

Wakefield MDC

# Dovecote Lodge

## Inspection report

Inspection report  
Dovecote Lane  
Horbury  
WF4 6DJ

Tel:  
Website: [www.example.com](http://www.example.com)

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### Ratings

#### Overall rating for this service

Good



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?

Good



### Overall summary

The inspection took place on 10 December 2014 and was unannounced.

There were no breaches of the legal requirements that we checked at the last inspection in July 2013.

The service provides short stay accommodation and rehabilitation therapy for up to 28 older people. The service supports people who are waiting for a package of care to be organised or adaptations made to their home to enable them to go back and live independently in their own home. Dovecote Lodge is situated in a residential area of Wakefield.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service was warm, friendly and welcoming with a calm and relaxed atmosphere. People were content and settled and they were supported through good relationships with staff who understood their individual needs.

# Summary of findings

People were treated with respect and their dignity and rights were promoted. Staff showed positive regard for people's abilities and they empowered them to maintain their independence and be involved in their care.

The registered manager had a sound understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Teamwork was strong and staff worked together with one another and with visiting professionals to support people's health care needs. Handover information was shared well between shift changes to ensure people's care was properly maintained.

Staff had sufficient opportunities for regular training and professional development to enhance their skills and knowledge of working with people in the service.

People's care records provided detailed information for staff to be able to support their individual needs safely.

People were given good explanation about their medications and staff took time to make sure people were supported during medication rounds. However, we were concerned to note the medication trolley was left unattended and unlocked during medication rounds which compromised people's safety.

People and their relatives praised the service and the staff, although they said there was little in the way of daytime activities and that sometimes they did not have enough to keep them occupied.

Systems to monitor and review the quality of the provision were in place and the registered manager maintained an overview of the service by being involved in people's care.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Although people told us they felt safe, we saw medication storage was not safely maintained during the medication rounds to ensure people's safety.

Individual risk assessments were known by staff as part of the care planning process. We saw staff enabled people to manage their own risks whilst empowering people to do things for themselves.

The premises were maintained safely and staffing levels were suitable to meet the needs of the people in a timely way.

Requires Improvement



### Is the service effective?

The service was effective.

People were given choices in the way they lived their lives and their consent was sought in line with legislation and guidance. The registered manager had a sound understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had regular access to relevant training to enhance their role. Staff had regular supervision meetings to support them in caring for people's needs.

Mealtimes were a positive experience for people, in both the content and the organisation and people's individual dietary needs and choices were well catered for.

Good



### Is the service caring?

The service was caring. Staff promoted positive caring relationships with people and they were respectful in their approach.

The environment was nurturing to people's needs and the atmosphere was friendly and relaxed, ensuring people felt welcome and valued.

People's privacy and dignity was respected and staff were very patient with all aspects of people's care, offering assistance at a pace determined by each individual. People were not rushed or hurried in their care and staff had a good understanding of their individual needs.

Good



### Is the service responsive?

The service was responsive. People's individual care records were informative for staff to provide personalised care.

People were involved in their care and encouraged to participate in measures recommended by health professionals to promote their health and well-being.

Good



# Summary of findings

People had access to information about how to raise concerns. They spoke openly with staff and people said they felt they had nothing to complain about.

## Is the service well-led?

The service was well led. Effective systems were in place within the organisation to regularly monitor and review the quality of the service. Where improvements were identified measures were put in place to address these.

The registered manager was visible in the service and knew the needs of the people in the home.

There was an open door to the registered manager's office and people, staff and visitors had free access to discuss any relevant matters. This helped to create a culture of openness and transparency.

**Good**



# Dovecote Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 December 2014 and was unannounced.

There were three ASC inspectors. Prior to our inspection we had received information of concern from a 'share your experience' form submitted to the Care Quality

Commission. We also reviewed information from notifications before the inspection. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We contacted the local authority commissioners and health watch before the inspection. We spoke with seven people who used the service and two relatives during our visit. We spoke with the registered manager, two visiting services managers and three staff. We observed how people were cared for, inspected the premises and reviewed care records for three people. We also reviewed documentation to show how the service was run.

# Is the service safe?

## Our findings

People told us they felt safe at Dovecote Lodge. One person said: “There’s always someone around to call upon and that makes me feel safe.” We saw there were safety notices around the home where appropriate, such as for fire safety.

