

IBC Quality Solutions Limited







The Dovecote Residential Care Home

Inspection report

69 Bagshaw Street
Pleasley
Mansfield
Nottinghamshire
NG19 7SA
Tel: 01623 480445
Website:

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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	

Overall summary

We carried out an unannounced inspection of this service on 4 November 2015. The Dovecote Residential Care Home is registered to provide accommodation and personal care for up to 18 people with a learning disability. The home is located in Pleasley, Nottinghamshire. On the day of our inspection 14 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

Summary of findings

At the last inspection on 13 August 2014, we found six breaches of Regulations. After the inspection, the provider wrote to us to say what action they would take to meet the legal requirements in relation to the breaches. On this inspection, we found that the provider had taken the required action to ensure that people were safe and their needs were met.

People felt safe in the service and the registered manager had shared information with external agencies when needed. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people received their medicines as prescribed. Staffing levels were sufficient to support people's needs and people received care and support when required.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People were supported to make decisions and where there was a lack of capacity to make certain decisions; people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

Staff valued people and encouraged people to achieve their goals and aspirations. People's independence and choice was considered and support was delivered in a relaxed and supportive manner.

People lived in an open and inclusive environment and were supported to develop their daily living skills. People knew who to speak to if they had concerns and were confident that these would be responded to.

People were involved in giving their views on how the service was run and involved in decisions about the service. The systems in place to monitor the quality of the service provided were effective.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and did not have unnecessary restrictions placed on them.

People were supported to maintain their hydration and nutrition and risks to health were monitored and responded to appropriately.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff actively promoted people's independence.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and were empowered to achieve their goals and aspirations. People were engaged in activities with access to further education and places of work.

People felt comfortable to approach the management team and staff with any issues and complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well led.

People were involved in giving their views on how the service was run and in decisions about the service.

The management team were approachable and had effective systems in place to monitor the quality of the service.

Good



The Dovecote Residential Care Home

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.

This inspection took place on 4 November 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor who was a nurse.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with eight people who were living at the service, one relative and six members of care staff. We also spoke with one of the support managers who worked in the service and the registered manager. We looked at the care records of four people who used the service, medicines records of two people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and provider.

We used the short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection on 13 August 2014 we found that people were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. On this inspection we found the necessary improvements had been made.

People felt safe in the service and said that if they had any concerns they would speak with the staff or the registered manager. We observed people appeared comfortable and relaxed with staff and approached them with any concerns, which were responded to and reassurance given. One person said, “I feel safe being round friends and staff. [If I did not feel safe] I would go to the office, one of the bosses, they would sort it out.” Another person told us they felt safe because, “All gates are locked and staff are here” and confirmed that they felt comfortable approaching staff if they felt unsafe.

People could be assured that staff knew how to respond to incidents of abuse. We found that staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of the different types of abuse and how to respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We saw that easy read information about abuse and who concerns should be reported to on display within the service ensuring that people who lived at the service had the relevant information should they require it. The registered manager demonstrated that they had shared information with the local authority following incidents in the service.

At the last inspection on 13 August 2014, we asked the provider to take action to ensure that care and treatment was planned and delivered in a way intended to ensure people’s safety and welfare. This was because risk assessments had not always been in place or had not provided staff with sufficient information on how to manage risks. On this inspection we found that the necessary improvements had been made.

On this inspection we found that risks to individuals were recognised and appropriately assessed, and staff had access to information about how to manage risks. There

were risk assessments in place informing staff how to support people with their behaviour, to access the community and monitor their healthcare conditions, whilst still supporting their independence.

People were empowered to take risks to enable them to have freedom without having unnecessary restrictions placed upon them. We saw that several people at the service accessed the community without staff support when they chose. One person told us, “I can go out when I want as long as I tell staff where I am going. [Staff] don’t stop you doing anything.”

We found there were systems in place to keep people safe when they accessed the community, such as ensuring the person had a mobile phone to contact the service if they needed to and asking people what time they would be returning.

