

White Doves Residential Home Limited

White Doves Ltd

Inspection report

32-34 Renals Street
Derby
Derbyshire
DE23 6SH

Tel: 01332332725






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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

White Doves Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. White Doves Ltd is registered to accommodate up to 13 older people. At the time of our inspection, there were 11 people living in the home.

At our last inspection in October 2015 we rated the service overall as 'Good'.

This is the second comprehensive inspection of the service. At this inspection the service had deteriorated to 'Requires Improvement'.

We found improvements were needed to the premises, décor and cleanliness, despite the regular safety checks and audits carried out on the premises. Although staff had been trained in health and safety, infection control procedures and regular cleaning was carried out improvements were needed to ensure people were protected from avoidable risks to their health and safety.

The registered manager provided leadership and supported staff and people who used the service. The registered manager continued to maintain their knowledge and attended management courses and local health care forums. However, the quality audit tool used to monitor the service referred to the previous regulations and was not reflective of the current Health and Social Care Act 2014 and regulations. There were regular audits and checks carried out on the premises, care records and the management of the service. However, no issues were found by the provider in relation to safety concerns of the premises and infection control risks which contradicted our findings during this inspection visit.

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.

Risk assessments were completed; safety measures were put in place and were monitored and reviewed regularly. People continued to receive good care and support that responded to their individual needs. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in ways that helped people understand the care and support that had been agreed with them.

People continued to receive safe care. Staff recruitment processes were followed and ensured that people were protected from being cared for by unsuitable staff. There were enough staff to provide care and support to people to meet their needs safely. Staff were trained in procedures and knew how to support and to protect people from abuse.

People's nutritional and dietary needs were met. People were supported to take their medicines as prescribed. People's health and well-being was monitored by staff. They were supported to have appointments and treatments from health professionals which ensured their health needs were met.

People were able to be involved and make decisions about all aspects of their care. They influenced how the service was run. They were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had developed positive trusting relationships with the staff team. People's privacy and dignity was respected and independence was promoted. People took part in a range of social activities and events and were supported to go into the wider community.

People knew how to raise a concern or make a complaint. The provider had effective systems to manage any complaints they received.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe and has deteriorated to requires improvement.

People's safety was not maintained because improvements were needed to the premises, cleanliness, hygiene and infection control procedures.

Risks associated to people's needs were managed safely and monitored. People were supported with their medicines safely. Medicines were stored securely and systems were in place to ensure discrepancies were identified and addressed.

Staff were recruited safely. There were enough staff to provide care and support to people when they needed it. Staff were trained to recognise abuse and respond to allegations or incidents. Lessons were learnt and improvements made when things went wrong.

Requires Improvement ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service was not consistently well led and has deteriorated to requires improvement.

Further improvements were needed to ensure the provider quality monitoring systems and processes were up to date and effective in order to make necessary improvements.

The registered manager continued to provide leadership. They and the staff team worked in partnership with other agencies. People and staff's views about the service were sought and used

Requires Improvement ●

to any needed improvements.

White Doves Ltd

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 checked 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 site visit took place on 10 May 2018 and was unannounced. We returned on 11 May 2018 to complete the inspection. This inspection was undertaken by one inspector.

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

Before the inspection visit we looked at the information held about the provider, notifications and information received about the service. Notifications are important events which the provider must tell us. We contacted Derby City Council who commission services from the provider and Derby Healthwatch; an independent consumer champion for people who use health and social care services. No information of concern was held about White Doves Ltd. We used this information to help us plan this inspection.

During the inspection visit we spoke with five people who used the service. We made direct observations at meal times and 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. We spoke with seven staff which included the registered manager, deputy manager, three care assistants, the cook and the housekeeper.

We reviewed the care records of three people who used the service. We looked at the recruitment records for four staff and training records. We looked at a range of documents including meeting minutes, audits and complaints which recorded how the provider monitored the quality of the service being provided.

Is the service safe?

Our findings

Records showed that regular checks were carried such as fire tests, maintenance and equipment and visual checks of the communal areas and bedrooms. However, we found people's safety was not always maintained and improvements were needed. Most of the radiators were not covered. The surface temperature of one radiator on the first floor was extremely hot. That meant people were at risk of burns or scalding where they had the ability to reach or touch radiators. Some people who potentially lacked awareness were at a greater risk of scolding. We shared our concerns with the registered manager, who ensured that the maintenance staff switched off the radiator immediately.

The premises were in need to further improvements. One bathroom had exposed plaster and a damaged wall. One person showed us their bedroom. The new ensuite shower room was being tiled. The hoist kept in the bedroom was dirty; the cushioned handles and rubber base were also worn away. The deputy manager told us they replacement parts had been ordered. However, the issue of cleanliness and hygiene had not been addressed.

