

Doveleigh Care Limited

# Dove Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

Dove Court Care Home is a residential care home that was providing personal care to 27 people aged 65 and over at the time of the inspection.

Dove Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

Dove Court Care Home accommodates up to 32 people in one building.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### People's experience of using this service:

Relatives we spoke with couldn't praise the kindness of staff highly enough. They consistently told us the care staff provided was outstanding and they felt staff were 'family'. The registered manager provided numerous examples of times when staff had gone above and beyond, including the support staff provided to one person with an item that provided them great comfort.

Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them at every opportunity.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. There was a focus on wellbeing and having a sense of purpose. All staff involved ensured people had access to as many opportunities as possible to aid their physical and mental health well-being. Activities formed an extremely important part of people's lives and had a positive impact on their wellbeing. Arrangements for work, are innovative, meet people's individual needs, and follow best practice guidance so people can live as full a life as possible.

The registered manager led by example to ensure the culture of the service drove and improved high-quality, person centred care. They valued their staff and recognised the importance of their professional development.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a sense of worth and value. Staff expressed a passion for providing high quality care. Our inspection found that the organisation's philosophy was definitely embedded in Dove Court Care Home.

Relatives' views were sought, and opportunities taken to improve the service. Staff were supervised,

supported and clear about what was expected of them. Audits and checks were carried out, so any problem could be identified and rectified.

Recruitment, staffing, medicine management, infection control and upkeep of the premises protected people from unsafe situations and harm.

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults' team to protect people.

Staff were trained and supported to be skilled and efficient in their roles. They were very happy about the level of training and support they received and showed competence when supporting people.

The premises provided people with a variety of spaces for their use with relevant facilities to meet their needs. Bedrooms were very individual and age and gender appropriate.

Support plans were reviewed with the person when possible, staff who supported the person and family members. Staff looked to identify best practice and used this to people's benefit. Staff worked with and took advice from health care professionals. People's health care needs were met.

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.

Rating at last inspection:

At the last inspection the service was rated Outstanding; the last report was published on 10 September 2016. At this inspection, the overall rating has remained Outstanding.

Why we inspected:

This was a scheduled comprehensive inspection.

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

# Dove Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by two adult social care inspectors.

#### Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided; both were looked at during this inspection.

The home accommodates 32 people in one adapted building. At the time of the inspection, 27 people were living in the home.

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

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We spoke with ten people, six relatives, seven staff and had feedback from one healthcare professional to help form our judgements. We observed the care and support provided and the interaction between staff and people using the Short Observational Framework for Inspection (SOFI). This is a helpful tool to use if we are unable to find out people's experiences through talking to them, for example if they have dementia or other cognitive impairments.

We spoke with the registered manager, the general manager, two assistant managers and five staff members. We looked at three people's care records and associated documents. We looked at four staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from staff meetings and a selection of the provider's policies. We also looked at records that related to how the home was managed, such as quality audits, fire risk assessments and infection control records.

Before our inspection we reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us. We looked at the 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 improvements they plan to make.

After the inspection, we contacted another seven healthcare professionals for their views of the service, one of whom replied to us.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and when staff supported them. Relatives confirmed they felt their loved ones were safe. One relative said, "I never have any doubt my relative is completely safe and well looked after. They [staff] take good care of [name], that is worth its weight in gold."
- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this topic area.
- People and their relatives could explain how staff maintained their safety.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. They were mindful of people's safety whilst they mobilised around the home, reminding them to take care or use their mobility aids.
- People were provided with alarm pendants to wear when they went outside. This ensured they could call for assistance if needed. The garden call bell was purchased to enable residents to independently go outside and enjoy the view. Thus, enabling them to have independence and privacy.
- The call bell system at the home was connected to passive infra red sensors and door alarm sensors. It has removed the need for pressure sensor mats which were a potential trip hazard. This has significantly reduced the risk of falls.
- Risk assessments in place helped ensure that people were cared for safely. Care plans contained explanations of the control measures for staff to follow to keep people safe. Relatives told us risks were reviewed and updated quickly; one relative told us their loved one was moved to a different room in response to a risk of falling and also due to the distance from communal areas. This move has enabled them to socialise more and has increased their social skills.
- Risks associated with the environment and equipment were identified, assessed and managed to ensure that people remained safe. There was a programme of maintenance and safety checks in place which covered areas such as fire safety, moving and handling equipment, water temperatures and safety.
- Two people were moved to larger rooms at no extra cost to themselves, so that their care needs could be addressed more effectively.

