

Step Forward (Nottingham) Limited

Dovetail House

Inspection report

The Park
Mansfield
Nottinghamshire
NG18 2AT

Tel: 01623420690

Date of inspection visit:
11 February 2020

Date of publication:
04 March 2020

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

Dovetail House is a residential care home for adults providing personal and nursing care to people aged 65 and younger at the time of the inspection with physical and mental health needs. The service can support up to 20 people. At the time of the inspection there were 14 people living in one adapted building across three floors.

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

People felt safe living at Dovetail House. Risk management ensured people continued to live as independent life as possible whilst being kept safe. People were supported with their medicines in a safe way. The home was kept clean to prevent infection.

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.

People's needs and choices were assessed on admission and were met by staff who had been appropriately trained. People's eating and drinking requirements were met and they were assisted to access appropriate healthcare.

People were cared for by friendly and respectful staff who encouraged independence and listened to people's choices.

People had personalised care plans and were supported to engage in meaningful activities. The service supported people to maintain important relationships and respected people's religious and cultural beliefs. People had very few complaints, but those which had been raised were looked into appropriately.

The home had a management team in place who supported staff to run a person-centred service. There was effective quality monitoring and assurance in place to ensure people received good care and achieved good outcomes.

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 good (published 26 July 2017).

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.

Dovetail 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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Dovetail 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, compliance lead, deputy

manager, senior care workers, care workers and the cook. 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 four people's care records and three medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed requested information that the provider had sent us. This included training data.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living in the home. People said, "I'd recommend living here. It is a nice place. It's safe," and "I'm 100% safe, no one would hurt you here."
- Staff understood how to safeguard people and knew what to do if they saw anything of concern. Staff explained, "Anything that I felt needed to be reported, I wouldn't hesitate, I would tell management."
- Staff and people felt confident and comfortable in raising any concerns.
- The service had a safeguarding policy in place and staff were trained in how safeguard people. The management team understood their responsibilities to report any safeguarding concerns to the relevant agencies.

Assessing risk, safety monitoring and management

- People's and environmental risks were identified, assessed and managed well.
- Risk assessments were completed where risks had been identified and gave clear guidance for staff on how to support people in the least restrictive way. Identified risks included personalised risk assessments for accessing the community and participating in specific activities.
- Staff understood how to support people with behaviours which may challenge in a positive and respectful way. A person described to us how staff supported them in a friendly way when they were struggling.
- The provider ensured appropriate checks were carried out on the environment to ensure people's ongoing safety, for example water and electrical checks. People had plans in place for staff to follow in case of an emergency.

Staffing and recruitment

- The service had enough staff to keep people safe and meet their needs.
- Staff felt the staffing levels had improved recently to ensure the service had enough staff to keep people safe and meet their needs. A person said, "There are enough staff, they come quickly when I want them."
- Recruitment was ongoing to reduce the use of agency workers. The provider encouraged people to be involved in the recruitment process and speak with interviewees.
- Appropriate pre-employment checks had been carried out on new members of staff to ensure they were suitable to work at the service.

Using medicines safely

- People were supported to take their medicines in a safe way.
- Staff were trained to administer medicines and had their competency checked every six months to ensure they continued to support people safely. Management staff regularly conducted medicine audits to identify

and learn from any errors.

- Staff were provided with clear guidance on how to support people with covert medicines and medicines taken 'as and when'.

Preventing and controlling infection

- The service was kept clean, and staff were trained in how to prevent the spread of infection.
- We saw staff wearing gloves and aprons appropriately, for example when preparing food or administering medicines.
- We found the kitchen to be clean and kitchen staff followed good practices around food hygiene.

Learning lessons when things go wrong

- The management team ensured incidents and accidents were appropriately investigated and where necessary, made changes to improve the service provided. For example, updating people's care plans or changing service procedures.
- We saw a new process had been implemented and was being followed, after an incident involving a person's money going missing.

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 when they first moved into the service and these were recorded in care plans. Plans included their choices and were developed in line with current guidance.
- The service utilised an electronic care planning system which prompted new care plans when required to ensure they continued to work in line with national standards. For example, it alerted staff to a new oral health care assessment. Staff felt the new system allowed them to spend more time with people.
- Assessments considered the protected characteristics under the Equality Act 2010 and were reflected in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This meant people were not discriminated against.

Staff support: induction, training, skills and experience

- Staff received appropriate support and training for them to effectively carry out their roles.
- Staff explained they were paired up with an experienced member of staff during their induction period. This meant they had the opportunity to get to know the role and the people living at the service prior to working independently.
- The provider ensured staff received training appropriate to their role and to the people they were supporting. For example, staff were trained in epilepsy awareness, diabetes and Huntington's disease. Staff said, "We get supervision and training. We do e-learning and practical learning. It is good quality training and up to date." Another said, "I had brilliant support to do my level three training, the home gave me time out of job to do coursework."
- Staff received regular support in the form of regular supervisions and team meetings. Staff were supported by the provider to achieve professional qualifications.

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

- People were supported with their eating and drinking needs.
- People said they were not given a choice of food and we saw the daily menu only had one option. Kitchen staff said they discussed with people daily what they would like to eat, and this went on the menu. People were able to request alternatives and we saw people eating meals they had specifically asked for.
- People's eating and drinking needs were recorded in their care plans and staff were aware of any specific dietary requirements, for either health or cultural reasons. For example, one person was supported with a vegetarian diet whilst others were on pureed food to prevent the risk of choking.

