Bupa Care Homes (CFHCare) Limited

Dove Court Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an inspection of Dove Court Residential and Nursing Home on the 4 and 5 November 2015. The first day of the inspection was unannounced.

Dove Court Residential and Nursing Home provides accommodation for people who need either nursing or personal care and support. Care and support is also provided for people who are living with a dementia. There are four units with 30 beds in each unit. Kingfisher House provides dementia nursing care, Robin House provides general nursing care, Swallow House provides dementia residential care and Nightingale House provides general residential care. Dove Court is situated in a residential area of Burnley, located on a main bus route and is close to many local amenities. Ample parking is provided for visitors. At the time of the inspection the service was providing support to 115 people.

At the previous inspection on 8 January 2014 we found the service was meeting all the standards assessed.

Summary of findings

The service was managed by a registered manager. 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 felt safe and did not have any concerns about the way they were cared for. One person said, "I feel safe and that's due to the people who are looking after me." A visitor said, "I come often and I've never seen anything untoward."

People made positive comments about the staff and the service they received. They said, "Staff are very good and very helpful" and "The staff are very good with people." A visitor said, "Staff really show they care" and "I wouldn't want mum in any other home. They are all so kind to mum and to me."

Staff had an understanding of abuse and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered.

Staff were recruited safely and were provided with a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

Prior to the inspection visit there had been concerns about how people's medicines were being managed. We found the medication system was regularly checked and audited with evidence prompt action had been taken in the event of any shortfalls. Improvements were ongoing.

Each person had a care plan that was personal to them and contained information about their likes and dislikes as well as their care and support needs. The care plans had been updated in line with any changing needs and people said they were involved in decisions about their care.

There were opportunities for involvement in a range of suitable activities. People said, "There is always something going on, we are never short of something to do." Throughout the inspection we observed people involved in various discussions which generated lots of interest. We observed people getting much pleasure and enjoyment from talking to, stroking and feeding the house pets. People could visit the café or the on-site shop; staff provided a trolley service each week for those people who couldn't access the shop. People also attended the on-site hairdressing salon where they could chat, read magazines and drink tea.

We observed people being offered alternatives to the menu and being offered their meals and snacks at a time that suited them. Most people told us they enjoyed the meals. They told us, "I can have something else if I don't want what is on the menu", The meals are bland and repetitive" and "The food is pretty good." A visitor told us, "The meals always look very nice; there is fresh fruit available." Information was available about people's dietary preferences and any risks associated with their nutritional needs.

The home was safe and clean. Careful consideration had been given to ensuring the environment, furnishings and décor was suitable and safe for the people living there. People told us they were happy with their bedrooms.

Records showed staff had been provided with training to deal with emergencies such as fire evacuation and to ensure they were competent to use equipment safely and properly.

There was a stable and established management and staff team. We found there was a culture of openness and the managers and staff respected each other. People told us they felt Dove Court Residential and Nursing Home was well managed and that the registered manager and staff were approachable and open.

We found effective systems were in place to regularly assess and monitor the quality of the service. There was evidence these systems had identified shortfalls and that improvements had been made. There were effective systems to seek people's views and opinions about the running of the home People were asked to complete an annual customer satisfaction survey to help monitor their satisfaction with the service provided. The results were analysed and then shared with people as part of a 'You said, We Did' process.

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?

Good

The service was safe.

People living in the home told us they did not have any concerns about the way they were cared for. Risks to people's health and well-being were appropriately managed.

Improved processes were in place for the ordering, receipt, storage and disposal of medicines.

The home had sufficient skilled and experienced staff to meet people's needs. There were enough staff to respond to people in a timely way and staff were available in all areas of the home.

Staff had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Is the service effective?

Good

The service was effective.

All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

Careful consideration had been given to ensuring the environment, furnishings and décor was suitable and safe for the people living there.

People told us they enjoyed their meals. People were given the support and encouragement they needed and were offered choices of meals.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good

The service was caring.

People told us they were happy with the home and with the approach taken by staff. We observed staff responding to people in a friendly, caring and considerate manner and there were good relationships between people living in the home and staff.

Staff took time to listen and respond appropriately to people. People using the service told us they were able to make decisions and choices.

