

White Doves Residential Home Limited

White Doves Ltd

Inspection report

32-34 Renals Street
Derby
Derbyshire
DE23 6SH

Tel: 01332332725

Date of inspection visit:
26 September 2019
09 October 2019

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08 November 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

White Doves Ltd is registered to accommodate up to 13 older people and people physical disabilities, and sensory impairment. At the time of our inspection, there were eight people living in the home.

People's experience of using this service and what we found

At our last inspection the provider had failed to protect people from environmental and infection control risks. At this inspection improvements had been made to the environment and the cleanliness of the home. The provider was no longer in breach of our regulations.

Parts of the home had been refurbished and redecorated, and new carpets and floor coverings fitted. The provider had risk assessed the premises and put measures in place to reduce risk to people. All areas of the home were clean and tidy.

The home has a relaxed, family atmosphere. People were content and settled. A person told us, "It feels like home here. I like everyone and want to stay." The staff were caring and kind. They knew people well and understood their needs and preferences.

Lunch was served during our inspection. People sat with staff in a family group. People enjoyed their meal and the atmosphere in the dining room was friendly and sociable. People chose the home's menus in conjunction with the cooks.

People received personalised care and support that met their needs. The home's assessment and care planning process meant staff had the information they needed to support people in the way people wanted. Staff ensured they saw their GPs and other health care professionals when they needed to.

The provider and staff carried out regular audits and checks on all aspects of the home. People had the opportunity to share their views about the home in meetings, through surveys, and during one-to-one discussions.

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

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

Rating at last inspection

The last rating for this service was Requires Improvement (report published on 28 July 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

White Doves Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

White Doves Ltd is Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced and the second day of our inspection was announced.

What we did before the inspection

We looked at the information we held about the service, which included the provider's statement or purpose and any notifications the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We also reviewed the information the provider had sent to us in the provider information return. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people using the service. We spent time observing the people living in the home to help us understand the experience of those who could not talk with us. We also spoke with the provider (who is also the registered manager), the deputy manager, two care workers, the housekeeper, and the cook.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at four people's care records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people from environmental risks. This was a breach of Regulation 15 HSCA RA Regulations 2014 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The provider had improved the safety of radiators at the premises. Most radiators accessible to people had been covered or, where they were not needed, switched off. A cover had been ordered for one small radiator in the lounge. The provider had reviewed and updated their radiator risk assessment.
- The hoist that was worn and stained had been replaced. Staff kept the new hoist clean.
- Worn and frayed carpets that were a tripping hazard, had been replaced with new carpets and floor coverings making it easier for people to move around the home. A toilet had been replaced with a safer more suitable one.
- People had risk assessments telling staff how to reduce the risk of them coming to harm. These covered key areas, for example, moving and handling, nutrition, and tissue viability.
- One risk assessment needed more detail to ensure staff knew what to do if the person was distressed. This was updated during our inspection to ensure staff had the information they needed to support the person safely.
- People had personal evacuation plans telling staff how to assist them to leave the premises in an emergency. The home used a 'traffic light' system on people's bedroom doors to indicate the level of support people needed.
- Hazardous substances were kept safely in a locked cupboard and not left out when cleaning was in progress.

Preventing and controlling infection

At our last inspection the provider had failed to protect people from infection control risks. This was a breach of Regulation 12 HSCA RA Regulations 2014 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

Regulation 12.