We saw carpets were worn and had frayed edges in places. This could potentially result in people tripping or falling. The wall paper in the lounge wall had been damaged. Carpets throughout the home were worn. Some edges of the carpet in the dining room was frayed. The registered manager told us that new carpet had been ordered for the dining room.

This was a breach of Regulation 15 (1) (2) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the environmental risks had not been maintained to keep people safe.

The registered manager told us that regular and deep cleaning was undertaken. However, the carpets throughout the home were stained in parts. The fabric armchairs in the lounge were heavily stained and dirty. We saw one person put biscuits on the blackened armrest of the armchair they were sat in, even though there were occasional drink tables available. This increased the risk of cross infection and meant that people's safety was put at risk.

We saw staff had sufficient supply of disposable gloves and aprons. Staff told us they had been trained in infection control and knew what steps to take to protect people from the risk of cross infection. However, we saw a member of staff still wore the same used disposable gloves and apron as they left the toilet. They had transported the person in their wheelchair to the lounge. When this was pointed out to the registered manager they took action immediately.

This was a breach of Regulation 12 (1) (2) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the infection control procedures had not been followed to keep people safe.

The following day we found we found some improvement had been made. The stained armchair used by one person had been deep cleaned and the blackened stained were removed. The double seater was moved to the conservatory. We saw that staff had followed infection control procedures. The registered

manager told us that they had ordered some new carpets and flooring for bedrooms. They assured us that they would order new furniture to replace the fabric armchairs that were not safe to use.

There were policies and procedures for the promotion of people's safety in place. These included advocacy services, a policy on safeguarding people from abuse and managing people's finances. All transactions were documented and regularly checked to ensure people's money was safe.

People told us they mostly felt safe with the staff that supported them. One person said, "It's alright. [Staff] look after me ok." Information about how to report safeguarding and whistleblowing concerns was displayed and accessible to all staff, people who used the service and their visitors.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Staff had received training in a range of topics including health and safety and safeguarding procedures and knew what action they would take if they suspected abuse. A staff member said, "I would report my concerns to the manager who would follow it up. I can go to the safeguarding team at the council if I needed to."

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling and risk of falling. A staff member said, "The manager does the risk assessments and does the care plan which gives us information about how to support people and keep them as safe as possible." Care plans gave staff clear instructions about how to keep people safe. Care plans and risk assessments were reviewed to ensure people continued to be supported appropriately.

We saw staff continued to ensure people were safe, they responded promptly to requests and supported people to move around safely. For example, a staff member guided a person using a walking frame to move from the dining room to the lounge. The walking frame was left next to where the person was seated. This meant the person's freedom was not restricted.

A business continuity plan was in place in case of foreseeable emergencies. This provided the staff team with a plan to follow to enable them to continue to deliver a consistent service should such instances ever occur. Individual emergency evacuation plans were in place that described the support each person needed in the event of an emergency situation. These measures supported people's safety.

All incidents and accidents were recorded and showed appropriate action had been taken. The registered manager analysed these to establish any trends and monitored if changes to practice needed to be made. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again. For example, the registered manager told us they had reviewed the process and information was shared with relevant professionals ensure that people's confidential and personal information remained secure.

Staff recruitment processes protected people from being cared for by unsuitable staff. The pre-employment checks carried out included a police check, employment history and references were obtained. People felt there were sufficient numbers of staff available to meet their needs. The staff rotas we looked at confirmed this and showed there was a skill mix of staff who were knowledgeable and able to deliver care safely.

People told us they received their medicines at the right time. One person said, "[Staff] do ask me if I have any pain or need something for it." We observed the deputy manager administered medicines safely and signed records to confirm when the medicines were taken.

We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines. Staff had received training and their competency had been checked regularly. We checked a sample of the medicines administration record and found all had been completed satisfactorily. Regular audits were completed and shortfalls had been quickly addressed.

Is the service effective?

Our findings

Staff had received training; support and supervision that they needed to work effectively in their role. A staff member said, "The induction training was good; it gave me the knowledge and skills to look after people. I do not give medicines because I'm not trained. I think I am booked to on the autism and learning disability training which will help me." Staff team felt they were able to discuss working practices and identify any training needs with the registered manager. The registered manager told us they were in the process of identify suitable training on supporting people with a learning disability for the new staff. This showed training was linked to the needs of people who used the service. Training records viewed confirmed the training was based on current legislation and best practice guidance. This supported the information received in the PIR from the provider.

People's care needs were assessed prior to them moving into White Doves Ltd. This enabled the registered manager to satisfy themselves that the person's needs could be met by the staff team. One person told us they were asked about the support they needed. Care plans were developed from the assessment and guided staff in providing care based on people's needs.