People's dignity and privacy was respected and they were supported to be as independent as possible. Care workers were knowledgeable about people's individual needs.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personalised to their wishes and responsive to their needs. Each person had a care plan that was personal to them which included information about the care and support they needed.

Summary of findings

People were able to take part in a range of suitable activities and were supported to follow their hobbies and interests and to meet their spiritual and cultural needs. People were able to keep in contact with families and friends.

People had no complaints about the service but knew who to speak to if they were unhappy. Processes were in place to manage and respond to complaints and concerns.

Is the service well-led?

Good

The service was well led.

People told us the service was well managed and the registered manager, the management team and staff were approachable and open.

The quality of the service was effectively monitored to ensure improvements were on-going.

There were effective systems in place to seek people's views and opinions about the running of the home.

Dove Court Residential and Nursing 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 4 and 5 November 2015 and the first day was unannounced. The inspection was carried out by two adult social care inspectors, a specialist advisor who was a registered nurse and who had experience of caring for people living with dementia 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. In addition a specialist pharmacy advisor attended on the first day of the inspection.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. Prior to the inspection there had been a number of concerns raised particularly regarding medicines management and high levels of incident reporting. On 7 September 2015 the registered manager, the clinical service manager and the regional manager had met with local agencies and commissioners of services to discuss the concerns and to monitor progress with improvements. Feedback from the meeting held 16 October 2015 indicated the service was taking action to address any shortfalls and were taking action to improve.

The provider sent us 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 improvements they plan to make. We reviewed the information before the inspection visit.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with thirty three people who used the service and with eleven family members. We talked with the registered manager, the clinical service manager, four unit managers, two nursing staff, seventeen care staff, the housekeeper and laundry staff, an activities person and the administrator. We also spoke briefly with the regional manager who was undertaking a monitoring visit on the first day of our inspection and with two visiting healthcare professionals.

We looked at a sample of records including seven people's care plans and other associated documentation, three staff recruitment and induction records, training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and quality assurance systems.

Good

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. People living in the home said, "I feel safe and that's due to the people who are looking after me", "I'm comfy, here's nice, I'm not hassled", "I'm happy here. Staff will come if I ring the bell" and "I feel safe; someone stays with me when I have a bath." A visitor said, "I come often and I've never seen anything untoward."

People made positive comments about the staff and the service they received. They said, "Staff are wonderful", "Staff are very nice; they look after me well", "Staff are very good and very helpful", "Staff are cheerful" and "They are very friendly; grand people." Visitors said, "I'm very happy with everything" and "The staff are very good with people."

During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was caring and patient.

There were safeguarding vulnerable adults procedures and whistleblowing 'Speak Up' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted a free voicemail service, email facility and freepost forms were available for staff to report their concerns to the service and information about this was displayed on staff notice boards. Information about recognising and reporting abuse was displayed in the entrance to each unit for people living in the service and their visitors to read. Staff told us they had received safeguarding vulnerable adults training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed this. We had good evidence that the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

Our records showed there had been a number of incidents between people living in the home. We found individual assessments and strategies were in place to help identify any triggers and guide staff how to safely respond when people behaved in a way that challenged the service. The frequency and type of incidents were closely monitored by the service. Appropriate action had been taken to reduce incidents of this type; this included notifying the appropriate commissioners of services, changes to the deployment of staff, the provision of additional staffing support and referral to appropriate agencies such as the mental health team as needed. Records confirmed staff had received training in this area and through training and clear written guidance, this helped to keep staff and others safe from harm. During our visit we observed staff promptly responding to, and resolving difficult situations in a quiet and calm manner.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. Individual risks had been identified in people's care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. We saw that records were kept in relation to accidents and incidents that had taken place at the service, including falls. The records were detailed and included any actions taken by staff. We saw evidence that accidents and incidents were reviewed and analysed regularly by the registered manager and follow up action, such as referral to a GP or other health care agency, was clearly recorded.

We looked at the recruitment records of three members of staff. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People told us there were enough staff to meet their needs. Comments included, "I press my bell when I need help and they always come at any time", "They come straight away", "They are always around to help me when I need it" and "Sometimes you have to wait your turn."

