HC-One Limited

Dovedale Court

Inspection report

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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

We carried out this comprehensive inspection of Dovedale Court on 25 and 28 September 2018. The inspection was unannounced on the first day but announced on the second.

Dovedale Court is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Dovedale Court also provides nursing care to some people that live there.

Dovedale Court was built for purpose, and consists of two floors, with the nursing unit based on the first floor, and dementia unit on the ground. There is also a variety of internal and external communal space people can access if wished. Dovedale Court is registered to accommodate 76 people. There were 68 people living at the home when we inspected.

The service provides personal care with nursing where assessed as needed to predominately older people, although can accommodate younger adults. The service can also accommodate people with dementia.

The service had a registered manager who was present during 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.

Our last inspection report for Dovedale Court was published on 02 September 2017 at which point we rated the service as 'Requires improvement' overall. At this latest inspection we found the provider had made improvements and the service and the overall rating is now 'Good'.

People were protected as any risks to their well-being were identified understood by and followed by staff. People were kept safe as there was sufficient staff to respond to their needs. There were some concerns that the nurse workload was at time difficult but the provider was pro-actively exploring ways to manage this. Staff knew how to recognise, and report abuse. People received their medicines as required. People were protected as appropriate checks were completed on staff before they commenced work.

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People's consent was sought by staff, with any restrictions to promote safety managed in accordance with the law. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported by trained staff, and the provider was planning further training to maximise staff skills and knowledge. People had access to community healthcare services as needed. People had access to a range of meals and drinks that gave them choice, and met with any health requirements.

People were supported by kind, caring staff and respectful staff. People could have their privacy and their independence was promoted. People could maintain friendships and contact with families, and when needed had access to advocates.

People were involved in assessments and care plans that reflected their needs, wishes, preferences and advance wishes. Care plans were understood by staff who knew people's needs and personal preferences. People had access to a range of leisure opportunities if wished, that stimulated them. People and relatives knew how to complain and were confident they would have a response from the provider.

People and relatives had confidence that they or their loved ones would receive a good standard of care. The provider had systems to allow them to monitor and improve the service as well as ensure potential risks were well managed. People's views were sought by the provider and these were acted upon. Most staff felt well supported by the management team. The provider understood their legal responsibilities and how to maintain a current knowledge of any changes in the law or social care.

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

People's assessments detailed risks to their wellbeing, and these were understood and followed by staff.

People had support from sufficient staff to respond to their needs and keep them safe. The provider was pro-actively exploring ways to manage nursing workloads.

Staff were aware of how to respond to allegations of abuse.

People's medicines were managed safely.

The provider carried out appropriate checks on new staff to ensure they were safe to work with people.

Is the service effective?

Good

The service was effective

People's right to consent was sought by staff and any restrictions on their liberty were agreed with the local authority.

People were supported by staff that were trained, with the provider commencing further training to develop the skills of nursing staff.

People accessed community healthcare as needed.

People were involved and supported in choosing their chosen meals where able. People were given support with their dietary and fluid intake to promote their health.

Is the service caring?

Good

The service was caring

People were supported kind and caring staff. People were treated with dignity and respect. People's independence was promoted.

People were supported to express their views and make choices regarding their daily living.

People were supported to maintain friendships and contact with families, as well as access advocates if needed.

Is the service responsive?

Good

The service was responsive

People's care plans reflected their needs, wishes and preferences, and people, and their representatives were involved in their care planning. This included capturing people's preferences for end of life care when needed.

People's needs likes, dislikes and personal preferences were understood and known to staff.

People had access to leisure opportunities they chose and liked.

People could raise complaints and these were responded to by the provider.

Is the service well-led?

Good

The service was well led

People and relatives expressed confidence in the service, and satisfaction in the standard of care they, or their loved ones received.

The provider had systems in place for governance of the service so that they could identify where improvement could be made so that people were better protected from potential risk.

People could approach the management and their views were sought, and acted upon. Most staff felt well supported by the management team.

The provider understood their legal responsibilities and used systems to keep them up to date with changes in the law.

Dovedale Court

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.

