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Dovecote Manor

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

We carried out an unannounced inspection of Dovecote Manor on 8 and 16 October 2015.

Dovecote Manor is registered to provide care and support for 30 older people. The home is situated close to Southport town centre and shops and public transport are easily accessible. The home provides en-suite facilities and is equipped with aids and adaptations to assist people who may have limited mobility.

A registered manager was in post at the time of the 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.

People told us that they felt safe living at the home but raised concerns about the security of their personal belongings.

Prior to the inspection we had been made aware of concerns relating to the safety of the environment and in particular to unprotected staircases. We were escorted on a tour of the building by the registered manager and saw that some staircases did not have handrails. We also saw

Summary of findings

that people were not protected from the risk of falling down stairs by safety gates. Before the inspection was finished the provider had installed additional handrails and two safety gates.

The provider had not reviewed the risks for people living at the home as their needs changed and had not adapted the home sufficiently to minimise the risk of falls.

Medicines were managed safely but we saw that records relating to the administration of medicines was placed on top of the medicines trolley and not stored securely. Other confidential information was not always stored securely.

The content of care files was inconsistent and there was no schedule for review evident. Of the six files provided one file contained a sufficient level of detail to inform the delivery of care. Omissions were identified in the other five files including blank assessments for nutrition and capacity. This means that staff cannot be certain if the delivery of care is appropriate to meet the needs of people living at the home.

Staff communicated effectively with people living at the home and their relatives. We saw that staff spoke to people throughout the inspection to check on their wellbeing, to encourage activity and to explain what they were doing. Staff were trained in a range of topics suited to the needs of people living at the home. Staff were required to complete a programme of training and to refresh this training a minimum of every three years.

We were told that none of the people currently living at the home was subject to a Deprivation of Liberty Safeguard's [DoLS] authorisation and that their capacity was reviewed with the involvement of family members. We saw that capacity was assessed using a generic approach. This meant that capacity in relation to specific decisions was not assessed. The files that we saw did not contain evidence of regular review of for people who lacked capacity.

The dining room was bright with tables laid appropriately with cutlery and crockery. Some cutlery and crockery was adapted to allow people with physical disabilities to eat independently. The food was well presented and looked nutritious.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain.

Throughout the inspection we observed staff interacting with people in a manner that demonstrated care, understanding and compassion.

Staff were able to explain the importance of privacy, dignity, choice and human rights in relation to the people living at the home.

Relatives and friends were free to visit or contact the home at any time. We saw evidence of regular contact with, and visits by, relatives. Relatives spoke positively about the home and the quality of care and communication.

The delivery of care did not always respect people's views and preferences. One person living at the home told us that they were given personal care by a male carer when they would have preferred a female.

We were told that the activities coordinator attended the home for one day each week and that that care staff provided support at other times. There was a schedule of activities which included; exercise with a ball, hairdressing, nails, looking at the papers, film and a music afternoon.

All of the people that we spoke with told us that they felt confident enough to speak directly with the staff or the manager if they had a complaint or concern.

The registered manager was highly visible throughout the inspection and was supported by senior colleagues. The registered manager was aware of the day to day operations and culture of the home. They were knowledgeable about each of the people living at the home and their care needs.

The staff that we spoke with were positive about the home and the leadership of the management team. Staff understood their duties and knew how to access support and guidance when required.

The management team and the proprietor (owner) demonstrated an understanding of their roles in leading the team and developing the location. Where areas for

Summary of findings

improvement were identified during the inspection they responded in a positive, professional and timely manner. However, the systems for monitoring the quality and safety of the service were not always effective.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People living at the home were not fully protected from the risk of falls because handrails and safety gates were not installed in some areas.

Individual risk was not regularly re-assessed as people's needs changed.

Staff were recruited subject to the completion of appropriate checks and were deployed in sufficient numbers to meet the needs of people living at the home.

Requires improvement



Is the service effective?

