IBC Quality Solutions Limited

# The Dovecote Residential Care Home

## 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? | Outstanding |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
The Dovecote Residential Care Home provides Accommodation for persons who require nursing or personal care for up to 18 people with a learning disability. The home is in Pleasley, Nottinghamshire. At the time of the inspection there were 18 people living at the home. The home accommodates people across two separate buildings, the lodge and the bungalow. Each building has an adapted environment to support people and their needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
Systems and processes were in place to ensure people were kept safe. Risks were monitored and managed with robust instructions to support staff to identify risk. Staffing levels were managed and deployed appropriately. Consideration was given to ensure the right staff skill mix was in place. Medicines were managed in a safe way and people received their medicines as prescribed. Infection prevention and control measures were followed in line with legislation. Accidents and incidents were managed with corrective action taken when needed and lessons learned.

People's needs were assessed to ensure they received the right support. Staff were fully supported and received training that provided them with the skills to do their job. People exercised genuine choice with their meals and received sufficient amounts to eat and drink. Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing. Suitable adaptations had been made to ensure people could access all parts of the home, there were clear systems and processes to support people to access healthcare services. Management and staff understood the principles of the Mental Capacity Act 2005. They ensured best interest and decisions for people were met. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well supported by staff within the home to live a full life as possible.
Staff demonstrated and promoted dignity and respect. People were respected and empowered to make decisions about their care and support. Where required people had access to information to help them have their voice heard by accessing an advocate or representative to support them. People were encouraged to lead an independent lifestyle.

People received exceptional personalised care from staff who were knowledgeable and skilled to care for

them. Staff and the management team worked with passion and dedication and went above and beyond to achieve excellent outcomes for people. The service was creative and innovative in supporting people to live well independently, by using technology to support this. People were encouraged to keep in touch with family and make friends. Staff and the management team were passionate and dedicated to achieving positive outcomes for people. There was an open and transparent culture when dealing with complaints. End of life care was discussed with people and their wishes documented.

The service was well-led by the support manager, as the registered manager was not in control of the day to day running of the service.
There was a clear positive culture throughout the staff team that demonstrated how their open and listening management style and robust quality assurance systems had continual development and improvement at the service. People felt the home was very well managed. We received overwhelming positive comments about the support manager and how they managed the service. Staff were passionate about providing high quality care. The support manager was extremely proud of a process they had helped to develop to promote joined up care when working with other healthcare professionals.

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

Rating at last inspection
At the last inspection the service was rated as Good (published 28 April 2017)

Why we inspected
This was a planned inspection to assess if the service was meeting the requirements of the Health and Social care Act 2014.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?**

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?**

Outstanding ☆

The service was exceptionally 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.

# The Dovecote 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 completed by one inspector, an assistant inspector and an inspection manager.

Service and service type
The Dovecote is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 unannounced.

What we did before the inspection
We reviewed information we had received about the service in the last 12 months. This included details about incidents the provider must notify us about, such as alleged abuse or serious injury of any person receiving care at the service. We sought feedback from the care commissioners and external health professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us, to give some key

information about the service, what the service does well and any improvements they plan to make. We took this information into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service and one relative, to ask about their experience of the care provided. We spoke with eight members of staff including the registered manager, a support manager, a team leader, two senior care workers, two care workers and an activities coordinator. We reviewed a range of records. This included five people's care records, some people's medicines records. We looked at staff files in relation to their recruitment and supervision, along with records relating to the management of the home. We also reviewed a variety of care policies and procedures developed and implemented by the provider.

We used the 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found at the inspection visit. We looked at training data and quality assurance records.

Good

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- Robust pre- assessments were in place to identify known risks and triggers to assist in safeguarding.
- Staff received safeguarding training and had access to the providers policy and procedures.
- People told us they felt safe living in the home. One relative said, "I have no concerns." Security measures were in place to make sure people were living in a safe environment.
- Staff supported people when they became anxious. The sensitive actions of the staff had a positive impact on the person and they became relaxed very quickly.