We visited Dovedale Court on 25 and 28 September 2018 and completed a scheduled comprehensive inspection. The first day of the inspection was unannounced, the second announced. The inspection was carried out by two inspectors, one specialist advisor who was a nurse, 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 care service.

Prior to our inspection, we reviewed the information we held about the service. This included notifications, which tell us about incidents which happened in the service that the provider is required to tell us about. We also 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. We also contacted other agencies such as commissioners and safeguarding teams. We used this information to help us plan our inspection.

We spoke with seven people who used the service, and 14 relatives. As some people were not always able to clearly express their views 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 also spoke with the registered manager, the area manager, deputy manager [who was a nurse], one nurse, one nursing assistant, one senior care, two care assistants, one chef and one domestic/laundry assistant.

We reviewed seven people's care records, that included their assessment, risk assessments, care plans and associated information. We also looked at seven people's medicine administration records [MARs], We looked at four staff files. We also looked at other records relating to the management of the service, for example audits and complaints records.

Good

Is the service safe?

Our findings

Our last inspection report for Dovedale Court was published on 02 September 2017 at which point we rated this key question as 'Requires improvement'. This was due to an incident of potential abuse not managed correctly and an incident were a person did not have their medicines as prescribed. At this latest inspection we found improvements in these areas had been made and this key question is now rated 'Good'.

People told us they felt safe at the home. One person said, "They look after me well here, it is a nice home and I feel safe here". A relative told us, "We believe our relative is safe and getting good care. The staff are always popping their head around the door asking if our relative wants anything". Another relative told us, "My relative was not safe at home as they were having falls, but they are safe here as there is always someone around". From observation of staff when providing support to people we saw care was provided in a safe way, for example we saw staff supporting people to mobilise or transfer safely on numerous occasions. We did see one occasion where a member of staff commenced supporting a person to transfer in an inappropriate way, but a senior was seen to immediately correct the member of staff and give them guidance. We spoke with the registered manager who confirmed the staff member was on induction and was therefore supervised more closely, although had received appropriate training in moving and handling.

We found the provider's safeguarding and whistleblowing policies reflected local procedures and contained relevant contact information, with review of people's records showing any identified concerns were escalated to the local authority as needed. The registered manager and all the staff we spoke with were aware of what constituted abuse and what steps to take should they have concerns about abuse. We saw and heard that staff had regular training in safeguarding and were aware of who they should contact if they needed to report any abuse. A member of staff told us "If someone had an injury, I would see if it had been recorded. If not, I would speak to a senior or manager. The senior or manage would then raise a safeguarding. If was concerned about a manager or senior I would contact head office and CQC". We had been promptly informed by the registered manager of any safeguarding alerts that were raised.

We saw people were protected by the provider's use of risk assessments. The registered manager stated in information sent to us before the inspection that, 'a pre-admission assessment is carried out which looks at potential risks and areas where residents can be enabled to maintain their independence'. A relative we spoke with confirmed this to be accurate and told us prior to their loved ones admission, "Staff visited and assessed [the person] and I was involved with this". They also said the person was at risk of choking and staff after calling in health professionals, "Were golden, they explained everything". The relative described the risks and we saw these were covered in the person's risk assessments, and saw staff followed these. In addition, where people were at risk of developing, or had pressure ulcers we found these risks were assessed weekly in respect of their wounds and appropriate intervention was in place to promote healing. The review of risk assessments we found was now more frequent and we saw there had been improvement in their completion recently so that they were accurate and up to date. The registered manager told us there had been a recent overhaul of documentation by the provider that had driven improvements in recording reviews.

The registered manager and nurses told us they had identified following assessment that nurses time was at a premium due to the number of nursing tasks needing to be done during the day. The provider had carried out an assessment of the nursing tasks and had looked to develop the role of nursing assistants so they would be in a better position to assist the nurses, and ease the pressure on them in terms of clinical tasks. A nurse told us, "Although the nursing assistants are adequately trained for their role they are not a substitute for another nurse". A second nurse told us while agreeing that, "It was a busy workload" the provider was recruiting more nurses and nursing assistants to ease this issue. They told us nursing assistants doing the medicine rounds did free up time for the nurses. We spoke with the registered manager who said there was further training planned for nursing assistants so more straightforward nursing duties could be delegated. This showed the provider was aware of issues with nursing time, and had looked at the issue pro-actively to identify a solution.