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We saw staff sought people's consent on a day to day basis and offered choices about meals and activities. One person said, "[Staff] always ask before doing anything for me." Records showed referrals had been made to the local authority when there were concerns about people's capacity to consent to their care and support. A staff member said "I always offer people a choice and will tell them how I can help them." That meant the registered manager and staff team were working within the principles of the MCA.

People told us they enjoyed the meals provided. Drinks, fruit and snacks were readily available and people were encouraged to eat and drink throughout the day. A person said, "The meals were very nice. [Cook] knows I'm not a meat lover, so there's always something else for me to eat." Another person said, "I usually have porridge, then a piece of toast with marmalade and a cup of tea." There was a choice of meals. Alternatives were available should anyone wish for something different.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person's relative said, "The staff are excellent at picking up on any health needs. They regularly take [name of person] to the dentist and doctor when necessary." Records showed that appropriate referrals were made to a dietician or speech and language therapist when advice was needed for people with swallowing difficulties. Staff recorded what people had eaten and drank where they were at risk of

malnutrition.

We received positive feedback from health and social care professionals. They told us the staff team were responsive and sought advice when people's health was of concern.

People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled. Where people were happy to show us their rooms we saw their interests and hobbies had been reflected. The garden was accessible for people to use in good weather.

Is the service caring?

Our findings

People praised the staff about their caring attitude and approach. One person said, "I'm happy here because the staff look after me; [staff name] is lovely." We observed staff treating people with kindness and dignity.

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff addressed people by their preferred name. We saw staff spoke to people in a respectful manner and knelt down to speak with people when they were seated. Staff were seen offering people choices in their daily lives, for example, if they wanted any snacks with their drink and where they wanted to eat their meals.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. For example, people were supported by staff to maintain personal relationships with family members and friends. This was based on staff understanding who was important to the person, their life history and background.

People were involved in making decisions about how they wanted their care and support provided. Care records we viewed confirmed people's decisions were documented and reviewed regularly. The registered manager told us people could have access to an advocate if they felt they needed support to make decisions. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us that staff respected their privacy and dignity. One person said, "I try to do [bathing] what I can and [staff] will clean the rest of me." Another person said, "I've had a shave because [my relative] is coming to see me." Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. We saw staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter.

People's care records were kept secure. Staff had access records when needed and only shared information on a need to know basis. Handover of information and meetings took place in private. That meant compliance with the provider's confidentiality policy and the Data Protection Act.

Is the service responsive?

Our findings

People told us they received personalised care and support that was responsive to their individual needs. We saw people's morning routines varied in relation to what they got up and how they spent their day. One person said, "I like to get up when I want to. If [my relative] is coming to see me then I get up early." We saw staff were responsive when people asked for support or wanted something, such as a drink or snack.

People were aware of their care plans and were involved in the review of their needs. One person said, "[Staff] do ask me if I need more help but right now I don't need much more. I have my routine and staff do know what that it. I enjoy doing puzzles, it keeps my brain working."

We saw a staff member handed the newspaper to the person when it was delivered. This person said, "I like to read the newspaper every day." We saw people took part in a card game in the morning, followed by a quiz and bingo in the afternoon. There was laughter and conversations which showed people enjoyed taking part in the social activity. A person told us that they liked to go shopping. The staff member told us they supported people to go into the wider community including visiting a gym. A local faith minister visited regularly and people were supported to practice their religious beliefs. This promoted people's wellbeing and protected them from social isolation.

Staff promoted people's equality and diversity, respecting people's religious beliefs, their personal preferences and choices. The registered manager told us that they were updating the care plans to be person centred. The new care plan format were produced electronically which meant they could be amended quickly. Care plans had information about the support people needed, their daily routines, past lives, spiritual needs, hobbies and interests.

Care plans were reviewed regularly and updated to ensure people's views and decisions made were documented. The staff handover meeting we observed was informative. Staff were informed about the wellbeing of each person who used the service. A staff member said, "The handovers are good and if someone's needs have changed then their care plan is updated so we would check what it is that they need." This ensured people continued to receive care that responded to their needs.

Care plans included a section about people's communication needs and what type of support required. For example, a care plan directed staff to use short clear sentences and allow the person time to respond and we observed this during the inspection visit. People had signed to confirm that they contributed to the planning of their care. That showed the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Information about how to support people at the end of their lives, bereavement and counselling was available to staff, people who used the service and their relatives. Records showed people had the opportunity to express their wishes and decisions made about their end of life care. The end of life policy and procedure and staff training was being updated. No-one was receiving end of life care at the time of our

inspection. The registered manager told us this would be planned and would involve relevant health professionals if this was ever required. This meant people could be assured that staff would provide support in line with their wishes.

People knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person said, "If something bothered me then I would tell [registered manager]."

The provider had a complaints policy in place to manage complaints. However, there was no information about people's rights, what they should do if they remained unhappy with the outcome of their complaint. Information about the local advocacy support was not available if people needed support to complain or they felt they were being discriminated against under the Equality Act, when making care and support choices. We raised this with the registered manager. They took prompt action and amended the complaint policy and procedure to include this information.

Records showed the service had not received any complaints. The registered manager told us that all complaints would be appropriately investigated and action would be taken.

Is the service well-led?

Our findings

The registered manager had completed training in leadership and management training in social care and was involved in local social care forums. They found the learning helped them to keep their knowledge up to date about changes in legislation and best practice. They were updating some of the policies and procedures to reflect the new legislation, such as the revised data protection policy.

The registered manager was aware of the current regulations and their responsibilities. They showed us the recent quality monitoring tool used to assess the service. We noted that it referred to the previous regulations and did not take account of the relevant changes in legislation. That showed the registered manager had not put into practice their learning despite being aware of the new legislation and attending management training in social care. We raised this with the registered manager and they assured us they would address this. We will continue to monitor this.

We looked at the most recent quality audit completed, which looked at the premises, safety, people's care records and medicines. No issues had been identified in relation to the environment. This contradicted our findings on the day of the inspection visit. For example, improvements were needed to maintain good hygiene and cleanliness. We also found environmental risks such as the hot surface temperatures of radiators which put people's health and safety at risk. We have reported on these areas earlier in this inspection report.

We shared our findings with the registered manager. They told us that some improvements had begun. For example, one bedroom had been decorated, a new ensuite shower room was being tiled and the dining room had been painted. They had ordered new carpets for the dining room. They assured us that further environmental improvements had been planned and that they would order some new furniture such as armchairs. We will continue to monitor this.

The registered manager and the staff team understood the provider's vision and values to provide quality care. We saw the service had received cards, compliments and letters of thanks from people and relatives about the quality of care people received and staff team's approach. This showed people felt White Doves Ltd continued to provide a quality service for people.

The registered manager provided leadership and managed the service. The registered manager had legal responsibility to manage White Doves Ltd and another care home, a short distance away. They were supported by the deputy managers in each service, who provided continuity of leadership in the absence of the registered manager.

People told us that they felt the service was managed well. They were confident about approaching the registered manager if they had any concerns. A staff member said, "[Registered manager] and [deputy manager] are approachable and deal with any issues I've had or when I want some training. I'm hoping to have some training in learning disabilities."

The registered manager understood their legal responsibilities and had displayed the latest CQC inspection report and rating at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider has sent us appropriate notifications about significant events at the service, which they have a legal responsibility to do which included the actions taken to maintain people's safety. That meant the provider was meeting these regulatory responsibilities.

The provider identified ways to improve the service. Since the last inspection the provider had improved the garden space and provided seating which people used on warmer days. The windows in the conservatory had been replaced. We saw the dining room and one bedroom had been repainted and a new ensuite shower room was being tiled. This supported the information received in the PIR.

We found records relating to people's care were kept up to date and accurately reflective of people's needs, decisions made and wishes. Other routine maintenance and servicing records such as hoists and records relating to staff and the running of the service were kept up-to-date. Good record keeping helps to assure people the service is well managed.

The PIR received from the provider stated that they have developed links with the local community. We saw evidence of this, for instance coffee mornings were held at the service where people from the local community could attend and a library service.

People's views about the quality of care were sought regularly using surveys, talking with people and their representatives and at care review meetings. One person said, "We have residents meetings where we are asked about the meals choices, what activities we would like to do and if we have any concerns." Meeting minutes looked at confirmed this. Where comments had been made the provider had responded to them and the actions taken had been recorded. For example, menus had been changed to include people's favourite meals and fresh fruit snacks and deserts. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice.

People told us and we saw staff were organised and worked well together as a team. The staff team felt they were well supported. A system was in place that ensured staff had regular training and supervision and appraisals where they could discuss their work and identify training needs.

Regular staff meetings were held. The meeting minutes confirmed that staff received updates; had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to investigations or complaints. This supported the information provided within the PIR.

Records showed the provider continued to work in partnership with other agencies in an open honest and transparent way to ensure people received the care they needed. Feedback we received from commissioners who monitored and evaluated the service was positive. They told us that the staff team continued to provide quality care to people and that the service was well managed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service and others health and safety was not protected from the risk of infection because infection control procedures were not followed. Regulation 12 (1) (2) (b) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others health, wellbeing and safety was not protected from environmental and infection control risks. Regulation 15 (1) (2)(d)(e)(h)