Assessing risk, safety monitoring and management

- The provider had maintained effective systems to assess and manage known risks to people. They used a traffic light system to identify and to minimise any potential risk.
- We saw in people's care plans that risk assessments were monitored and reviewed regularly.
- People were supported to take risks while living independently, such as, going out alone. Safety measures and detailed risk assessments were in place to ensure staff were able to minimise the impact and keep people safe.
- Staff were knowledgeable about people's safety needs and used relevant care equipment when needed, to minimise risks. For example, when people were at risk of falls or pressure sores because of reduced mobility; sensor matts and pressure cushions were being used for people at high risk.

Staffing and recruitment

- Safe recruitment processes were followed and the support manager told us the turn-over of staff was kept to a minimum. Checks had been made with the national Disclosure and Barring Service to make sure prospective staff did not have relevant criminal convictions and had not been guilty of professional misconduct. A process was also in place to ensure employment references were obtained to provide additional assurance about staff members previous employment.
- People told us, and we saw there were sufficient staff available and deployed appropriately to care for people in both the lodge and the bungalow.
- Staff we spoke with told us staffing levels were safely maintained and staffing rotas were planned, to ensure there was the right staff numbers and skill mix available to support people in a safe way. One staff said when asked whether there was enough staff; "Oh definitely."

Using medicines safely

- Peoples medicines were administered and organised in a safe way for example, systems and processes

were used to show the dose a person required and how they wanted to receive their medicines. Front sheets in care plans and medicines administration records demonstrated how each person had a greed and wanted their medicines managed. People with diabetes had their individual blood sugar levels recorded, when required, which helped determine the amount of insulin they needed to be given by the district Nurse.

●Each person had a secure medicine cabinet in their room and received their medicines at appropriate times. This meant the provider was following safe protocols for administering, storage and disposal of medicines. The provider reviewed their medicines policy when required to make sure they followed national recognised guidance (NICE).
●Staff received regular training in medicine management and had their competency assessed each year. We saw this documented on staff files.
●People's prescribed medicines were monitored regularly by a Consultant Psychiatrist and the management team monitored its use. One-persons usage had been reduced over time which has resulted in a positive impact for the person.

Preventing and controlling infection
●The home was clean and people were protected from the risk of an acquired health infection.
●People were able to keep their own rooms clean and tidy with oversight from the staff team.
●Staff had received training in infection prevention and control and followed infection control protocol to ensure the home and communal areas were kept clean.
● The support manager was dignity and oral care champion for the service to ensure staff followed best practice.
●We observed that some areas of the home had been refurbished with new carpets in the living area and these areas were clean and tidy.

Learning lessons when things go wrong
●Lessons were learned when things went wrong. The registered person had arrangements in place to review and analyse incidents and near misses.
●This enabled them to review themes and trends when incidents occurred. Examples of action taken was care plans and risk assessments updated, along with referrals made to other professionals when needed. This meant incidents could be kept to a minimum.

Good

# 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 Good. At this inspection this key question has remained the same. 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
- People's needs were assessed to ensure they received the support they required.
- Care plans demonstrated that people's needs had been assessed effectively, providing a detailed picture of people's related requirements.
- We saw staff (had) supported people in line with each person's likes and dislikes
- We saw good practice guidelines being followed, for instance for people's positive behaviour management

Staff support: induction, training, skills and experience
- People were supported by staff who had relevant training, skills and experience to care for them.
- Staff felt their training equipped them to be able to carry out their role.
- Training records showed staff were regularly updated with training in key areas, such as safeguarding, Mental Capacity, and they also had access to specialist training as required. For instance, specialist non-verbal communication skills training was available for staff who supported people who had limited verbal communication skills.
- Staff applied learning from training, which was in line with best practice. This led to good outcomes for people and supported them to have a good quality of life.
- New staff members received a care induction and mandatory training when starting at the service. Records showed staff were supported to meet key performance targets.
- Staff informed us that they receive regular supervisions.

