

Sivanta Care Limited

Dovercourt House Residential Care Home

Inspection report

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12 September 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dovercourt House Residential Care Home is an adapted building which provides personal and accommodation for up to 27 older people, including those living with dementia. There were 18 people living in the service at the time of our inspection, including people staying on a short break 'respite' basis.

People's experience of using this service and what we found

The quality of the service had improved. Four changes of registered manager in as many years had led to a period of instability in the service, which is only now being addressed.

People, their relatives and visiting professionals spoke about the improvements they had seen following the appointment of their current registered manager. One professional, linked to their previous experience of the service, told us they hoped the leadership, "Manages to maintain it."

The provider had systems for assessing and monitoring the service to ensure people are consistently supported in a safe, clean and well-maintained. However, they were not robust enough to promptly identify shortfalls and address them, or take effective action when given feedback from health and safety specialists. We have made a recommendation that the service improve in this area.

The registered manager is in charge of the day to day running of the service and supported by the provider through regular telephone contact and visits. However, we continued to receive comments from staff and relatives who felt the provider could be more visible. We have made a recommendation that the service improve in this area.

Despite there being a high turnover of staff, relatives said it had not impacted on people's care, and were happy with the new staff being appointed. They had confidence in the management and staff to provide safe care and keep them updated on any issues. Describing them as being helpful and friendly, which made people's visitors feel welcomed.

People were being supported to take their medicines as prescribed and have access to health care professionals when needed. People and their relatives were happy to see the return to 'home cooked meals', which offered more flexibility and choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's privacy and dignity were being respected.

People's care needs were assessed and planned for. Improvements had been made, and further work planned, to support people to access meaningful activities and build/maintain links with the local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 18 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

The service has been rated requires improvement for the last three consecutive inspections. This inspection showed improvements were now being made. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Dovercourt House Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Dover Court House 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.

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 was carried out over three days; 14 and 22 August 2019 which was unannounced and 12 September 2019 which was announced, so we could give feedback with the provider present.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included feedback we had received direct to the CQC through our 'share your experience' webpage, and telephone contact.

We sought feedback from the local authority and professionals who work with the service. We reviewed but did not use the information the provider sent us in the provider information return, as we were aware it was out of date, and the provider had been requested to submit a new one. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. Although this information helps support our inspections, we found the provider's action plans following our last inspection, more informative.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, five relatives, two visitors and a health professional about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, senior care workers, care workers, chef and maintenance person. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records, medication records, and fluid monitoring charts. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the business plan and health and safety reports. We spoke with another relative and gained feedback from four social care professionals and an activities organiser, who have visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- One person's relative's felt more confident that their family member was receiving safe care, they said, "Last two or three visits come away much more happy...new manager does seem quite switched on."
- Although improvements had been made we found risks associated with the environment and equipment were not always being identified and acted on by staff, or through the provider's environmental safety checks. This showed risk awareness and management was not fully embedded to ensure people were consistently supported in a safe manner.
- This included risks associated with free standing wardrobes, if they toppled over. A 'dorgard'; an automatic door release mechanism which closes on the sound of the fire alarm, was not fitted properly. Worn rubber feet [ferrules] on two walking frames exposing metal, where lack of traction, placed the person at risk of slipping/falling. Cleaning products in the laundry room were not stored securely, therefore accessible when the laundry was left unlocked.
- The provider's health and safety audits were not detailed enough to support them in effectively identify and monitoring risk. The registered manager took action to address the shortfalls we identified during the inspection. However, it showed to support a consistent safe environment, further work was needed to ensure risk awareness and management is embedded in staff practice and management of risk.

We recommend the provider uses information from a reputable source, to support them in consistently identifying and taking effective action to minimise potential risks.

Using medicines safely

At our last inspection the provider had failed to protect people from the risks associated with unsafe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had safe systems for the receipt, storage, administration and disposal of medicines.

