

Barchester Healthcare Homes Limited

Dovedale Court

Inspection report

Dovedale Avenue
Ingol
Preston
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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 ●

Summary of findings

Overall summary

The last inspection of this home took place on 06 and 07 October 2015. The home was awarded a rating of 'Requires Improvement.' The home was found to be in breach of the regulation relating to safe care. At the last inspection we asked the provider to take action to make improvements around risk assessments, record keeping and providing a dementia friendly environment, and this action has been completed.

Dovedale Court is located in Ingol, a residential area of Preston. A bus link to Preston town centre is nearby. The home provides accommodation for up to 32 adults requiring help with personal and nursing care. The home is divided into two units. The Tessymann unit is a dedicated nursing unit for people with complex mental health needs and is based on the first floor. On the ground floor is the Memory Lane Unit which is residential care. There are separate secure gardens available for both units of the home to the rear. When we inspected there were 31 people living at the home.

The home is registered to provide accommodation for persons who require nursing or personal care. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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.

During our last inspection, we found risks were not always managed and addressed. While the Tessymann unit had systems to manage and lessen the risk, we found systems on the Memory Lane unit did not always meet the needs of all people who lived on the unit. During this inspection, we looked at how risks to people were being managed. We found people were protected from risks associated with their care because the registered manager had completed risk assessments, which provided updated guidance for staff to keep people safe.

During the last inspection we made a recommendation the registered provider worked within good practice guidelines to develop a dementia friendly environment. During this inspection we looked at the premises and found it was suitable for the care and support provided.

During our last inspection at the home, we found there were concerns around record keeping we made a recommendation around this. During this inspection we reviewed the records and found improvements had been made.

People who lived at Dovedale Court told us they felt safe and supported by staff and the management team.

We looked at how reporting of safeguarding incidents were being managed and found people were protected from the risk of abuse because staff understood how to identify and report them.

We looked at how accidents and incidents were being managed. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these.

We checked whether the home was working within the principles of the Mental Capacity Act (MCA). We found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files.

We checked care records and saw these were written in a person centred way. Staff took note of the records and provided personalised care.

We found there were quality monitoring systems to help drive up improvements in the home. This helped to ensure people were living in a safe environment.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had carried out checks. This was done to ensure staff had the required knowledge and skills, and were of good character before they were employed at the home.

We found the home was pro-active in supporting people to have sufficient nutrition and hydration. People said the quality of the food was good. One person said, "The meat is tender and tasty." Care plans showed where appropriate, the staff had made referrals to health care professionals such as the community nursing team and GP's.

People received care which was relevant to their needs and effective because they were supported by an established staff team. The staff had received appropriate training and had a good understanding of people's needs.

We received consistent positive feedback about the care provided at Dovedale Court from people who lived at the home and their relatives. We observed staff as they went about their duties and provided care and support during this inspection visit. Staff understood the needs of people they supported and it was apparent trusting relationships had been created.

The registered manager and staff told us they fully involved people and their families in their care planning. People we saw were well presented and staff sought to maintain people's dignity throughout the day.

People were supported and encouraged to take part in activities, these were provided by the care staff and included one to one time and singing.

People were encouraged to raise any concerns or complaints. The home had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

The registered manager kept up to date with current good practice guidelines by attending meetings at which they shared learning and discussed new developments in care. We found the management team receptive to feedback and keen to improve the home. The registered manager worked with us in a positive manner and provided all the information we requested.

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.

People told us they felt safe living at the home.

The home had systems to manage risks and plans were implemented to ensure peoples safety.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk of harm.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

Is the service effective?

Good 

The service was effective.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals.

Access to healthcare professionals was available when required.

Is the service caring?

Good 

The service was caring.

From our observations during the inspection we saw staff had positive relationships with people who lived at the home. Staff interacted with people in a kind and caring way.

We received consistent positive comments about the staff and about the care people received.

Staff respected people's privacy and dignity in a caring and compassionate way.

Is the service responsive?

The service was responsive.

There was a complaints policy, which enabled people to raise issues of concern.

Assessments were completed before people moved into the home and they showed a good standard of personalised detail.

Care plans were completed and reviewed in accordance with the persons changing needs.

Good ●

Is the service well-led?

The service was well led.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A range of quality audits and risk assessments had been completed by the manager.

Staff enjoyed their work and told us the management were always available for guidance and support.

Good ●

Dovedale Court

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 home, and to provide a rating for the service under the Care Act 2014.

An unannounced inspection took place on 05 October 2017 and an announced follow up inspection visit took place 06 October 2017. The inspection team comprised of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience had background knowledge of caring for the elderly.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used this information to help inform the inspection.

During the time of inspection there were 31 people living at Dovedale Court. We spoke with a range of people about Dovedale Court. They included four people who lived at the home, six relatives, the registered manager, area manager, deputy manager and five staff members.

