

# Mrs Wendy J Gilbert & Mr Mark J Gilbert

## Dovehaven House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Dovehaven House is situated in the village of Birkdale near Southport town centre with all amenities being a short drive away. The home provides single room accommodation for up to 40 adults who need assistance with personal care, including those with a dementia related illness. There are lounge and dining areas on both floors, the first floor being served by a passenger lift. En-suite facilities are available in some rooms, but toilets and bathrooms are also located throughout the building. At the time of the inspection there were 36 people who lived at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 23 July 2015 we rated the service as 'Requires Improvements'. This was because breaches of legal requirements were found. The provider did not have adequate systems in place for the safe management of medicines. In addition the provider had failed to ensure care was only provided with consent in accordance with the Mental Capacity act 2005. We found at this inspection on 06 November 2017 the provider had addressed the concerns and met the requirements of the regulations.

Although a number of people had limited verbal communication due to living with dementia we were able to speak with five people who lived at the home. They told us they were happy and supported by staff who cared for them and treated them well. One person who lived at Dovehaven House said, "These are my girls who work here and are truly wonderful caring people."

We observed staff providing support to people throughout our inspection visit. The staff were kind, patient and treated people with respect.

We found staff had been recruited safely, received ongoing training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who lived at the home.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available around the building for staff to use when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they had choices of meals and there were always alternatives if they didn't want what was on offer. They expressed positive views on the provision of meals that were purchased by the management team. One person said, "Lovely meals and the right portions." Also another person said, "You do get plenty and they are really good."

We found during the inspection visit and observing interactions between staff and people who lived at the home, there was a culture on promoting dignity, respect and independence for people. People told us staff treated them as individuals and delivered person centred care. Care plans seen confirmed the service promoted people's independence and involved them in delivering person centred care that suited each individual.

The design of the building and facilities provided were appropriate for the care and support provided.

People who lived at the home and their relatives told us they enjoyed a variety of activities which were organised for their stimulation and entertainment. These included games days, sing- a- long afternoons and entertainers.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff, relative and 'resident' meetings to seek their views about the service provided.

## 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.

Safeguarding procedures were in place and staff had received training in safeguarding vulnerable adults.

Assessments were undertaken of risks to people who lived at Dovehaven House. Written plans were in place to manage these risks.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

The provider had improved systems to ensure safe medication procedures were now in place to comply with national guidelines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them.

The registered manager and staff were now aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

The registered manager contacted other healthcare professionals as required, if they had concerns about a person's health.

### Is the service caring?

Good ●

The service was caring.

People who lived at the home were treated with kindness, respect and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes and needs.

Staff were respectful of people's rights and privacy.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's support needs.

The registered manager and staff worked with other agencies such as healthcare professionals, to make sure people received care in a coherent way.

People knew their comments and complaints would be listened to and responded to.

### Is the service well-led?

Good ●

The service was well led.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Systems were now thorough to ensure the service continued to improve.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how they could continually improve.

# Dovehaven House

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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.

Dovehaven House is a 'care home'. People in care homes receive accommodation and nursing care as single under one contractual agreement. CQC regulates both the premises and care provided. We looked at both during this inspection.

Dovehaven House is situated in the village of Birkdale near Southport town centre with all amenities being a short drive away. The home provides single room accommodation for up to 40 adults who need assistance with personal care, including those with a dementia related illness. There are lounge and dining areas on both floors, the first floor being served by a passenger lift.

This inspection visit took place on 06 November 2017 and was unannounced.

The inspection site activity started on 06 November 2017 and ended on 06 November 2017.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the service. They included five people who lived at the home and three relatives of people who lived at Dovehaven House. We also spoke with the regional manager, the registered manager and deputy manager. In addition we spoke with five care staff, the cook and a domestic staff member. Prior to our inspection visit we contacted the commissioning department at Lancashire and Sefton Council and Healthwatch Lancashire. Healthwatch is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of two people, staff training and supervision records of staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication and

recruitment records. We also looked at the way the home was staffed to determine if sufficient staffing levels were in place to meet the needs of people who lived at the home. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

# Is the service safe?

## Our findings

At the last inspection on 23 July 2015 the provider did not have adequate systems in place for the safe management of medicines. We found at this inspection on 06 November 2017 the provider had addressed the concerns and met the requirements of the regulation.