We looked at the staffing rotas on each of the units. The records showed staffing levels were consistently maintained and additional staff had been provided as needed. We found the home had sufficient skilled and experienced nursing, care and ancillary staff to meet people's needs. Staff told us there were sufficient numbers

Good

Is the service safe?

of staff. Staff told us any planned or short notice shortfalls to staffing levels that may impact on people's care were discussed at the daily meeting with the management team. We were told any shortfalls, where possible, were covered by existing nursing and care staff which ensured people were cared for by staff who knew them. Staff confirmed that staff from other units would provide support as needed. They told us they were confident the management team would listen to them and act on any concerns about staffing levels. A unit manager told us, "Having the correct amount of staff with the right temperament is essential."

Prior to the inspection visit we were told there were sufficient numbers of staff but that interaction between people living in the service and staff on one unit was not always good. During our visit we observed people's calls for assistance were promptly responded to and staff were available in all areas of the units and attentive to people's needs and wishes. We noted where staff could not provide immediate support they advised people of this and assured them they would return within a stated period of time. Staff response to call bells was monitored. A 'hostess' was provided on each of the units providing nursing care. This member of staff was not included in the staffing numbers and was able to support people at meal times and throughout the day with drinks and snacks.

Records showed staffing numbers were kept under review. We were told the staffing tool used provided guidance about recommended numbers of staff with flexibility to provide additional staff when needed. We saw examples where staffing numbers had been changed on the dementia units to provide support when needed. Prior to the inspection visit we were told there were insufficient nursing staff on one of the units (Robin). We looked at the staffing rotas and found at times there had been one nurse on shift. We discussed this with the registered manager and were assured nursing staff had been recruited and nursing numbers had been increased. Staffing rotas supported this.

We noted agency nursing staff were being used to cover at times. This was recorded clearly on the rota. We were told, where possible, the same agency nurses were used to provide consistency. The service had received confirmation from the agency that the nurses provided were fit and safe to work in the home.

Prior to the inspection visit we were told there had been concerns about how people's medicines were being managed. There were reports that medicines had not being given as prescribed and the medicine rounds were taking too long. We visited all four units to determine how the service managed people's medicines. We were told the local authority medicines management team had been involved to support the service with improvement. Recent feedback from the medicines management team indicated there had been improvements made but further work was needed.

We were aware the service had recently changed from an electronic medicines system to a paper system. Staff told us this had created a number of problems and was not as effective as the electronic system. There had been a change of community pharmacist. We were aware there had been a number of problems with the service provided by the community pharmacist such as concerns around the supply and delivery of people's medicines. We discussed examples where people had not had their medicines for unacceptable periods of time. From looking at records and from our discussions we found the unit managers and senior management team had made repeated and reasonable attempts to obtain supplies although this had not always been recorded clearly. We were also told admissions to the home were now not permitted after 4pm to allow reasonable time for staff to check people's medicines with the GP following transfer from hospital.

On the second day of the inspection visit we were provided with a tracker sheet to record all communication and action taken to recover missing medicines. The management team had already raised their concerns within the organisation (BUPA) and with the community pharmacist for urgent action.

Policies and procedures were available for staff to refer to. Nursing and care staff who were responsible for the safe management of people's medicines had received appropriate update training and regular checks on their practice had been completed to ensure they were competent and safe.

The storage of people's medicines was good and temperatures were monitored in order to maintain the appropriate storage conditions. However, we noted that the fridges on two of the units whilst stored in the locked treatment rooms, were unlocked (Robin and Nightingale). We shared this with the management team who took immediate action.

Good

Is the service safe?

Procedures were in place for the ordering and disposal of people's medicines. We were told staff had reasonable access to GPs. However, we found medicines for disposal on two units (Robin and Nightingale) were not stored in the appropriate tamper proof container. This was not in line with the services procedures and could result in the misuse of medicines. Our findings were discussed with the management team and appropriate action was taken.

Appropriate arrangements were in place for the management of controlled drugs which are medicines which may be at risk of misuse. Controlled drugs were stored appropriately and recorded in a separate register.

People were identified by a photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. However we noted a discrepancy in this information on one of the MARs. Administration instructions on the MARs were clearly recorded. Medicines were clearly labelled and codes had been used for non-administration of regular medicines.

Where medicines were prescribed when required or as needed, guidance was recorded clearly to make sure these medicines were offered consistently by staff. There was a homely remedy policy which not all staff were clear about. We discussed our findings with the management team and were assured appropriate action would be taken to address this.