The service was not always effective.

Staff were required to complete a programme of relevant training and to refresh this training regularly.

The food was well presented and looked nutritious. People were not rushed and in some cases chose to have additional portions.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain.

People's capacity as defined by the Mental Capacity Act (2005) was not formally re-assessed as their health needs changed.

Requires improvement



Is the service caring?

The service was caring.

Throughout the inspection we observed staff interacting with people in a manner that demonstrated care, understanding and compassion.

People were given information in a way that they understood. We saw staff discussing the menu and activities with individuals.

Relatives and friends were free to visit or contact the home at any time.

Good



Is the service responsive?

The service was not always responsive.

The content of care files was inconsistent and there was no schedule for review evident.

People were not always given a choice regarding the gender of staff providing personal care.

Staff responded in a professional and timely manner to requests for information or assistance.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

Systems for monitoring the quality and safety of the service were not always effective.

The registered manager was very aware of the day to day operations and culture of the home. They were knowledgeable about each of the people living at the home and their care needs.

The management team and the proprietor demonstrated an understanding of their roles in leading the team and developing the location. Where areas for improvement were identified during the inspection they responded in a positive, professional and timely manner.

Requires improvement



Dovecote Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 16 October and was unannounced.

Prior to the inspection we had received information of concern relating to the safety of the environment and some aspects of the care provided.

The team included an adult social care 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 care service. The expert by experience who took part in this inspection had experience of residential services for older people and people living with dementia.

The provider had not been requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and their staff. We ate lunch with people living at the home. We also spent time looking at records, including six care records, five staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

On the day of our inspection we spoke with eight people living at the home. We also spoke to three visitors and three relatives on the telephone. We spoke with the provider, the registered manager, the senior home manager and four other care staff.

Is the service safe?

Our findings

People told us that they felt safe living at the home but raised concerns about the security of their personal belongings. One person said, "I do feel safe here but there are no locks on the bedroom doors." Another person told us, "I do feel safe but I have no lockable draw to keep my private things in." A visiting relative said, "I think that [relative] is very safe."

Prior to the inspection we had been made aware of concerns relating to the safety of the environment and in particular to unprotected staircases. We were escorted on a tour of the building by the registered manager and saw that some staircases did not have handrails. We also saw that people were not protected from the risk of falling down stairs by safety gates. This was of concern for people living at the home whose health conditions placed them at significant risk of falls. One person's room was close to a staircase and we were informed by the registered manager that they had recently started to leave the room unescorted. We saw that pressure mats were in place at the side of the bed and at the exit of the bedroom but noted that the staircase was so close to the bedroom that staff would be unable to respond to the alarm before the person was able to reach the top of the stairs. We asked the registered manager to review the risks associated with this person as a priority and to make any adjustments necessary to keep them safe. We also asked them to review the risks associated with other people living at the home. Before the inspection was finished the provider had installed additional handrails and two safety gates.

We saw that on two staircases electric stair lifts had been installed. These installations had served to narrow the staircases and presented a tripping hazard. We discussed this with the provider and were informed that the equipment was necessary to allow some people living at the home to navigate safely around the building and access their rooms. The provider had not reviewed the risks for people living at the home as their needs changed and had not adapted the home sufficiently to minimise the risk of falls.

This was a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the home's procedures for the storage and administration of medicines. The medicine's trolley was securely fastened to a wall at the bottom of a staircase. People received their medicines on time and the home maintained adequate supplies for each person. Topical medicines (creams) were stored correctly. We sampled medicines administration records (MAR) and found that they were completed correctly. Other records included daily fridge temperatures and stock levels. The home had care plans for PRN (as required) medication which were appropriately detailed.

People were protected from bullying, harassment and avoidable harm, because staff were trained in relevant topics and we saw that they applied this training in the delivery of care. Staff had a good understanding of the needs and behaviours of the people living at the home. They used this knowledge to monitor behaviours and intervened at an early stage where necessary to avoid any harm. Staff were trained in adult safeguarding and demonstrated an understanding of the relevant processes when questioned.