- The provider had reviewed and improved the home's infection control risk assessments.
- Managers and senior staff carried out regular infection control audits and acted if shortfalls were identified.
- Staff wore protective clothing, for example gloves and aprons, when necessary and used the correct handwashing techniques.
- All areas of the home, and the furnishings and equipment in it, were clean and in good order.
- The home employed two cleaners who worked over a seven-day period to ensure the home was cleaned every day.
- Staff were trained in infection control and understood the importance of preventing and controlling infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. A person said, "I like it here because the staff come and check if I'm OK." Another person said, "I like it here and I feel safe."
- Staff were trained in safeguarding and knew how to protect people from the risk of abuse. A care worker told us how they would immediately report any signs of abuse to the person in charge and to other agencies, if necessary.
- The home had two safeguarding policies on file which gave contradictory information as one stated staff should refer safeguarding's to the local authority, which is correct, and the other said the home should do its own investigations. The provider said they would remove the out of date policy

Staffing and recruitment

- People said the home was well-staffed and their needs promptly met. A person said, "Staff come quite soon if you shout at night or ring the [call] bell."
- There were enough staff on duty to care for people safely and spend time socialising and doing activities with them. A care worker said, "I like it here because we have more time with residents and can get to know them."
- The provider followed safe recruitment policies and procedures to ensure staff were suitable to work in a care home. A care worker told us, "They did a criminal records check on me and followed up both my references and I wasn't allowed to start work until both my references were back."
- The provider used a small business's employment law and health and safety service for advice and support to ensure they were meeting their legal obligations.

Using medicines safely

- People had their medicines safely and at the right time. Staff kept accurate records to demonstrate this.
- Only trained staff assessed as competent were able to give out medicines.
- The home's contract pharmacist regularly inspected the home and provided advice and support to staff.
- Senior staff audited medicines records to ensure they were in good order and people had had their medicines when they needed them.

Learning lessons when things go wrong

- Staff recorded accidents/incidents and acted to prevent reoccurrences. For example, they updated people's care plans and risk assessments and informed the staff team of this.
- The provider completed a monthly audit of accidents/incidents and analysed the data to see if any information emerged that could be used to prevent accidents/incidents in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving to the home to ensure staff could meet these.
- Assessments were comprehensive and in line with best practice guidance. They included people's individual needs in relation to their culture, faith, age, and sexuality.
- People and/or their relatives/significant others were involved in the assessment process to ensure staff had the information they needed to provide effective care and support.
- Assessments included people's views of how they wanted their needs met, for example, preferences regarding going to bed/getting up times and other lifestyle choices.

Staff support: induction, training, skills and experience

- Staff provided care and support to people with a range of needs including physical disabilities, mental health needs, learning disabilities, and sensory impairment.
- The home formal training programme covered most of these needs, and included courses on equality and diversity, dementia awareness, and behaviour that challenges. Staff said the training ensured they could meet the needs of the people they supported.
- Staff had had some specialised training to meet people's individual needs. For example, NHS speech and language therapists trained staff in the use of thickeners (prescribed to people who have difficulty in swallowing).
- The registered manager was trained in meeting the needs of people with sensory impairment and had shared this training with the staff team. They were in the process of sourcing certificated learning disability training to enhance staff's skills in this area.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they like the food served. One person said, "I like meat which I get, and crumble and custard which they make for me."
- The cooks met with people individually to discuss the menus with them. They knew people's likes and dislikes, any allergies they had, and if they required food served at a particular consistency. People's dietary preferences were recorded in their records and known to the cooks.
- People's nutritional needs were assessed and if there were any risks identified staff referred them to a dietician and/or speech and language therapists.
- Staff carried out monthly mealtime experience audits to ensure people's needs were met and respected.
- Lunch was served at the home. People sat with staff in a family group. If people needed assistance with their food staff provided this discreetly. People enjoyed their meal and the atmosphere in the dining room

was friendly and sociable.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed and met. Staff ensured they saw their GPs and other health care professionals when they needed to.
- NHS and private chiropodists visited the home to enable people to receive nail and foot care.
- People visited a local dentist who had clinics suitable for the needs of people with learning disabilities and those living with dementia.
- Opticians and hearing specialists visited the home annually to assess and meet the needs of people who needed their services.