Supporting people to eat and drink enough to maintain a balanced diet
- People were able to exercise genuine choice with their meals. Staff informed us that people were asked for their meal preferences on a weekly basis. This was used to develop a menu everyone would enjoy.
- Staff showed an understanding of people's dietary needs and these were also documented in people's care records.
- Staff monitored people's weights and any other dietary requirements. Referrals to other healthcare professionals were made when necessary, for example when people were at risk of choking because of swallowing difficulties from their health condition.

Staff working with other agencies to provide consistent, effective, timely care
- Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing
- Care records had details about referrals to external agencies. For example, one person was referred to the

local 'Speech and Language Therapy' team due concerns over choking at mealtimes.

Adapting service, design, decoration to meet people's needs
●People were able to access an enclosed outside garden space, which included an 'Activities Room.' for their use.
●The provider had ensured that the environment met people's needs and was safe.
●Suitable adaptations had been made to ensure that people with walking aids could access all parts of the home, such as an access ramp from the front gate to the main building.

Supporting people to live healthier lives, access healthcare services and support
●A relative told us how the care staff had improved their relative's wellbeing. They said, [name] had improved so much since being at the home. They were very pleased with the positive outcome the care and support had had on their relative." We looked at the person's care file and saw there had been a positive impact on their health and wellbeing. Staff also confirmed how much the person had improved with their support and encouragement.
●People received good outcomes for their health and wellbeing.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

●Staff demonstrated a good understanding of the principles of the MCA and we saw, where possible, people were supported to make their own decisions about their care.
●When people did not have the capacity to consent to some decisions, we saw clear and appropriate assessments had taken place. Care plan guided staff on how the person's needs should be met.
●Where people had a DoLS in place, we saw the appropriate information had been recorded and shared with staff.
●Staff demonstrated a good understanding of DoLS. A member of staff explained DoLS was about restricting a person's freedom to ensure their safety.

Good

# 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 good. At this inspection this key question has remained the same. 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

- People received care and support from staff who were kind, caring and compassionate.
- All people who used the service were very positive about the care they received.
- People were respected and well supported by staff within the home to live a full life as possible that met their diverse needs.

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

- People were respected and empowered to make decisions about their care and support.
- Care plans reflected people's needs. Their views and decisions were recorded. Relatives told us they were involved in discussions about their family members care.
- Each person had individual plans of care which they were all involved in. One person told us they spoke with [staff name] on a regular basis. Each person had a key worker. People knew who their key worker was and could name them. People spoke fondly of the staff.
- Staff respected people's right to change their minds and supported them to alter any arrangements regarding appointments or activities where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were always treated with respect and dignity. We observed some very caring and respectful interactions between people and staff. We spent time in the Bungalow observing activities. The interaction between people and staff was warm, friendly and respectful.
- People's care plans provided staff with guidance about promoting people's privacy, dignity, respect and independence. Staff spoke about people they cared for positively and respectfully.
- The support manager and staff spent time with people and people responded positively to them. Staff were attentive, had time to spend with people. It was clear from the interactions, smiles and joyous humour that people and staff had built good relationships with each other.

Outstanding ☆

# Is the service responsive?

## Our findings

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

●People were extremely well supported and received extensive opportunity to participate in a number of social activities relevant to their hobbies and interests that were meaningful to them.

●The activities person was exceedingly imaginative when they promoted social inclusion. For example, they arranged a knit and natter group, which we observed during our visit. People participated from both areas of the home. People were enthusiastic and enjoyed each other's company and engaged with each other as well as participating in the activity provided. Everyone was positively upbeat and happy to be living at the service.

●People told us staff had excellent understanding of their social and cultural needs that influenced how they wanted to be supported. Where people chose to take part in the local community they were fully supported by staff and were involved with taking part in local activities. One person was waiting for transport when we arrived at the home, they were very happy and excited to be going out. Another person told us they were going to work. People were overwhelmingly inspired about the activities available to them. We observed staff engaging with people throughout the day. No one was left alone or unattended.