Before the inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the home.

We checked the provider's website before the inspection visit to check if they were displaying their previous rating. Dovedale Court were displaying their previous rating of Requires Improvement.

We closely examined the care records of four people who lived at the home. This process is called pathway tracking and enables us to judge how well the home understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, five staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

We observed care and support in communal areas and had a walk around the home. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

During our last inspection, we found evidence risk assessments were not always updated following a change in people's care needs.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.)

We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, choking and behaviours that challenge. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to. We observed staff working in ways to minimise risks to people throughout the day. For example, staff supported people to mobilise around the home safely and in line with their documented risk assessments.

People we spoke with told us they felt safe living at the home. One person said, "Of course we're safe here." Another person told us, "We're all safe and cosy." One relative told us, "It's a weight off my mind knowing my relative is safe."

We looked at how accidents and incidents were being managed at the home. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. The documents we viewed were fully completed and had information related to lessons learnt.

Systems were used to reduce people being at risk of harm and potential abuse. The registered manager informed us they used the checklist from the local authority and had the documentation stored to show the decision making process around reporting incidents. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure people were protected from abuse.

We looked around the home and found it was clean, tidy and maintained. The management team employed designated staff for the cleaning of the premises. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment. This should include an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEPs) needs to be completed for each individual living at the home. We found people had up to date PEEPs in their files to aid safe evacuation.

People told us there were enough staff on duty and staff came quickly to any requests for support.

Comments included, "The staff are great here." And, "When I ask for help there is always staff around." We looked at staff rotas which showed staffing levels to be adequate to meet the needs of the home. On the day of the inspection there were seven carers and one nurse on the Tessa unit and two carers and one senior carer on Memory Lane.

People were protected by suitable procedures for the recruitment of staff. The registered provider had carried out checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the home. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at medicine administration records of people who lived at Dovedale Court. Records showed medicines had been signed for. We checked this against individual medicines packs which confirmed all administered medicines could be accounted for. This indicated people had received their medicines as prescribed and at the right time. We looked at training records and found staff who administered medicines had received appropriate training for this. Staff told us, "I have been on medication training we are well supported." And, "The manager observes us administer medicines; the training we get is really good."

Maintenance records showed safety checks and servicing in the home including the emergency equipment, water temperatures, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept. We could see any repairs or faults had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well-maintained environment.

Is the service effective?

Our findings

People we spoke with told us, "The staff here are great." And, "I'm very happy with my room."

During the last inspection we made a recommendation the registered provider worked within good practice guidelines to develop a dementia friendly environment. During this inspection we looked at the premises and found it was suitable for the care and support provided. There was a lift which serviced the building and all rooms could be easily accessed. The home had art work on the walls which was textured to provide stimulation. There was an area which simulated being outside with a washing line and pegs which the residents could interact with. Each person's door had a memory box on the outside to help them identify their own room.

The maintenance person was working on landscaping the gardens at the home. There was a sensory area with seating and potting sheds. The work is ongoing and the plans are to include further areas for people to enjoy include a water feature and a bee hive. The residents have been helping with the gardens and have grown many of the plants for this from seedlings.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. The home provided a service to people who may have an impairment of the mind or brain, such as dementia. At this inspection, we found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files.

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We viewed records for two people documenting evidence that conditions for DoLS authorisations were being followed.

We saw evidence where best interest decisions had been taken on a person's behalf. The home had included other professionals and family within the decision around refusal of medicines. The best interest decision was recorded and there was clear guidance for staff to follow to ensure they were working in accordance with the best interest outcome.

We found staff felt they received adequate training in order to care for people effectively. We observed staff

put their training into practice while delivering care to people. For example, we observed staff helping someone who was confused. We observed the staff member offered support in a skilled and knowledgeable way.

We saw new staff were required to complete a number of training courses and complete some shadowing with other staff members prior to working unsupervised.

We reviewed staff supervision and appraisals at this inspection and found these were taking place and documented. Staff told us they were able to access informal support from other staff members and management in between supervisions.

We found the home was pro-active in supporting people to have sufficient nutrition and hydration. We observed people were encouraged to take fluids. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences. We saw evidence the plans had been followed by staff.

We observed lunch being served, we saw some people who had difficulty cutting their food being offered support to eat their meal. We observed people eating in a relaxed manner and they enjoyed their meals. People were offered a variety of meal options, such as three choices at lunch. In addition, a staff member told us if someone did not want what was available they would provide another alternative. People we spoke with told us they enjoyed their meals. Comments about the food included, "The food is excellent." And, "The meat is tender and tasty."

The Food Standards Agency had awarded Dovedale Court their top rating of five following their last inspection. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Records we looked at confirmed all staff who prepared food completed food safety and hygiene training. The kitchen was clean and tidy with modern equipment. Staff completed associated safety and cleaning records, such as appliance temperature checks, to maintain food safety.