Accidents and incidents were recorded as part of daily records. These records were reviewed by staff, but there was no formal process in place to identify patterns or learn from previous incidents. This meant that accidents and incidents were more likely to re-occur because causes and preventative measures were not formally considered. We discussed this with the registered manager who told us that they would include incident analysis at team meetings.

The home had files with information and guidance for staff and professionals in the event of fire. These files contained instructions, floor plans and contact details. Each person had a personal emergency evacuation plan (PEEP) in place.

We looked at five staff files. Each file contained an application form and at least one reference. We saw evidence that Disclosure and Barring Service (DBS) checks had been completed prior to staff commencing employment. A DBS check provides evidence that a person is suited to working with vulnerable adults.

The home deployed a minimum of four staff to provide care throughout the day plus a domestic and a chef. This

Is the service safe?

reduced to two staff in the evenings. The home also had access to an activities coordinator and a housekeeper. These roles were provided on a part-time basis. Care staff provided additional support with activities.

Is the service effective?

Our findings

Staff communicated effectively with people living at the home and their relatives. We saw that staff spoke to people to check on their wellbeing, to encourage activity and to explain what they were doing. A relative told us, “We are always told if [relative] has had a fall.” Another relative said, “I ring [relative] on their mobile twice a day. If [relative] doesn’t answer, I call the staff who take a phone up so we can chat.”

Staff were trained in a range of topics suited to the needs of people living at the home. The training included courses in equality and diversity and mental health. Staff were required to complete a programme of training and to refresh this training a minimum of every three years. Induction training was completed by staff working at the home. One new member of staff told us, “I was taken through my induction workbook by [senior carer].” Other training was facilitated by external organisations. Records were maintained on a spreadsheet which indicated when training had taken place. The majority of staff training was completed or updated in 2015.

Staff performance was addressed through supervision, annual appraisal and disciplinary procedures. One member of staff told us that they had received their annual appraisal and had supervision every three months. The records that we saw recorded that regular supervision sessions and annual appraisals were conducted in addition to team meetings.

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met. We were told that none of the people currently living at the home was subject to a DoLS and that their capacity was reviewed with the involvement of family members. None of the records that we saw indicated that people were lacking capacity. We saw that capacity was assessed using a generic approach. This meant that capacity in relation to specific decisions for example management of finances or restriction of liberty was not assessed. The files that we saw did not contain evidence of regular review of people’s capacity. The registered manager told us that some people living at the home had developed dementia. This makes it more likely that their capacity to make safe decisions will change over time. The registered manager told us that the home was not suited to the needs of people living with dementia and that they were offered alternative accommodation when the home could no longer meet their needs.

We recommend that the service consider a more systematic approach to the assessment and review of capacity for people living at the home and update their practice accordingly.

We ate lunch with some of the people living at the home. The dining room was bright with tables laid appropriately with cutlery and crockery. Some cutlery and crockery was adapted to allow people with physical disabilities to eat independently. A choice of cold drinks was offered before the meal. People were asked what they wanted for their lunch from a limited menu. A written version of the menu was pinned to a notice board in the corner of the dining room and was difficult to read because of the small type-face. People could choose from two main meals and two desserts. Their meal was served at the table quickly and staff took time to confirm that people were happy with their choice. The food was well presented and looked nutritious. People were not rushed and in some cases chose to have additional portions. A choice of tea and coffee was offered at the end of the meal. People told us that they generally enjoyed the food. One person said, “I like my food a little spicier. They [staff] get me a curry now and again.”

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain. Appointments were made with the involvement and consent of the person and staff accompanied them where appropriate. On one occasion a person living at the

Is the service effective?

home was encouraged to attend a hospital appointment by the registered manager. A relative told us, “[Relative] cried-off [failed to attend] two hospital appointments. The

manager took [relative] to the hospital.” There was evidence in the care files that people had regular access to primary health care services including, GP’s, dentists, mental health services and screening services.