We found that people had Personal Emergency Evacuation Plans (PEEPS) in place. These had been formulated to assist people to escape the environment in the event of an emergency situation, such as a fire. The plans documented how people could be evacuated safely and highlighted the type of support the person required.

At the last inspection on 13 August 2014, improvements were required to show there were enough qualified, skilled and experienced staff to meet people’s needs and to enhance people’s life experiences. This was because people’s social activities were being compromised due to low staffing levels. On this inspection we found the necessary improvements had been made.

People felt there were enough staff working in the service to meet their needs. One person we spoke with told us that there was “always” a staff member available to support them with their needs. We observed there were enough staff to ensure that people’s individual needs and requests for support were responded to quickly. An example of this was when a person asked to speak to their relative and they were immediately supported to do so by a member of staff.

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. Three staff members told us that there were times when the service had been short staffed, mostly at weekends, but this has improved over the last few months. We saw records confirming that two relief staff members had been recently recruited in response to staff feedback and with

Is the service safe?

the aim of maintaining staffing levels to cover staff sickness or absence. The manager told us that the staffing levels were designed to match the needs of the people living in the service.

We found that the provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment records of two members of staff. These files had the appropriate records in place. Criminal record checks had been carried out before staff had commenced working at the service. These checks enabled the provider to make safer recruitment decisions which reduced the risk of people receiving support from inappropriate staff.

People told us that they received their medicines when they required them and we saw that people were supported to be as independent as possible regarding their

medicines. One person told us that they knew what medicine they received and what it was for as staff had informed them. Another person told us that staff supported them to prepare their medicine and then witnessed them administer it to ensure it had been done correctly.

We observed a member of staff administer medicines and found that they were aware of, and followed appropriate procedures to administer medicines in a safe manner. We saw that medicines were administered to people discreetly and that people's medicines were stored individually and safely in their rooms. Only staff who had completed medicines training were responsible for administering medication. Staff received training in the safe handling and administration of medicines and had their competency assessed to ensure they were following safe practice.

Is the service effective?

Our findings

At the last inspection on 13 August 2014, we asked the provider to take action to ensure that people received a choice of suitable and nutritious food in sufficient quantities to meet their needs and preferences. On this inspection we found that the necessary improvements had been made.

People were supported to eat and drink enough. People told us that they enjoyed the food and were offered choices. One person told us, "The food is alright, you get a choice. They ask us what we want and we tell them." We observed that people were involved in deciding what they wanted to eat and that people were offered the opportunity to prepare food with the support of staff. One person told us, "I do my [own] packed lunch."

We observed people preparing their own drinks in the kitchen and that there was a bowl full of fresh fruit placed on the table for people to help themselves. We witnessed some people helping staff prepare the evening meal, and it was a happy and supportive experience with lots of light banter and laughter.

People's nutritional needs were assessed regularly and there were care plans in place informing staff of people's nutritional needs. We saw from records accessed that people's weight was monitored for any changes.

We saw that one person had recently lost a significant amount of weight. Staff were aware of the weight loss and measures had been put in place to increase their nutritional intake through the use of food supplements. We were informed that staff had contacted the person's doctor to ask their advice about the weight loss and getting supplements prescribed. It was suggested to staff that the person required an updated care plan and risk assessment and we received a copy of the updated documents following our visit. It was evidenced that the person's doctor and nutritional nurse had been contacted for advice and that there was increased monitoring of the person's weight, fluid and dietary intake. People that we spoke with said that staff were able to support them with their needs. One person told us, "They are well trained people. My keyworker knows me really well." We observed staff supporting people and we saw they were confident in what they were doing and had the skills needed to care for people safely.

Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. They told us they were given training in a range of subjects relating to the work they did. One staff member told us that they thought the training they were provided with was, "Really good. A massive improvement (from training that was previously provided at the service) as it is more intense." Records we saw confirmed staff were given regular training in a range of subjects relevant to their role.