●Staff provided support when people wanted to go for a morning walk to the shops or to the local park. One staff told us about a person who became agitated and anxious and going out helped them relax and calm them down. Whilst they were out they also visited family, which helped them to continue to maintain their relationships outside the home.

●The home was a big instigator of arranging a local disco, that people with learning disabilities attended from other homes in the Nottingham area. This provided a regular opportunity for people to meet, socialise and have fun. This meant people could continue to make friends and contact people from different homes and form relationships.

●People participated in fundraising for different charities and the local community. There was special involvement from the local church. We saw photographs of people participating and enjoying activities and holidays. Pictures were taken so people could share memories with family and friends. This meant the service used innovative ways to uplift people and encourage them to achieve what was important to them.

●Since the last inspection the support manager had introduced a book of dreams. This was to record people's personal goals they wanted to achieve and when they had achieved them. One person wanted to go on holiday with their family and this was facilitated through service fund raising. Another person wanted to play in a football team. The staff sourced a local football team. The change in the persons behaviour had been remarkable in that their challenging behaviour had reduced and was no longer an issue. Prior to moving to the home, the persons behaviour had not been managed effectively. Through the hard work and patience, from staff the young person had achieved their goal and was setting more. People were very much involved in identifying their dreams and were supported to accomplish them.

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

●The service understood the needs of different people and delivered care that met their needs, which promoted equality.

●People received exceptional care that was very personalised and reflected their needs. One person requested to go shopping as this was what they really liked doing. This was facilitated and continued weekly by staff as the activity was not funded by the commissioners. The service held fundraising events to ensure people fulfilled their dreams and received a quality of life doing what they wanted to do. Another person's quality of life had improved immensely. When they first came to the home they were incontinent and did not go out. Since being at the home the person told us, "Their quality of life had been enhanced. Now they go out more, their incontinence is managed. They were learning new skills to help them remember more (their condition prevented them from remembering) and now they know all staff names." Peoples care and support plans were reviewed and updated when their needs changed. Staff knew residents extremely well and could tell us about individual people's care and preferences. Every member of staff we spoke with knew the person we asked them about.

●Family praised the assessment process and felt it was an excellent way for staff to get to know people's care needs, preferences and life history.

●One relative told us how happy they were that their relation was able to take part in things they liked. They told us how comfortable their relation had been since arriving at the home and how relaxed they were that their family member was well cared for.

●Care plans provided staff with guidance and information that enabled them to provide personalised care. Records contained details about peoples social and medical history, likes and dislikes, life history, hobbies and interests. Care plans were reviewed regularly to ensure care provided continued to meet the need and preferences of people.

●Staff and management worked with passion and went above and beyond their roles to ensure they achieve excellent outcomes for people. One person told us about a staff member who invited them (on their day off) on a day trip with the staff members family. The person said, "They didn't have to do that." This showed us that staff were thoughtful and considerate to people's needs.

●The commissioners of care gave positive feedback. They completed a quality audit in February 2019, the service scored 92%.

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.

●Throughout the inspection we observed staff communicating with people in a range of verbal and non-verbal communications, which people fully understood and responded to positively.

●Care plans contained people's communication requirements and identified if the person had limited vocabulary.

●The service was creative and innovative in supporting people to live well independently. The WIFI access was good around the service and they had introduced an internet device which had proven entertaining for a person who was sensory impaired. They used the device to help the person tell the time each day. This meant staff were attentive and went above and beyond to sort effective communication equipment for people that met the accessible information standard.

●Each person had a communication profile. Detailed information on how people communicate, for example, verbal, body language or use of pictures was documented.

Improving care quality in response to complaints or concerns

●People and staff had the opportunity to feedback or raise concerns in staff and resident meetings. The support manager told us they dealt with issues and concerns before they were escalated into a complaint.