Staffing and recruitment

- We spoke with ten people about staffing. The majority of people told us they were not kept waiting any great length of time for their care, unless staff were particularly busy supporting other people. One person told us, "There are usually enough staff on duty. They come to help quite quickly day and night." One relative told us, "There are always enough staff. When I ask [name], they say staff always come when they

call."

- The provider and registered manager kept staffing levels under review dependent on people's needs. The registered manager told us they recruit to 120% to ensure there were enough staff to cover unexpected staff absences and sudden increase in people's needs. Staff were prepared to work flexibly and would cover staff illness or planned events.
- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

#### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People were encouraged to manage their own medicines where they had those skills. People had lockable cabinets in their rooms for storing their medicines; they told us this made them feel more involved. Some people were therefore able to manage their own medicines to maintain their independence. People told us they were happy with the support they received to take their medicines.
- Where errors were found during checks we saw there were processes in place to ensure they were investigated.
- Where people were prescribed medicines to take 'as and when required' staff had information about when to administer them. People were offered pain relief throughout the day.

#### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment such as gloves and aprons to help prevent the spread of healthcare related infections.
- People told us and we saw the home and people's own rooms were kept clean.

#### Learning lessons when things go wrong

- Learning was shared with staff during staff meetings, handovers and during supervisions. One member of staff said, "Ambassadors have files which are accessible to everyone. We've got good practice examples in them, so we can use learning from lots of places. We learn from news reports, personal experience, everything."
- Staff understood how to report safeguarding concerns, accidents and incidents.
- Staff reviewed risk assessments and care plans following incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they had mixed feelings about the food on offer. They told us, "Food is absolutely first class" and, "Meat can be tough, and vegetables can be hard. I've been told it is the modern way!" Another person said, "The food is alright. There is a nice choice. I enjoy it most of the time." Relatives told us, "The food is very good." After the inspection, the provider told us the registered manager had taken the comment about chewy meat back to the butcher who supplied them.
- People were supported to eat and drink enough to maintain their well-being. When people needed assistance with their meal we saw this was provided in a timely manner and at a pace to suit them. People who ate their meals in their rooms were supported appropriately.
- The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs, and preferences were also clearly recorded in their care plans. For example, one person had their main meal in the evenings because this was what they wanted.
- The service had created an area which looked like a snack bar where they could help themselves to a variety of snacks at any time. Drinks were freely available. This had led to people's independence being increased and gave them a sense of being in their own home.
- People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. One relative told us, "The chef baked Mum a really fantastic coffee and walnut cake for her birthday recently, which she loved."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed. Where appropriate, families were involved in assessing and agreeing the care people needed. People's physical, mental health and social needs had been assessed to meet their individual requirements.
- The registered manager undertook monthly assessments to identify if there were any recurrent infections. This information was analysed to identify any trends or potential causes. For example, one person had recurrent chest infections and was referred to the GP. As a result, the outcome for the person was positive.
- Relatives were encouraged to build relationships with staff ambassadors, to help them understand and share information about current best practice.
- People's preferences were documented, and consideration had been given to people's diverse needs under the Equalities Act 2010, such as age, culture, religion and disability. The registered manager explained that people were enabled to go out with their keyworkers to their favourite shops, so they could have their favourite takeaways. If this was not possible, keyworkers brought people's favourites back for them.
- One person told us, "I feel very fortunate to be here. I realised the moment I got out of the car it was different. They do try. Staff are 'quite exceptional'." Another person said, "If I said I wanted to stay in bed it

would be fine. They do not make a time. You can please yourself."

