

Dovecote View Limited

Dovecote View Chichester

Inspection report

Claypit Lane
Westhampnett
Chichester
West Sussex
PO18 0NT

Tel: 01243779080

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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.

Dovecote View Chichester is registered to provide accommodation and personal care for up to 32 older people, including those living with dementia. At the time of the inspection there were 25 people living at the home.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

At the last inspection the service was rated as Good. The inspection report was published on 9 September 2016. At this inspection we found the service remained Good.

People's experience of using this service:

People and their relatives said they were satisfied with the standard of care provided. For example, one person told us the staff were responsive in providing care when they wanted it. A visitor gave feedback to the Commission via the You Experience portal that people were well care for and the person they visited was, "looked after and very happy." Relatives and people said they were consulted and consented to the arrangements for care. People told us there were enough staff who responded when they asked for assistance. We observed staff treated people well and in a kind manner. Staff paid attention to people, chatted with them, and checked whether people needed any assistance. Staff demonstrated they promoted values of treating people with respect and dignity. Staff were motivated and enjoyed their work; for example, one member of staff said, "I love the job. I see people as family. I am passionate about the work."

People said there was a choice of good quality food. We observed people were supported to eat and the lunch was enjoyable for people. A range of activities were provided for people and the home employed an activities coordinator. People confirmed they enjoyed the activities.

Staff were well trained and supervised. Staff said they felt supported and worked well as a team.

The home was comfortable, clean, hygienic and free from any offensive odours.

The service was well managed and a range of audits were used to monitor the quality and safety of the services provided. People said the staff and management were approachable. Residents' and relatives' meetings were held on a regular basis where agenda items included discussions about the home and food. Surveys were also used to monitor the views of people and relatives.

Follow up: We will review the service in line with our methodology for 'Good.'

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 has remained Good.

Details are in our Safe findings below

Is the service effective?

Good ●

The service has remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service has remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service has remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service has remained Good.

Details are in our Well-Led findings below.

Dovecote View Chichester

Detailed findings

Background to this inspection

The 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 was 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.

Inspection team: The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: The service is a care home which provides personal care and accommodation for up to 32 older people.

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

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we checked information that we held about the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to two people and five relatives. We spent time observing people and staff together in communal areas of the home including the lunch time. We spoke with three care staff, the deputy manager and the registered manager. We also spoke to the chef and activities coordinator. During the inspection we received feedback from a member of the NHS community nursing team.

We looked at the following records:

- care plans and associated records for four people
- records of medicines administered to people
- the provider's internal checks and audits
- training records, supervision and recruitment records for four staff
- staff rotas
- accidents and incidents reports
- records relating to the health and safety of the premises
- policies and procedures.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and had a good knowledge of the procedures for identifying and reporting any suspected abuse.
- People and relatives said the staff provided safe care.
- The provider had policies and procedures for safeguarding people.
- The provider liaised with the social services safeguarding team regarding any concerns about people's safety.

Assessing risk, safety monitoring and management

- Individual risks for people were assessed and risk assessments detailed actions for staff to take to reduce any identified risks to people. These included the risks of pressure areas developing on people's skin, risks regarding eating and drinking and the use of bed rails when people were at risk of falling out of bed.
- Health and safety in the home was monitored and checked to a good standard. Equipment such as the fire safety equipment, fire alarms, electrical wiring, passenger lift, hoists and electrical appliances was serviced by suitably qualified persons. Risks of legionnaires' disease was checked by a contractor. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency.

Staffing and recruitment

- Sufficient numbers of staff were provided to meet people's needs. Five care staff were on duty from 8am to 2pm plus a senior care staff member, and deputy manager. Four care staff were on duty from 2pm to 8pm. The hours worked by the Registered Manager, two deputy managers, activities co-ordinator, kitchen and housekeeping staff were in addition to this. The provider carried out audits of the staffing levels every three months to assess the staffing levels.
- People and their relatives said there were enough staff and confirmed staff attended to them promptly when they used the call points in their rooms.
- Staff also confirmed there were enough staff to meet people's needs.
- The management team organised staff on a duty roster. This showed staffing was organised and provided at the planned levels.
- Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Using medicines safely

- Medicines were safely managed.
- Staff were trained in handling and supporting people to take their medicines which involved an assessment and observation of their competency to do so.
- The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were safely stored.
- Staff completed a record of their signature each time they supported someone to take their medicines.
- People told us they received their medicines when they needed them.

Preventing and controlling infection

- Staff were trained in food hygiene and infection control.
- Staff used disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.
- People and their relatives said the home was kept clean and staff followed good infection control procedures.
- The home was found to be clean and hygienic.
- The service had a member of staff with a lead responsibility for monitoring the prevention and control of infection, called an infection control 'champion.' This staff member had completed 'champion' training with the local authority.
- Infection control audits were carried out.

Learning lessons when things go wrong

- The provider looked into any incidents or near misses and made changes to ensure lessons were learned. For example, changes were made regarding the monitoring of people following incidents and accidents to ensure they were safe.

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.