Staff were given an induction when they first started working in the service. This included a range of information and training staff required in order for them to begin providing care and support to people. The induction required staff to spend the first few days shadowing more experienced colleagues, reading policies and procedures, support plans and risk assessments. New staff were required to attend all training the provider had identified as mandatory within the first eight weeks of employment and we saw that this was monitored and their progress reviewed.

The staff that we spoke with had a good understanding of the Mental Capacity Act (2005). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. There were care plans in place detailing how much support people needed with decisions and whether they required information to be presented to them in different formats. For decisions the person was not able to make due to a lack of capacity, a detailed capacity and best interest's assessment had been undertaken which

Is the service effective?

incorporated the views of the person, their family and professionals. This ensured that the rights of people who lack mental capacity to make particular decisions were protected.

The registered manager and staff displayed a good understanding of DoLS and had made applications to the appropriate authority for a DoLS where appropriate.

People who sometimes communicated with behaviour staff may find challenging were supported safely. Care plans were in place with regards to how staff should respond to instances of behaviour which staff may find challenging. We saw that objects which could cause harm to people were locked away and could not be accessed without staff support. Additional support had been introduced to support one person at times when they were likely to display more challenging behaviour.

People were supported with their day to day healthcare. We saw that guidance was sought from external professionals when required and that any guidance offered was clearly documented and acted upon. We saw from care records that staff sought advice from external professionals such as district nurses and speech and language therapists. Care plans were provided for people which detailed information such as how the person communicated their health needs and were kept updated following appointments with healthcare professionals. We saw that guidance was sought from professionals following incidents within the service and that one person had been referred to a speech and language therapist following due to problems with swallowing their food. People were supported to see a doctor when they needed to and to visit a dentist and optician on a regular basis. One person told us that they had recently seen the dentist and that a chiropodist visited the service.

Is the service caring?

Our findings

People told us they felt happy at the service and that they got on with staff and other people who used the service. One person told us that, “Staff know me well.” Another person told us, “Staff are kind. I can talk about how I feel.” The person referred to the service as “Friendly”, and told us, “We all get on and help each other.”

Our observations supported what people had told us. We saw that people approached staff with questions and requests which were dealt with respectfully. Staff responded to these in a timely way and made time to sit and speak with people. We observed staff interacting with people who used the service and we saw positive and supportive relationships had been developed. There was much friendly banter and laughter in the service throughout our visit.

We also saw that people were offered reassurance or guidance if they appeared upset. One person sought reassurance about a particular issue throughout the day and we saw that each staff member took the time to respond calmly and supportively. People were also reminded by staff in a discreet and kind way not to talk openly about issues of a personal nature.

There was a lot of praise and encouragement of people’s achievements which were clearly celebrated in the service. We witnessed a member of staff praising the standard of work that someone had produced during an activity. This had a positive effect on the person receiving the praise.

People were supported by staff who knew them well and understood their individual needs and their likes and dislikes. The staff we spoke with told us that they were able to read through care plans of the people they cared for on a monthly basis which kept them up to date with any changing needs. Our observations showed staff taking the time to speak with people who had recently moved to the service to find out their preferences in respect of food, music and activities.

Throughout our inspection we observed that people were making individual choices about how they spent their day. We saw that people were engaged in different activities throughout the day of their choosing such as hoovering their room, listening to music, playing pool with staff or

chatting with other people. Towards the end of the day, people who had been out at work or attending a day centre returned to the service and were introduced to us, asked about their day and engaged in activities.

We saw that people’s individual needs and choices were respected. We witnessed a conversation between staff and a person who had recently moved to the service discussing that the person did not wish to eat meat and was offered vegetarian options.

People had access to information on speaking with an advocate and these were written in a format tailored around the needs of the people who used the service. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. People we spoke to confirmed that staff respected their privacy and dignity. One person told us, “[Staff] always knock on my door.”