●The complaints procedure had been available for people, relatives and visitors. People and relatives were

confident they could raise a concern and it would be listened to. At the time of our inspection the provider had not received any complaints.

End of life care and support

●Processes were in place for people to discuss their end of life wishes with informed involvement. Staff were aware of what they would do if a person was at the end of their life. Staff understood and met the needs of people and their families in relation to emotional support.

●Records included people's preference, culture and spiritual needs. There was no one on end of life care at the time of the inspection.

Good

# 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 good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

●There were clear values set out that supported the vision and culture of the service. The service delivered constant high-quality, person centred care that supported people's ongoing learning and innovations.

●The service paid attention to detail to ensure people lived a comfortable and fulfilled active life. For example, the layout of the home was developed to incorporate people's needs. The internal and external environment was easily accessible for people with disabilities and use of equipment, such as walkers and wheelchairs. One person's care plan stated they had to walk around regularly to reduce the risk of pressure sores This was an ideal environment for them to do this.

●People and their relatives were extremely positive and complimentary about the support manager and their staff team. There was commitment and compassion from the staff that empowered people and maximised the impact on them to fulfil their ambitions. One person had improved immensely since they came to live at the home. Family told us the person didn't go out or interact with people. Now the person was learning new ways to remember things and communicate more effectively by using sign language. Staff used one to one time to support the person face-time their family. This had a proactive impact on the person.

●Staff were happy in their roles with a calm and caring approach towards people. We saw staff worked well together. Staff were fully motivated and proud of the service.

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

●The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

●One relative said, "The service always keeps me informed of any issues or changes to [name] needs. I am extremely happy with the care."

●We found the management team were very open and honest about issues or concerns. There were systems in place to monitor themes and trends when things went wrong.

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

●The registered manager was clear about their role and had the full support from the support manager on the daily running of the home. The support manager was hands on and was knowledgeable of people's care

needs. They were very proactive in monitoring performance of staff to ensure they provided a high-quality service. However, the registered manager was not in day to day control of the service as the support manager was the main person along with the staff that strove to ensure the good outcomes for people

●There were systems in place to monitor and manage the quality of the service, for example care surveys, management audits and analysis of information, helped to ensure there was a clear oversight of the service.

●Weekly staff meetings ensured strategies were in place to discuss incidents and concerns. Outcomes and actions from incidents and concerns were communicated to relevant people involved or other professionals when a referral was needed, such as, to the falls team.

●The provider had met their legal requirement to notify CQC of certain information and display their latest inspection report and rating at the service. This was to let people make an informed judgment when seeking information about the service.

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

●The service involved people and considered their protected characteristics when planning care.

●Relatives gave positive comments about the service and told us they were involved in all aspects of their relations care.

●The service had good links with the community, especially with the church next to the home. Volunteers from the church visited and knew people very well, they were greeted warmly when they arrived at the service. We could see people were happy and eager to interact with them.

●Staff meetings took place to discuss people's needs and behaviours. This told us the service engaged and involved people, their families and staff when developing peoples care needs.

Continuous learning and improving care

●The management team were committed to drive service improvement. The support manager had completed a big piece of work on documents used to record people's behaviours for outbursts or triggers that may challenge others. This identified learning to help reduce incidents and ensure staff received training and understanding in 'positive behaviour support (PBS) and find better ways to support people.

●When issues or concerns were identified through medicine audits staff received a memo to take action and take note, to ensure it does not happen again. The person responsible for medicine audits confirmed this was one of the ways they improved on care.

Working in partnership with others

●The service worked in partnership with other professionals to support the provision of safe and effective care. We received positive feedback from the local authority. They told us there had been no safeguarding referrals from the service in the last 12 months; this also corresponded with our findings.

●Care plans identified when other professionals were involved with people for example, GP's District Nurse and psychiatrists. The support manager told us they strived for excellence and had an excellent working relationship with other professionals who visited the home. The support manager had worked with other providers to develop and adopt high quality procedures for infection control to ensure they were following best practice.