storage of these items. The compliance manager said this would be actioned immediately as they appreciated this was people's home and clinical equipment should be stored in a more appropriate area.

Dovehaven is one of a number of services own by the same provider group and the registered provider and senior management team had a visible presence in the home; they worked closely with the registered manager and staff to ensure the home ran efficiently and to maintain good standards of care. Over time the registered provider has developed a performance framework which assessed safety and quality for many key areas of the service. This quality assurance process is now embedded in the culture of the service and is working effectively to monitor key areas and to lead on improvements. The registered manager and senior management team undertook audits in areas such as, medicines, infection control, care documents, complaints, health and safety, food and staff training. The service's six-monthly audit, completed in April 2018, scored 94% compliance. Required actions were signed off on completion. The registered provider informed us of a new audit they were looking to introduce in accordance with the five domains we inspect to provide further evidence of on-going compliance.

People were involved with the home and attended residents' meetings. These meetings were chaired by a person living in the home who acted as the home's ambassador. People were given the opportunity of raising agenda items and these were advertised in advance of the meetings. A person told us they were happy to raise any issues and that the staff did listen to what they had to say. We saw changes of practice based on what people wanted, this included a more flexible approach to bathing arrangements and menu choices. Compliment cards and letters were on file from relatives. Comments about the staff included, 'well informed of the care' and 'we are so grateful to them [staff] particularly for the exceptional nursing and concern they showed to [family member]'.

There were clear lines of accountability with senior management and staff meetings taking place to ensure good communication within the home and across the Dovehaven group. Minutes seen covered a range of topics including the care provision, staff training, complaints and general matters. Staff said communication was good and they were kept well informed. The registered provider and senior management team visited the home on a regular basis to provide support.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The external professional that we spoke with did not express any concerns about the quality and effectiveness of these relationships. Where concerns had been raised in the past, the service had been prompt in addressing these and informing us and the local authority of the actions taken to keep people safe.

Policies and procedures provided guidance to staff regarding expectations and performance in accordance with current legislation and best practice. We reviewed some of the provider's policies which included, safeguarding, whistle blowing, infection control, medicine and equality and diversity. Staff were aware of the range of different policies told us how these were discussed at staff induction and on-going training.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Dovehaven.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see and was also displayed on the registered provider website.