- Following our inspection in December 2018, the provider had accepted the support from the local CCG pharmacy team, who had arranged for extra training and audits to be carried out. At the time of the inspection, further training in medicines management had been arranged to keep staff's knowledge and skills updated.
- Records showed any shortfall identified through the audits were being actioned to minimise the risk of it happening again. To ensure continuous improvement in this area, the registered manager said they would be taking over the management of medicines to ensure staff continued to follow safe practice.
- We observed some of the lunch time medicines routines. This included the trained staff member checking if people wanted any pain relief and gaining consent before administering.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place. There was information displayed about how to deal with concerns about potential abuse. Staff were knowledgeable about the types of abuse vulnerable people were at risk of and knew what to do if they had any concerns.
- A relative told us, "I haven't had any worries," in this area.
- Where safeguarding concerns had been raised, the registered manager worked with the local authority safeguarding team; supplying required information and attending investigation meetings.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff deployed in the service to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service used a dependency tool to support them in planning the staffing levels. However, there had been a high turnover of staff recently and as a result, staff and the registered manager were working extra hours while new staff were recruited. This sometimes meant changes to the planned rotas and staff being asked to work additional hours which was impacting on staff morale. One staff member said, "I don't know what I am doing. Rotas are changed all the time."
- The registered manager said they used agency staff, preferably those who had been before to support consistency of care. The provider was also looking to extend staff's contractual agreement of one weeks' notice to a longer period, which would provide more time to safely recruit new staff.
- We received mixed feedback regarding staffing levels although this did not impact on the care people received. Comments from staff included, "We need more staff." Comments from relatives and people included, "It depends how short they are as to how quickly they come," and, "I think the care is quite good. There is no rush. Staff help me if I need help."
- Staff were visible, responded quickly and had time to spend with people during our inspection. One relative said, "Even though I cannot always see staff around, I can still see that people are getting care." Staff confirmed that although they were short of staff, people received good care because the team worked well together and were organised.
- Feedback from relatives and professionals, showed they felt the turnover of staff had not impacted on driving improvement in the care people received. One relative felt it supported the management in, "Moving forward."

Preventing and controlling infection

- Improvements were required to ensure safe infection control was embedded in day to day practice.
- The drainage tap attached to a person's catheter bag was touching the floor, which made it a potential

entry point for bacteria to enter. When we pointed it out to the registered manager, they acted to prevent it touching the floor, whilst they purchased a catheter stand.

- Some areas of the service required refurbishment and cleaning as they placed people at risk from infection. This included the flooring in the laundry room which could not be effectively cleaned as parts of it were missing and in two toilets, the flooring was lifting away from the wall.

Learning lessons when things go wrong

- Lessons were not always being learnt when things had gone wrong. Our February 2019 report identified shortfalls in infection control, and in ensuring hazardous fluids were stored safely. This inspection identified these concerns had not been addressed; until we brought it to the registered manager's attention. Fixtures were fitted to the wall to enable wet mops to be air dried, reducing the risk of potential bacteria growing, and cleaning products in the laundry were locked away.

- Action had been taken following our last report to ensure fire safety and legionella risk assessments were carried out by competent people. However, not all the recommendations had been acted on, or a date put in when they would be.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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; Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure people's needs and choices were being assessed by skilled staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A relative praised the admission process, saying after initial concerns about their family member needing to go into residential care, had found it to be reassuring and positive. The relative said, "What sold it was [registered manager] and [their] vision...the whole experience has been good." A health professional told us, "Care I have seen here is good."
- People's needs were assessed when they moved into the service and a care plan was developed to ensure the person was effectively supported. These included needs associated with foot care, oral care and people's preferences in relation to culture, religion and diet.
- The quality of training had improved. Instead of the reliance on E-learning, the registered manager had arranged face to face training to support staff preferred training style; and observations of practice to ensure they were putting their training into practice.
- Upon joining the service, staff received an induction. We received feedback that due to the lack of staff recently, new staff had not always shadowed more experienced staff to provide them with additional knowledge and skills needed to support people. Despite this, we observed staff knew people well and provided personalised care according to their needs.
- Staff received training to meet people's needs and training covered areas such as moving and handling and first aid. One staff member said, "We have good training and it was very helpful." One person commented, "The staff are good at hoisting." Staff received observations of their practice in moving and handling to ensure they were safe and competent to support people.

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

- People were supported to maintain a healthy, balanced diet, offered regular snacks and encouraged to drink often. Prior to the inspection, concerns were raised with the CQC that food stocks had run out, and people were not always being offered choice. This was not our observation. Cupboards were well stocked with food. The chef confirmed that they had, "Never been short [of food], always have two [menu] options."
- Two records of fluid intake were incomplete and were not being monitored effectively, this was discussed

with the registered manager who assured us this would be addressed.

- The provider had re-introduced fresh cooked meals to replace the pre-cooked hot meal service they had been using. People, relatives and staff were pleased with the changes, which offered more flexibility and choice. Comments included: "Food much better, fresh food every single day," "Proper home cooked food, one of the pluses," and, "The food is brilliant and home cooked and a nice variety."
- The mealtime experience was relaxed, and people were given support to eat where needed, but also encouraged to maintain their independence. Comments from staff included, "You can have a spoon if that makes it easier," and, "I will put it on a spoon and then you can try."
- People's care plans contained information about their nutritional needs, likes and dislikes. The chef was knowledgeable about how people needed their food to be prepared. However, they could benefit from additional training in the fortification of foods. Where people had a pureed diet, these foods were mixed together rather than pureed separately so that the individual flavours could be tasted. The registered manager said they would look to access suitable training.
- People were weighed frequently, and appropriate action taken where people had lost weight. Actions included referral for dietician input and the use of high calorie drinks. A staff member said they, "Make cream shots in the morning." Which they gave to people of low weight to boost calorie intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems were in place to ensure people received the support from health professionals when needed. This included GPs, speech and language therapist, dietitian, specialist community and cardiac nurses and occupational and physio therapists.
- One person's relative told us about the improvements they had seen in this area, "Definitely deal with health issues, pick up more quickly."
- Relatives felt involved and were kept up to date about people's health and welfare. One relative said, "[Family member] can have a bad turn and staff are very good at communicating how [family member] is and they are very knowledgeable of how [family member] has been. We are kept fully up to date and they [staff] are very good at this."
- During the inspection, we heard a visiting health professional thanking the registered manager for their, "Time and support."
- The service used the hospital red bag scheme, a national initiative to provide better communication for people between care homes and hospitals. Staff fill the bag with items needed when a person goes into hospital, including care and medicines records to support health professionals in knowing about the person's care needs.

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

- The provider was acting on our recommendations made in our last report. Plans were in place to further develop the service, so the environment was more dementia friendly. The registered manager had attended leadership for dementia training and memory boxes were being created.
- One corridor was decorated in a beach theme, there were old photographs of the royal family in a corridor and the hallway had a cabinet displaying ration books and old tins to evoke memories and provide subjects of conversation.
- The provider was aware areas of the service which required redecoration/refurbishment, especially where flaking paint work and areas of hard flooring, which needed to be resealed/replaced. The provider told us they would be addressing this through their planned refurbishment of the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Improvements had been made in this area. The registered manager understood their responsibilities under the MCA and appropriate applications to legally authorise restrictions had been submitted where people were unable to consent to restrictions in place to keep them safe.
- Care plans included information about people's ability to make decisions. One care plan said, 'I would like people to remember that I am not always able to make my own choices and decisions and support me to make then if I can. Do not make assumptions or choices for me.'
- Capacity assessments were in place regarding specific decisions including medicines and personal care. Where people were unable to make a decision, this had been made in their best interests.
- Staff received training on the MCA. One staff member said, "The MCA is that people can make their decisions while they still can. If they can't, decisions made in best interests."
- Care records also showed where people, or where appropriate their relative, had given their consent for photographs to be displayed on the service's social media page, joining in with social activities.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

- A social care professional described the, "Marked improvements," they had seen in how staff interacted with people, and the positive impact they had seen in a person's wellbeing, "Now smiling and chatting with people." One person's visitor described staff as, "Very kind."
- People's comments about the quality of care received were positive. Staff were kind and caring and supported people with compassion. One person said, "It is very good care. It's never too much trouble for them and they look after me." Another person commented, "Everyone is helpful and very friendly." A relative told us staff, "Engage [family member] as an individual."
- The staff team knew people well and had developed good relationships with them. One staff member said, "I love the residents and I love that they all have different quirks and personalities. I like knowing what they like and don't like." Another said, "Staff really care for the residents here."
- There was a relaxed atmosphere and lots of laughter. One staff member spent time talking about what people used to do for an occupation and asked lots of questions to generate conversation.
- People could have visitors when they wished, and relatives told us that they were made to feel welcome. One relative told us, "They [staff] always have time to talk to you, welcome you as a family, makes a drink and spends a bit of time catching up... whenever we turn up seems to be similar."
- People's care plans contained information about their religion, sexual orientation and ethnicity. Information was also included about their cultural and spiritual needs. Equality and diversity was discussed within staff member's supervisions.