Is the service caring?

Our findings

Throughout the inspection we observed staff interacting with people in a manner that demonstrated care, understanding and compassion. Staff knew each person well and were able to identify their care needs in detail. One person living at the home said, “I like them [staff] all. They are very helpful and kind.” Another person told us, “One or two do it as a job. On the whole they are pleasant enough.” A relative said, “Staff are very caring. Very affectionate to [relative].”

We saw staff interacting with people living at the home throughout the inspection. Staff put their arms around people’s shoulders when offering reassurance. They engaged in light-hearted conversations, enquired about families and explained what would be happening later in the day. However, one person who had chosen to stay in their room told us, “I would like to get out more but some staff make me feel a trouble so I don’t ask anymore.” We discussed this with the registered manager who told us that they would review the delivery of care and activities for this person.

People were given information in a way that they understood. We saw staff discussing the menu and activities with individuals. Written information was available in the form of notices and letters. There was limited evidence of pictures and alternative forms of communication being used. This meant that people with different communication needs did not always understand the written information that was provided.

Staff were able to explain the importance of privacy, dignity, choice and human rights in relation to the people living at the home. The observations completed during the inspection indicated that staff acted in accordance with these principles.

Relatives and friends were free to visit or contact the home at any time. We saw evidence of regular contact with, and visits by, relatives. Relatives spoke positively about the home and the quality of care and communication. People were supported to access the community and activities with relatives.

We were told that none of the people currently living at the home required advocacy services because they advocated for themselves or had regular input from relatives.

Is the service responsive?

Our findings

Care and support was delivered in accordance with care plans in a non-intrusive way. It was responsive to the needs of people living at the home and promoted their independence. However, people did not regularly contribute to the assessment process and the planning of their care. One person living at the home told us, "I haven't noticed staff asking questions about choice." None of the people we spoke with [people living at the home or their relatives] during the inspection said that they had any input into care plans. The delivery of care did not always respect people's views and preferences. One person living at the home told us that they were given personal care by a male carer when they would have preferred a female. They said, "[staff member] is very kind but I would prefer a female carer for that sort of thing." Other people living at the home that we spoke with said that staff were able to respond to their needs. The registered manager was unaware of this particular incident but told us that they always tried to respond to people's preferences for care including the gender of care staff.

We saw that people were involved in their own care on a day to day basis. But only two of the six care files provided contained evidence that people were actively involved in the formal review of their care. The content of care files was inconsistent and there was no schedule for review evident. Of the six files provided one contained a sufficient level of detail to inform the delivery of care. Omissions were identified in the other five files including blank assessments for nutrition and capacity. This means that staff cannot be certain if the delivery of care is appropriate to meet the needs of people living at the home.

This was a breach of Regulation 9(3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that the activities coordinator attended the home for one day each week and that that care staff provided support at other times. There was a schedule of

activities which included; exercise with a ball, hairdressing, nails, looking at the papers, film and a music afternoon. The staffing levels limited the home's ability to support people with their interests and hobbies. This was especially true of those people who could not leave the home without support. One person who was more independent told us that they led an active life outside of the home and accessed a wide range of community facilities. We did not see any activities during the inspection. One relative said, "I'd like to see more going on, more stimulation."

The provider maintained a record of compliments, concerns and complaints. We saw that complaints were filed with a record of actions and a detailed written response to the complainant. A member of staff told us that they would support people to make complaints by assisting them with the completion of any forms if necessary. All of the people we spoke with told us that they felt confident enough to speak directly with the staff or the manager if they had a complaint or concern. We were told by people living at the home that meetings had taken place but that they couldn't remember when the last one was. We asked staff for a record of residents' meetings. This was not provided during the course of the inspection.

