

# Mark Jonathan Gilbert and Luke William Gilbert

## Dovehaven Lodge

### Inspection report

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Date of inspection visit:  
22 May 2019

Date of publication:  
24 June 2019

### 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

About the service:

Dovehaven Lodge provides residential, nursing care for up to 112 people. The accommodation is provided in four units situated on the ground floor. Set in its own grounds wheelchair access and parking facilities are provided. At the time of the inspection 97 people were living at the home

People's experience of using this service:

People told us they were happy with the care provided for them and staff were caring and compassionate. They said staff were kind and attentive and treated them with respect and dignity.

There was a recognition people were treated as individuals. This was evident through discussion with people and observation during the inspection visit. People who lived at the home and relatives spoke positively about the care and treatment received. One person said, "We cannot fault the staff, they are all so kind and demonstrate respect for our needs."

It was clear through discussion with people staff morale was very good and everyone was committed to ensuring people received care and support based on their preferences and life choices.

We observed daily routines and practices and found people were treated equally and their human rights were respected.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered.

The service had good levels of staff and nurses with different skills, which were deployed in innovative ways, so they could respond to people's needs and choices.

There was an emphasis on promoting dignity, respect and independence for people. People told us they were treated as individuals and received person-centred care.

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.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. People told us they felt safe when supported by staff.

People were safely supported to receive their medicines as prescribed. Staff received regular training and competency checks to ensure they were safe to administer medicines.

People told us the quality and choices of food provided was very good. Healthy eating was promoted. Meal

times were relaxed and organised around people's individual daily routines.

The registered manager and organisation used a variety of methods to assess and monitor the quality of the service. These included regular audits, meetings and surveys to seek their views about the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This was the first inspection of the service since they registered with CQC.

Why we inspected:

This was a planned first inspection of the service.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Dovehaven Lodge

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of two inspectors, a specialist professional advisor (SPA) and an expert by experience. The SPA had clinical experience of supporting people with nursing needs. In addition, the Expert-by-Experience was a person who had personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection visit was unannounced.

#### What we did:

Before our inspection we completed our planning document and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also contacted the commissioning department at Lancashire County Council and

Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used 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. This was because some people were not able to speak with us and tell us about their experiences living at the home.

During the inspection we spoke with 11 people who used the service and six relatives about their experience of the care provided. We spoke with eight care staff, two senior carers, three nurses, the provider and the area manager. In addition, we spoke with an activities co-ordinator, the cook, deputy manager and the registered manager. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of six people, staff recruitment, training, supervision records and arrangements for meal provision. We also looked at records related to the management of the home and the medicines records of people. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service protected people from the risk of abuse and their human rights were respected and upheld. We saw care practices kept people safe and provided security by staff being around and supporting people. People told us they felt safe. One person said, "I am safe and have no worries." Another said, "I am safe and the people are lovely here." Also, "I am well looked after here I have no grumbles at all. I've never had to worry about being not safe because the carers are so good."
- The service had safe, effective safeguarding systems and staff members told us they had a good understanding of what to do to make sure people were protected from harm. We confirmed this by talking with staff.

Assessing risk, safety monitoring and management

- The provider managed risk through safe systems to ensure people were safe. Care plans confirmed there was a person-centred risk-taking culture and people were supported to be independent within a risk framework. One person told us they were encouraged to be independent and went out on their own at times.
- Staff understood where people required support to reduce the risk of avoidable harm. Staff thoroughly assessed and regularly reviewed risks to people to manage any risks and keep people safe from avoidable harm.
- The provider ensured the environment and equipment had been assessed for safety. This was confirmed by documentation we looked at.

Staffing and recruitment

- The service was staffed sufficiently in all four units and they provided staff with different skills to support people. Extra staff were deployed when people required specific support such as on a one to one basis and specialist nursing needs. People said the level of personnel were sufficient to ensure people had a good quality of life. Comments included, "I have never seen any evidence that there are not enough staff in the unit. At the time of the management change staffing dropped but now under the new management staffing levels have improved." Also, "There are lots of staff I have no concerns."
- Staff were recruited safely. Staff files confirmed pre-employment checks had been carried out prior to staff employment. One staff member said, "Yes all checks were done before I started to work."

Using medicines safely

- Medicines were managed safely and people received their medication when they should. Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for when required medicines had been introduced to guide staff in supporting people with their medicines.

- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by people we spoke with.

#### Preventing and controlling infection

- The provider had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care. We walked around the building and found it was clean, tidy and maintained.
- Staff received training and carried out regular audits to ensure standards were maintained.

#### Learning lessons when things go wrong

- The provider had systems to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future risks. Any accident or 'near miss' would be reviewed and discussed with staff to see if lessons could be learnt and to reduce the risk of similar incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs and choices to ensure they could be met effectively. Staff assessed people's needs before they moved into the home where possible. The assessment formed information to develop a care plan. This was updated when more information was learnt about the person or when their needs changed. One relative said, "I have access to my [relative] care plan and they keep us updated."
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and completed training relevant to their role. Staff told us access to training was good and courses were available. Staff told us induction training was extensive and useful when they started work at the service. Staff spoke positively about training events and the different ways to learn which the service provided. Comments included, "Induction was really good. It was very beneficial and interesting. It wasn't generic it was really about the home and what happens here. At the end of it we were tested to make sure we really took on board our training." Another said, "Best training ever at this home."
- Staff told us they felt well supported, received regular formal supervision and appraisal of their work. They confirmed the registered manager was always available and made time to discuss issues.

Supporting people to eat and drink enough to maintain a balanced diet

- The service managed people's nutritional needs to ensure they received a balanced diet. Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- Lunch was organised, well managed and provided a relaxed and social occasion for people to enjoy their meal. Comments about the quality of meals provided were positive they included, "The food is good every day residents are given a choice and if they don't want what they offer they will make them something else." Also, "I like the food I think it is great. I get so much choice".
- Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk. Kitchen staff were aware of any specific dietary requirements. For example, if people needed their food to be blended to minimise the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the service worked closely with health care services including GPs, physiotherapists and occupational

therapists. This ensured people were able to access healthcare services in a timely manner.

- People confirmed they were supported to attend healthcare appointments when required. One person said, "They have made recommended physio therapy treatment and liaised with the doctor for me."

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Communal space comprised of a lounge in all four units with wheelchair access to all parts of the home. We found dementia friendly decoration and design in one unit so that people were more familiar with their surroundings.
- Bathing and toilet facilities were available and accessible to meet people's needs and enable them to maintain their privacy and dignity.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

Supporting people to live healthier lives, access healthcare services and support

- People experienced effective, safe and appropriate healthcare support which met their needs. People told us how the care and support provided by staff and the management team had improved their quality of their life.
- Peoples' assessed needs were fully met in accordance with their plans of care. We saw care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

Ensuring consent to care and treatment in line with law and guidance

- 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. 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. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff who treated them with dignity and respect. People told us staff were caring and attentive and our observations confirmed this. We saw they were polite, respectful, kind and showed compassion to people in their care. Comments included, "The staff are very good. I can't fault them they are so patient with everyone on this unit. They all have dementia and their needs are all so different. They deal with so many issues each day." Also, "All the staff are so kind and caring."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen contained people's preferences and information about their backgrounds. The registered manager told us they had systems to ensure people's human rights were upheld.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people with decision making about their care and support. Care records contained evidence the person or relative had been involved with and were at the centre of developing their care plans. One relative said, "My [relative] and I have made all the decisions regarding care and we could not be more pleased with the exceptional care [relative] is receiving. The staff explain everything very clearly."
- People supported by the service or a family member had been encouraged to express their views about the care required. Relatives told us they were encouraged to attend reviews and visit anytime. Any query or issues and the registered manager contacted them.
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- The service supported people to retain and increase their independence. We found many examples of how staff supported people to improve their independence and confidence. One person said, "I struggled with my mobility, however, since coming here the support and care has given me more confidence and improved my movement no end."
- People were treated with respect and their dignity was upheld. Staff had an understanding about the principles of dignity in care. One relative said, "At all times [relative] dignity and privacy are respected. If they

are supporting their needs, they ask me to leave the room and they shut the door and close the curtains."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person-centred and individual to the person. Documents reflected each person's assessment of needs and support they required. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be met. This included people's personal care needs, nutritional support, nursing needs and social interests. Staff were able to describe people's care needs and how these were met.
- The service provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported to express their views and wishes and were involved in ensuring their choices were met. This enabled them to make informed choices and decisions about their care.
- A varied range of social activities were organised to keep people entertained and stimulated. Activity coordinators were employed to add support for people to follow their chosen interests and provide activities. People we spoke with were complimentary about activities and entertainers at the home.
- The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand.

Improving care quality in response to complaints or concerns

- Complaints were listened to, taken seriously and dealt with appropriately. People knew how to make complaints and felt confident that these would be listened to and acted upon and any actions discussed with them. The provider had a complaints system and we saw complaints were investigated and any action taken was discussed and implemented to satisfactory conclusions.

End of life care and support

- People were made comfortable and received the right care and attention at the end of their life. This was because they received specific end of life treatment.
- People's end of life wishes had been recorded so staff were aware of these. The service demonstrated a compassionate awareness and understanding to end of life care. This was confirmed by discussion with staff and comments from people. Comments included, "The training for end of life care was very good and filled me with confidence when caring for people on end of life care." Also, "We have a care plan for end of life care for [relative] and the staff are so compassionate." People who received end of life treatment had specific care plans developed. This was to ensure people were made comfortable and received the right care and attention required.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team planned and delivered effective, safe and appropriate person-centred care. This was to ensure the diverse needs of everyone who used their service were met. The registered manager and deputy manager demonstrated a good understanding and awareness of people's needs, likes and choices. A staff member said, "[Registered manager] is fantastic. They are great at communication and are very approachable. The unit manager is also brilliant. It makes me feel really happy at work."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The service had clear lines of responsibility and accountability. The management team and staff were experienced, knowledgeable and familiar with the needs of people they supported. A staff member said, "[Registered manager] has been brilliant, she has time for you no matter how busy she might be. We are moving in the right direction. I feel motivated and excited about my work." People made positive comments about how the service was managed. They told us the registered manager was visible and had a good understanding of staff and people's needs.
- The staffing and organisation of the service was clear and precise. There was a clear structure to the running of the home. People spoke positively about how the service was managed. One person said, "Things are improving massively. The changes have been incredible, but we are seeing the benefits now."
- The registered manager had notified CQC of any incidents in line with the regulations.

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

- The management team encouraged an open culture and encouraged people to provide their views about how the service was run. They sought the views of people they supported and family members through satisfaction surveys, regular meetings and reviews of care for people. People told us they felt consulted about the service and were given opportunities to pass on their opinions.
- The management team and senior staff held formal discussions with staff and relatives. People confirmed this and were happy they had contact with the service. This helped to ensure the service continued to develop and any issues would be addressed.

Continuous learning and improving care

- The management team had systems to ensure the quality of service was regularly assessed and monitored. This was to continue to develop and provide a good home for people supported by the service. A wide range of effective audits such as medication, environment and care records were carried out. We saw evidence the service had acted upon any findings from the audits.
- The registered manager had quality assurance systems that were effective and improved the service. This was confirmed by people we spoke with.

#### Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.