

Mrs Wendy J Gilbert & Mr Mark J Gilbert

# Dovehaven House

## Inspection report

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Date of inspection visit:  
10 June 2021  
15 June 2021

Date of publication:  
28 July 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Dovehaven House is a residential care home providing personal care to 38 people at the time of the inspection. The service can support up to 40 people and specialises in providing care to people living with dementia.

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

People were not consistently supported in a safe way. We found people had not always been effectively risk assessed for use of moving and handling equipment or bedrails. The provider responded quickly to our inspection findings and made immediate improvements to ensure people's care plans reflected the safety equipment needed.

People's medicines were not always managed in a safe way. We found medicine record keeping was not always accurate and this meant people were at risk of not receiving their medicines as prescribed.

On the first day of the inspection we found areas of the environment unclean and furniture was worn making it difficult for domestic staff to efficiently clean. The provider had commenced a full environment refurbishment plan and on day two of the inspection we saw cleanliness standards had improved.

On the first day of the inspection staff did not consistently follow safe Infection Prevention and Control (IPC) standards, on the second day of the inspection standards had improved. The provider had up to date procedures in place for IPC and COVID-19 guidance for staff to follow. Staff received training in best practice standards for the prevention of infectious disease and also had access to a COVID-19 hotline which the provider had set up to allow staff to raise concerns or ask questions.

On the first day of the inspection we found some people's emotional and personal hygiene needs had not been met. We discussed this with the registered manager who took immediate action to improve standards. On the second day of the inspection we found staff were responsive and acknowledged people's needs in a timely and effective way. Relatives consistently told us they felt service users were safe, well cared for and respected.

Quality monitoring systems were not always effective to monitor people's safety. Failures highlighted at this inspection in relation to environment hygiene, medicines, bedrail safety and moving and handling assessments had not been identified by the registered manager. We were assured by the providers response to our findings and their actions taken to ensure immediate improvement.

The provider had introduced Person Centred Software, an electronic system to support effective record keeping. However, staff did not always maintain accurate and contemporaneous record keeping.

Staffing levels were planned in line with dependency needs of people who lived at the service. Staff were

recruited in a safe way. Staff told us they enjoyed their induction training and felt supported to understand the needs of people who lived at the service

Staff followed safeguarding processes, we found alerts had been made to the Local Safeguarding Authority following allegations of abuse. Staff demonstrated good knowledge of safeguarding processes and told us they felt confident to raise any concerns internally and externally.

Accidents and incidents were recorded, preventative action was taken and lessons learnt at service and provider wide level.

Staff told us they were able to seek support from the manager and deputy manager. Relatives told us they felt involved and communication was good when people's needs changed.

The registered manager submitted statutory notifications and was aware of their regulatory responsibilities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 06 November 2017).

#### Why we inspected

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

We 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.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, medicines management and governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Dovehaven House

## 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 undertaken by two inspectors and one medicines specialist.

#### Service and service type

Dovehaven House 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.

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

Both days of the inspection were unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, members of the senior management team, deputy manager, senior care workers, care workers and a domestic worker. 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.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service and quality assurance.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the providers action plan from our initial inspection findings.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of avoidable harm because their needs in relation to safety equipment had not always been effectively assessed. For example, people supported to move by use of electronic hoist had not always been assessed for equipment sizing. People who used bedrails had not always been assessed and this meant we could not be sure if the equipment being used was safe or needed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all people they supported had up to date and accurate assessments for the use of safety equipment and suitable checks of equipment safety were in place.

- Other areas of individual's risk including falls, weight loss, choking and skin damage had been assessed. The provider had assessed the environment for safety standards for example; fire, water, gas and security. Areas of the environment were tired and this meant cleaning processes were not always effective. There was a refurbishment plan which commenced during the inspection and included replacement of worn furniture and flooring.

Using medicines safely

- People's medicines were not always managed in a safe and effective way. The provider failed to ensure accurate recording of people's medicines and this meant they were at risk of not receiving their medicines as prescribed.
- We observed staff administering people's medicines were interrupted by the telephone, this meant they were distracted and increased the risk of administration errors.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were consistently managed in a safe way. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed immediate

improvement had been made to recording of people's medicines and staff had been reminded not to allow interruptions when administering medicines.

#### Preventing and controlling infection

- We were not assured that staff consistently used PPE effectively and safely on the first day of the inspection. Hygiene and cleanliness standards on the first day of the inspection needed to be improved. On the second day of the inspection we saw standards had improved and we were assured by the actions taken by the registered manager to continuously monitor staffs performance and compliance.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Staffing and recruitment

- Staffing levels were planned in line with dependency needs of people who lived at the service.
- The registered manager ensured new staff were checked for good character and supported to undertake induction training before they were deployed into their role.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed for trends and themes. The registered manager audited accidents and incidents and maintained good records in relation to learning when things went wrong. Staff told us they received training in falls prevention, health and safety and duty of candour.

#### Systems and processes to safeguard people from the risk of abuse

- Staff followed safeguarding processes and demonstrated good knowledge about how to recognise signs of abuse and neglect.
- People who lived at the service told us they felt safe and staff were kind to them.
- People's representatives consistently told us their relatives were well cared for and safe. Comments included, "They [staff] keep her safe." And "Staff understand how best to care for [name] and [name] has been much less distressed with their support."



# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager did not always ensure quality performance because they had not already identified the failures found at this inspection in relation to safe care and treatment, record keeping and medicines management.
- People's care records were not always contemporaneous and complete. We found shortfalls in the recording of people's nutritional intake and people's care plans did not always reflect the support they received. This meant we could not be sure people consistently achieved good outcomes.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed and records were not always accurate, complete and contemporaneous in respect of each service user. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all people they supported had up to date and accurate assessments for the use of safety equipment and suitable checks of equipment safety were in place. The provider also told us staff had been supported to understand the importance of accurate record keeping.

- The registered manager told us about notifiable incidents at the service.
- The registered manager and senior management team responded positively to our inspection findings and made immediate improvements to ensure people received safe care and treatment.
- Staff understood the importance of person-centred care. On the first day of the inspection we found some people's emotional and personal hygiene needs had not been met. We discussed this with the registered manager who took immediate action to improve standards. On the second day of the inspection we found staff were responsive and acknowledged people's needs in a timely and effective way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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 provider actively encouraged feedback about the quality of care and overall involvement with them from people who used the service, relatives, visiting professionals and staff.
- People's representatives told us they felt involved and able to raise their concerns and ideas with all grades of staff.
- People's care records showed staff complied with and understood the responsibilities to work in line with duty of candour processes. People's representatives told us staff contacted them when things changed and in the event of an accident or incident.
- People who lived at the service had access to a wide range of external professionals. Care records showed staff acted on professionals recommendations and kept them informed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure systems were in place or robust enough to demonstrate medicines were consistently managed in a safe way. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed and records were not always accurate, complete and contemporaneous in respect of each service user. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>