Care plans showed where appropriate the home had made referrals to health care professionals such as the community nursing team and GP's. Care staff demonstrated knowledge of the additional support being provided to people by the community nursing care team. This helped ensure people received care which was consistent with their assessed needs.

Is the service caring?

Our findings

We received consistent positive feedback about care provided at Dovedale Court from people who lived at the home and their relatives. People we spoke with told us, "The care here is phenomenal." And, "The staff have a lot to do, nothings too much trouble for them." One relative told us, "My relative is safe and loved here."

We observed staff as they went about their duties and provided care and support. We saw staff speaking with people who lived at the home in a respectful and dignified manner. For example, we observed staff members speaking to people at their level so they had good eye contact. We saw staff singing and dancing with people and involving them in hand clapping games.

Staff understood the needs of people they supported and it was apparent trusting relationships had been created. One relative told us, "All the staff are brilliant; they are caring and looked after my relative as if they were their own family."

Staff respected people's dignity and privacy. We saw staff were mindful about the security of people's records. People's care records were stored in a staffed office and kept secure when they were not being used. We saw staff respected people's privacy by knocking on doors and waiting for a response before entering.

The registered manager and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were recorded within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person. This supported staff in developing positive and meaningful relationships with people.

People we spoke with told us they were offered a variety of choices, which promoted independence, such as what they wanted to do and where they would like to sit. People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own ornaments and rooms were personalised with pictures and paintings.

There was information available for people about how to access local advocacy services, should they so wish. Care records included documented visits with advocates. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

We saw, from care records, staff had discussed people's preferences for end of life care. This meant the provider would know what the person's preferences were and to respect these on death. The home had recently completed the 'PACE Steps to Success' training. The 'PACE Steps to Success' course aims to integrate end of life care into daily practice so it becomes embedded within the delivery of care and helps to create sustainable and realistic change. At the time of our visit, no one living at the home was receiving palliative or end of life care.

Is the service responsive?

Our findings

A relative we spoke with told us the home was responsive. They told us, "The staff always keep me informed, they know my relative and will get help if they need it."

We saw care records were written in a person centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person centred. For example, we observed staff working with people on a one to one basis helping them to mobilise the home and avoid situations that could cause distress. The staff were gentle with the person and used good communication and distraction techniques.

Care plans were clear and concise and the information contained within them was easy to follow. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs.

We found assessments were carried out by the registered manager prior to any person being accepted into the home. Assessments took place to ensure people's needs could be met by the home. People's initial assessments had been used to create their care plan. Individuals and their relevant family members if appropriate had been consulted during the assessment process.

Documentation was shared with other professional's about people's needs on a need to know basis. For example, when a person visited the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw people received the appointments they needed.

People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care. One person told us, "The staff are great they keep me up to date with anything I need to know."

We saw people engaging in activities positively with staff. People were supported and encouraged to take part in activities. These were provided by care staff and included one to one time and singing. During the morning of the inspection visit we observed one staff member styling peoples hair. We spoke with the registered manager about activities and they told us they had links with the local community to provide activities. These included a reading club, art therapy and animal therapy.

People told us they were encouraged to raise any concerns or complaints. The home had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. One relative told us, "I have not had any

complaints but concerns are listened to and acted on."

Is the service well-led?

Our findings

During our last inspection at the home, we found there were concerns around record keeping we made a recommendation around this. During this inspection we reviewed the records and found improvements had been made.

Records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure records were of a high quality and consistent with procedure.

We saw other audits, such as those in respect of the environment and equipment had been carried out. Areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records we saw.

The home had a registered manager in place. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

We found a positive staff culture was reported by the staff members we spoke with. One staff member told us, "I have worked here quite a few years now and love my job." And, "I am happy here."

People who lived at the home and relatives told us the home was well led. Comments included, "The manager and all the staff are approachable." And, "The manager is always available whenever you want." Staff we spoke with told us, "We get support and the manager is willing to help." And, "There is good support here from management."

We found the registered manager was familiar with people who lived at the home and their needs. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a personalised way.

We found minutes of meetings were retained and staff confirmed they had meetings, so they could get together and discuss any relevant topics in an open forum. For example, the introduction of a new system to help identify people's laundry was discussed and agreed in one meeting.

We looked at policies and procedures relating to the running of the home. These were in place and reviewed every year. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the home had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

We found the organisation had maintained links with other organisations such as the local commissioning groups. The registered manager kept up to date with current good practice guidelines by attending care home meetings and falls meetings at which they shared learning and discussed new developments in care. In addition management also attended discharge meetings within hospitals for residents to ensure continuity of care.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team receptive to feedback and keen to improve the home. The managers worked with us in a positive manner and provided all the information we requested.