We saw that consideration had been given as to whether people had capacity to have their own key to their bedroom. People who had capacity regarding this decision had made a choice as to whether they wished to have a key to their bedroom which they could then keep locked as they wished. We observed people going to and from their bedrooms and sitting in different areas throughout the home. We also found members of staff were appreciative of the importance of maintaining people’s privacy. One member of staff told us, “We support people to maintain their privacy and dignity. We ensure bathroom doors are shut and that care plans are locked away.” We also saw that staff spoke with people in a discreet manner about any issues of a personal nature and provided people with the time to respond.

The management team told us that people’s relations and friends were always welcome and were actively encouraged to visit the service. This information was confirmed by a person who lived at the service who told us, “My family come over all the time now.”

Staff were supported to register to be a dignity champion and three staff members had done this to learn more about the values of privacy and dignity and embed this in the service.

Is the service responsive?

Our findings

At our last inspection on 13 August 2014 we found that there was not an effective complaints system available and complaints people made were not responded to appropriately. On this inspection we found that the necessary improvements had been made.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, “I would talk to staff and they would do something about it.” One relative told us that they raised an issue about their relation’s care and although the service, “Dealt with it in a good way” they would have appreciated feedback on the outcome.

Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisations policies and procedures. We saw that complaints had been acted upon and details of the action taken was recorded but that the person who raised the complaint had not always been provided with feedback. We spoke to the registered manager who told us that they would address this issue by providing feedback on complaints.

We saw there was a complaints leaflet which was written in an easy read format to fit the people who used the service. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously. One member of staff told us, “I have no concerns about that. I would report concerns to management and they would keep me updated.”

We also found that staff held regular meetings with people who used the service. The meetings provided a forum where comments and suggestions could be discussed to help identify recurring or underlying problems, and potential improvements.

People felt they were encouraged to express their views and felt their opinions were valued and respected. We saw there were systems in place to involve people in the

planning of their care. We sat with one person whilst looking at their care plans. The person confirmed that they had seen some of the documents before and told us, “I do look at [care plans] sometimes.”

We saw that a document was contained within people’s care plans describing what qualities the person sought from staff and what was important to them. The documents indicated that the person had been involved with producing these documents and the person who was sat with me confirmed this had happened. People had signed their care plans if they had the capacity to do so. If people lacked capacity a document was signed by people stating that the contents of care plans had been shared with and contributed to by the person. We spoke with one relative of a person who used the service who confirmed that they had been invited to their relation’s reviews.

Staff told us effective communication systems were in place to ensure they were aware of people’s individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of staff told us, “We involve people a lot more in decisions and ask them about their likes and dislikes. We also have time to sit and read care plans to learn more about people.”

Staff we spoke with had an excellent knowledge of the preferences of people and how they liked to spend their time and how they preferred to be supported. Staff knew what would work well for individuals and what would not. We saw that care plans were individualised and described how people were to be supported. Care plans and risk assessments were reviewed on a regular basis to ensure people’s changing needs could be identified and responded to in a timely manner.

People told us they felt they were supported to make their own decisions. One person said, “I chose when to get up, it doesn’t matter what time.” Another person told us, “I make my own choices.” We observed people making decisions throughout our visit. For example what they wanted to eat, how they wished to spend their time and whether they wanted to go out in the evening. One person had recently moved to the service for a period of time and asked if they could visit the people who lived in the other building and we saw that this request was facilitated by staff.

People’s independence and choice was an important part of the ethos of the service and staff had an appreciation of this. People’s care plans contained a copy of the service

Is the service responsive?

Statement of Purpose which reflected this ethos. We asked one person who used the service who decided how they spent their time and they told us, "I'm independent. I go out when I want as long as I tell staff where I am going." The service was undergoing a process of redecoration and one person told us that they had been involved in deciding on the décor and had helped put up wall paper. It was clear that their active participation in the process had a positive impact on the person who was proud of their involvement.

We saw people had been given support to improve their daily living skills. One person was confident in showing us around the service and told us that they did their own washing, made drinks for themselves and staff and cleaned their own room. When asked who cleaned communal areas of the home, the person told us they helped staff to do so. Another person told us, "I clean my own room but the staff always help me. [Staff] wash my clothes but I put them away myself."