We observed morning and lunchtime medicine rounds on three of the units. We observed careful, patient and considerate administration. On one unit (Robin) we found a number of medicines were administered by a gastronomy which required careful flushing to keep the tube clear; this is a tube that goes directly into the stomach when people have problems with swallowing. We observed the nurse interacted with the person in a patient and caring manner.

People told us they received their medicines on time although prior to the inspection we were told the medicine rounds were lengthy particularly on Robin unit. A unit manager told us the medicine round could be a lengthy process as the approach was very personal working around people's routines and needs. One person told us staff had not explained what his medicines were for.

We saw the medication system was checked and audited on a regular basis and there was evidence prompt action had been taken in the event of any shortfalls. We were told there had been recent problems following the change from electronic systems to paper systems and some shortfalls had not been noted. We were told improved audit systems were now in place.

We looked at the arrangements for keeping the service clean and hygienic. We found the home was clean and generally odour free although we noted slight offensive odours in some areas. The housekeeping staff were aware of the areas that needed extra cleaning. We noted staff hand washing facilities, such as liquid soap and paper towels were available in all bedrooms and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were provided and sufficient cleaning products were available. There were contractual arrangements for the safe disposal of waste.

Infection control policies and procedures were available and staff had received infection control training. There was a designated infection control lead with responsibility for conducting checks on staff infection control practice and keeping staff up to date. Detailed cleaning schedules were completed for each unit.

The service employed sufficient numbers of domestic and laundry staff. A housekeeper reported directly to the registered manager and provided monitoring and support. There were audit systems in place to support good practice and to help maintain good standards of cleanliness. One person told us, "Everywhere is very clean."

Prior to the inspection we were told there was a lack of equipment available to move people safely. During our visit we found people had access to a range of appropriate equipment to safely meet their needs and to promote their independence and comfort. We observed hoists, laser sensors, sensor mats and crash mats in use. A visitor described how staff had promptly provided his mother with an aid to assist with dressing after reporting difficulties and pain.

Records showed that equipment was stored safely and regularly serviced and maintained. Staff had received training to ensure they were competent to use the equipment safely and properly. We observed staff adopting

Good

Is the service safe?

safe moving and handling practices when supporting people to move around the home. People told us they were not worried or anxious when the hoist was used or when they were being moved by staff. One person said, “They are gentle, there is no problem.”

Records showed staff had been provided with training to deal with emergencies such as fire evacuation. Each person had a personal evacuation plan which documented the action staff should take in the event of an emergency, such as evacuation requirements in the event of a fire, and any action staff should take if the person showed signs of distress or agitation. There were also procedures in place to support staff to manage any emergencies, such as power failures. There was key pad entry to each unit and visitors were asked to sign in and out. This would help to keep people secure and safe. The service employed a handyman who was responsible for the day to day maintenance of the home. We were told any requests for maintenance or repair were responded to promptly.

There were no concerns raised following visits from the fire and safety officer or the environmental health officer. In August 2015 the environmental health officer had given the service a five star rating for food safety and hygiene.

Good

Is the service effective?

Our findings

People living at Dove Court Residential and Nursing Home told us staff were able to meet their needs. They told us, "They can't do enough for you; I only have to ask", "I like it here, they see to all my needs", "I can have a bit of a laugh with the staff" and "Staff are competent." One member of staff said, "I get plenty of training; they make sure we know what we are doing." One recently employed member of staff said, "I can't believe how lovely it is here, It's very friendly and they look after me. In my last home they promised me all kinds of training but just left me on my own."

We looked at how the service trained and supported their staff. The majority of training was completed in house by dedicated trainers which meant the training could be provided flexibly. Staff told us they were paid for attendance at training and nursing staff annual professional fees were also paid for.

From looking at records and from our discussions we found staff had been provided with a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training was provided to ensure all staff would be able to attend. This included safeguarding vulnerable adults, medicines management, moving and handling, fire safety, infection control, dementia, first aid, food safety, health and safety, management of behaviour that challenges, management of pressure ulcers, equality and diversity and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed 28 staff had achieved a recognised qualification in care. We found there were effective systems to ensure training was completed in a timely manner.

