

Mrs Wendy J Gilbert & Mr Mark J Gilbert

Dovehaven

Inspection report

22 Albert Road
Southport
Merseyside
PR9 0LG

Tel: 01704548880
Website: www.dovehavencarehomes.co.uk

Date of inspection visit:
20 February 2018

Date of publication:
14 March 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Dovehaven on 20 February 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our July 2017 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe? is the service responsive? is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvements were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Dovehaven accommodates up to 40 people in one adapted building. Due to its location there is good access to public transport and many local facilities are a short journey away in Southport town centre.

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

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

Improvements had been made to fire safety and staffing levels. An increase in the staffing numbers had been maintained since the last inspection. The registered manager and other delegated staff conducted a 'walk around' of the home twice a day to help ensure it was safe.

The home was well maintained, clean and in good decorative order. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were reported and attended to in a timely way.

Improvements had been made to care records. People's needs were assessed and care plans now contained the required amount of detail to demonstrate the care and support people required. Charts were in place and were completed to record the care and support people received.

Improvements had been made to quality assurance and governance systems. Regular audits took place to help the registered manager and provider monitor standards of care and drive forward improvements.

People's health care needs were addressed. People saw health care professionals when they needed to.

Risk assessments were in place specific to people's individual needs.

Medicines were managed safely and people received their medicines as prescribed.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. There was sufficient staff on duty to meet people's needs. The staff team provided consistent care and support to people they provided cover for each other for holidays and sick leave. When this was not possible 'bank staff' who worked for the provider were used. Agency staff were used in an emergency and the same agency staff were asked to work in the home. This ensured there was a staff team who knew people and were familiar with their care and support needs.

Staff received a programme of mandatory and optional training relevant to the care and support people needed. Regular supervision and annual appraisals took place. Staff meetings were held to keep staff informed and to support them in their role.

Care plans informed staff of people's preferences and wishes and they were regularly updated to reflect any changes in people's need or preference. People's routines and preferences were supported.

People enjoyed a range of activities, which included chair exercises, board games, musical entertainment, trips out and visits from children from local nurseries.

A complaints policy and procedure was in place and displayed in the home. No complaints had been received since 2016.

There was a person-centred and open culture in the home. Staff reported that the registered manager and regional manager were supportive and made themselves available to support staff when they needed it. Staff worked as a team and supported each other.

Feedback was sought regularly from people living in the home and their relatives to ensure standards were being maintained.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications relating to incidents and the rating from the last inspection was clearly displayed both in the home and on the provider's website.

Further information is in the detailed findings below.

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.

We found action had been taken to improve the safety of people in the home by increasing the numbers of staff available each day and ensuring people had an individual Personal Emergency Evacuation Plan (PEEP) and daily fire safety checks were completed.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were regularly updated to reflect any changes in people's needs.

Medicines were managed safely in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. There were enough staff on duty to provide care and support to people living in the home.

Staff had completed training in safeguarding vulnerable adults and we were aware of the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

Is the service responsive?

Good 

The service was responsive.

We found action had been taken to improve the content of people's care plans to ensure they contained sufficient detail to assist the delivery of personalised care.

Care plans were written for the individual and informed staff of people's preferences and wishes which were supported.

People enjoyed a range of activities.

A complaints policy was in place and displayed in the home.

Is the service well-led?

Good 

The service was well led.

We found action had been taken to improve the monitoring of the service.

Quality assurance and governance systems were in place to help the registered manager and provider to monitor standards and drive forward improvements.

Feedback was sought regularly from people living in the home and their relatives to ensure standards were being maintained.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC).

Dovehaven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Dovehaven on 20 February 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our July 2017 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service well led? is the service safe? Is the service responsive? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection team consisted of an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

During the inspection we spoke with three people who lived at Dovehaven and two visiting relatives. We spoke with three staff, including the registered manager.

We looked at the care records for two people, as well as medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits. We undertook general observations and looked around the home.

Is the service safe?