Adapting service, design, decoration to meet people's needs

- The premises were spacious, comfortable and accessible. There was a lift to access the upper floors.
- Since we last inspected pictorial signage had been placed on the doors of some communal rooms and toilets to enable people to identify them. Following our inspection, the registered manager told us further signs had been ordered for use throughout the home.
- Staff supported people with sensory impairments to find their way around the home safely.
- People's artwork had been framed and hung on the walls to create a homely atmosphere. Donated items belonging to previous residents, for example ornaments, were on display. The registered manager said this was a way of remembering people who had previously lived at the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service continued to work within the principles of the MCA and conditions on such authorisations, were met and monitored.
- Mental capacity assessments and best interest decisions were completed for individual decisions people were unable to make for themselves.
- Staff understood the importance of enabling people to make decisions for themselves and acting in their best interests when they could not. They were aware of the process that needs to be followed should there be a need to restrict a person's liberty.
- Staff had strategies in place to support a person who had a DoLS authorisation in place to provide them with reassurance and distraction if they queried the authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring. A person said, "Staff are kind. I'm happy to stay here." We witnessed many caring interactions between staff and the people they supported.
- Staff celebrated important events with people. A person said, "On my birthday I got a cake made by the cook and had a tea party." They told us this made them feel 'special'.
- All the staff bought birthday presents for another person whose friends and relatives were far away and unable to celebrate their birthday with them. The person was moved to tears by this gesture.
- People viewed the staff as their friends or family. One person pointed to a male care worker and told us proudly, "There's my mate walking by." Another person said, "The staff are my family."
- One person had an item that was important to them. They always liked to have this with them. Staff understood the importance of this item to the person and frequently acknowledged its presence which made the person smile.
- Staff knew people well and talked with them about the things that interested them. For example, one person talked to staff about a favourite place and staff asked questions about it which the person enjoyed answering. A care worker said, "The staff are here because they genuinely care about the residents and are interested in their lives."
- The staff team were established, and some staff had worked at the home for many of years. The provider did not use agency staff and if extra staff were needed they came from the provider's other home and already knew the people at White Doves Ltd.
- The provider's recruitment process was designed to ensure the staff employed were compassionate and understood the needs of people using care services

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

- Staff carried out monthly reviews of people's care. They did this in conjunction with people who signed to say they agreed with the results of the reviews. The provider said if people were unable to sign, two staff signed for them to show they had verbally agreed.
- People made choices about their daily routines. A person told us, "I lie in bed until seven or eight in the morning and then I call for staff to help me get up." Another person said, "I decide when my bedtime is."
- People chose when and where they saw their visitors. They could see them in their bedrooms, in communal areas, or outside if the weather was suitable.

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in dignity and respect and knew how to promote people's privacy and independence. People said staff always knocked on their bedroom doors before entering.
- The home employed both male and female care workers, so people could usually choose which they preferred for personal care.
- The home had a dignity display in the entrance hall showing what dignity meant to the people using the service. A care worker said, "It's a good reminder of why we're here and how people want to be cared for."
- At the time of our inspection people did not share bedrooms. The provider said double rooms were available for couples and friends who wanted to share a room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support that met their needs. Care workers recorded daily care and observations and reported any concerns to the person in charge.
- The home's assessment and care planning process meant staff had the information they needed to support people in the way people wanted. A care worker said, "We read care plans and they are a good way of getting to know about people and their backgrounds."
- Care plans took account of people's likes, dislikes and preferences. People had one-page profiles setting out what people admired about them, what was important to them, and how best to support them. For example's one person said they disliked being rushed and told staff to, 'Be patient and follow my support plan.'

Meeting people's communication needs

- People's communication needs were identified prior to admission, recorded and incorporated into their care plans. Staff knew how best to communicate with the people they supported.
- If people did not have English as a first language staff used a mobile phone translation service to communicate information to them. A multilingual staff member also assisted with communication to enable a person to converse in a language that was familiar to them.
- Some written information was presented in large-print and plain English. This enabled some people to access it. For those that couldn't, staff explained to people verbally what the written information conveyed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff encouraged people to live more active lives. A person said, "The staff want us to do things and not be in bed all day."
- People and staff had the opportunity to socialise and do activities together. There was a daily activity in the home, and staff accompanied people to local theatres, gyms, parks, and for meals out. People grew vegetables in the home's gardens.
- A care worker told us how they used a set of 'let's talk' cards to build relationships with people. They said, "That's one of the ways we learn about our residents." Another care worker said, "I like it here because we have more time with residents and can get to know them."