All new staff had undertaken induction training which included the completion of mandatory training in relevant areas, shadowing more experienced staff, assessments of their competency and completion of a probationary period to ensure they had the appropriate knowledge and skills to carry out their role effectively. We were told the period of shadowing could be extended if the member of staff or their mentor requested this. There was a programme of follow up and refresher training to ensure staff maintained their knowledge and skills in mandatory areas. We also looked at the records of an agency nurse who worked in the home and found they had been given a safety induction and introduction to the home. This would help them to respond appropriately in an emergency and to support people in a consistent way.

Records showed staff were provided with a good standard of support and one to one supervision. This would help to identify any shortfalls in staff practice and the need for any additional training and support. Records showed additional training had been provided where needed. Staff told us that supervision was positive and their training and development needs were addressed. One member of staff described how they had been encouraged by the registered manager to develop their knowledge and skills and as a result was due to begin their nurse training. They said, "I feel good about myself, because the home manager believed in me."

Staff told us communication was effective. They told us handover meetings, handover records and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. We noted a representative from each department and each unit participated in a daily meeting with the management team. We were told this helped keep everyone up to date with any occurrences in the home such as incidents, changes to people's needs and any concerns impacting on safe staffing levels.

We looked at how people were protected from poor nutrition and supported with eating and drinking. Most people told us they enjoyed the meals. They told us, "I can have something else if I don't want what is on the menu", "Breakfast is bang on", "I eat like a horse", "The food is lovely", "The meals are bland and repetitive" and "The food is pretty good." Visitors told us, "My relative has gained weight since being here" and "The meals always look very nice; there is fresh fruit available."

We looked at the menus. We noted the nutritional value for each meal had been calculated which would provide people with information about their meals and help staff to monitor people's nutritional intake. Records showed there was a good choice of food and drinks available. During our visit we observed people being offered alternatives to the menu and also people being offered their meals and snacks at a time that suited them. An additional menu was

available to ensure people had access to snacks and suppers throughout the night ('Nite Bite' menu). A range of 'finger foods' were available for those people who preferred not to sit at a table for their meals.

The catering team were aware of people's dietary needs and preferences and were able to

provide specialist diets as needed. People were consulted about changes to the menu

during discussions with management, care and catering staff, and from involvement in regular

satisfaction surveys. People's views about the meal time experience had been obtained and acted on. For example people had said that some meals were very similar and seemed repetitive. The catering manager was reviewing current menus.

People confirmed they were offered meal choices and also alternatives to the menu had been provided on request. They told us they received plenty to eat and drink during the day. During our visit we observed breakfast and lunch being served. We were told the main meal was served later in the day in recognition that some people had late breakfasts. We noted the mealtime experience was pleasant and relaxed with good interaction between people using the service and staff. Staff were attentive to people's needs and offered kind and patient support and encouragement where this was needed. The dining tables were appropriately set and most condiments, napkins and drinks were made available. However we noted sauces were not readily available and were often offered in sachets which were difficult for people to open. Appropriate cutlery and crockery was provided to maintain people's dignity and independence. The meals looked appetising and hot and the portions were ample.

A 'hostess' was available each day in the dining and lounge areas of the nursing units. The hostess ensured people were provided with snacks and fluids throughout the day and would monitor people's intake. The hostess was not involved in care duties and could focus entirely on people's nutritional needs. We were told there was good evidence people's weight had increased since the additional support had been introduced. We observed the hostess interacting in a positive and encouraging way with people on the units and was able to provide visitors with updates regarding their relative's nutritional intake.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

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 the 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 or authorisations to deprive a person of their liberty were being met. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The registered manager and staff spoken with expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. At the time of the inspection appropriate applications had been made which would help to ensure people were safe and their best interests were considered. Feedback from the local authority indicated they had no concerns in this area.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives and this was recorded in the care plans. People's consent or wishes had been obtained in areas such as information sharing, gender preferences and medicine management. This would help make sure people received the help and support they needed and wanted. One person confirmed they were looked after by female staff as that was their choice.

A policy was in place in respect of resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation), which advised that cardiopulmonary resuscitation (CPR) should

Good

Is the service effective?

be carried out unless there was information to state otherwise. We noted some people had DNACPR decisions which were clearly recorded in their records. DNACPR records documented whether decisions were indefinite and the reason for this or whether they needed to be reviewed. We saw evidence that DNACPR decisions were reviewed appropriately and the results clearly recorded. Records also showed whether DNACPR decisions had been discussed with the people living at the service or their relatives, and the reason for this.