- Relatives told us, "They're very good, nothing is too much trouble, the service is very good."

Staff support: induction, training, skills and experience

- Relatives were able to take part in training to increase their understanding of dementia.
- The registered manager provided training that was tailored to the individual needs and learning styles of staff, to give them an insight into what life is like for people living with dementia.
- Staff and relatives were able to take part in training to understand the effects of different eye conditions. This helped them to understand the difficulties people with restricted vision may experience.
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. Where necessary, the registered manager adapted induction and training materials for staff whose first language was not English. Staff were given opportunities to review their individual work and development needs. Two people using the service told us about difficulties with language and said, "There are a few language problems. I manage to get through though" and, "There are some language difficulties." The registered manager confirmed they were providing additional support to help staff whose first language was not English develop their English language skills.
- The registered manager had good systems to understand which staff needed their training to be refreshed and who required supervision.
- A care worker told us, "Training definitely gave me the skills I need. If we wanted to do additional training the manager would arrange it."
- We observed a staff training requirement around racist jokes and discussed this with the registered manager. They confirmed they would deal with this.

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

- Staff knew and understood the people they supported. Referrals to health professionals, such as GP's, took place promptly. Staff followed the advice and treatment plans, healthcare professionals provided. Where needed, staff worked with other agencies to ensure people's needs could be met.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- People were involved in designing a refurbished bathroom, which was installed complete with a new specialist bath. Risks in relation to premises were identified, assessed and well-managed.
- The environment met the needs of the people who lived at the home.
- People and relatives had access to different communal rooms and areas about the home.

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

- People told us staff called the doctor quickly if they weren't well. One person said, "Same day if needed. This was the reason I moved in."
- People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing.
- People's changing needs were monitored to make sure their health needs were responded to promptly. The provider ensured a stock of specialist equipment such as airwave mattresses, heal-pro boots, slide sheets and profiling beds were always available.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make their own decisions had been assessed in line with the MCA.
- The provider followed the requirements of DoLS. The registered manager had made a DoLS application for one person and was awaiting the result of this from the local authority.
- Most people who lived in the home could make decisions about what care or treatment they received.
- People were always asked for their consent before staff assisted them with any tasks.
- All staff understood the MCA and how it affected their practice regarding gaining people's consent.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- Every relative we spoke with were full of praise for the caring and positive attitude of staff. Relatives said, "Staff are kind and compassionate, very much so. I've seen other homes and I think this is one of the best for the care and comfort they provide. My relative is always happy and having a laugh and a joke with staff."
- Relatives told us the team considered themselves to be an extension of the family. Relatives said, "There have been occasions when the team have given me fantastic support emotionally" and, "They are family." Staff said, "Staff treat residents like family. We're always in chatting with them in our spare time, we take people out for trips on our days off."
- A Commissioner provided feedback to say, "I just wanted to say thank you for your and your teams time when I recently visited Dove Court Care Home. It was a real pleasure, not only to share your positive experiences and learning from the development of your services, but also seeing that translated into such a lovely place for residents to live and thrive in."
- Both staff and management were committed to ensuring people received the best possible care in a loving and caring environment. The registered manager gave us several examples where staff had gone above and beyond what was expected of them, including the support staff provided to one person with an item that provided them great comfort. One member of staff told us, "Everyone is always smiling, friendly, willing to help."
- A healthcare professional told us, "I feel that residents are well cared for and receive an excellent service from well-supported and engaged staff."
- Staff used people's preferred names and greeted them with bright smiles. Interactions between staff and people were caring and considerate. Staff had developed positive relationships with people, knew them well and the support they needed.
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. A member of staff told us, "We're always talking with people, we just listen to them."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People were always asked for their consent before staff assisted them with any tasks. One person said, "Most certainly I get the help I need, I'm asked what I want."
- There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions.
- People were supported to express their individual likes and dislikes and these were known by staff.

## Respecting and promoting people's privacy, dignity and independence

- A member of staff told us they were the dignity ambassador. They told us they were registered as a Dignity Champion with the National Dignity Council and shared the information they received with other staff.
- A healthcare professional told us, "The staff are very respectful of residents and understand their individual needs; they are keen to support residents within a safe framework."
- People's wishes to spend time in their rooms was respected by staff. All staff knocked on people's doors before entering their rooms.
- We saw that people were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner.
- People told us that staff respected their needs and wishes and they felt that their privacy and dignity were respected.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences.
- People received support from staff who understood their needs, preferences and interests. Staff gave people choice and control.
- Staff identified and responded to changes in people's needs. Staff contacted people's families to ensure they were made aware when people's needs changed. One person told us, "Last night I was coughing...the door opened, and a carer came in. I never called, they were just looking out for me. They are very, very nice people."
- Peoples families told us they were encouraged, where appropriate, to identify and contribute to how the person would prefer to be supported. Relatives told us, "I'm involved in the care plan, we have meetings to discuss."
- People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. There was a focus on wellbeing and having a sense of purpose. All staff involved ensured people had access to as many opportunities as possible to aid their physical and mental health well-being. Activities formed an extremely important part of people's lives and had a positive impact on their wellbeing.
- People were supported to exercise their preferences in the activities they engaged in. Staff told us a range of activities were available, including swimming, knitting and crafting group, tea and talk events held locally. One person told us, "I've made cakes, done quizzes, there is always something to do. It is good. I am happy here. We do get out. Get down to the seaside." One visitor told us, "They get choice with how they spend the day." Relatives told us, "My relative gets out and about when they want." An activities programme was in place.
- Arrangements for work, were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. One person was supported to volunteer in a local shop. The registered manager said, "This is a one to one activity requiring a dedicated carer, but it gives the resident a real sense of purpose and maintains their link with the local community." The person commented: "It's nice to go out and meet my friends in the shop." This volunteering had enhanced this person's life, gave them independence and a real sense of purpose. This formed part of their rehabilitation, so much so they were able to return home.
- People had access to a 'nail bar' where they could enjoy a pamper treatment. People were also able to enjoy hand and foot massages. The service saw these pamper treatments as an important way to enhance people's overall physical and mental well-being.
- People also had access to an electric massage chair. The provider paid for two staff members to complete

a massage course to enable them to provide the correct support. People were able to have a massage at any time. As a result of these additions to the home people's overall well-being was further enhanced.

- The registered manager had introduced a variety of initiatives to encourage people to eat and drink. These included themed months, where people could try different foods and listen to music. Staff attended on their days off to bake and decorate items for people to try for French February. The themed months also enabled people to experience other cultural cuisines and reminisce about previous holidays. In conjunction, the service had a world map located in the conservatory. Each person had flags with their names on them to pin them to the map. This increased people's social interactions and provided a talking point to increase interactions between people and staff. For one person, being able to tell their story was very important to them and also led to them booking a cruise to go with their daughter.
- People could take part in household tasks such as preparing vegetables, washing up and doing their washing if they wished. One person enjoyed peeling vegetables. A relative commented: "This is something she would not have done last year, but again she peeled for eight on a regular basis. So tapping in to those memories and trying to find strategies to give purpose are so beneficial."
- One person loved a particular brand of sweets. The service proactively contacted the manufacturer and for the person's 100th birthday they received a card and some goodies from them to wish them birthday wishes. The card stated: 'We just wanted to say a great big happy birthday. Turning 100 years old is nothing short of incredible.' A picture was taken of them smiling with their card and gifts. This was one of the examples of staff going that extra mile to make someone happy and feel valued.
- The service had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, a member of staff told us how they let one person feel their face, because the person could not see them. This made the person happy because they could picture the member of staff. The registered manager told us people could have their care records in large print if they wanted. In addition, other communication tools were used. For example, one person told their keyworker they were upset as they were unable to remember how to shave. As a result, the registered manager designed a 'how to' guide which was in pictorial form and large text to enable them to independently shave by following the guide displayed above their sink. Another example, a person was struggling to manage their oral hygiene. The service recognised the importance of maintaining their independence. As a result, a pictorial guide was developed to enable them to remain empowered and independent. This led to their oral hygiene improving.

#### End of life care and support

- Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated. At the time of the inspection, no-one was receiving end-of-life care. However, the registered manager told us about the support people had been provided with, such as the use of sensory sprays which reminded people of the smells of garden flowers or the beach. For example, one person loved going to the beach but was unable to due to their physical frailty. Staff discussed this with the registered manager to see if there was a way to bring the beach to the person. Through undertaking research, the service was able to purchase a pack which included a CD of seaside sounds and a sensory spray. Sensory lighting was also obtained. The result being they felt as though they were at the beach. They smiled and felt comforted. Relatives were able to stay with their loved ones at the end of their lives.
- The provider ensured appropriate medicines were available to people nearing the end of their life, to manage their pain and promote their dignity.
- Cards had been received from the families of people who had passed away at the home thanking staff for

their compassion and respect.

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The home's End Of Life Ambassador had created an information pack for relatives, giving information about topics such as registering a death, funeral directors and the stages of grief.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. Relatives told us, "If anything goes wrong they're quick to put things right." They told us they believed they would be listened to. The registered manager acted upon complaints in an open and transparent way. They used any complaints as an opportunity to improve the service. One person told us, "They will deal with any problems and really do help." Relatives told us, "If anything goes wrong they're very quick to put things right."
- The registered manager told us they spent time on the floor with staff and would ask if there were any problems.
- The provider had a complaints policy which was available to people and visitors.
- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were involved in the recruitment process and could chat with prospective new staff. This was important to people because they were able to help decide whether prospective employees were appropriate to care for them in their home. This increased people's involvement and empowered them to take control of who would be coming into their home.
- The registered manager recognised the importance of staff professional development. For example, a staff member who English was not their first language had benefitted in the registered manager translating commonly used phrases, which reflects in their relationship with people and helps them to carry out their role. Staff also had access to a translation system to enhance communication.
- A healthcare professional told us, "The registered manager values her staff and provides training to increase their understanding and competencies. We provided training. ....the staff were positive, enthusiastic and engaged fully in the training to make it 'excellent'; they were a credit to Dove Court."
- People had been encouraged to attend an external falls awareness course. This was very beneficial to them to increase their understanding of the correct footwear, for example. This was an example of supported learning and innovation.
- The service had worked with the local speech and language team (SALT) nurse to enhance people's modified diets and increase dignity whilst eating. They purchased moulds in the shape of food types to enhance people's dining experience. For example, for one person having a modified diet made them feel different to others, having the moulds has meant they now do not feel different to others and as a result has improved their weight. The registered manager wanted to do something different to other care homes. As a result, moulds were then purchased for desserts, for example, in the shape of a strawberry. They were then photographed and were shared on the SALT team's social media page. This was then able to be viewed by other care homes and showed leading by example.
- The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a sense of worth and value. Staff expressed a passion for providing high quality care. Our inspection found that the organisation's philosophy was definitely embedded in Dove Court Care Home.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care. Relatives told us, "I think the service is excellent", "I would give them ten out of ten" and, "I think they're good."
- Staff told us they felt listened to and the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One

member of staff told us, "The registered manager is amazing. very approachable. We can raise any concerns. Very pro-active and responsive. Implements what she says she will do. Impact of her management benefits everyone."

- A healthcare professional told us, "I find [the registered manager] very approachable and she is always open to improving the service at Dove Court."

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

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality. Staff had taken on ambassador roles to champion certain areas, such as safeguarding, manual handling, diabetes and hydration. Staff researched the topic and provided guidance for other staff. Staff could also access support from a staff well-being ambassador. One member of staff told us, "You can go to anyone in the home and they will help you. My confidence has gone from zero to really high." The provider told us the number of ambassadors had risen to 17 to include ambassadors for well-being, recycling, falls and community liaison. They said this had helped staff develop professionally and had motivated the staff team. Two ambassadors came in on their day off to talk to inspectors during the inspection.

- The dementia ambassador had suggested that certain relatives would greatly benefit from some dementia awareness training as they were struggling to understand and support their loved one's needs. As a result, the registered manager provided them with some training to help them to understand how best to support their relative. This has led to an enhanced relationship with their relatives through an improved understanding of dementia. Relatives of people with dementia told us they found this supportive. A member of staff had taken on the role of ambassador for people's hydration. As a result of the intensive work staff did to encourage people to try lots of different kinds of drinks, records showed the incidence of urinary infections reduced by 75%. This also reduced the number of falls people were experiencing. Another member of staff was a safeguarding ambassador. They created leaflets to inform other staff about the importance of safeguarding and remind them of the process to follow should they have any concerns. To show openness and awareness to residents, staff and the general public about the importance of safeguarding vulnerable people.

- The registered manager told us they had been supported by the provider since starting employment at the home.

- The provider operated a monthly staff bonus scheme that recognised when staff 'went the extra mile'. Staff were provided with shopping bags, lanyards, pens, mugs and badges. Staff had access to a wellbeing centre where they could record their thoughts and reflect on how they worked.

- Regular checks were completed by the registered manager and staff to make sure people were safe and were happy with the service they received.

- The registered manager regularly carried out evening, night and weekend spot checks to ensure high standards were maintained.

- Where required, statutory notifications were sent to CQC to keep us informed of specific events that have happened at the service. Registered persons are required by law to submit these statutory notifications. These ensure that we are aware of important events and play a key role in our ongoing monitoring of services.

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

- The registered manager took steps to involve people using the service, their relatives and staff in the service, and invited their ideas and suggestions. People completed surveys and were given the opportunity to make comments. Feedback from these surveys was very positive. Where some negative comments had been supplied, the registered manager had made changes. For example, where one relative criticised

communication the registered manager took steps to improve this.

- The service really valued people's opinions and input into the service. For example, people had visited the services sister home where they saw they had a library. At the next residents meeting, people said they wanted to have a library as well. They then were involved in designing the library. A variety of books were obtained, such as fictional and around the world and a fish tank was also requested and provided.
- People were able to comment on the food they received via dining room comment cards. The comments people had made were positive.
- Relatives commented they really enjoyed the newsletter, because they were able to see what activities were going on.
- The registered manager told us they spent time talking with people and relatives daily. The provider was based at the home. This gave them the opportunity to regularly speak with people and relatives.
- Staff told us they attended team meetings and contributed to the meeting agendas. Staff told us their views were valued.
- People and staff were engaged and able to speak up freely, raise concerns and discuss ideas.
- The service had good links with the local community and many people and staff were from the local community. People enjoyed trips away from the home in the provider's wheelchair accessible car and minibus.

#### Continuous learning and improving care

- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. For example, as a result of an infection outbreak, the home put together an outbreak box. This contained several single use items which included all essentials to minimise infection across the home. This showed the responsiveness of the service to ensure people are appropriately cared for.
- All the feedback received was used to continuously improve the service.
- The registered manager and staff regularly discussed and learned from other CQC reports, media and social care publications.

#### Working in partnership with others

- The registered manager worked with other organisations to achieve better outcomes for people and improve quality and safety. This included the local authority and local Clinical Commissioning Group (CCG), who had visited to learn about the development of the providers services.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. These links also aided development of the service. For example, people were supported to attend a local art class. This was important for them to enable them to stay linked to the local community. People were also very proud of their art work and as a result the lounge now had a board which displayed all their art work. Many staff, relatives and people commented on the pieces of art. Being able to attend the art class had kept people doing something which they loved and were passionate about.
- Staff also worked with local services such as GP's and district nurses to ensure people's health and well-being was promoted.
- The service won two awards in the Great South West Care Awards 2018. The registered manager won the regional Registered Manager of the year and the provider, Doveleigh Care Limited was awarded the Care Employer Award. Doveleigh Care also won the Care Home Group Winner award in the 2017 National Care Awards. In 2019, the service and provider were rated in the top twenty care homes and organisations in the care home sector. ([www.carehomes.co.uk](http://www.carehomes.co.uk))