Improving care quality in response to complaints or concerns

- The home's complaints procedure was complex and in small print which could make it difficult for some people to understand. The provider said they would look at producing a user-friendly version to make it

easier for people to raise concerns if they needed to.

- People knew how to complaint if they needed to. Any complaints received were discussed with the staff team and used as an opportunity to learn and make improvements to the home where necessary.

End of life care and support

- If required, the home provided end of life care in conjunction with healthcare professionals and others involved in a person's care and support.
- Staff were trained in end of life care and people had the option of having end of life care plans in place.
- If a person was receiving end of life care their families could visit them at any time and stay overnight at the home with their relative if they wanted to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection the home's quality monitoring tool referred to out-of-date legislation and not the current legislation registered homes and services, and the CQC, work to. At this inspection the quality monitoring tool had been re-written and updated and was fit for purpose.
- At our last inspection the quality monitoring tool had failed to identify environmental risks and other issues with the premises. At this inspection the quality monitoring tool had been used effectively and staff were working to a running action plan to ensure environmental risk and issues with the premises were identified and addressed.
- The provider, deputies, and ancillary staff carried out regular audits and checks on all aspects of the home. The results of these were shared with the staff team during handovers, team meetings and supervisions to drive improvement and ensure positive outcomes for people.
- The provider reviewed policies and procedures annually and updated them as necessary to incorporate changes to legislation and good practice guidance.

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

- People were happy with the quality of service provided. A person said, "I want to live here because it's so comfortable and the staff look after me."
- The staff team were established and knew people well. The provider took people out to events and for meals which gave them the opportunity to spend time with people and hear their views on the home.
 - The home was run flexibly to fit in with people's lifestyle preferences. For example, breakfast was served from eight to ten am, so people could start their day when they wanted.

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

- People attended two-monthly residents' meetings where they had the opportunity to share their views about the home and discuss activities, meals, and other issues. Staff checked with people individually, and at the residents' meetings, to see if they had concerns that needed addressing.
- The provider carried out an annual survey of people's and visitors' views. The last survey, carried out in March 2019, had six responses, all of them positive. People's comments included: "I like all the staff. They are all friendly and kind."; "Staff always knock before entering my room."; and "I like it at White Doves and my family also like this home."

- Staff were well- supported and had regular training, meetings, and supervision sessions. A care worker said, "The [registered] manager and deputies are lovely. They are very supportive and knowledgeable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had an open culture. The provider and staff were supportive and approachable. When concerns were raised they addressed them and made improvements.
- The provider notified CQC of accidents and incidents as required.
- The previous inspection report and rating was displayed in the home.

Continuous learning and improving care

- Since we last inspected the provider and staff had improved the premises, extended the activities programme, and increased the amount of staff training provided.
- Staff had reviewed and improved the home's menus in conjunction with the people using the service.
- The provider had completed leadership and other training programmes with Skills for Care and other national and local health and social care organisations. The learning from these was shared with staff in meetings and supervisions.

Working in partnership with others

- The home worked in partnership with key organisations sharing information and assessments where appropriate. Staff liaised with the local authority, safeguarding teams, clinical commissioning groups, and multidisciplinary teams to ensure people's care needs were met.
- Local tissue viability nurses, a falls team, and a dementia care team provided staff training and specialist advice when this was needed.
- The home was part of a NHS, local council, and voluntary sector care initiative set up to improve people's health and social care and develop high-quality staff for future employment within the sector.
- The local authority carried out a contract monitoring visit to the home on 14 January 2019. It was rated as 'Green', which equates to 'Good', and no recommendations for improvement were made.