

DHCH2

Dovehaven Nursing Home

Inspection report

9-11 Alexandra Road Southport Merseyside PR9 0NB

Tel: 01704530121

Website: www.dovehavencarehomes.co.uk

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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

About the service

Dovehaven Nursing Home is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. 12 of the people being supported had been admitted from hospital for short term respite care. The service can support up to 40 people. The service is situated in a converted Victorian dwelling and accommodation is over 3 floors.

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

Since the last inspection under the previous provider, the registered manager had worked hard to help create an effective governance framework to ensure that quality performance, risks and regulatory requirements were understood by staff and focused on achieving good outcomes for people.

Staff understood how to protect people from abuse and recruitment processes ensured new staff were suitable to work with vulnerable people.

Systems were in place to help identify risk to people and ensure that any risks were managed and mitigated effectively.

Staff had been trained and had their competency checked, to enable them to perform their role.

Infection control was well managed, and the home was clean and well maintained. Visiting was facilitated in a safe way to ensure people's well-being was promoted by maintaining relationships that were important to them.

People and their relatives told us they were happy with the care and support provided by staff. People were treated in a person-centred way which helped protect their dignity and promote their independence.

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.

The service had a relaxed and welcoming atmosphere. We witnessed warm and positive interactions between staff and the people they supported.

Although the service had received some complaints, they had originated from people who had been admitted for respite care. Processes were in place to ensure complaints were handled appropriately.

Rating at last inspection

This service was registered with us on 19 July 2021 and this is the first inspection.

The last rating for the service under the previous provider was Requires improvement, published on 18 May 2021.

Why we inspected

The inspection was prompted in part due to concerns about complaints received about the care and support received at the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.	



Dovehaven Nursing Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced on the first day of inspection and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with fifteen people who used the service and a relative about their experience of the care provided. We spoke with seven members of staff including members of the quality and compliance team, the registered manager, the operations manager and a nurse. We also undertook a tour of the building and observed the delivery of care and support provided to people throughout the day.

We reviewed a range of records. This included multiple medication records and five people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the safety of the environment and the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five relatives to help us understand their experience of the care and support their loved one received. We also spoke with two members of care staff.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care records identified risk to people and provided guidance for staff on how to manage and mitigate risks.
- Staff spoken with were aware of the risks to people and to how to care for them in a safe way.
- People and their relatives told us they felt Dovehaven Nursing Home was a safe environment. One person told us, "Yes I feel safe. I've never had any reason to believe I was not safe." A relative commented, "It's a safe environment, I have peace of mind that [Name] is safe, well looked after."
- Processes were in place to ensure accidents and incidents were recorded. Information was reviewed by both the registered manager and the registered provider. Information was shared with staff in meetings to help ensure risk was effectively managed and mitigated,

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people and to ensure that any incidents which exposed people to potential or actual harm were identified and reported appropriately to the relevant external agencies.
- A safeguarding and whistleblowing policy was in place to help keep people safe from the risk of harm. Staff had received training in safeguarding and told us they would not hesitate to raise anything of concern.
- Any safeguarding incidents were discussed and shared with staff to help learn from the incident and prevent the risk of recurrence.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. One person told us, "I have a lot of medication, staff give me it on time and stay until I have it."
- Regular audits helped ensure medicines were administered correctly and any issues found were addressed. The service carried out daily stock balance checks, this was good practice and helped reduce the risk of medicine errors.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- Staff rotas showed there were sufficient numbers of suitably qualified and skilled staff deployed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- The service also provided temporary care designed to help rehabilitate people who had been discharged from hospital, before returning to their own home. This meant staff often had to get to know people's needs and preferences in a short space of time.
- Staff were able to tell us about the needs of the people they supported. One person told us, "Staff know my routine, they are so nice and gentle. They know me well."
- People's care records reflected their current care and support requirements. Any input which had been provided by external health care professionals, was recorded appropriately.

Staff support; induction, training, skills and experience

- Staff were provided with training to help equip them with the necessary skills and knowledge to perform their role.
- Any additional training was provided to enable staff to effectively meet the particular health care needs of people. One member of staff told us, "I have requested additional training to learn a new skill, and the manager has enrolled me on a course."

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). We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with legislation and guidance. People told us staff asked for their consent before any intervention, "Staff treat me with respect and always give me a choice and ask me if it's OK."
- Where people were unable to provide consent, appropriate applications for DoLS had been made in

accordance with people's best interests.

• People's care records demonstrated that care and treatment had been provided with the consent of the relevant person.

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

- People were supported to eat and drink enough to maintain a balanced diet, in line with their needs.
- The chef visited each person daily to help ensure people had maximum choice in what they wanted to eat and their preferences were adhered to. People told us they valued this interaction and were often provided with meals 'off the menu' because they had specifically requested it.
- Information regarding people's nutrition and hydration needs, such as a diabetic diet, was recorded in their care records.
- People provided positive feedback about the food. Comments included, "The chef personally asks me what I want each day", "I am eating better here than what I did at home" and "The food is amazing, I had steak and chips for lunch."