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 and reviewed at regular intervals. This included assessments of need prior to people moving to the home.
- The provider had links with organisations such as local authority forums and training courses regarding updates on various aspects of care. The registered manager also utilised Skills for Care on guidance on staff training. The provider referred to current practice guidelines such as the National Institute for Care and Excellence (NICE) in medicines procedures.
- The provider used a computerised care plan system which comprehensively assessed people's needs and prompted the staff to ensure care needs were effectively met.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively.
- Newly appointed staff received an induction which they said prepared them for their job.
- People and their relatives said staff were skilled and good at their job. For example, a relative said, "All the staff are really good. The staff are the best thing here."
- A health care professional told us the staff had a good knowledge of people's needs.
- There were records of staff induction and an induction programme for newly appointed staff.
 - There was a programme of training for staff including courses considered mandatory for their job such as emergency first aid, moving and handling, food safety, fire safety, diet and nutrition and dementia awareness. The provider promoted staff to enhance their learning and to develop lead roles, called 'champions,' in areas such as, infection control and end of life care.
- Staff and the management team were supported to compete nationally recognised qualifications in care and management such as the Care Certificate and Diploma in Health and Social Care. This included courses in management and leadership for more senior staff as well as courses which qualified staff to train others, such as 'train the trainer' courses.
- Staff said they worked well as a team and communicated well.
- Regular supervision and appraisal was provided to each staff member which was recorded.
- Staff said they were supported in their work and had good access to the management team.

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

- People were supported to eat and drink and to maintain a balanced diet.
- People's nutritional needs were assessed and recorded. Any assistance or preferences were recorded in the care plans.
- We observed people were supported to eat and drink. The meal looked appetising and people were

supported well. The meal was an enjoyable experience for people.

- People told us they liked the food and there was always a choice.
- The meal choices for the day were displayed on a notice board in the dining room. Specialist diets were catered for. Food and fluid intake was monitored when needed.
- Fresh produce such as fruit and vegetables were used. Fresh fruit was available for people to help themselves to.
- The service was awarded a silver rating by the local authority, 'Eat Out, Eat Well' scheme for healthy food.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked well with other agencies to ensure people received coordinated care. These included health and social care agencies such as social services, GPs, community nursing teams, physiotherapy services and speech and language therapists.
- Care records showed the provider liaised and worked with health care services. For example, the guidance of occupational therapists was included in care records.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- Health care needs were assessed and monitored. Care records showed staff contacted health care services when this was needed.

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

- The premises were homely, decorated to a good standard and suitably designed to meet the needs of people.
- Bedrooms were homely and decorated to a good standard.
- Communal areas consisted of lounges and dining areas which people were observed using. People also said they liked to use the garden.
- Adaptations had been made for those with mobility needs. These included a passenger lift and level access to outside areas.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People said they were consulted about their care and records showed people had agreed to their care and support.
- We saw the provider carried out assessments to determine if people had capacity to consent to their care and treatment. Applications were made to the local authority where people did not have capacity to consent to their care. We did note one application had been made before an assessment was made to determine if a person had capacity to consent to a specific restriction. The registered manager confirmed this was completed following the inspection. Records of any decisions made in the best interests of people were recorded.

- One person was subject a DoLS at the time of the inspection visit.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff treated them well. For example, one relative said, "The staff here have been really lovely."
- A health care professional spoke highly of the caring nature of staff. The staff genuinely care about people. They genuinely love them. Treat them like family."
- Staff demonstrated they had values which promoted equality and diversity: where people were treated equally irrespective of any disability.
- Staff told us the values which underpinned their work included treating people with respect and dignity. Staff said they treated people as they would treat a family member, treating people as individuals who had a right to pursue their own lifestyle and choices.
- We observed staff and people together. The staff supported people well and were calm and patient.

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

- People said they were consulted about their care. For example, people and their relatives said they were involved in discussions about their care including care reviews.
- Staff said it was important to seek and people's consent before supporting them.
- People's assessments, care plans and reviews showed they were involved in decisions about how they were supported.