People told us that there was sufficient care staff available to ensure they were safe. One person told us staff, "Come quicker than a fire engine" if they rang their call button. A relative told us, "I feel that on the whole there are enough staff on duty" and a second relative said, "There are always staff in and out while we are here so we feel our relative is safe". We saw there were numerous staff available in communal areas and staff were quick to respond to people. We did see some people in bedrooms were constantly calling out and only stopped calling when we asked if they were alright. This was brought to the attention of staff at the time. We spoke with the registered manager about this and they said these individuals will call out constantly but that staff did check on them periodically to ensure they were safe. They did however tell us they would review the arrangements in place. Care staff also told us there was enough of them available to allow them to keep people safe. One member of staff told us, "Staffing levels are fine, everyone supports each other, good team working culture". Another member of staff told us, "Some days can be pressured, it all depends on the day, and the unpredictability of people's needs at times" but they added that the home, "Had improved 100% recently and the residents are calmer".

We found systems were in place to safely manage people's medicines in accordance with their wishes. We saw people were asked if they wanted their medicines when administered and time was taken to assist them if needed. One relative told us, "Have seen staff give inhaler and medicine, they give to them and make them aware, to gain consent ". We observed staff giving medicines to people and found they were administered safely. We saw medicines were kept securely and medicine administration records (MAR) we reviewed were completed correctly. We saw competency checks were carried out by managers in respect of those staff that administered medicines and staff had completed medicines training as reflected in the provider's training plan. We saw some people were on 'as required' medicines, for example pain relief and we found there were protocols in place for administration of these medicines and staff we spoke with understood these. We saw there was regular checks of medicines in stock and we found from sampling these were all in date, this included external creams. We found controlled drugs were stored and recorded appropriately.

We found a recruitment and selection process was in place that specified the checks needed to confirm staff member's suitability to work with adults; for example, last employer references, health checks and exploration of their working history. We saw these checks were completed. All staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff we spoke with confirmed these checks had been completed before they commenced employment.

One relative told us, "The home is so clean, the cleaners are fantastic". Staff we spoke with were aware of how to provide care to maintain good infection control and avoid cross infection in accordance with the

policies the provider had in place. Staff told us they had access to personal protective wear, such as gloves and aprons when needed and we saw these were used as and when needed. We saw the premises and equipment was clean and smelt fresh. We saw one occasion where there was an odour from a toilet but this was dealt with quickly and resolved.

Good

Is the service effective?

Our findings

Our last inspection report for Dovedale Court was published on 02 September 2017 at which point we rated this key question as 'Good'. At this latest inspection we found the rating for this key question remains 'Good'.

We found assessments of people's needs were in place and relatives we spoke with confirmed people were involved in these assessments. Staff told us how they sought information about people's needs, choices and any reasonable adjustments that may be needed due to any personal characteristics protected by law, for example age, gender, race, sexuality and disability. A member of staff told us "We try our best to meet people's cultural and individual needs. For example, an Afro Caribbean person, she likes certain food. We also have an Asian person and have checked with her what they like and won't eat". We saw the chef had a copy of this person's stated preferences in the kitchen.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found staff promoted people's rights, and consent.
The registered manager and staff told us when they involved relatives in the decision-making process, and considered their views, they were conscious of the need to ensure people as far as possible made their own decisions as to what they wished to do and how they lived their life. We saw people's consent was obtained by staff before providing support or care. One relative told us, "Staff always come and speak to the person, they can't respond but they will always speak to them, they do that with all the residents". Another relative told us staff would, "Ask [person] if ok before they take them to the toilet". We saw staff talked through what they were doing when, for example transferring a person with a hoist so they would understand what was happening. A member of staff told us, "You get people's consent by asking, or observing their body language as some people can't tell you want they want, but if they look upset you stop".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had applied for DoLS for people living at the service where appropriate and we checked, and found the conditions of these agreements were complied with. Staff we spoke with were aware of some people having a DoLS in place and if not recalling all the detail knew where to look to find out. We saw staff calling relatives by phone during our inspection to inform them of DoLS applications for their loved ones, and heard them explain accurately to relatives what a DoLS was.