We observed staff administered medicines safely by supporting one person at a time. The staff member ensured the medication was taken by spending time with the person and offering a drink to support them. Care records now contained individualised medicines care plans and risk assessments to maintain each person's needs and safe management of their medication. One staff member said, "We have improved systems to make them safer for people."

There were controlled drugs being administered at the time of our visit. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

Medicines were stored in a clean and secure environment. The management team had a variety of systems to ensure medicines' processes were safe. The registered manager completed audits to maintain a check of medication. This showed the registered manager had systems in place to protect people from unsafe management of their medicines. Staff confirmed with us only those that had received formal medication training administered medicines at Dovehaven House.

We spoke with people who lived at the home and relatives who all told us they felt safe and had confidence in staff to ensure people were cared for. One relative said, "I am relaxed and confident in the knowledge [relative] is safe and sound here." A person who lived at the home said, "The staff and manager make me feel safe."

The management team had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. One staff member said, "I have had the training and know all about what I should do if I need to report a situation or use the whistleblowing process."

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, the building and medical conditions. We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency such as a fire. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.



We found staff had been recruited safely, appropriately trained and supported. They had knowledge and experience required to care for people at Dovehaven House. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. Staff we spoke with told us they were satisfied with the numbers of staff on duty and the deployment of staff on both floors. One staff member said, "We have enough staff around and the manager would not hesitate to increase if people's needs changed."

We found evidence in recruitment records of three staff we looked at of pre-employment checks being undertaken and these were all in place prior to the staff member starting work. This showed the service had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at Dovehaven House.

We looked at documentation and found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately so people were safe when moving around the premises.

We looked around the building and found it was clean, tidy and maintained. One staff member said, "We have a lot of emphasis on keeping the place clean and free from infection." 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. During our walkabouts on the day of the inspection visit, we observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

# Is the service effective?

## Our findings

At the last inspection on 23 July 2015 we found the provider had failed to ensure care was only provided with consent in accordance with the Mental Capacity act 2005. We found at this inspection on 06 November 2017 the provider had addressed the concerns and met the requirements of the regulation.

When we discussed the principles of the MCA and DoLS with the registered manager and staff, they demonstrated a good understanding. The registered manager told us they were in the process of completing multiple DoLS applications. This related to depriving a person of their liberty in order to safeguard them. Care records held relevant documentation, such as best interest decisions, mental capacity assessments and individualised DoLS care plans. Throughout our inspection, we observed people were not restricted in their movement and staff assisted them to move about the home freely.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We confirmed by looking at training records and discussion with staff, attending training courses to develop skills was mandatory at Dovehaven House. For example staff comments included, "Don't talk about training we have loads which is very good. I am not complaining." Also, "The amount of training is good and makes me feel confident when supporting people with dementia." This showed people received effective care because they were supported by a trained staff team, who had a good understanding of their assessed needs and protected their rights.

Staff told us they had regular supervision to support them in their roles, which they found helpful in their reflective practice. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The two-way discussions covered personal health, team working, how they were progressing and training needs. The registered manager told us they were always available for staff at any time.

Care records contained evidence people or families had signed consent to all aspects of their care. This covered, for example, personal care needs, meals and any nursing needs. The management team told us it was important for people who lived at Dovehaven House to give consent to care and support they need.

We found staff catered for a selection of food preferences and dietary requirements for people who lived at the home. Meal provision was provided by an outside agency that prepared and delivered meals. For example meals were pre packed and frozen and contained all the nutrients required to help people eat healthily. People were offered an alternative if they did not wish to eat the planned meal.

