Dovecote Manor Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 12 May 2015 and was unannounced.

Dovecote Manor provides care and support for up to 41 older people with a wide range of needs. This includes people who are living with dementia.

There were 41 people using the service when we visited.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were protected from abuse and felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures.

Action was taken to keep people safe, minimising any risks to health and safety. Staff knew how to manage risks to promote people's safety.

There were appropriate numbers of staff employed to meet people's needs and safe and effective recruitment practices were followed.

There were suitable arrangements in place for the safe management of medicines.

Staff received appropriate support and training and were knowledgeable about their roles and responsibilities. They were provided with on-going training to update their skills and knowledge to support people with their care and support needs.

People's consent to care and treatment was sought in line with current legislation. Where people's liberty was deprived, Deprivation of Liberty Safeguards [DoLS] applications had been approved by the statutory body.

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity.

People's needs were assessed and regularly reviewed.

People were supported to take part in meaningful activities and pursue hobbies and interests.

The home had an effective complaints procedure in place. Staff were responsive to concerns and when issues were raised these were acted upon promptly.

The service was well-led and staff were well supported and motivated to do a good job.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the registered manager.

Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

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 safe

Staff knew how to recognise and respond to abuse correctly.

There were risk management plans in place to promote and protect people's safety.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

People were supported by staff to take their medicines safely.

Good

Is the service effective?
The service was effective

Staff were knowledgeable about the specific needs of the people in their care.

Consent to provide care and support to people was sought in line with current legislation.

Staff supported people to eat and drink sufficient amounts of healthy and nutritious food to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare facilities when required.

Good

Is the service caring?
The service was caring

Staff were kind in the way they spoke with people and supported them with kindness and compassion.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs in their preferred manner.

There were private spaces in the home for people and their families to go if they wanted to be on their own.

Good

Is the service responsive?
The service was responsive

People received care that was responsive to their needs. Staff responded quickly and appropriately to people when they required support.

The registered manager promoted the involvement of people living in the home and people took part in meaningful activities, both within the home and in the local community.

Complaints and comments made were used to improve the quality of the care provided.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The quality assurance and governance systems used were effective and there was a clear vision and set of values which staff understood.

There was a positive culture at the home where people felt included and consulted. Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.

People, their relatives and staff were encouraged to share their views and help develop the service.

Dovecote Manor Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 12 May 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service.

We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 people who used the service in order to gain their views about the quality of the service provided. We also spoke with three relatives, three care staff, a team leader, senior carer, the deputy manager, the chef and the registered manager, to determine whether the service had robust quality systems in place. In addition we spoke with a visiting healthcare professional.

We reviewed care records relating to four people who used the service and four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Yes I'm safe here." Another person said, "Of course I'm safe here. That's for sure." A relative commented, "I feel my [relative] is in safe hands." This view was expressed by all of the people we spoke with and their relatives.

The provider had effective procedures for ensuring that any concerns about people's safety a person or a person's safety were appropriately reported. All of the staff we spoke with could clearly explain how they would recognise and report abuse. One staff member said, "We have our training every year. It's very good." Another staff member commented, "I would have no worries at all about reporting any concerns I had. I feel very strongly about that. We have a duty to report abuse." Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns.

Records showed that the registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

Staff told us that possible risks to people's health and safety had been identified within their care plans. One member of staff said, "Risk assessments are important to keep us all safe."

Risk assessments considered the most effective ways to minimise risks and were up to date and reflective of people's needs. They helped staff to determine the support people needed if they had a sudden change of condition. Risks to people's safety were appropriately assessed, managed and reviewed. Each of the care records we saw had up-to-date risk assessments in place. People had management plans for any risk that had been identified. Staff demonstrated that they knew the details of these management plans and how to keep people safe. For example, one staff member spoke to us about the behaviours one person could present with. They talked us through the potential risks to staff and other people using the service and what actions had been put in place to minimise the risks to people.

The registered manager understood the importance of the monitoring of accidents and incidents within the home. Staff knew they should always report an accident, so that correct action could be taken. We found that appropriate documentation had been competed where accidents and incidents had occurred.

On the day of our visit we found there were sufficient staff available to keep people safe. One person told us, "Yes, there are enough staff. There is always someone about." Another person said, "They see to you quickly. I don't have to wait very long." A visiting relative told us they thought the dementia unit would benefit from another staff member. They said, "It does depend on the day. Some days it all goes smoothly and others they could really do with another person." All the staff we spoke with on the dementia unit were of the same opinion. One staff said, "I think we need an extra staff member. It can be very hectic at times." Staff informed us that the registered manager had agreed to an extra staff member and was currently recruiting for the post.