We looked at how people were supported with their health. People's healthcare needs were considered prior to and on admission and as part of ongoing reviews. Records had been made of healthcare visits, including GPs, tissue viability nurses, falls team, continence advisors, district nurses, speech and language therapist, the mental health team and the podiatrist. People told us staff were attentive when they felt ill. A specialist practice nurse visited each unit weekly to provide staff with advice and support regarding people's health needs. People said, "If I'm not well I get attention straight away" and "The GP is asked to come if I am not well". Visitors told us they were kept up to date with information about their relative's health needs and any appointments. A visitor described how staff had taken his relative to hospital in the night. He told us he was happy with the way staff had dealt with the situation. Another visitor said, "They see to my relative's health needs and she is improving physically."

Prior to the inspection visit we were told there had been reports of difficulties between some visiting healthcare professionals and staff. At a recent meeting we were told working relationships "feel improved". During our visit we spoke with two visiting healthcare professionals. One said, "I don't need to visit very often but when I do the staff are very welcoming and helpful and will action whatever I ask them to do." Good links with other health care professionals and specialists would help to make sure people received prompt, co-ordinated and effective care.

Dove Court Residential and Nursing Home is a purpose built home comprising of an administration block and four nursing and care units. Each thirty bed unit has lounge and dining areas, suitably equipped toilets and bathrooms and a small kitchenette. Each unit could be accessed with a key pad entry. Safe, well maintained and secure garden and patio areas surrounded the units; some people's bedrooms had patio doors leading into the gardens. The main kitchen, laundry areas, hairdressing salon and training rooms were located in the administration block. An overnight room was available for visitors.

Careful consideration had been given to ensuring the environment, furnishings and décor was suitable and safe for the people living there. We noted appropriate signage was in place throughout the home. The units were open and clutter free providing good access for people with wheelchairs or walking frames and also allowing staff to freely observe people. We noted good practice guidance had been followed for people who were living with dementia regarding the provision of recognisable colour coded doors, painted handrails, memory boxes to help people identify their rooms and interesting and stimulating objects placed along the corridors for people to enjoy. We found some areas had been decorated with murals to help stimulate people's memories. Quiet seating areas were also available.

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. Bedrooms were single occupancy with bathrooms and toilets located within easy access or commodes provided where necessary. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

The home was well maintained with an ongoing plan for refurbishment. We were told solar panels were in place which showed the organisations commitment to improving their carbon footprint.

Good

Is the service caring?

Our findings

People who we spoke with told us they were happy with the home and with the approach taken by staff. People said, "The best thing about the home is the staff", "A good place, we are well looked after", "There is a lovely atmosphere", "I like it here. I can honestly say that I do", "My room is better than a hotel. They tell me not to worry about anything" and "Everything is lovely." Visitors said, "I'm really happy with the care here; there is plenty going on for her", "Staff really show they care" and "I wouldn't want mum in any other home. They are all so kind to mum and to me." Staff said, "You're not supposed to get attached but we do, they are like our family and we love them"

We observed staff responding to people in a friendly, caring and considerate manner and there were good relationships between people living in the home and staff. We observed staff taking time to chat with and listen to people. We noted staff kneeling on the floor when speaking to people to ensure they were on the same level and to aid good communication. From our observations and from our discussions with people, we found staff had a good understanding of people's needs. There was a keyworker and named nurse system in place. This provided people with a familiar point of contact in the home to support good communication.

From our discussions, observations and from looking at records we found people were able to make choices and were involved in decisions about their day and about the day to day running of the home. Examples included decisions and choices about how they spent their day, the meals they ate, activities they participated in, times of rising and retiring and clothing choices. Records included information about people's preferences and routines that would help staff to support people. People told us, "I can do what I want but staff are always around to help keep me safe" and "I like to get ready for bed and then watch TV. Staff help me with this." One person told us they often went out and said, "They need to know I am safe so they ask me how long will you be, where are you going. They worry."