Staff knew the signs of possible abuse, including financial abuse and they clearly described the process they would follow to ensure people were protected from harm. Staff understood what to do where a person’s behaviour might challenge the service or other people, in order for all people to feel safe using the service. Staff we spoke said they were confident to challenge poor practice if they saw this and they knew the whistleblowing procedure to follow to ensure people were safeguarded.

Individual risk assessments were in place and kept up to date for each person and staff knew to refer to these details in people’s care files. People we spoke with told us staff gave them confidence to do things for themselves whilst being on hand to help them manage risks. For example, we saw one person was developing their confidence in walking independently and staff walked with them, with their wheelchair should they suddenly lose their confidence or become weak. We saw a member of staff assisted a person by talking them through what they needed to do, but enabling them to move themselves. Staff said: “Use the arms of the chair to get your balance first”, they allowed the person to take their time and stayed with them as long as was necessary. This helped people to feel in control.

We saw staff made appropriate safety checks, such as for pressure relieving equipment and they involved people in discussions about their safety in relation to their care. One person told us they were actively involved in managing their own pressure care regime; they knew what equipment they needed and said staff encouraged them to take bed rest as advised by their health professional.

Staffing levels were appropriate to provide care and support for people. People told us they thought there were enough staff, but added staff were ‘always busy doing their jobs’. We saw staff were focused largely on care tasks although we did not see anyone had to wait for assistance or support and staff were visible in the lounge. We spoke with the registered manager who told us staff were recruited robustly in line with the local authority policies and procedures which required all staff to be vetted and competent before working with people. We looked at two staff files which contained a summary to show all necessary checks had been made. We spoke with one visiting nurse who said their team attended the home frequently and did not have any concerns in relation to staffing levels. Staff we spoke with told us they thought the home had sufficient staff numbers and there were contingency plans in place to cover staff absences.

People told us they received their medicines when they needed them and we heard staff check whether people needed any pain relief. We saw people were supported appropriately to take their medicines and staff were patient in their approach, making sure people took as much time as they needed and knew what their medication was for. However, on two occasions we saw the medication trolley was left open and unattended whilst staff were out of sight and this potentially compromised people’s safety as medicines could have been taken from the trolley unseen. In addition we saw the keys to the medication trolley were left on top of the trolley when this was unattended. Staff told us the medication trolley keys were held on a general bunch of keys used for other purposes. This meant there was no secure storage or controlled access to authorised care staff only, in line with NICE guidance for managing medicines in care homes. This is a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

# Is the service effective?

## Our findings

People told us they thought staff were capable and experienced. One person said: “Oh they know me well, and they know what they’re doing.” Another person said: “That one there [staff member] knows what I’m like and if it wasn’t for [them] I wouldn’t be as good as I am now.”

We saw staff communicated well with people and they told us they listened to what people told them along with observing their body language and facial expressions to guide them when delivering care. For example; staff said if people looked ‘fed up’ they tried to find out why, or if a person was unusually quiet or sleepy they would check to see if they were unwell.

Staff told us they felt supported in their role and were able to access training where necessary. One staff member we spoke with told us they had completed moving and handling training, rehabilitation, safeguarding and infection control and they were in the process of completing NVQ2 and medication training. We saw the staff training matrix identified which staff had completed training and which staff needed to undertake training or refresher training. We saw all staff had completed first aid training, customer care and reablement. The registered manager told us where training needs were identified, appropriate arrangements were made to ensure staff’s skills and competencies were brought up to date.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager told us she had completed training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and was aware of the relevant case law and guidance. The registered manager was aware of their responsibilities in ensuring the rights of people were protected. She confirmed there was no-one currently at the home with a DoLS in place, which meant no-one had their liberty restricted or deprived to ensure their safety. We were told staff had yet to complete MCA and DoLS

awareness training but the registered manager and the service manager told us there were good links with the local authority trainer and they were sourcing training for all staff in the near future.

Staff we spoke with had a clear understanding of the need to gain people’s consent for care and support and this was evident throughout our inspection. For example, we heard staff ask people before assisting them with any aspect of their care and staff were seen to knock on people’s doors before entering their bedrooms. Staff told us if they had concerns about a person’s mental capacity they would refer to their manager to make sure they were acting in the person’s best interests.

People we spoke with told us staff always asked their consent. One person said: “They make sure it’s up to me what I do.” Another person called themselves an ‘early riser’ and said they were always given the option of getting up in their own time.

The registered manager told us staff had regular supervision and staff confirmed this was every three months. We saw evidence of supervision meetings recorded in staff files. Staff meetings were held monthly and we saw minutes from these which covered various practice issues such as infection control, health and safety, accident form completion and training. Staff told us they attended staff meetings and they described good teamwork between themselves and their colleagues.