The majority of people living at the home were able to mobilise independently and communicate their needs clearly. We saw that staff responded in a professional and timely manner to requests for information or assistance. For those people with difficulty communicating their needs and preferences staff were observant, attentive and asked questions to establish what the person wanted before responding appropriately.

People living at the home and their relatives were encouraged to give feedback through regular contact with staff and the distribution of customer satisfaction questionnaires. The last questionnaires were distributed in early 2015. The feedback had led to the decision to improve the shared showering and bathing facilities on the lower ground floor.

Is the service well-led?

Our findings

The service had a registered manager who was highly visible throughout the inspection and was supported by senior colleagues. Relatives commented that the registered manager was approachable and thought that things had improved since their appointment. A new member of staff told us, “[The registered manager and a senior carer] have been lovely and supportive.” Another member of staff said, “There is an on-call management rota if we have any concerns.”

Confidential information was not always stored securely. We saw that confidential care files were stored on a desktop in the dining room. We told the registered manager about this and they instructed a member of staff to lock the files away. They said that they would ensure that records were stored in the lockable cabinet provided in the future. Other confidential records were stored in the registered manager’s office on the lower ground floor. Staff told us that they understood the need to maintain confidentiality at the home.

We saw that records relating to the administration of medicines was placed on top of the trolley and not stored securely. We discussed this with the registered manager who told us that secure storage was available and that they would instruct staff not to leave confidential records unattended.

This was a breach of Regulation 17(2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a wide-range of quality assurance and safety systems in place. These included systematic checks on care plans, emergency equipment, health and safety and infection control. All of the systems recorded that recent checks had been completed. The checks on care plans were not effective in monitoring that the plans had been reviewed or if capacity had been assessed in accordance with the MCA 2005. The checks on health and safety had not identified the risks associated with the missing handrails and unprotected stair cases.

This was a breach of Regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a set of policies and procedures in place. We looked in detail at those relating to recruitment, the management of complaints and quality assurance. We saw evidence that staff and management actions were not always undertaken in accordance with these policies. For example; the frequency of meetings was variable and staff files were incomplete. Two of the five staff files that we saw did not contain evidence of training, supervision or a record of a DBS check. This meant that the provider could not be certain that staff had been properly recruited or supported. We discussed this with the registered manager who was able to access electronic records as evidence that staff had been trained and that DBS checks had been completed.

The home had a ‘philosophy of care’ document displayed in the reception area which outlined the visions and values of the service and contained important information for anyone living at the home. We also saw a service user guide which provided additional information for people living at the home. The registered manager and staff were able to explain the visions and values of the home clearly.

The registered manager was very aware of the day to day operations and culture of the home. They were knowledgeable about each of the people living at the home and their care needs. We observed them interacting with people and their staff in a positive and open manner and issuing clear instructions where required. They responded appropriately to the issues raised during the inspection.

The staff we spoke with were positive about the home and the leadership of the management team. They were motivated to support people living at the home and to deliver improvements in personal and team performance. Staff understood their duties and knew how to access support and guidance when required.

The management team and the proprietor demonstrated an understanding of their roles in leading the team and developing the location. Where areas for improvement were identified during the inspection they responded in a positive, professional and timely manner. Notifications had been submitted in accordance with registration requirements.

External organisations were used to check the safety and compliance of emergency equipment. The most recent

Is the service well-led?

checks were completed in 2015. This meant that the home was not wholly reliant on internal resources and had access to information and recommendations from both internal and external audits.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate safety equipment on staircases. **Regulation 12(2) (d)**

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with security and confidentiality because records were not stored securely. **Regulation 17(2) (d)(ii)**

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with security and confidentiality because quality assurance systems did not identify risks and omissions in care files. **Regulation 17(2) (a)**

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People who use services and others were not protected against the risks associated with the provision of care because their personal preferences were not met.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 9 (3) (b)