From observing staff working with people we found numerous staff demonstrated they had the appropriate skills and knowledge of people's needs that was indicative of them having received appropriate training. One person told us, "I definitely get good care here, it is like being on holiday after being on my own and

trying to cope". Another person said, "They [staff] look after me well, I am happy here now". Relatives we spoke with told us they felt most staff were well trained and one told us, "It is very reassuring how they [staff] look after our relative". Staff told us they were well supported with training from the point they commenced work, with staff newly employed completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. We saw the provider had drawn up a monitoring tool for overseeing training provision to staff and ensure refreshers were completed when needed. One member of staff told us, "There are lots of training opportunities for me" and another said, "There is a lot of training on line and you have to do it but you do get paid for doing it". We spoke to some staff that were recently employed and they told us they could shadow other staff and were monitored to ensure they were competent. Nurses we spoke with had mixed views on the clinical training available, one telling us there were lots of clinical updates but the other nurse was unaware of these updates. The registered manager did tell us that they were looking to source further clinical training for nurses as well as nursing assistants however.

We saw people's dietary preferences were recognised in their care plans and most people we spoke with told us they enjoyed the meals and drinks they were offered. One person told us, "The food is not great, I get what they serve me". Everyone else we spoke with liked the food they were offered however. A second person said, "I like the food here, I always get enough. We always have hot food at lunchtime with puddings and if you want you can have two puddings, which I do sometimes". A third person said, "The food is nice here, next week they are doing a 'black country' meal which I am really looking forward to. There is a different dish every day and I am eating better now than I was at home". Relatives also told us the food people had was good. One relative said, I asked the staff to serve my relatives food, like finger food and they do that which encourages them to eat well, my relative is weighed every week and is staring to put weigh back on since April [2018]". Another relative told us, "The meals are good, very good range of options". We saw people enjoyed the food they had at meal times and there were drinks available throughout the day. One person told us, "I get a cup of tea as often as possible, staff are always asking if I want a drink". We spoke with the chef and they told us about the choice of meals that were available to people [as we saw displayed in menus around the home]. They showed us they had information about people's specific dietary needs for example those for people with specific cultural dietary requirements.

People had access to appropriate health care with regular access to a range of health professional's dependent on their specific needs. A relative told us, "We have no worries about healthcare, when they called in the speech therapist they phoned me and talked through over the phone, so I was kept up to date". We saw people's records showed there was regular access for people to a range of health professionals whether it was for routine appointments or in response to being unwell. One relative told us about an occasion where the staff called a GP. They said, "A GP had been called who wanted to classify my relative as end of life and do not resuscitate but the staff called another GP out who rushed my relative straight to hospital". They said that while in hospital the person's medicines were reviewed and, "Now my relative is so much livelier, more responsive and the staff keep a daily fluid chart". This showed staff considered the views of people and their relatives in gaining a second opinion.

We saw the home had recently been redecorated and we were told people had been given several décor options so they could make a choice. A relative we spoke with confirmed this did happen. We saw people had access to numerous communal areas including various lounges and dining areas as well as their bedrooms. We saw the environment was light and spacious and there were items of interest around the building that could interest people. There was also clear signage for toilets and bathrooms, this on signs protruding from the wall so there were more visible at a distance. We saw there were numerous small seating areas alone corridors where we saw several people clearly enjoyed sitting.

Good

Is the service caring?

Our findings

Our last inspection report for Dovedale Court was published on 02 September 2017 at which point we rated this key question as 'Good'. At this latest inspection we found the rating for this key question remains 'Good'.