At lunchtime we observed the meal looked appetising and was presented well. Comments from people who lived at the home were positive about the meal provision. One person said, "Lovely meals and the right portions." Also, "You do get plenty and they are really good." One person said, "You cannot fault them but I

am used to home cooking." Lunchtime was a relaxed and social experience with people talking amongst themselves and with staff. We observed different portion sizes to suit people were provided. We saw most people were able to eat independently and required no assistance with their food. The staff did not rush people allowing them sufficient time to eat and enjoy their lunch.

Staff had a list of people's meal requirements and this was changed when required. This included each person's likes and dislikes, fortified diets and allergens. This meant staff were informed about people's nutritional support and how best to protect them from the risks of malnutrition. Staff recorded in care records each person's food preferences. This ensured people were provided preferred meals in order to increase their nutritional intake.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People's healthcare needs had been monitored and discussed with the person or relatives as part of the care planning process. Two relatives we spoke with about this confirmed this was the case. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

Dovehaven House had a refurbishment programme in place and we saw areas of the building had benefitted from redecoration and new furnishings. Accommodation was on two floors with a passenger lift for access between the floors. There were two lounges and dining rooms on each floor. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. The layout and signage around the home was dementia friendly. For example picture signs and renaissance photographs and furniture items had been put in place to enable people to move around the building confidently and able to recognize areas of the home.

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# Is the service caring?

## Our findings

People who lived at the home told us they were happy and felt the care provided for them was very good. For instance comments were positive and included, "I am so very well looked after nothing could be better." Another person said, "Very caring people and so respectful." We also received comments from relatives we spoke with, one said, "We are so lucky [relative] is here because she is so well cared for by very good staff and management."

We observed during the day positive interactions between staff and people who lived at Dovehaven House. For example we saw an instance when a staff member sat and chatted with a person for several minutes both laughing and going through photographs together. We managed to speak with the person who lived at the home later who said, "They are so kind and it is so nice to sit and chat together. They take an interest in me which is lovely."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. A staff member said, "We have had training in equality and diversity and know to treat everyone as an individual that is what we all expect."

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind and patient when helping people to for instance their bedroom or bathroom. We also observed staff knocked on bedroom doors and waited for an answer prior to entering the room. One person we spoke with who lived at the home said, "Definitely yes, they always and say who it is before I say come in."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

We found staff and the management welcomed visitors at any time. This was confirmed by relatives we spoke with. One relative said, "I come every day and the staff have been brilliant always offer me a drink and biscuits. They cannot care enough for my [relative]." A staff member said, "Relatives are welcomed and encouraged to come and visit. Some even join in with the activities."

We spoke with the registered manager and management team about the culture at the home. They told us people who lived with dementia were at the centre of everything they planned and did. Staff confirmed with us they had received training in 'dementia awareness' that supported them to help people in a dignified way. During the day our observations and conversations with people who lived at Dovehaven House and relatives confirmed this. Relatives all told us how well staff cared for people and understood their needs when living with dementia. A relative said, "They are skilled and know what is expected of them when helping [relative] who has dementia. They are so caring and compassionate."

## Is the service responsive?

### Our findings

We found the management team responded to people's needs when they were required to. For instance when care needs changed and also if somebody required medical attention. One person who lived at the home told us care they received was based them and they were encouraged to make their views and opinions known about how they wanted their care and support provided. The two care plans of people who lived at the home we looked at were reflective of people's needs. They had been updated to recognise any health or social care changes. We spoke with staff about specific individual needs of people who lived at Dovehaven House. We found they were knowledgeable about support people in their care required.