Respecting and promoting people's privacy, dignity and independence

- The staff team included a dignity 'champion' who had responsibility to monitor and check people were treated with dignity.
- People said they were able to make their own choices so they were independent in choosing how they spent their time. For example, one person said, "I go to bed when I feel like. I like to watch films on my laptop. You can have all your own stuff in your rooms and my family can visit whenever they want."
- Care plans included reference to people's preferences and preferred routines as well as areas of personal care they could do themselves to maintain their independence.
- People and their relatives said staff promoted people's privacy. For example, one person said, "The staff always knock on my door and I don't have any restrictions."
- Staff knew the importance of privacy to people and we observed staff knocked on people's doors and waited for a reply before entering.
- CCTV was used in communal areas for reasons of safety and security. The provider had followed CQC guidance about this, by ensuring the reasons for this were recorded and that people and visitors were made aware of the CCTV.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. People and their relatives said they were involved and consulted in the assessment of care needs and any reviews. For example, one person said, "I have been involved in my care plan, just after I came here." A relative commented, "They go over the care plan regularly." Care records showed people and their relatives were involved in the assessment of care needs and care reviews.
- People and their relatives said changing care needs were met and requests for assistance responded to. For example, one person told us, "If you want an extra shower or bath you just have to say."
- The provider had computerised system for assessing people's needs and recording information and care plans. These were detailed and comprehensive. People's needs were assessed and recorded before they were admitted to the home. The computer records included a device for prompting staff when care needed to be provided.
- Care plans were detailed and gave staff clear guidance on how to support people, such as how many staff were needed to provide personal care as well as attention to detail such as the make- up and jewellery which was important to people.
- As well as personal care needs people's social, recreational and family relationships were assessed. Details of relationships, family background and preferred leisure were recorded.
- The service had an activities coordinator and there was a programme of daily activities for each day, which was supplied to people. The activities included arts and crafts and reminiscence. As well as the activities provided by the coordinator external resources were used such as entertainers and local community groups. Trips out were organised and the service had its own transport for this. We observed activities taking place in the home, which included people being able to have a sensory experience with materials from the garden.
- People confirmed they enjoyed the activities. For example, one person said, "I don't join in with the things much but I do like the entertainers especially the female vocalist. They go to the canal quite often and the garden centre."
- We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed to a good standard and included details of how staff needed to recognise any non-verbal communication where this was appropriate. The registered manager told us information could be made available for people who had communication needs.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and responded to improve the quality of care.
- People said they knew what to do if they had a complaint. For example, two relatives said they would speak to the registered manager who was described as very approachable.
- The complaints policy was displayed in the hall and was also provided to people upon admission to the home.
- The provider informed us there had been three complaints in the last 12 months. There was a record of these being acknowledged, plus a record of the investigation and a response to the complainant.

End of life care and support

- Staff were trained in end of life care and there was an end of life care champion who took lead responsibility for monitoring end of life care. This training involved training and accreditation in end of life care at a local hospice.
- People's preferred future arrangements regarding end of life care were recorded in the care plans.
- We saw a relative had given positive feedback to the service regarding the end of life care provided by the staff.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider was aware of the duty of candour policy and the need to be open and transparent when dealing with any complaints or concerns. The registered manager highlighted there was a culture of openness and learning rather than one of blame when errors occurred.
- Staff told us they were able to raise any concerns at staff meetings which were listened to and acted on.
- Staff said they worked well as a team and there were good communication channels between the management team and care staff. The provider's values for team work were displayed in the home; these were, kindness, dignity, compassion, integrity, respect, trust and team work. Staff were supported to develop skills and expertise in meeting people's needs, such as the establishment of staff champions in aspects of people's care and how the home ran.
- There was a system of delegation so a member of staff with responsibility for coordinating care was on duty at all times.
- The service promoted person-centred care, which was demonstrated by the staff who treated people as individuals who they valued and respected. This was also confirmed by people and their relatives.
- Staff were trained in equality and diversity and demonstrated they were committed to the values of treating people equally irrespective of any age or disability.
- People's rights as defined in the protected characteristics of the Equality Act were monitored in the care planning and audits of the service to ensure people were treated equally.
- A health care professional described the service as, "A happy, cheerful place with staff who genuinely care."

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

- Staff said they were supported by the management team and gave examples of this regarding their work and personal lives. Staff had their own care plan along with their supervision records which showed staff were well supported.
- The registered manager and staff were motivated to provide a good standard of care.
- The registered manager and provider ensured there were comprehensive systems of audits and checks regarding the quality and safety of the service. These included health and safety, medicines, staffing, and incidents such as falls.

- There was a culture of promoting continuous professional development for all staff. Investment was made in management training for more senior staff to enhance service development. This included the registered manager being supported to complete the Level 7 Diploma in Strategic Management and Leadership and staff to complete 'train the trainer' courses.

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

- Quality assurance survey questionnaires were used to obtain the views of people and their relatives about the standard of care. People and their relatives confirmed they had completed survey questionnaires. The feedback from the surveys was positive. The provider also maintained copies of records of compliments and referred to the positive feedback from relatives and people on carehome.co.uk. This included the following: "The staff are attentive, caring, polite and the manager is an example to us all of impeccable manners and patience." A suggestions box was also available for people and visitors to use. Monthly care review forms also allowed people to comment on the care they received.
- People were able to express their views about the home at residents' and relatives' meetings. These were recorded and showed people and relatives had discussed the food, activities, health and safety and housekeeping.
- Relatives and people said there was a good communication with the staff and provider. For example, a relative said they were kept up to date with any relevant information and said the staff and registered manager were receptive when approached.
- The rating given at the last inspection and a copy of the last CQC inspection report was on display in the hall.

Continuous learning and improving care

- The registered manager was motivated to develop the service and the skills of staff and stated she was passionate about her work.
- The provider had a continuous improvement plan with action plans for the service such as development of the home and staffing. The provider and registered manager gave examples where changes were made to enhance the delivery of the service and meet the needs of people and staff.
- Accidents and incidents were reviewed and recorded. Staff told us these were discussed at staff shift handover meetings so they had up to date information on meeting people's care needs.

Working in partnership with others

- The provider worked well with other organisations. This included the local authority and health services.
- The registered manager took part in a registered manager's forum and staff linked well with other organisations to ensure there was partnership in working and sharing of information.