People told us staff were kind, caring and respectful towards them. One person told us, "I have my door open all the time and everyone walks by and says hello, they are just like my family. The staff do everything they can to help me". Another person said, "The staff treat me well, they are caring and friendly". Relatives also told us the staff were caring. One relative said, "We cannot fault the care that our relative gets here. The staff are very good, caring, sympathetic and supportive to us all". Another relative said "The staff are generally very good, very friendly and approachable. There is the odd one or two that are not as caring as the others. For example, when serving drinks, most of the staff will assist the residents to have a drink or encourage them, some of the younger staff members will just put the drinks out and not do that little bit extra". We observed staff were very kind, friendly and caring towards people throughout the inspection although there were some isolated occasions where the staff response could have been better. For example, a member of staff did not replace a person's dinner when they said they did not want the vegetables, although we saw another member of staff did change this person's meal. The registered manager said the provider's policy was that people should be shown a meal, and assisted as needed, so they could make a choice, and said this was always reiterated to staff. For example, we saw managers did walk around observing staff, and a senior was seen to give a staff member advice on improving their practice. We mentioned this to the registered manager who said they would follow this matter up. We also saw there were audits carried out in respect of how dignity for people was promoted, this leading to identified actions the management followed up. We did see numerous occasions where staff took time to ask people their choices, and offer these.

We saw people had been assisted so they were dressed appropriately and as they chose to promote their dignity, for example we saw staff assisted a person by getting their lipstick when requested. We also saw the hairdresser was at the home on one day of the inspection and people confirmed they visited frequently. One relative told us, "My relative has had their hair permed by the hairdresser which has perked them up no end". A second relative said, "[the person] always looks clean, shaved and smart. I believe that [the person] has a wash most days and if they look as though they have not been shaved then I mention it to the staff who do arrange for them to be shaved". Another relative said," My relative's hygiene is good" with a fourth relative telling us, "People are clean and their pads are changed regularly."

We saw people's privacy was respected. A relative told us, "They [staff] respect people's privacy". The home was designed to promote people's privacy as all bedrooms were single ensuites and all had locks on the doors so people were able could lock the door when wished. We saw one person tell staff they wanted to go to their room and we saw they assisted them straight away. Where people were able, and chose, keys for their bedrooms were available to them. We saw staff considered people's privacy when providing care, for example we saw they would speak discreetly to people when needed and we found people's personal records were handled, and stored to ensure there was no breach of confidentiality. A relative told us that

staff informed them of issues they needed to be aware of but would maintain the confidentiality of individual people.

People were supported with their independence as far as they were able. A relative told us, "Some days [the person] they won't feed themselves and the staff encourage them to feed themselves, but will feed [the person] if they want them to". We saw staff helped people, for example we saw one person who was mobile asked for the toilet and staff pointed out where it was, making sure they could see the sign over the toilet door so they knew where they were going before they went independently.

We heard from relatives that the provider supported them to maintain their relationship with their loved ones. Relatives told us they could visit when wished, and staff kept in touch with them frequently. A relative told us," My relative is settled here and feels like this is their home and I can come in to see them whenever I want". Another relative said, "I'm allowed to have a meal with [the person]". The registered manager told us that where people need support, for example with making complex decisions they would request an advocate for them. An Advocate is a person that would represent the views of the person on their behalf to others.

Good

Is the service responsive?

Our findings

Our last inspection report for Dovedale Court was published on 02 September 2017 at which point we rated this key question as 'Good'. At this latest inspection we found the rating for this key question remains 'Good'.

The registered manager told us they were aware of the expectations of the Accessible Information Standards (AIS) and how this should be implemented stating in information sent to us prior to our inspection that, 'We have met the AIS this year by ensuring our Statement of Purpose is available in several formats upon request. We are able to produce all documents in a person's preferred language and these are accessible on our one net intranet provision on request'. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. We saw staff would communicate with people in ways they understood, and where a person's first language was not English there were staff that were able to communicate with people in their first language. People's needs, likes and dislikes were initially identified on an assessment prior to admission, which we were told by the registered manager, and saw in people's records informed the person's care plan. Relatives confirmed people were involved as far as possible in their assessments and care plans. One relative told us, "There is currently an assessment going on as our relative wants to get out of bed but needs a special chair and more care. My relative has started to settle here and they are responding well to people which is great".