We spoke with the registered manager about the staffing on the dementia unit and they told us this had already been identified and recruitment for extra staff was taking place, both for the dementia unit and the residential unit. We looked at the minutes of the last two staff meetings and saw staffing had been raised as a concern. The minutes recorded that the manager had agreed to recruit extra staff to resolve the issue.

We spoke with a staff member who was new in post. They described the recruitment process they had been through. They said, "I had to wait until all my checks came through before I could start working here. They don't take any chances."

We saw evidence that safe recruitment practices were followed. This was to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles and to meet people's needs and keep them safe. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained.

People were supported to take their medicines by staff trained to administer medicines safely. We observed staff administering medicines to people throughout the day. People told us they always received their medication on

Good

Is the service safe?

time. One person commented, “They [staff] give me my tablets. I wouldn’t know how to do them.” A relative told us, “I don’t have any concerns or worries about my [relative] getting their tablets. It all seems very efficient.”

Staff told us they considered the administration of medicines an important part of people’s care. One staff member said, “We take it seriously, giving people their medicines. It must be done right.”

We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet. We checked the medicines for ten people and found the number of medicines stored, tallied with the number recorded on the Medication Administration Records (MAR).

Where people were prescribed medicines on a ‘when required’ basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given medicines to meet their needs.

All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed to ensure their practice was safe. We saw, from the staff training records, that staff had received up to date medicines training. Regular medicines audits also took place which helped to ensure the systems used were effective.

Good

Is the service effective?

Our findings

People told us that the staff knew them and how to meet their needs. They felt that staff had the training in order to provide appropriate care. One person commented, "They look after me alright." Another person told us, "They are well trained. I feel they are able to look after me." A relative told us that their family members' needs had recently changed significantly and said, "The staff have risen to the challenge and are able to manage my [relative] competently and they are always professional."

Staff told us they had completed the provider's induction training programme when they commenced work at the home. They told us they worked alongside, and shadowed more experienced members of staff which allowed them to get to know people before working independently. Staff told us the induction training was thorough and we spoke with one staff member who was new in post. They told us they were still in the process of completing the induction programme and were shadowing more experienced staff members. We observed this taking place on the day of our visit. The induction programme supported staff to understand people's needs and gain experience in a safe environment.

The registered manager told us that new staff were required to complete a period of induction and work alongside an experienced staff member in a supernumerary capacity until they felt confident and competent to work alone. On the day of our visit some staff members were undertaking training in dementia care. One staff member we spoke with said, "The training opens your eyes. It helps you to realise that if a person is rude to you it's not personal. It's part of the dementia."

We saw evidence that staff had received training in a variety of subjects that supported them to meet people's individual care needs. These included dementia awareness, first aid, manual handling, infection control, safeguarding adults and fire awareness. Training records confirmed that staff received refresher training in all core subjects and we found that they could access additional training that might benefit them. For example, we saw that some staff had completed training in end of life care, equality/culture and diversity and challenging behaviour.

Staff also told us they received on-going support in the form of supervisions and an annual review of their performance, and records we looked at confirmed this. .A staff member said, "We get regular supervision. It's good to know you're doing your job properly. I want to be told if I'm not." A team leader told us they completed supervision for staff and said, "It's very beneficial to staff and it's all about communicating with your team."

Staff were aware of the importance of ensuring that people had consented to care and support. One member of staff told us, "I would never dream of doing anything with a resident without asking them first, but also waiting for them to say yes before I did anything." We observed staff asking people for their consent before they undertook any task, or supported them to move to another area or take part in any activities. For example, one person was asked if they would like to take part in a drawing activity. They declined and their wishes were respected by the staff member. In the care plans we found that people or their relatives had consented for staff to administer their medicines and support them with their personal care.

The registered manager demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA). They were also well-informed about people's competence to consent to treatment and care. The registered manager confirmed that at the time of our visit there were 13 Deprivation of Liberty Safeguards applications that had been granted and a further 10 awaiting the outcome.

People were supported to eat and drink and to maintain a balanced diet. People told us they were provided with adequate amounts of food and drinks. One person said, "Oh yes the food is very nice. Better than mine." Another person commented, "I like a fry up in the morning and that's what I get." We observed this on the day of our visit.

Relatives were positive about the quality and variety of meals provided. One told us, "I used to worry that [relative] would become very malnourished because of their poor appetite. However, since coming here they have put weight on and seem to have found their appetite again."