Useful information and regular newsletters were displayed on various notice boards. This kept people informed about how to raise their concerns, planned activities, changes in the home and the results of customer satisfaction survey. Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People told us they were treated with dignity and respect. One person said, "Staff are very respectful." We observed staff knocking on people's doors before entering their bedrooms and doors were closed when personal care was being delivered. People told us this was regular practice. We heard staff speaking to people in a respectful way and saw people were dressed smartly and appropriately in clean, suitable clothing of their choice. One person said, "They take good care of my clothes. I get them back from the laundry very quickly always smelling fresh and ironed properly. It's important for me to dress well." A visitor said, "My relative is always clean." However, we noted a small number of people on two of the units whose fingernails were in need of attention; a visitor also made comment about this. We discussed this with the registered manager who assured us action would be taken to address this. We noted that people who were being nursed in bed looked comfortable, warm and cared for.

We observed people were supported to be as independent as possible, in accordance with their needs, abilities and preferences. The service had policies in place in relation to privacy, dignity, independence, choice and rights. Training had been provided for staff.

Good

Is the service responsive?

Our findings

Visitors told us they were kept up to date and involved with any changes and decisions about care and support. They said, “They keep me up to date and will contact me if there is anything urgent”, “Even though staff are very busy, they gave me full attention for twenty minutes. They always do what you ask and don’t rush you” and “I am very much involved.”

We looked at pre admission assessments and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs, risks, and preferences and to ensure that the home could look after them properly. The pre-admission assessment also included a banding system which linked with their category of care and the staffing requirements. This information was gathered from a variety of sources and covered all aspects of the person’s needs, including personal care, likes and dislikes, mobility, daily routines, social and leisure interests and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

Prior to the inspection visit we were told the service was in the process of changing from an electronic recording system to a paper system. On a recent visit the local authority contracts monitoring team found the information in people’s care plans on one of the units was contradictory. On another unit they found the detail in people’s care plans had improved.

Each person had a care plan. We looked at a sample of electronic care plans and paper records on each unit. We found the electronic care plans contained some useful and detailed information about people's preferred routines and likes and dislikes which should help staff to look after them properly. The information had been kept up to date and reviewed by staff on a regular basis. However, it was difficult to determine how people had been involved in the reviews of their care and for people unfamiliar with the system it was difficult to locate some of the information without assistance.

The paper care plans were gradually replacing the electronic system and were called ‘My Day, My Life’. We found they were organised, detailed and included more personalised information about people’s likes, dislikes and preferences and routines and also about what was important to people. This information helped staff to gain understanding of people’s background and interests and ensured the care and support met their cultural and spiritual needs and lifestyle preferences. The care plans and associated risk assessments had been regularly reviewed by staff and in the newer documentation there were signatures to support people living in the home or their visitors had been involved in the reviews. One person living in the home said, “I’ve seen my care plan. They asked me about what I want and need.” People living in the home and their visitors had been formally invited to attend care review meetings.

Daily records detailed how each person had spent their day but did not always refer to the person’s care plan. This meant staff may not have been fully aware of people’s current needs and preferences and were reliant on handover information. We shared this with the registered manager who assured us this would be addressed as part of the audit.

People who used the service and their relatives were encouraged to discuss any concerns during meetings, during day to day discussions with staff and management and also as part of the annual survey. People told us they had not had cause to complain but they would feel comfortable speaking to staff or managers. One person said, “I’ve no complaints but have no problem in telling them and they would put it right” and No problems here but if I had I absolutely would tell them.” A visitor said staff were ‘open’ and approachable’.

The complaints procedure was displayed which advised people how to make a complaint and how and when they would be responded to. Clear records had been maintained of people’s concerns and records showed the service had responded in line with procedures. People’s concerns and complaints were monitored. We also saw letters of appreciation. Comments included, “Thank you for all the care and attention. May you continue to make a difference for all the people in your care.” People’s concerns and complaints were monitored and the information was used to improve the service.

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in suitable activities on the different units. Records showed people were involved in discussions and

Good

Is the service responsive?

decisions about the activities they would prefer and activities were arranged for small groups of people or on a one to one basis. There were three activity organisers who were responsible for the provision of daily activities. We observed them involved in one to one and group discussions with people about their memories of bonfire night and the rock and roll years. We noted this generated a lot of chatter and interest. People living in the home said, "There is always something going on, we are never short of something to do" and "I prefer to be quiet but they let me know what is going on out there." Visitors said, "There is plenty going on. I've seen them playing dominoes, clapping and singing" and "The entertainment could be better."