One relative told us their loved one had, "A better care plan put into place about a month ago, better package and clearer care plan". The registered manager told us they had commenced overhauling people's records so that they were easier to understand and carried all the appropriate information about a person's needs, likes and preferences. From sampling some people's records, we saw there had been an improvement, with information about people's preferences reflecting what we saw and were told by people or their relatives. Staff we spoke with had an understanding of people's needs and preferences and were positive about how the newer care records supported this. One member of staff told us, "Paperwork is better, with daily logs you can see all the information about a resident and with handovers you get to know if someone is in hospital, which residents are at risk of falls, any changes in need where we may need 24hour observations". We saw access to records for staff was considered, for example when staff took drinks around they carried people's fluid and food charts with them so they could be completed at the time, which ensured greater accuracy. Relatives told us staff monitored people's needs to promote their well-being, for example one relative said, "My relative has a catheter that needs to be changed/washed through three times a day and the nurses keep a chart on this which is reassuring. The incontinence nurse and all the staff are aware of this matter and everyone is monitoring it which I am pleased about as my relative was getting a lot of water infections before but they have reduced".

We saw staff would ask people about their care before they provided support and people felt the care they received met their expectations. One person told us, "They look after me well here", another that, "I like living here, I can't think of living anywhere else as it suits me living here". One relative told us, "I believe they know [loved ones] her likes and dislikes". We found staff had a good understanding of people's needs and

preferences and how they needed to consider characteristics protected under the Equality Act 2010, for example how people's disabilities should lead to reasonable adjustments to promote their preferences. We saw where people were more at risk of falls, but still wished to try and be independent there was use of equipment such as pressure alarm mats that would alert staff when people got out of bed. A relative told us their loved one, "Sometimes forgets they cannot get up by themselves do they have a pressure mat by the bed which sets off an alarm which staff respond to". We saw people's care plans considered all the protected characteristics covered by the Equality Act.

We saw people had access to leisure opportunities and activities they enjoyed. For example, we saw people had music playing in one lounge during the morning and staff were very good with people, getting them to sing along to songs playing loudly on the radio or dancing/encouraging them to participate in tapping their hands. People were seen laughing, joking, and thoroughly enjoying this activity. The registered manager told us they had increased the number of activity coordinators at the home and we saw the one on duty interacting positively with people during our inspection. People told us they could participate in activities they liked. One person told us, "I like the singers who come in here. I went to Blackpool the other week, it was lovely but we got drenched. I sit with two other ladies at lunchtime in the dining room which is lovely company for me". Another person told us, "While I am here I can still put my bets on the horses and the greyhounds, read the express and star local newspaper and keep track of the Baggies. I like going to the pub but don't get out much". Relatives told us people were motivated by the activities on offer, one telling us, "I have been here when four owls were brought into the home and they [people] have talked about that for weeks which is lovely to see, when my relative is so animated". A second relative said, "The activities staff are very good and interact with people which is lovely to see".

We saw there was a complaints procedure available to people, which was available in the home, and available in different formats and languages upon request. We also saw there was a touch screen device in the reception area of the home where people could leave any comments, whether complaints, concerns or compliments they wished. We saw there was a system for ensuring there was a quick response to these which the registered manager showed us. People we spoke with knew how to make a complaint. One relative told us, "If I did have concerns then I would raise them with management". Another relative told us, "We are confident to raise any issues to management if is necessary". A third relative told us, "The heating was low in the lounge, I mentioned it to a staff member and it was sorted very quickly". We asked staff how they would pick up on whether a person was unhappy when they may not always be able to communicate dissatisfaction and they told us how they would observe to see changes in how they were, explore this with the person and report to management as needed. We looked at the provider complaints log and saw any complaints were documented and comprehensively responded to.

The service accommodates people who are on end of life care and the registered manager told us of plans to develop a bespoke facility within the home, that utilised a separate unit in the building, with dedicated staff. They said this would divert some of the workload form the current nursing unit, and there was plans to recruit dedicated palliative care nursing staff for this unit. We looked at the care plans for people on end of life care which we found were comprehensive, easy to follow and clearly documented the people's wishes including whether they would want to go to hospital if their health deteriorated or not. We saw there was information included in respect of people's wishes regarding resuscitation, anticipatory medicines (for pain relief), and advance wishes. A person who knew of their prognosis told us, "Staff are ever so good". A relative told us that their loved one was on end of life care. They said when the visited before their relative was admitted, "The deputy manager comforted me which I really appreciated". They told us they had been offered the opportunity to stay at the home overnight if wished and, "The home is trying everything they can to keep my relative going. I have been very pleased with the care my relative is getting".