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

- People were supported to access medical, optical and dental care regularly. A person said, "They ring the doctor for me if I need it."
- Staff sought appropriate input from professionals when required. For example, involving specialist teams such as the Huntington's team to ensure people are receiving the care and attention they require.
- Staff described how they had supported a person back to health to achieve good outcomes, including being back in work and living in the community.
- The provider ensured they were able to share vital up-to-date information quickly and accurately with other agencies, such as paramedics.

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

- People were able to decorate their rooms how they wished and could choose to spend time in them or in the communal areas. A person explained, "I put posters on the wall. I decorate the room how I want it."
- People had access to outside space, an activities room and an occupational therapy kitchen.
- The service was over three floors and had a lift to enable people to easily access all floors.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the service was working within the principles of the MCA and were ensuring conditions on DoLS were being met.
- We found some mental capacity assessments, although decision specific, did lack detail. We raised this with the management team who proceeded to amend and update these. The provider sent us evidence of these being completed appropriately following the inspection.
- Staff understood the importance of ensuring people had a choice and made their own decisions where they were able to.

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 has 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 were cared for by friendly and respectful staff. People said, "I love being here. Staff are friendly and supportive." A relative said, "Staff are very caring."
- We observed kind interactions between staff and people, who enjoyed sharing a joke with one another throughout the day.
- People's differences were respected, where appropriate, these were included in people's care plans. The service had a policy on equality and diversity and staff were trained in equality, diversity and inclusion.

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

- Staff supported people to express themselves and ensured they were involved in their care.
- A person said, "It's a good place. They [staff] are good to you. They listen to me." Another said, "Staff are good. They help choices happen for me." A relative said, "Staff always listen to [relative]. They know [relative's] little ways. They take time to understand what they want."
- People were supported to access advocacy services when required. This meant people had access to someone who was able to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent and their dignity was respected. A person said, "They leave us to be independent. They only help when I need it."
- Staff said, "If we think they are independent enough we will support them, not do the things for them." Another said, "People get a choice. We always ask how they want things."
- The provider understood the importance of keeping confidential information private. The General Data Protection Regulation was adhered to and information was held securely.

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's care was planned in a personalised way to ensure staff had enough information to meet people's individual needs in a way they preferred.
- Staff took the time to get to know people. A relative said, "They know [relative] well and listen."
- People chose how to spend their day, a person explained, "I get up early, it's my choice."
- The staff supported people's individual religious beliefs, these were documented in their plans. We saw evidence of the staff accommodating extra staff to ensure someone could attend their place of worship at a specific time.

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 communication needs were assessed and recorded in their plans, these were reviewed regularly with people's changing needs.
- Information about the service, including how to raise a complaint, was available in alternative formats such as easy read.
- The activities board used pictures to help people understand what options were available to them. Pictorial cards were also available to help staff communicate with people if required.

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

- The staff supported people to remain in contact with people who were important to them, remember and celebrate special occasions, as well as continuing their interests.
- People had access to Wi-Fi and used this to video call family members. There were no restrictions on visitors. A relative said, "We get time privately with her when we visit. They [staff] support our visits."
- The service had an activities coordinator, who used an innovative approach to encourage people to share their interests. They put what they wanted on a wish tree and then throughout the year they were supported to make their wishes come true. Examples of this were visits to football, theatre and shows.
- The staff supported people to go on holidays of their choosing twice a year and supported them to get out into the local community. There were church services organised as well as outside entertainment. A relative said, "They go out with the staff and they like crayon-ing. [Relative] is not bored, they help them stay busy."

Improving care quality in response to complaints or concerns

- The service had received very few complaints, those which had been received were investigated and responded to in line with the service's policy.
- People didn't have any concerns at the time of the inspection, but said they knew how to raise them if they did. A person said, "I am sure they would listen if I did."

End of life care and support

- Where appropriate, people's end of life wishes were recorded in their care plans.
- Plans were personalised and described how people wished to be cared for when the time came.
- Staff were trained in end of life care and said they were supported by management when someone passed.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a personal approach which was shared by management and staff. A member of staff said, "People always come first. It is the most person-centred place I've been."
- There was a clear organisational structure with senior management having good oversight of the service. Regular audits to check the quality of care were conducted, including meal time experience and nutrition and hydration audits. The registered manager completed a monthly assessment which was discussed at a monthly provider governance meeting, this ensured any concerns were promptly addressed.
- Staff understood what was expected of them each day, this was managed by communication with seniors and daily assignments were recorded in a delegation book.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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; Continuous learning and improving care

- The registered manager recognised their legal duty to be transparent when incidents happened. This included investigating the event and informing the relevant people, such as family members and safeguarding teams.
- The provider had a clear vision for the improvements they wanted to make in the following two years, including moving the accidents and incidents on to the electronic system to allow for improved monitoring.
- The registered manager attended external meetings and forums to learn from and share information with other care homes and service providers.

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

- Staff had regular supervisions and team meetings. On the whole they felt listened to and comfortable to give feedback. Staff also completed an annual feedback survey.
- People were encouraged to be involved in the service. They had regular residents' meetings and one to one's with their key workers, as well as questionnaires. This variety allowed for people who preferred different ways of feeding back to still be heard.
- We saw people and their relatives felt comfortable to chat with management in the office throughout the day.

- The registered manager ensured they worked in partnership with the local authority, fire service, infection control and safeguarding teams to keep people safe.