Staff supported people to follow their hobbies and interests and to meet their spiritual and cultural needs. People's comments included, "My Labrador visits me here. I've heard when people aren't well they stroke dogs and they get better", "I still get a paper everyday", "I like a tipple now and then; it doesn't seem to be a problem" and "My relative reads the Koran before eating breakfast; staff are respectful of this." We noted there were two friendly cats living at the home and people told us the registered manager brought her dog in each week. We observed people getting much pleasure and enjoyment from talking to, stroking and feeding them.

There was a shop and a café on site that people could visit to purchase biscuits, sweets, chocolate, drinks and various other items. Staff would provide a trolley service each week for those people who couldn't access the shop.

Throughout our visit we saw people attending the hairdressing salon. We visited the salon and found ladies chatting, reading magazines and drinking tea.

People told us they were able to keep in contact with families and friends. Visiting arrangements were flexible. One person said, "My visitors are always made to feel welcome." Visitors said, "Staff are lovely. When you come in they always speak to you" and "Staff are wonderful. I can visit anytime and I usually get offered a cup of tea." We observed staff were friendly and welcoming to any visitors.

Good

Is the service well-led?

Our findings

People told us they felt Dove Court Residential and Nursing Home was well managed and that the registered manager and staff were approachable and open.

The registered manager had been in post for a number of years. She was supported by a clinical service manager, who had also worked at the home for a number of years. The registered manager was able to meet with registered managers from other homes within the organisation to share best practice and her practice was monitored by a senior person within the organisation.

Daily meetings were held with 'unit' managers and heads of departments to ensure good communication throughout the service. Staff told us they were able to approach the registered manager and told us she was 'fair' and 'supportive'. One member of staff described how the registered manager had encouraged them to develop their knowledge and skills and as a result was due to begin nurse training. They said, "I feel good about myself, because the home manager believed in me."

There was a stable and established management and staff team. We found there was a culture of openness and the managers and staff respected each other. Staff told us they worked well together and said, "We have a good unit manager and we all pull together", "Our manager is very supportive and we respect her", "I really enjoy it here" and "I love my job." Staff told us, "It's a good organisation to work for" and "They listen to us." The home had an appointed senior person to provide on call cover at all times; this person would to take control of any issues arising out of hours.

Staff had access to a range of policies and procedures, job descriptions and contracts of employment to support them with their work and to help them understand their roles and responsibilities. They told us they were kept up to date and encouraged to share their views and opinions at meetings and by participating in the staff survey. Comments from staff included, "We can speak out." In recognition of good practice staff, visitors and people using the service were encouraged to nominate a member of staff who they thought had done something which was above and beyond their job role.

We found effective systems were in place to regularly assess and monitor the quality of the service. There was evidence these systems had identified shortfalls and that improvements had been made. There had been recent problems recognising shortfalls in the medication systems but we were told the audit tools had been improved and this was being resolved. The results of the audits were monitored and prompt action taken to improve the service where shortfalls were noted.

There were records of the area manager and quality manager monthly visits to review quality of life for people living in the home, environment, care and leadership, operational systems and processes. Action plans were developed, implemented and monitored at each monthly visit.

There were effective systems to seek people's views and opinions about the running of the home People were asked to complete an annual customer satisfaction survey to help monitor their satisfaction with the service provided. The results were analysed and then shared with people as part of a 'You said, We Did' process. The results were positive but we noted the results from the 2014 survey were only made available in May 2015. A visitor commented that he had participated in the customer satisfaction surveys and the unit meetings but had not received any feedback. We discussed this with the registered manager who was aware of the issue.

There was good evidence the management team and the organisation listened to people's views. For example people living in the home, their visitors and staff had been involved in a recent survey about the activities programme. Following this the variety of activities across the home was improved and the number of hours for activity organisers had been increased. This showed the information was used to develop the service.

Resident and relative's meetings were held quarterly. These were chaired by the unit manager with the registered manager and clinical service manager in attendance. People were invited to join the registered manager for a cup of tea each week to discuss any issues they might have; posters were displayed on each unit advertising the event.

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.