We spoke with the chef and discussed menu choices with them. They demonstrated a good knowledge of peoples likes and dislikes. They told us that people were regularly consulted about the food menu and their choices and the menu were discussed with them and developed with their involvement. They said, "If a resident does not like what is on offer there are lots of alternatives we can offer." We observed a list of alternative meals displayed in both units.

Good

Is the service effective?

Meal times were relaxed and people were supported to move to the dining areas or eat in their bedroom at a time of their choice. We observed that snacks were plentiful and were available in all areas around the home. People with individual requirements received a suitable diet. For example, we saw that one person needed a diabetic diet and this was provided for them. Staff told us that they closely monitored the food and fluid intake for people assessed at risk of poor nutritional intake and we saw these records were fully completed and up to date.

The service supported people to maintain good health and to access healthcare services when required. One person said, "I saw the doctor just a few days ago. If I feel poorly the staff will get the doctor for me." A relative commented, "They have been brilliant looking after my [relative] Several times they have had to call for the doctor and they always let me know if [relative] is poorly."

Staff told us that they would have no hesitation in calling for the doctor if someone needed it. We observed one person who became unwell whilst undertaking a drawing activity. A member of staff immediately went to get the team leader and the deputy manager, to check this person was alright. The person was provided with medication to ease their symptoms and regular observations were carried out. The team leader also phoned for professional medical advice.

We spoke with a visiting healthcare professional who told us, "The staff are knowledgeable and know the residents well. They are very good at raising possible risks to people such as potential pressure sores. When this happens we can often be here within the hour. It works very well."

The registered manager told us that people were registered with a GP who visited the service as and when required. They said that the service was in close liaison with the district nurses and we saw evidence that people had access to the dentist, optician and chiropodist as well as specialists such as the dietician and speech and language therapist and care records confirmed this.

Good

Is the service caring?

Our findings

All the people we spoke with were positive about the home and told us they were happy with the care and support they received. One person said, "It's lovely here. I don't know what I would do if I wasn't here." Another person commented, "We are like a big family. They are all so kind." All the relatives we spoke with felt the staff were caring and treated their family members with kindness and compassion. One said, "They are all so lovely. They are very patient. I don't know how they do it."

We observed that care staff spent time interacting with people and addressed them by their preferred name. We observed staff supporting people with care and compassion. For example, one person became anxious several times throughout the day and were worried they were going to fall. We saw different staff members respond to this person with kindness and in a calming and soothing manner which the person responded positively to. Staff took time to ensure that people understood what was happening and supported people with patience and encouragement when they were moving around the home. We saw that staff provided people with reassurance by touching and giving eye contact when talking to people.

A large number of people using the service had dementia care needs and only four people that we spoke with were able to offer their views on their care. They confirmed that they felt involved and supported in planning and making decisions about their care and treatment. One person told us, "I'm involved as much as I can be." Another person said, "You can be fully involved or not at all. They listen to you and that's the main thing." People told us they were always given explanations when they needed them.

Relatives confirmed they were involved in their family members care. One relative commented, "Yes I am involved. I'm here a lot so I know the care we have agreed for my [relative] is being carried out."

Staff told us they involved people and their relatives in planning and reviewing their care and the care records we looked at confirmed this. We saw that people were given the opportunity and were supported to express their views about their care through monthly reviews. Each person had a specific day of the month when they would be the 'resident of the day'. On this specific date every month relatives would be invited to review the care provided for their family member. We saw there was an effective system in place to request the support of an advocate to represent people's views and wishes if it was required. The registered manager confirmed that two people living at the home had used the services of an advocate.

The staff promoted the privacy and dignity of people and their families'. One person told us, "They are very good at hiding my embarrassment." Another person commented, "The staff all have good manners." All people we spoke with and relatives expressed the same views, that staff were respectful and maintained people's dignity and privacy. One relative said, "They are always so welcoming and friendly. They are nothing but respectful."

We observed staff treating people and all visitors to the home with dignity and respect. People and their families had access to private spaces and staff made sure they were not disturbed. We observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people's choices and offered assistance if the person needed it, to help promote their independence. Staff described the importance of confidentiality and not discussing people's needs unless it was absolutely necessary. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Good

Is the service responsive?

Our findings

Some people were not aware if an assessment of their needs had been carried out before they came to stay in the home. However, relatives and staff confirmed that people had their needs assessed prior to coming to live at the home. They said that staff spent time with them on admission to identify fully their care preferences and future wishes. One relative told us, "They asked us about everything. It was very thorough."