Good

Is the service well-led?

Our findings

Our last inspection report for Dovedale Court was published on 02 September 2017 at which point we rated this key question as 'Requires improvement'. This was due to the lack of a registered manager and a need for strengthening of the provider's audits for ensuring there was a good standard of care. At this latest inspection we found improvements in these areas. This key question is now rated 'Good'.

The manager of the service had registered with us since our last 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.

We saw there were numerous audits in place, these completed by staff at various levels and the providers quality monitoring team. These audits covered a range of areas for example, the environment, medicines and the monitoring of clinical data in respect of people's well-being. Any outcomes we saw were documented and if actions were needed these were monitored and the responsible members of staff identified. The registered manager told us in information submitted to us prior to our inspection, 'We have a monthly clinical governance meeting and use a risk register for all residents where any changes are picked up, reviewed and changes made where required. We monitor weekly and monthly weights and key clinical indicators are collated monthly and analysed looking for trends. These are shared at clinical review meetings. Reflection is carried out after any incident or concern and lessons learned are shared'. From sampling of audits, and talking to people, relatives and staff we were able confirm this to be an accurate information. The benefit to people was demonstrated by a relative telling us, "My relative has been in bed for six months and so has had bed sores but since they have been here [Dovedale] the sores have got better".

People we spoke with and their relatives knew who the managers were shared positive views about the home and the standard of care. One person told us, "I do get good care here". Another person said, "They look after me well here". A relative told us, "I think my relative is getting good care, the staff are good to them and treat them nice".

We asked people how they could share their views with management. Relatives were positive about how managers kept in touch with them, one telling us the registered manager, "Is very good, she always listens to what you have to say" and, "I receive a survey every four months, I would recommend Dovedale to friends and family, it is a great home and my [relative] is well cared for". The registered manager told us how they sent out survey forms to get people's and relatives views on the service which we saw gave positive feedback, for example one relative had written, 'We have visited many homes looking at homes for my [the person], this is by far the best, lovely staff, all of them go above and beyond, thank you is just not enough'. We also saw there were regular meetings with people, relatives and staff. The last was in September 2018 and these meetings commenced with a review of actions identified at the previous meeting. Discussion then covered numerous areas including menus, staffing changes, activities and outcomes from surveys. We saw actions drawn from the meeting were documented and staff allocated responsibility for completion of the actions. Staff meetings were managed in a similar way and a staff member told us, "We have staff meetings

once a month and everyone gets to have their say". The staff member also added, "I think some of the equipment could be updated such as wheelchairs and slings". We saw the registered manager had escalated this for action.

Staff were overall very positive about the support they received from the provider and registered manager. The registered manager was open with us at the time of the inspection and said some staff were a little unsettled due to changes they, and the provider had introduced to improve the service since she had taken over running of the home. We did hear from a few staff there were some barriers to team work in the staff team although when discussed with the registered manager they were fully aware of these and were able to tell us exactly how they were planning to address these with additional training for nursing assistants for example. Nurses did tell us whilst they had clinical discussions, there was scope for improvement of their clinical supervision. Other staff told us they had supervision as needed. One member of staff told us, "I have supervision with Nurse [name] every 3 months. I can go to her with any issue before supervision". Another member of staff said, "I'm well supported, any questions I can ask [line manager's name] or happy to approach [registered manager's name]". The staff we spoke with said they felt able to raise any issues with the manager or seniors and were aware of how to 'whistle-blow'. A 'whistle-blower' is a person who informs on a person or organization who may be regarded as engaging in an unlawful or immoral activity.

The registered manager told us they worked with other agencies, this included for example, social workers, specialist nurses and agencies to build strong partnership working.

The registered manager and provider were aware of their legal responsibilities, for example submitting notifications in respect of any incidents to CQC, as we saw had happened. The registered manager and provider were also able to explain what their responsibilities were in respect of their duty of candour, for example in formal complaint responses, following investigation, we saw they readily admitted and apologised when the standard of the service was found not to have reached the standard expected by the complainant or themselves.

The law requires the provider to display the rating for the service as detailed in CQC reports and the provider was aware of this requirement. We saw the rating from our previous inspection on clear display in the home and on the provider's website.