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Dovehaven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in July 2016 when two breaches of legal requirements were found. We found a breach in regulation regarding the handling complaints and a lack of an effective system to assure the safe management of the service.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 20 December 2016 to check that they had they now met legal requirements.

This report only covers our findings in relation to the specific area / breach of regulation. This covered two questions we normally asked of services; whether they are 'responsive' and 'well led.' The question 'was the service safe', 'was the service effective' and 'was the service caring' were not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dovehaven on our website at www.cqc.org.uk.

Dovehaven is a care home providing personal care. It can accommodate 40 older people. Due to its location there is good access to public transport and many local facilities are a short journey away in Southport town centre.

There was no registered manager in post at the time of 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. A new manager had been appointed and they were due to commence their employment at the service in January 2017. The provider was aware of their responsibility to appoint a new registered manager by applying to us, the Care Quality Commission (CQC), for registration. This is because we require care homes to have a registered manager.

At the previous inspection in July 2016 we found the service was not managing complaints effectively. This was because there was a lack of documented evidence regarding complaints received, investigation and response to complainants in accordance with the service's complaints policy. At this inspection we found improvements had been made in respect of managing complaints. This breach had been met.

At the previous inspection it was difficult to assess how the service was being monitored as audits of the service were not available. We therefore found the service's overall governance arrangements were not robust to assure a safe, effective service. At this inspection we found the overall management of the service had improved. We saw how changes had been made to ensure a more robust system was now in place to monitor how the service was operating and to drive forward improvements. This included a series of audits completed by the service and also the senior management team. The clinical governance framework was more effective thus ensuring a safer service. Senior management informed us of more extensive auditing

that would be taking place in 2017 to help improve the governance and drive forward improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service was responsive in respect of managing complaints.

We saw that complaints were well documented and it was easy to see how they had been investigated and responded to.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The service did not have a manager in post. A new manager had been appointed and was due to start in January 2017. The new manager will be required to apply to us, the CQC, for registration as we require care homes to have a registered manager.

A deputy manager was in post and was supported by a senior management team to oversee the running of the service.

Robust systems and processes were in place to assure and monitor the service. This included audits and checks on how the service was operating.

Requires Improvement ●

Dovehaven

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.

The inspection team consisted of two adult social care inspectors.

Before our inspection we looked at the notifications and other intelligence the Care Quality Commission had received about the home.

During the inspection we spent time with six people who were living at Dovehaven and two relatives. Additionally we spoke with the deputy manager, two care staff, two senior managers and the provider. We reviewed the service's management of complaints and a range of quality audits and management records to assure the service.

Is the service responsive?

Our findings

We previously visited this hospice in July 2016 and found the provider to be in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning the way complaints were received, investigated and monitored. We found the service did not have an effective system in place to manage complaints.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with staff and people living at the service and reviewing the management of complaints. We found improvements had been made to meet necessary requirements. This breach had been met.

At the time of our inspection there were 35 people residing at Dovehaven. We spoke with six of the people who were living there and asked them about the complaints procedure. Most were not fully aware but felt confident they could raise any issues they had with staff or the manager. One person commented, "I've no complaints but if I did I would see the staff – I feel I can talk to them." Another person said, "I do remember some information given to me when I came in; I would go to the senior staff – if I mention something it's sorted out." One person told us they had made a complaint "some time ago" and the issue had been addressed.

We could not see the complaints procedure displayed in the home. Staff told us there had been some decoration in the main hallway and the complaints procedure had been removed and not put back. One of the senior managers for the service replaced this during our visit. We advised that the complaints procedure should be displayed throughout the home. The deputy manager showed us some copies of the 'Service User Guide' (SUG) which were in each person's bedroom; the complaints procedure was included in the SUG.

At the last inspection in July 2016 there had not been a record of complaints made and any action taken. We saw recent examples, since the last inspection, of complaints that had been investigated and a response made. There had been three complaints and these were well documented and it was easy to see how they had been investigated. All had been responded to.

Is the service well-led?

Our findings

We previously visited the service in July 2016 and found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have a robust system in place to regularly assess and monitor the quality of the service.

We asked the provider to take action to address these concerns. The provider submitted a provider action plan which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with staff and looking at relevant records, including audits (checks), systems and processes to assure the service. We found improvements had been made to meet necessary requirements. This breach had been met.

At this inspection there was no registered manager in post. The previous manager had left the organisation and a new manager had just been appointed. The regional manager informed us the new manager would be commencing their employment in January 2017. The new manager will be required to apply to us, the CQC, for registration as a new manager.

Dovehaven had a deputy manager in post and they were in day to day charge of the service with support from the provider's senior management team. The deputy manager told us the senior management team were very supportive and available for advice at any time. The deputy manager told us a regional manager appointed by the organisation visited the service at least twice a week to speak with staff, people living at the home and to carry out audits (checks) on how the service was operating. This they felt had contributed to the on-going service improvements, monitoring arrangements and their own professional development.

At the last inspection it was difficult to track through the current internal processes as audits were not available to evidence how the service was being monitored. At this inspection we saw there was a robust system of audits and checks on different aspects of the home. For example, care, medicines, room audit, laundry, hand hygiene, catering and maintenance. The audits were available and showed effective monitoring of the service by the deputy manager and senior management team. Action reports were in place and the deputy manager discussed with us actions taken in respect of various audits. We could see actions had been taken though the date of completion was not always recorded. We discussed with the deputy manager ways of recording this on the audits to help 'close the loop' for auditing purposes. We saw that any required actions had been undertaken in a timely manner to assure the service provision.

The regional manager advised us that all care files had been reviewed to ensure care documents were sufficiently detailed and up to date. Audits seen confirmed this. The regional manager also informed us of an electronic 'drop box' which had been introduced for staff to download care documents and also service audits as part of sharing information and good practice between the Dovehaven care homes. The use of a traffic light system was being introduced to evidence compliance and areas that may need improvement.

In respect of auditing, the regional manager told us about a more extensive audit that maps the service using CQC's five key questions; is the service safe, effective, caring, responsive and well led? The regional

manager told us the audit would be completed in January 2017 and thereafter on a six monthly basis to help assure the quality of the service. It was agreed that the findings from this audit would be forwarded to us for our information and that more 'extensive' auditing was work in progress.

We saw input from external professionals to help assure the service. For example, the deputy manager had worked alongside an infection control officer from a local community team to assure good standards of infection control. The cleaning audit undertaken scored 79.2% for cleanliness. The deputy manager told us about the work undertaken following the audit to promote good standards of cleanliness.

Staff told us they attended regular meetings and that communication was good in the home. We saw minutes from staff meetings held and the regional manager provided an over view of the frequency of meetings held at senior management level and feedback provided to all staff. Lessons learned from incidents were also shared with the staff to reduce the risk of re-occurrence and promote a culture of openness and transparency.

Following the last inspection staffing levels had been increased during the day as it had been appreciated that care staff needed more time to support people with their care and social needs. The deputy manager said this increase in staffing was working well and that new activity equipment had been purchased to provide more social stimulation for people at the home.

We saw how feedback from people living at the home was used to make positive changes. For example, following a quality food survey the menu had been changed to include cooked breakfasts, more choice at supper time and a hot meal on a Sunday night. The deputy manager told us the new menus had been well received. We also saw that following a residents' meeting 'around the world theme days' were being included on the menu to provide more varied foods.

From April 2015 it is a legal requirement for providers to display their CQC rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings are used to inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Dovehaven was not displayed for people to see. A senior manager advised us this was because it had been taken down due as the hall had recently been decorated. This was replaced and displayed during our visit.