We observed breakfast and lunch time in the home. We saw people had positive dining experiences; tables were nicely set with crockery, cutlery, tablecloths, placemats and condiments. People were given plenty of time to eat in a relaxed environment and meals looked appetising and hot. Where people had chosen to have their meals in their room, staff set their meal tray in the same way with condiments for them to choose from. Staff gave people choices of food and drinks and we saw the cook walked round the dining room to speak with people, made sure they were happy with their choices and offered second helpings where people had eaten their meals. Where people requested smaller portions this was accommodated. One person was offered cereal and toast, which was what they said they liked. People told us they could have drinks at any time and one person’s visitor said: “We are always offered a cup of tea”.

## Is the service effective?

Staff were observant of people who had little appetite and encouraged them to eat and drink to support their health.

We spoke with the cook, who showed us the organisation of food supplies and said meals were planned and cooked from scratch using fresh ingredients in line with people's tastes and preferences. We saw menus were varied and nutritionally balanced. The cook told us, and we saw, where people had special dietary requirements, such as vegetarian, there was plenty of choice available. The cook told us they sourced the food based upon quality and value for money and always included regular supplies of fresh fruit and vegetables. The cook had a good understanding of the nutritional needs of older people and said there was close liaison with care staff to make sure food was adapted according to people's individual dietary requirements.

People told us they enjoyed the food and they had lots of choice. People said: "There are two good chefs"; "I get two

choices at both dinner and teatime"; "The meals here are fantastic"; "The food is brilliant"; "We are always given a choice for each meal"; "The food is quite good – as soon as I finish one meal, another comes along."

The service worked closely with a range of health professionals to ensure people's health needs were met. During our inspection we spoke with a visiting nurse, a student nurse and a physiotherapy assistant. They explained their role in supporting people and all expressed positive comments about the service. We saw a professionals visiting record which evidenced the frequency of visits. The nurse we spoke with said there was good communication between the home and their team to work together to meet people's needs.

Staff we spoke with told us if they were concerned about a person's health they would report this to the manager and make sure the person had access to appropriate medical advice and support, such as their GP or a dietician.



# Is the service caring?

## Our findings

We saw staff were very caring, kind and compassionate overall. We saw staff consistently spoke respectfully with people and responded promptly to assist when necessary, so people did not have to wait. For example, when someone requested to use the bathroom during a meal time, staff quickly offered support. Staff worked in an enabling way, recognising and encouraging people's contribution to their own care. Overall, staff were quiet and gentle in their interactions with people and we noticed some staff were more direct in their approach. For example, one staff told a person: "You must drink this" and held a cup to someone's face. One person said: "Staff are sometimes curt with me, but it's different personalities." We saw, where appropriate, staff engaged in friendly banter with people. One person said: "It's good to have a laugh, it gets us through the day."

People told us staff were caring and they praised the way the staff worked to support them. Comments included: "The staff are brilliant"; "All carers are nice, you only have to ask and they will come and help"; "Staff are excellent" and "I would rather be in my own home, but if I can't be this is the next best thing; I'm made to feel important."

The home was welcoming and friendly with a relaxed atmosphere which was commented on by visitors. People, their relatives and visiting professionals told us staff made

them feel welcome at any time. One person had been admitted to the home the day before the inspection and they told us they had been made to feel very welcome, with information explained clearly.

We saw when managing people's personal care, staff were discreet and had full regard for people's dignity and feelings. For example, when using hoisting equipment, staff gave reassuring commentaries to help people feel safe and they made sure people's legs were suitably covered and not exposed in the process. There was much evidence of good teamwork so staff could care for people properly; when staff needed the assistance of a colleague we saw this was promptly offered. There was a private consultation room for people to be able to discuss their health needs in private with visiting healthcare staff.

Staff worked in a person-centred way, acknowledging and affirming people warmly smiling and using good eye contact. We saw staff offered help and support to one person who had misplaced their glasses and they found them for the person.

Where people were waiting for a package of care so they could return home, we found they did not always have the information about what would be happening or when they would be able to go home. Some people told us they found this was frustrating, although they acknowledged it was not necessarily the fault of the service. One person said: "I'm hoping to go home soon, but I just don't know when that will be." The registered manager told us they tried to keep people as updated as possible about their ongoing care and support.