We looked at what arrangements the management team had taken to identify, record and meet communication and support needs of people with who lived with dementia or had a disability. Care plans looked at documented information about whether the person had communication needs. For example they included whether the person required easy read or large print reading. In addition the management team considered good practice guidelines when supporting people with communication needs with healthcare appointments. Community care plans (hospital passport) were in place which were documents that provided information between health professionals and people who cannot always communicate for themselves. They contain clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The care plan also provided information about whether the person had a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

We spoke with the 'activity co coordinators' during the inspection visit. They provided a plan of group and individual events that took place in the home regularly. For example memory games, music sessions and arts and crafts. In addition singalong events took place in a lookalike pub that was designed in a room of the building. One person who lived at the home said, "Have you been in the bar it is fantastic and reminds me of my local." Each person had an 'activity folder' that recorded their hobbies and interests and what they had participated in. The people who lived at the home we spoke with told us how much they enjoyed the activities and events organised. One person said, "I do enjoy the games and singing. [Activity person] puts so much effort into them she is fantastic. A relative said, [Activity person] is special she gets everyone going, a wonderful lady."

We observed during the inspection visit staff consistently offered individuals choice. For example, staff checked what individuals wanted to do in terms of daily activities. In addition they asked people where they preferred to sit and in what part of the home. We found they constantly offered drinks and snacks. A relative said, "I stay here a while and they always keep asking if I want a drink or something to eat." This demonstrated the management team and staff used a person-centred approach in response to people's preferred daily routines and activities.

The management team had a complaints procedure which was on display around the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been

provided should people wish to refer their concerns to those organisations. The registered manager told us she always responds to concerns raised immediately to prevent them developing into a formal complaint. People who lived at the home told and relatives we spoke with told us they were happy and had no complaints.

People's end of life wishes had been recorded so staff were aware of these. We found people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. A visiting relative said, "[Relative] came here on end of life care two years since and is still going strong. That is down to the care and attention shown by the staff."

## Is the service well-led?

### Our findings

People who lived at the home and relatives told us they were happy with the way in which the home was run. A relative said, "They know what they are doing because both the manager and deputy have been here for a long time." Also a person who lived at the home said, "[Registered manager] is lovely, he just doesn't just sit in the office he is always around."

We found the home had clear lines of responsibility and accountability with a structured management team in place. The registered manager and deputy manager had vast experience of managing care homes. They were knowledgeable and familiar with the needs of the people they supported. In addition they had support from the area manager and a quality assurance person. The registered manager confirmed they were clear about their role and provided a consistent well run home. This was confirmed by relatives and staff we spoke with.

From discussions with staff and people who lived at the home we found the registered manager was part of the staff team and supported staff in caring for people who lived in the home. Staff spoke positively about the management team. For example comments included, "We are lucky to have good supportive managers." Also, "If you have a problem the door is always open and they are both supportive."

The management team had a number of ways to measure and improve the quality of Dovehaven House for the benefit of the people who lived there. For example surveys were sent to relatives/residents annually. The last survey In 2017 generally produced positive comments they included, 'The staff are outstanding.' And, 'I cannot see improvements are needed the standard is so high.' The management team informed us any negative responses would be looked into and acted upon. For instance one person commented how the new heating system was not working properly. We could see by the written response from the registered manager the problem was rectified and a plumber was called in. This showed the management team ensured any issues would be addressed.

The registered manager had improved auditing systems to assess quality assurance and continue to improve the service for people who lived at the home. Regular audits were now being undertaken these included medication, incidents/ accidents analysis and the environment. Any issues found on audits were quickly acted upon and lessons learnt to improve the care that was provided. For instance a recent staff training audit identified some staff required fire drill training to be updated. This was put in place and staff were now allocated places.

The management team held regular staff and relative/resident meetings and minutes taken. A recent relative meeting suggested staff members should be more well known to visitors. The management team acted by putting up a photograph board in the reception area of all staff and what their roles were. One relative said, "We can now put a face to a name." In addition the registered manager and staff told us they spoke with people daily and suggestions on any issues or improvements were sought after on an informal basis. We confirmed this with people who lived at the home.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses and other healthcare professionals.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.