Staff told us that people's care plans were developed around them as an individual and their histories and preferences were taken into account. A staff member said, "We ask families for personal histories because it's important that we know what each person enjoyed or disliked before they come to live here. Each person is so different." The deputy manager told us about one person who had determined what medicines they would take and this had been agreed by the home and the person's doctor. This meant they were empowered to make decisions about their care and treatment.

The registered manager told us that they provided people and their families with information about the service as part of the pre-admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the home, the facilities and the support offered.

We saw staff giving people time to express their views and observed people being asked how they wanted to be supported. For example, people were asked what activities they wanted to join in that morning and were supported to attend if they wished. We also saw that some people preferred to stay in their rooms or go to bed and they were supported to do this.

Each person had a care plan in place that was personal to them. These plans were used to guide staff on how to support people and provide the care they need. Giving people choices and promoting their independence were essential factors in how people's care was delivered.

Some people told us that they took part in activities or past times that were important to them and linked into things they enjoyed before they came to live at the home. For example, one person used to be an artist before they went to live at the home. We saw this person being asked if they would like to take part in a drawing activity. We heard them say, "Yes please. I used to be an artist you know." A staff member on the dementia unit told us that they were going to replicate a pub garden on the Thursday of that week, with bags of crisps that had the small bags of salt and drinks of various types that people may remember from their childhood.

On the day of our visit we observed people taking part in a chair exercise class, dominoes and a drawing activity. We saw many people had newspapers, books or had their own activity. For example, one person on the dementia unit was enjoying holding a doll and we observed them singing. There was a café on the residential unit where people could go for a drink, a shop on the dementia unit which sold sweets and toiletries and a relaxing area called a snoozelam, with soft furniture, music and special lighting where people could relax. Activities provided were varied and included necklace making, arts and crafts, brass and shoe cleaning and bingo.

People were encouraged to raise concerns or complaints. One person said, "I don't have anything to complain about." A second person told us, "Yes I would make a complaint. Or my [relative] would do it for me." All the people and relatives we spoke with were confident that any concerns would be dealt with appropriately and in a timely manner. One relative said, "If I have an issue I deal with it straight away so it never gets to the complaints stage. They do resolve things quickly."

Staff confirmed that people had access to the complaints policy but this was rarely needed because of the approachability of the registered manager. The provider had received one complaint in the last twelve months. This was a new complaint and the manager was in the process of dealing with it. They described to us the system in place to monitor and investigate complaints. The complaints procedure is included in the information given to people when they are admitted.

Good

Is the service well-led?

Our findings

Staff told us that there was positive leadership in place from the registered manager, which encouraged an open and transparent ethos among the staff team. The manager had introduced a clear vision and set of values which meant that person centred care, independence and empowerment were key to how the home operated and support was provided. We found that these were clearly understood and put into practice by staff in a way that promoted a positive and inclusive culture.

One person told us, "The manager is very good. I like him." A relative commented, "There is an open door policy and I would feel comfortable walking through that door at any time. I know things will get done."

None of the staff had any issues or concerns about how the service was being run and were very positive, describing ways in which they hoped to improve the delivery of care. All the staff we spoke with told us they felt supported and enjoyed their work. A staff member told us, "I love my job and I wish I had done this earlier in life." All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the home. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. Staff also told us that the registered manager at the home was a good influence on the staff and was an approachable and trusted manager. They said that the manager always acted immediately on any concerns they reported while maintaining their confidentiality. Feedback was sought from the staff through staff meetings and staff supervision.

A visiting health professional said, "The team work well together. Everyone here is well looked after. If I had any worries I know I could raise them and they would be resolved quickly."

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. People knew who the registered manager was and told us that they always saw them on a daily basis and they always stopped to talk to them. We observed this happening during our inspection. The staff we spoke with told us that the manager had an open door policy, was always available and had a regular presence in the home. During our inspection we spoke with the registered manager who demonstrated to us that they knew the details of the care provided to people. This showed they had regular contact with the staff and the people living in the home.

The registered manager monitored the quality of the care provided by completing regular audits of medicines management, care records, falls, training staffing, the environment and equipment. They evaluated these audits and created action plans for improvement, when improvements were needed. There was a system in place to ensure when accidents and incidents occurred they were investigated by the registered manager. If areas of poor practice were identified these were addressed with the staff team to ensure lessons were learnt and to minimise the risk of recurrence. The manager involved people and their families in the monitoring of the quality of care. We saw that people had been asked to share their experiences via satisfactions surveys and residents meetings. We saw that people's views and wishes were acted upon.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.