# Is the service responsive?

## Our findings

We saw individual care records were in place and staff referred to, and updated these regularly. Care plans and risk assessments were kept under review so information reflected people's needs and was changed where necessary. We saw one person who was new to the service had a completed file with all necessary information detailed, such as risk assessments and medication information, so staff could provide appropriate care and support. Visiting professionals we spoke with said they were satisfied people's care records reflected their needs.

We looked at three people's care records and these contained up to date information. Where the district nurse team had involvement in people's care this was clearly documented. People told us they knew they had care records which were held in the office and they felt involved in decisions about their care. For example, one person told us staff knew they wanted to gain confidence in walking after a fall. They told us: "Staff are excellent. I'm now walking, which I couldn't do when I first came in. Staff have encouraged me to walk."

We saw there were handovers between shifts, three times a day and handover reports were detailed for staff to be able to provide personalised care. Information on the handover reports included which people had bed rails, pressure mats and topical creams. Details were noted room by room and highlighted where other professionals were involved and whether there were any concerns about each person. Staff we spoke with said handovers were thorough and helped them respond effectively to people's needs.

There were limited activities taking place for people and some people told us they would like more to do to keep

them occupied. We saw there was a film being watched in the lounge during the afternoon and people had access to daily newspapers and crossword puzzle books. One person told us a member of staff 'often does my nails' and showed us their painted fingernails. One person said: "There aren't many activities during the day" and another person said they would like to have something to look forward to, such as a game of bingo or some school children to visit. We discussed this with the registered manager, who told us this was an area she was aware of that needed improvement.

People told us they knew how to complain because the staff asked their views, were approachable and they felt able to raise concerns directly. One person said: "Why would I want to complain when there is nothing to complain about?" One person said "My only concern is that I would like some fresh air now and again – a window open would be good, I sometimes feel there is no air." Staff told us they would support people to make a complaint if they wished to. The registered manager told us no complaints had been received although should this happen; people would be directed to the provider's complaints policy and procedure. The relatives we spoke with told us they would be confident to complain if there was need to. One relative said: "We have no concerns but would feel able to report it to the manager if needed. Staff would respond immediately."

We saw thank you cards were displayed in the entrance which showed high levels of satisfaction with the service. Relatives we spoke with told us the service had a good reputation and so it was their preferred choice for their family member.

# Is the service well-led?

## Our findings

People and their relatives spoke highly of the way Dovecote Lodge was managed. People knew who was in charge and we saw they felt comfortable in discussing their care with the registered manager. The registered manager was visible in the service and although she was supernumerary, she was actively involved in people's care and support. We saw the registered manager displayed positive values and behaviours when working with people, which demonstrated good practice for staff.

Staff told us they felt supported by the registered manager in their role and described the home as "a really nice place to work". They said they felt able to talk to the manager and senior carers about any concerns. We saw evidence in staff files that regular supervision and staff meetings took place to discuss the quality of care and shared objectives. We saw the registered manager's door remained open and staff comfortably entered to discuss any relevant matters. This demonstrated an open culture in which staff felt able to communicate with one another to meet people's needs.

We spoke with the registered manager about how accidents and incidents were recorded and analysed. She explained these were recorded individually on people's files and notifications sent to the CQC where appropriate. The registered manager said that information about accidents and incidents was reported to the organisation's central office where any concerns would be highlighted and fed back to the manager.

The services manager told us part of their role was conducting site visits and carrying out audits such as health and safety walk rounds. The results of these were discussed with the registered manager and if required an action plan was produced to address any area highlighted.

The registered manager ensured quality checklists were carried out including weekly checks of the building, covering all areas within the home. Regular maintenance checks of electrical equipment, fire safety equipment and water temperatures were carried out. We saw quality assurance systems in relation to medication and infection prevention and control. We saw an audit carried out by the infection control nurse in July 2014, which was reviewed in December 2014. This showed progress had been made against the action plan put in place. The registered manager said some of the requirements of the infection control audit would be met when refurbishment was carried out.

Quality surveys were periodically carried out to monitor people's satisfaction with the standard of care and we saw the results were positive overall. Where positive comments, such as thank you cards were received about the service we saw these were displayed for staff, people and visitors. The registered manager told us she had regular meetings with the registered managers at other locations to share good practice and discuss ways to improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p><b>How the regulation was not being met:</b> People who used services and others were not protected against the risks associated with unsafe storage of medicines because the medication trolley was left unlocked and unattended during medication rounds. Keys to the medication trolley were not securely maintained to prevent unauthorised access.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.