Our findings

We previously visited this home in July 2017 and found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning aspects of fire safety and reduced staffing numbers in the home. We asked the provider to take action to address these concerns. The provider submitted a provider action plan which told us about the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager and a regional manager. We also reviewed documents, including Personal Emergency Evacuation Plans (PEEPs) and daily checks of the building which helped ensure the fire exits in the home were accessible. We also checked staff rotas and saw that the numbers of staff present on each shift was consistent to help ensure people's needs were met in a timely way. This breach had been met.

A relative we spoke with told us they were completely assured by the care provided in the home. They said, "If there was a problem [name of family member] would not be here."

Risk assessments had been undertaken to support people safely in accordance with their individual needs. They were updated each month to reflect any changes in people's needs. Risk assessments had been completed for falls, pressure area care, moving and handling, and the use of bedrails.

We looked at how incidents and accidents were managed at the home. We saw that there was a process in place to analyse the number of incidents which occurred over the month to look for trends or similarities that required action.

We checked the storage, administration and management of medications. Medicines were held in locked trolleys in the dining room. Medicines were administered individually from the trolleys to people living at the home. Room temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. Checking medications are stored within the correct temperature range is important because it helps to ensure that their ability to work correctly is not compromised.

Some people were prescribed medicines only to be taken as required (often referred to as PRN medicine). A plan was in place for the use of PRN medication to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain.

The medication administration records (MAR) included a photograph that identified the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview for the applicant and ensuring two references and

identification was on file prior to them commencing work. A Disclosure and Barring Service (DBS) check was also completed for each member of staff prior to them commencing work. A valid DBS check is required for all staff employed to care and support people within health and social care settings to check on their criminal background.

There were enough staff on duty to provide care and support to people living in the home. An increase in the staffing numbers had been addressed following the last inspection and this increase had been maintained. Staffing rotas showed that there was some reliance on agency staff to cover night shifts. However the registered manager said the same staff were called upon to help ensure people received care and support from staff who were familiar with their needs. The registered manager showed us evidence that staff had been recruited to the vacant posts and were going through their induction.

Three care staff plus either a senior carer or the deputy manager worked each day, 8am to 8pm. The registered manager worked Monday to Friday, 8am to 5pm. Auxiliary staff included three domestic staff, a laundry assistant, chef, kitchen assistant each day as well as an activities coordinator and a maintenance person.

Staff had completed training in safeguarding vulnerable adults and they were aware of the action they needed to take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly. The registered manager and other delegated staff conducted a 'walk around' of the home twice a day to help ensure it was safe. We saw from the records kept that issues when found had been addressed.

We checked the process for preventing the spread of infection in the home. The home was odour free, clean and hygienic and there were provisions for hand sanitiser mounted on walls around the home. Personal protective equipment (PPE) such as disposable aprons and gloves were available and used when supporting people with personal care.

Is the service responsive?

Our findings

We previously visited this home in July 2017. We found care plans for catheter care lacked detail and there were no recording charts for people needing regular pressure relief. We made a recommendation to the provider to ensure care plans provided sufficient detail to assist the delivery of personalised care. At this inspection we found care plans contained the required amount of detail and that charts were in place which recorded the care and support people received.

People received personalised care. For example, one person we spoke with told us they got up at a time they wanted to and "enjoyed breakfast in bed each morning". They said, "I go to bed after tea, but everyone else stays up. That's my choice."

Care records we looked at included information relating to people's personal history, preferred routines and lifestyle choices. Three documents had been completed where possible, which included a one page profile, a life history and a personal care book.

We saw that people had a choice in what they wanted to do each day. Some people went out into the town centre, others played board games. A person who enjoyed reading told us there was a good selection of books to choose from and they preferred to read rather than watch TV. Activities were organised by the 'activities coordinator'. In addition there was musical entertainment twice a month and regular trips out. One person told us they had recently been to a local garden centre for afternoon tea, as well as a trip to Blackpool lights last year.