People's care plans contained information on their goals and aspirations for the year ahead. We spoke to one person about their progress in achieving these and they confirmed that they had been supported to achieve all of their goals for the year. One person had wished to go abroad and had been supported to do so, they told us, "I wanted to go abroad for some time. It's the first time for me." Another aspiration of the person was to learn to spell and we saw

that a spelling group had been provided within the service. The person told us, "They taught me to read and spell. I can do that now." Another person spoke about the support they received from staff to manage their money. They told us, "I can buy what I want as long as it is not too much. I am saving up for Christmas and staff are looking after my money."

People were supported to access the community and engage in a wide range of activities of their choice and individual interests were followed such as swimming, bowling and going to the pub. Some people at the service undertook paid and voluntary employment as they wished. One person had been supported to take part in a sponsored walk and a tutor from a local college course had enabled people to improve their cooking skills through the provision of a cooking group. The service had chickens and a rabbit that people who used the service were involved in caring for. The registered manager had developed a learning log detailing what activities had been offered, who had enjoyed these and what had or had not worked. The registered manager told us that one person particularly enjoyed caring for the chickens and they had found that participating in this activity had had a calming effect when they were agitated. The person confirmed that they enjoyed engaging in this activity.

Is the service well-led?

Our findings

At the last inspection on 13 August 2014 we found that improvements were required to ensure the provider had an effective system to regularly assess and monitor the quality of service that people received. This was because the monitoring of incidents within the service and the audit process were not effective in picking up shortfalls within the service or where action was required. In addition the feedback of people who used the service and their relatives was not sought. On this inspection we found that the necessary improvements had been made.

People were supported to have a say in how the service was run through regular meetings and an annual survey. People's relatives were also given the opportunity to have a say in how they felt the service was run and make suggestions about improvements. We saw that one relative had commented that the garden required attention and we saw a gardener present on the day of our inspection. The surveys were written in a format people who used the service would understand and asked people what is was like living at the service and their ideas for improvements. People's views were sought on a daily basis through constant involvement and staff and the managers listened and tailored the service to adapt to the requests and views of the people who lived there.

Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care plans and medicines management all of which had been carried out on a monthly basis. The support manager reported to the registered manager on a weekly basis on issues such as maintenance, people's health and wellbeing and updates on staffing levels and audits completed. We saw that audits were effective in picking up issues and that a memo had been sent to staff to staff reminding them to ensure that staff handovers were completed every shift. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.

People told us they had a good relationship with the management team and this was evident during our visit. People told us that the registered manager was not always at the service but that they could speak to the support manager or any of the staff. Some of the people we spoke

to were able to name the registered manager and the provider. One person told us, "[Provider] is nice. I see [registered manager] sometimes who comes from the other place. [Registered manager] sorts any problems."

The registered manager was not always present at the service. We spoke to staff who felt supported by the registered manager and told us they felt comfortable approaching the support manager who was present at the service most days in the absence of the registered manager. One staff member told us, "I feel supported, if I need help or have any questions, people are available. They are always there at the end of the phone."

People benefitted from an open and transparent culture within the home. Staff told us they were able to raise any issues or put forward ideas with the management team and felt they were listened to. Staff clearly enjoyed working at the service and staff told us they enjoyed their job. One member of staff told us, "There is good communication. We listen to [management] and they listen to us." We observed people who used the service and staff who worked together to create an inclusive atmosphere.

Staff were aware of the ethos of the service and we observed staff members promoting people's independence and encouraging choices throughout the inspection. It was clear that people were actively encouraged to develop the service and be involved in decisions such as what they would like to eat, what activities they wished to participate in and how they would like the service to be decorated.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures without fear of recrimination. We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed we had received notifications of incidents within the service and the detailed information contained within these records showed that the provider had taken effective action to deal with incidents to ensure people were safe.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us that they attended supervision sessions and annual appraisals. We saw records of staff meetings which evidenced that issues raised by staff had been addressed and where poor practice had been observed by the management team, guidelines and extra training had

Is the service well-led?

been provided. The meetings also provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them.