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

- People and, where applicable, their relatives were involved in care planning. A person was heard on the telephone discussing their support plan with their social worker.
- One relative said, "My [relative] did the last review with [family member] and I was at the one before and we discussed the care."
- Care plans were regularly reviewed and, where able to, people had signed their plans to agree with the care being provided. A relative said when they attended a review, the information they gathered showed staff had, "Already done some work with [family member]." They felt this was good to ensure they were getting the information from their family member's perspective, as well as their own, "Very good."
- If people required them, information regarding available advocacy services was on display.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Where people were supported to mobilise,

they were given time to do as much as possible. Care plans included what people could do for themselves and where they required further assistance.

- People's privacy and dignity was maintained. One person's care plan stated, 'Please deal with my anxieties in a private and low-key way without too much fuss.'
- One person had a doll and staff were very careful and respectful when interacting with the doll which was very important to the person who the doll belonged to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had information about people's specific needs, personal preferences, routines and how staff should support them in a way they preferred to ensure their wellbeing.
- A staff member told us, "Care plans are better." This was our observation.
- People said staff supported them to meet their needs, for example, when provided supporting with oral care. One person said, "Staff help me with the top set of dentures and take them and clean them for me. I am very satisfied."
- Professionals confirmed the improvements they had seen in people's care records. One remarked, "The paperwork seems to better...and the paperwork up to date." Another told us the registered manager had, "Invested a lot of time with staff and getting the individual care plans for residents up to date."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback regarding opportunities for activity and stimulation. Comments included, "Could be more activities but they are working on this." One visitor said, "There used to be a [staff member] here who was doing activities, but I haven't seen any activities lately."
- However, some people and their relatives felt activities were available for people to partake in. One person said, "There is enough to do, I have been doing different things with painting. I am kept amused." One staff member said, "The activities person came in yesterday and did arts and crafts and some people did some painting."
- A professional described the improvements they had seen for the person they supported, including visits from a therapy dog.
- The registered manager had plans for ongoing improvements to support meaningful activities and in building links with the local community. This included engaging with the local school to arrange some befrienders and was planning to become part of a pilot with a local heritage centre. There were also plans for sensory activities for people cared for in their rooms.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly identified in their care plans.

- Staff found accessible ways to communicate with people by getting down to their level, speaking slowly and keeping eye contact to aid people's understanding. Some people had recently had their eyes tested and had new glasses.
- Improvements were needed to ensure information displayed in the service was accessible. The menu was written in small writing on a whiteboard which was difficult for people to see. The television in the lounge had text displayed of what people were saying, however this so was small that it is not easily visible. The volume was also turned down, so it could not be heard.
- The registered manager said as part on on-going improvements, they would be looking to address these areas.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the service.
- People knew who to talk to if they had any concerns.
- One relative told us they would be happy to raise any concerns with senior staff, as they had confidence, "They will be dealt with."
- A relative told us, they had concerns after hearing via social media that the service was closing down which had caused them distress. However, after speaking to the registered manager, they felt reassured this was not happening.
- The registered manager and provider said if the "Nasty" remarks being put on social media continued, they would be seeking legal advice; as it was causing undue concerns to people living in the service and their relatives.

End of life care and support

- Support was provided with end of life care, although no-one was currently at the end of their life.
- Care plans contained details about people's end of life wishes and preferences.
- The registered manager said they were looking to obtain the Gold Standards Framework; a nationally recognised set of standards designed to support staff in providing people with systematic, proactive, person centred, co-ordinated, end of life care.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to ensure people received safe, person-centred, quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had been active in employing an experienced registered manager. In the short time they have been in post (March 2019) they had been influential in leading improvements across the service. A relative told us, "I read the [last] report, I think things have improved." A professional told us they had seen a, "Big change," and hoped it continued.
- To ensure this, further time/improvements were needed to make certain the provider had a robust infrastructure in place. Supporting the leadership to independently identify and act on any shortfalls, which could potentially impact on people's safety and wellbeing. Also, in demonstrating, by having effective action plans in place, how they were using feedback from others to drive continuous improvement.
- For example, the provider's quality assurance arrangements in place had not identified all the issues found during our inspection, or in our previous reports, in relation to the safety of the environment, equipment and record keeping. An external professional had carried out a fire risk assessment, but there was no clear action plan to confirm the recommendations had been acted on.
- During feedback the provider gave reassurance they would be working with the registered manager to further develop their health and safety checks and audits; reflecting current legalisation and best practice.
- Feedback received from relatives and visiting professionals showed a developing person-centred culture, which they accredited to the recent staff changes. One professional felt some staff were, "Set in their ways and not adapt to change [with a] their way is the only way," attitude.
- Some staff did not feel very supported and did not feel that the registered manager was approachable. One staff member said, "I never get any compliments. It is all derogatory. There is such a divide between the [registered manager] and the staff." The registered manager was new to their post and was making some changes to the way the service was operating and had identified some issues which they were dealing with. This was causing some conflict within the service which the registered manager was trying to resolve.

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

regulatory requirements

- The registered manager was motivated and committed and working hard to improve the culture and make the required improvements to the service. However, this needed to be embedded and sustained to ensure positive outcomes for those living at Dovercourt.
- Staff were passionate and demonstrated their commitment to providing good care to those at the service. They had a good understanding of their roles and responsibilities.
- We received positive feedback from relatives regarding the change in management. One relative said, "[Registered manager] is a breath of fresh air and it seems as though they are doing a really good job as opposed to how it was before," and, "[Registered manager] wants the best for the residents and the best carers."
- A health professional described the registered manager as being, "Visible, involved, seems to care...can answer questions, seems to know the residents well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback we received from a relative prior to the inspection, showed improvements had been made in this area. They said the nominated individual and registered manager had met with relatives to explain the changes at the service, and to provide reassurance due to high staff turnover.
- Another meeting had been arranged with relatives to make them aware of the concerns regarding negative messages posted on a social media page; providing a forum for the leadership to give reassurance.
- The staff team and the registered manager knew people and their families well, which enabled positive relationships and a good quality of life for people using the service. One relative said, "[Registered manager] is brilliant and seems to have so much experience in how to deal with Dementia and Alzheimer's. To have someone explain it to us as a family is really good." One visitor commented, "[Registered manager] is very helpful and always has a smile and if I have a problem they do their best to help, but I have nothing to complain about."
- We received feedback, reflective of comments made in our previous reports, that the provider was not very visible at the service. Staff commented they did not see the provider enough. A staff member felt when the provider did take time to individually gain feedback from staff, it felt good, "Nice to have a proper chat... took time out to listen to me." One relative said, "I don't see [provider] very often, only now and again. They speak to me when they are here."
- The nominated individual (NI) visited the service at least once a week and kept in regular contact with the registered manager. They were aware the previous provider also managed the service; developing a culture where there was an expectation the owner had a continued visible presence.

We recommend the provider uses some form of signage/information system, to support people and staff in knowing when the NI is in the service; and if not visible, how they can be contacted.

Working in partnership with others

- The registered manager and staff team worked well with other professionals such as GP's and district nurses to provide joined-up care and support. One person had moved from another service and their visitor said, "The move was very smooth and all arrangements for [person's] special bed were made."
- The service was part of PROSPER (a collaboration between care homes, the local authority and health professionals aiming to improve safety and reduce harm for vulnerable people). Data including falls was collected in an initiative to reduce falls and hydration was being promoted to ensure people received good quality care.
- Since our last inspection, the provider had continued to work with the Clinical Commission Group

pharmacist team, accessing training and providing support to continue developing medicines management systems. The NI told us they had been very supportive in this area.