We spoke with the regional manager who told us about the changes that were in progress for activities. They told us that an external organisation would be providing a programme of activities both in the home and in the community. There was a 'movie room' with a large TV and the registered manager told us people regularly used this facility to watch films. They said there had recently been a 'film and sherry' afternoon. Children from a local nursery had started to visit each month to take part in activities with people in the home. The registered manager said these visits were very successful and enjoyed by all.

People living the home were supported to maintain relationships with their families. A relative we spoke with told us they were made to feel very welcome when they visited their family member. There were 'quiet corners' with comfortable chairs on the ground floor for families to meet together as well as in people's bedrooms or in the movie room.

There was a complaints policy and procedure in place. The complaints procedure was displayed in the hallway in a prominent position to help ensure it was accessible. We looked at the complaints log and saw no complaints had been received since the last inspection. People we spoke with told us they had no concerns about the care they received. They knew who the registered manager was to make a complaint if they had to. Relatives we spoke with said they were very happy with the care their family member received at Dovehaven care home and that they had no reason to make a complaint.

Managers at the home had begun considering people's end of life wishes. The registered manager told us that people were given the opportunity to discuss their end of life wishes and that plans had been developed for those who were happy to discuss their wishes. At the time of our inspection no-one living in the home was receiving end of life care. The registered manager and the deputy manager had commenced the 'Six Steps' end of life training programme.

Some people had Do Not Attempt Resuscitation (DNAR) instructions in place. A list was available to ensure staff were aware of who this information related to.

Is the service well-led?

Our findings

We previously visited this home in July 2017 and found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning the quality and effectiveness of the governance system in place. We asked the provider to take action to address these concerns. The provider submitted a provider action plan which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager and a regional manager. We reviewed some of the quality assurance systems in place to monitor performance and to drive continuous improvement. This included a number of internal audits completed by the registered manager, regional manager and compliance manager. We found governance arrangements were now more robust to assure the service. This breach had been met.

People who lived in the home we spoke with knew who the manager was and said they were "approachable". A relative said, "Everyone in the home is treated like family."

The registered manager informed us of the improvements made to the quality assurance system since the last inspection. They showed us a number of monthly audits (checks) which had been completed to monitor standards in the home. This included medicines, accidents/incidents, care plans. Monthly audits were completed by the regional manager which included an overall check on audits completed by the registered manager including audits carried out on staff training and induction and care plans. The compliance manager completed a 'SCREW' audit for Dovehaven (so called in respect of the five questions CQC ask; is the service 'safe', 'caring', 'responsive', 'effective' and 'well led'?). The last audit was completed in December 2017 and recorded 89% compliance. The audit included management, dignity and respect, person centred care, safe care, safeguarding, nutrition and hydration, premises and equipment, complaints, governance, duty of candour and staffing.

We saw there was a clear management structure in place. The home had a registered manager and they were supported by a senior management team which consisted of a regional manager, compliance manager and the provider (owner). The registered manager informed us they received good support from the senior management team. There was a deputy manager in post. They told us they were being supported to undertake a management qualification to support them in their role.

We were told of the improvements that had been made at the home including the plans in place to improve the facilities for people living at Dovehaven. They included the change of an existing bathroom to a shower room because people now preferred a shower and the bathroom was not being used.

Feedback was sought regularly from people living in the home and their relatives to ensure standards were being maintained. We saw the results of the recent satisfaction survey which was carried out in November 2017. The findings were mostly complimentary regarding the service provision and the staff. Where people had requested changes or improvements we saw that the registered manager and registered provider had taken direct action to make some changes. For example, half of the people who completed a questionnaire said there were not enough activities. The provider had addressed this and arrangements to provide

additional activities and trips out were underway.

People who lived in the home had begun to meet regularly to discuss any issues or changes they wanted. One meeting had been held. The registered manager told us that they were invited at the end of the meeting, to discuss the issues raised and the suggestions made.

The registered manager was aware of incidents in the home that required the Care Quality Commission to be notified of. They had submitted statutory notifications as required.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Dovehaven was displayed in two places in the entrance hall, by the signing in book and on a notice board, for people to see.