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

- People were supported to live healthier lives. Staff worked alongside external health care professionals (such as GPs and district nurses) where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements. Any input from external professionals was recorded, in order to provide staff with the necessary guidance.

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

• Although the service was located in a former residential property and accommodation was over multiple floors, people were able to navigate around the home via corridors which were kept uncluttered and had the use of a lift. People had access to a large enclosed rear garden, where they could enjoy outdoor space.



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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. We received positive feedback from people and their relatives about the care and support they received, one person told us, "I've been here a long time, honestly it's marvellous, staff are very good, they come more or less straight away when I ring my call bell."
- Comments from relatives included, "Honestly, I can not fault the home or the staff, staff are simply angels," "The level of care is exceptional. The manager sees people every day, its amazing," "Staff care for [Name] as good as they would care for a member of their own family, its top-class care" and "Staff can't do enough for [Name], they are all very good."
- We observed positive interactions between people and staff throughout the day. One person told us, "Staff are wonderful, I was made to feel welcome when I arrived, they are kind and caring, and even though they are busy, they always find time to talk to me."
- People's care records contained information about their background and preferences with input from their relatives. This information helped staff get to know people more and deliver person centred care.

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

- The registered manager operated an open-door policy and encouraged people and their relatives to provide their feedback and raise issues or concerns at any time. One person told us, "I would tell staff or the manager if I wasn't happy about anything."
- People's preferences and choices were respected. People had a say over how they wanted to spend their day. Care and support needs had been discussed with people and their relatives helping to ensure staff knew how people wanted to be supported. A relative told us, "Oh yes, I was involved with [Name's] care plan."



Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- We received positive feedback from people's relatives in relation to the way staff supported and cared for people and maintained relationships, one told us, "Staff know just what Mum like, she always enjoyed getting her hair and nails done, so staff do this for her, to make her happy."
- People received personalised care that was responsive to their needs. People's care records demonstrated that care and support was tailored as far as possible, to people's preferences. One relative told us, "Staff are so responsive, they are on the ball and seek help from external agencies when needed just at the right time."

Improving care quality in response to complaints or concerns

- Although the service had received some complaints, a complaints policy was in place to ensure complaints were investigated appropriately.
- It was evident that complaints had originated from people who had been admitted from hospital for respite care.
- The service had identified this and planned to formulate an information booklet to provide to people admitted for respite care to help manage their expectations and increase their understanding of what kind of care and support they would receive during their stay.
- Some people initially admitted for respite care had decided to stay at the home on a permanent basis as they were so happy with the care and support they had received.
- People and their relative's complaints were listened to and acted on. Relatives told us they would not hesitate to raise any concerns and had faith that issues would be dealt with.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records showed assessment of their communication needs had been undertaken. The service was familiar with the standard about how to make information more accessible for people and had consulted best practice guidance to aid them with this.
- For people who were not always able to communicate verbally, other methods of communication were in place.

End of life care and support

- People's end of life wishes, and needs were considered. Some care plans required further detail to ensure that people's end of life wishes were captured. We discussed this with the registered manager.
- Staff had received training on how to deliver individualised and dignified end of life care. Staff worked in conjunction with other health care professionals to ensure people's end of life needs were met.



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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- We saw staff care and support people in line with their requirements and needs. Minutes of staff meetings evidenced that staff were regularly reminded to ensure that daily care records were kept up to date.
- The registered manager demonstrated an understanding of their roles and responsibilities and sent us statutory notifications to inform CQC of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.
- Positive feedback was received about the registered manager. People told us, "[Manager] is a big help" and "[Manager] calls in each day to sit and have a cup of tea with me."
- Relatives also provided positive feedback about the manager, comments included, "[Manager] always makes time for us to address any queries, this reassures us and puts our mind at ease" and "[Manager] is an amazing manager to residents and staff."
- Audits and governance processes were in place to ensure that the safety and quality of care was monitored and analysed.
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.

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

- The registered manager worked hard to instil an ethos of individualised and person-centred care, one staff member summed it up as follows, "The ethos of [Manager] is to give people the best care possible."
- Staff told us there was an open and inclusive culture within the service and spoke positively about the manager, comments included, "[Name] is a very good manager, approachable and supportive" and "[Manager] is brilliant, I can call [Manager] at any time, even out of hours for help and advice."
- The registered manager worked effectively with external agencies to help achieve positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service actively engaged people to ensure they had a say in the running of the home. Feedback from people, staff and relatives was welcomed by the provider. Feedback was used to help make further improvements.
- Regular staff meetings were held which enabled the registered manager and provider to continuously

monitor and improve people's experiences of the care and support provided.

- Staff told us communication by the management team was good and that their views were listened to.
- Staff also told us they looked forward to coming to work, one told us, "We have such a good rapport with the residents, it's a happy home and there is a good atmosphere, it's a lovely staff team and we all work so well together, we all have the resident's best interests at heart."
- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals.