Mr & Mrs MF & AJ Tibbles

Dovercourt House Residential Care Home

Inspection report

Dovercourt House Care Home
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Dovercourt House Residential Care Home provides accommodation and personal care for up to 27 older people, some living with dementia.

There were 23 people living in the service when we inspected on 7 March 2016. This was an unannounced inspection.

There was a registered manager in post, who was also one of the providers. 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.

There were procedures and processes in place to ensure the safety of the people who used the service. There were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service. There were arrangements in place to ensure people were provided with the medicines in a safe way.

Staff were trained and supported to meet the needs of the people who used the service. The service was up to date with the Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's comments, concerns and complaints were listened to, addressed in a timely manner.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were identified and addressed promptly. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Dovercourt House Residential Care Home

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 7 March 2016, was unannounced and undertaken by two inspectors.

We reviewed the information we held about the service including notifications they had made to us about important events.

We spoke with 10 people who used the service and two relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We spoke with the provider, registered manager who was also one of the providers, and five members of staff, including the care manager and care and catering staff. We looked at records in relation to four people's care. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person commented, "I feel safe, it is very nice here." Another person said, "I feel safe and I enjoy it here." One person's relative told us, "I can sleep at night knowing [person] is safe."

Staff had received training in safeguarding adults from abuse. Staff understood their responsibilities to ensure that people were protected from abuse. There had been no recent safeguarding referrals made about or by the service. There were notices in one of the dining rooms which provided information about safeguarding and how referrals could be made. This meant that as well as staff, people and visitors had access to this information should they wish to report concerns.

Risks to people injuring themselves or others were limited because equipment, including electrical and lifting equipment had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There were emergency lift breakdown instructions on display.

People were kept safe because where risks were identified there were adequate control measures in place to minimise the risks to people, staff understood these and we observed that staff were proactive in keeping people safe. For example, ensuring that people were supported when they needed assistance promptly. There had been no recent falls and the care manager told us that there were no people living in the service who had pressure ulcers. Staff were provided with guidance on how to identify the risks of pressure ulcers developing in a poster in the staff room. We heard staff supporting one person who had stayed in bed during the day of our inspection with their personal care needs. The discussion with the person showed that the levels of support provided minimised the risks of pressure ulcers developing, this included, "Let us make sure you are nice and dry, you will be nice and comfortable."

People told us that there was enough staff available to meet their needs. We saw that staff were responsive to people's needs and attended to requests for assistance promptly. One person said, "If I need help there is always someone here." Another person commented, "If I use the buzzer, the staff come quickly."

The care manager told us about how the service was staffed each day to make sure people's needs were met. This was confirmed by records, our observations and discussions with staff. Staff told us that they felt that there were enough staff on each shift to meet people's needs safely. The registered manager told us that they had one care vacancy which was filled by the regular use of two agency staff, which ensured people were provided with a consistent service by staff who they knew. They were in the process of recruiting staff for this role.

We looked at the recruitment records of three staff members which showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members

were of good character and suitable to work with the people who used the service. The registered manager told us that if, during staff probationary period, they were not respectful in their comments and manner, their employment was not taken forward.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "I don't have to worry about my tablets, they [staff] look after all that." We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. We spoke with the staff member responsible for administering medicines at lunch time, they understood their role and responsibilities in doing this safely and they told us that they had been provided with training in medicines management.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were stored safely but available to people when they were needed. The registered manager showed us records which identified that medicines were disposed of appropriately and safely.

Good

Is the service effective?

Our findings

People told us that staff had the skills to meet their needs. One person commented, "They [staff] are very well trained." One person's relative said that the staff had the skills to recognise deterioration in their relative's condition, kept them updated and sought advice from other professionals to address this.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. The registered manager told us that training was updated on an annual basis. However, not all certificates had been received. The registered manager said that they would consider ways of recording the training that staff had to assure themselves that there were no shortfalls.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. One staff member said, "I have had all my training." They commented that they felt that the staff understood people's needs and had the skills to meet them, including those people living with dementia. Another staff member said, "I have had all the training to do my job."

The registered manager told us that they were aware of the care certificate and all new staff would be provided with the opportunity to do it as part of their induction. This showed that they had kept up to date with changes to training requirements in the care sector.

Staff told us that they were supported in their role and had one to one supervision meetings. One staff member said, "It's lovely here, I have supervision and I feel well supported." Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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. The registered manager and care manager told us that they had made applications under DoLS to the relevant supervisory body. This was to ensure that any restrictions on people's liberty, such as if they wanted to leave the service where there was a concern about their welfare, were lawful. They understood their role and responsibilities relating to MCA and DoLS. There was a folder in the staff room which guided

staff on the principles relating to MCA and DoLS and they were required to sign a document to show that they had read and understood this information.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as where they wanted to be in the service and if they needed assistance with their mobility or eating. Daily care records showed where people's decisions had been respected, including with their personal care.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. One person said, "We have a choice of meals, I usually like it all." Another person commented, "Plenty of lovely food, different every day, get a variety." One person's relative said, "I know the food is wonderful." Another relative commented, "The food is exceptional. I have tasted it and my relative said that the food is very good."

There were two dining rooms in the service and we saw that during lunch people sat together in their own friendship groups and chatted. The registered manager told us that they had also put a table in one of the lounges following a request by people, so they could have their meals together. This was confirmed by people. This provided a positive social occasion. People were offered a choice of meal and staff moved around the tables to check if people needed any assistance or wanted more food. We heard a staff member assisting a person to eat their meal in their bedroom. This was done at the person's own pace and in a caring way, "Are you ready for some more….is it nice?" People chose what time they wanted to eat, for example one person had a later breakfast and they then had their lunch later in the day because they were not hungry at lunchtime. People were provided with a choice of drinks regularly throughout the day which reduced the risks of dehydration.

One staff member told us that most people could eat independently and shared an example about one person who sometimes needed assistance. They knew when they needed help by observing and asking the person. One person was supported to eat when staff noticed that they were struggling. People were provided with equipment, such a plate guards to maintain their independence when eating. This was also the case with one person who ate their meal in a bowl and with a spoon, this helped them to eat their meal with limited staff assistance.

Records showed that people's dietary needs were assessed and met. The service had identified where people were at risk of not eating enough. For example, one person's care records stated that they required encouragement to eat, which was confirmed in their daily care notes. We checked their regular weight checks and found that they had gained weight, this showed that the systems in place to ensure they were eating enough were effective.

We spoke with a member of the catering staff who was knowledgeable about people's preferences of food and drink. When people did not like what was on the menu the member of catering staff offered alternatives that they could choose from. They told us that the care staff kept them updated in any changes in people's dietary requirements, including any guidance received from other professionals regarding people's nutritional needs. They said that they had been provided with training in subjects including food hygiene and diabetes. Following lunch we saw this member of staff speaking with people to see if they had enjoyed their meal.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person told us how they were losing their voice, they laughed and said, "They [staff] cheered when I lost my voice." This person said that they had, "Seen the doctor a couple of times, I have just got to

wait for it to go now." This was confirmed in their records. Throughout the day we saw that staff asked the person how they were feeling and if they needed drinks.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Where changes in people's usual wellbeing were noted and staff were concerned we saw that guidance and support was sought from health professionals.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "They [staff] are all lovely, they can't do enough for you." Another person said about the staff, "The people here are very nice." One person's relative said, "The staff are brilliant." Another person's relative commented, "They [staff] are the most marvellous group of people who give the most wonderful care." One person told us how the staff had told them that they had to scrape their cars during the morning because it was icy. They said that they liked to hear about what had been happening with the staff.

Staff talked about people in a compassionate way. We saw that the staff treated people in a caring and respectful manner. People were clearly comfortable with the staff, they responded to staff interaction by smiling, laughing and chatting to them. We heard a staff member speaking with a group of people about their weekend and showed them a photograph of a family baby, which people were clearly happy about, one person said, "Oh what a beauty." One person was talking to two staff members, "I like you, you are lovely. You are lovely."

Staff responded in a caring manner to people's emotional needs when they wanted hugs and reassuring touch. We spoke with the registered manager and two staff members about the use of physical contact with people and they understood when this was appropriate, they also shared examples of how they referred to people by their preferred form of address, including their first name or individual terms of endearment. We noted throughout the inspection that staff interaction was appropriate, compassionate and caring. People responded to staff by holding their hands and cuddling them. Staff assisted a person to mobilise using the hoist, this was done in a caring manner and at the person's own pace.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. One person told us, "I have a choice, they [staff] listen." One person's relative said, "They [staff] keep me updated with any changes. We did the care plan October with social services, we do reviews every year." Another person's relative told us, "The staff communicate all of the time and keep me up to date constantly."

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom doors before entering. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way which could not be overheard by others. People moved freely around the service, the provider told us that people were no restrictions in where they wanted to spend their time. This helped to minimise the risks of people being anxious. Care plans provided guidance for staff to ensure that people's privacy and dignity was respected.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I am very happy here," they laughed and said quietly, "But it is full of old people, oh I am one." Another person told us, "I like living here, it is different from the other place [previous home], 100% better. You get what you want." One person's relative commented, "[Person] is well looked after. I would not want [person] to be anywhere else." Another person's relative said, "The staff did everything they could. I was happy for my relative to remain here."

Care plans reflected the care and support that each person required and preferred to meet their assessed needs. However, we identified that some areas in the care plans could provide more guidance to staff, including risk assessments which needed to be more personalised and areas such as diabetes care and risk prevention needed to be expanded upon. We spoke with the provider and registered manager about this and they assured us that this would be addressed immediately. The risks to people were minimised because staff we spoke with were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. This was reflected in the way that they interacted with people and the discussions they had. This information needed to be formally reflected in the care records.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. Where changes in people's needs were identified these were included in the records. The records included information about people's preferred routines and how these were met, such as during the night. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "There is lots to do, I have the paper [newspaper] delivered have a read of that and we have a laugh," with their friends. We saw later in the day that the person was doing the crossword in their newspaper with another person. A staff member helped with some of the clues when these people asked them to. The person also said that the service had visiting entertainers. There were two lounges in the service and this person and a group of people spent their day in this lounge. The person said, "It is nice and quiet, we have the music on." The people were listening to music which was playing quietly in the background.

Another person told us that they chose to spend their time in the other lounge, which was livelier. They said, "If you want to know what is going on you have to go to that lounge."

During our inspection we saw people participating in several activities, on an individual and group basis. For example sitting in their friendship groups and chatting, listening to music, reading their newspapers and entertaining visitors. Staff were present in one of the lounges and there was lots of laughter and talking. In the quieter lounge staff visited throughout the day to check if people needed anything. One person had a bird table outside their bedroom window and was feeding the birds and had a budgie in their bedroom. This showed that people's preferences had been identified and respected.

One person's relative told us that their relative had not identified that they got bored and they had asked the person if they wanted to do knitting, which they previously enjoyed. The person said that they did not want to.

We spoke with one person who preferred to stay in their bedroom, they said, "I go down in the morning, that is my sociable time." The person told us how they liked to spend the rest of their day, including watching television, doing puzzles and looking out at the views of the sea, "I like my own company."

People could have visitors when they wanted them. One person said, "My family come in quite often." This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People told us that they knew who to speak with if they needed to make a complaint. One person's relative commented, "I have never had to complaint, but would, I am sure they would listen."

There was a complaints procedure in place which explained how people could raise a complaint. There had been no formal complaints received in the last 12 months. The provider and registered manager told us that if people raised concerns they acted on them immediately which reduced the need for formal complaints. They kept records of concerns which confirmed what they had told us. The service had responded to people's comments which included setting up a table in the quiet lounge, this was confirmed by the people who sat in there. One person said, because we were sitting at the table, "I hope you are going to move when our food comes."

Good

Is the service well-led?

Our findings

There was an open culture in the service. People gave positive comments about the management and leadership of the service. One person's relative said, "[Registered manager] will go out of her way for you. I think it [the service] is well-led."

People were involved in developing the service and were provided with the opportunity to share their views. Satisfaction questionnaires were completed by people. The registered manager told us that these were used to improve the service.

The service was a family owned company who took pride in making sure people were provided with a good quality service. They sought to continually improve the service provided to enhance people's quality of life. The provider and registered manager told us that they operated an open door policy and that people, relatives and staff could speak with them at any time and they would address their concerns. They told us that because they were in the service on a minimum of five days a week, they spoke with staff and people regularly and so could monitor the service on an ongoing basis.

Staff told us that they felt supported and listened to and that the registered manager and provider were approachable and supported them when they needed it. One staff member said, "You could not want a better place. If I was concerned I would report it, feel safe in doing that." Staff meeting minutes showed that the staff discussed any changes in people's needs. They were asked for their views how people were best supported. This showed that the service had an open culture and the views of staff were valued. The minutes from these meetings held action points which showed that the discussions fed into ongoing improvements.

The provider and registered manager had kept updated with changes within the care industry, included with regulation and the new care certificate.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines and falls. There had been no recent falls, however, the service had a monitoring tool in place and the registered manager told us that if falls occurred they would be analysed and monitored to identify any trends and actions would be taken to reduce the risks of them happening again. The registered manager and provider told us that they ensured that falls were kept to a minimum by staff being attentive, checking people had their walking aids and that their footwear, such as slippers, were safe.

The provider and registered manager told us how they regularly checked the environment to check it was safe and clean and took action where needed, including replacing carpets and mattresses when soiled. The service had CCTV in communal hallways which they used to identify, for example that checks were being made on people during the night. The provider showed us records which identified that they had risk assessed and considered people's privacy and safety when installing these.

There were plans in place to continually improve the environment, this included replacing the flooring in the kitchen. The provider told us about the plans to reduce the risks to people when this work was being carried out. They recognised the limitations of the environment due to it being an older building but they made sure that people were provided with a homely and safe environment to live in.