

Doveleigh Care Limited

# Doveridge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Doveridge is a residential care home providing personal care for up to 20 older people who may be living with dementia. The home provides accommodation in one adapted building. At the time of the inspection there were 19 people living there.

### People's experience of using this service and what we found

People and their relatives were overwhelmingly positive about the care they received. A relative told us, "I think this place is amazing. Nothing is too much trouble. The staff are so kind. I can't praise it highly enough". People told us they felt safe and there were enough staff to meet their needs. Staff were safely recruited and given suitable training. Care was taken to ensure people received their medicines safely.

There was a stable, happy and competent staff team. Staff told us they were well supported by the management team and by their colleagues. A member of staff told us, "I have such a pride in my job". Some staff had been appointed as 'ambassadors' specialising in topics such as palliative care, nutrition and diabetes. They carried out research and shared their knowledge with the rest of the staff team.

There was a strong emphasis on supporting people to stay healthy. There was a focus on healthy eating and maintaining safe fluid levels. A person told us, "The food is good here and we get choices of what we can have". Staff knew each person well and were passionate about ensuring people received the best possible care. People's needs were carefully assessed before they moved into the home and a plan of their care needs was drawn up and agreed with them. Risks to their health and safety were understood and well managed. The environment has been decorated, furnished and equipped to meet the needs of the people living there.

People were involved and consulted about all aspects of the service. Their views were welcomed, and suggestions acted upon. People knew how to make a complaint and were confident any concerns or grumbles would be listened to and addressed. Staff were determined to make people's lives as happy and fulfilling as possible. They found out about the things people enjoyed, and they helped each person draw up a 'wish list' of the things they wanted to do. Two activities organisers were employed who provided a wide range of activities and outings to suit each person's individual interests and abilities

People, visitors and staff praised the management team and told us the home was well-run. A person said "The manager listens to me and she does what she says she will. She is kind and caring and very easy to talk to". The provider, management team and staff constantly looked for ways of improving care for people. There were systems in place to regularly check all aspects of the service and make sure people received a safe and effective service.

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

Rating at last inspection: the service was previously inspected on 30 August and 1 September 2016 when the service was rated as Outstanding.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

### 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 

# Doveridge 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one 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.

#### Service and service type

Doveridge 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 the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we looked at the information we had received about the service since the last inspection. This included notifications about accidents and incidents that may affect people who used the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection-

We spoke with nine people who lived in the home and four relatives. We spoke with the registered manager, deputy manager, the provider, the senior manager, and six members of staff. We also spoke with a social care professional who was visiting the service that day.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff rotas, menus, policies and procedures were reviewed.

After the inspection

After the inspection the registered manager sent us a range of documents including training data and quality assurance records. We also received e mails from three relatives and one member of staff who gave us their views on the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding and received regular updates to ensure they knew how to recognise and report any suspicions of abuse. A member of staff told us, "It is my responsibility to look after our resident's well-being and look out for anything untoward. If I saw anything that was wrong I would have to report it". Staff knew how to contact the relevant agencies to report abuse if necessary.
- People were supported to manage their own finances wherever possible. The service took positive steps to protect people from financial abuse. For example, a person who liked to make purchases and manage their money using online banking was supported to continue to do so as safely as possible.
- Care was taken to protect people's belongings and valuables. People's consent was sought to take photographs of valuables and belongs when the person moved in. The service maintained a detailed inventory of personal belongings. This meant that if any items of value were lost or mislaid the items could be easily identified.

Assessing risk, safety monitoring and management

- People told us they felt safe. Comments included, "I feel safe and happy here in this home", and "I am safe and well looked after here".
- Potential risks to people living in the home, visitors and staff were managed safely. Staff were well trained in topics relating to health and safety such as manual handling techniques and first aid. People told us staff always followed safe procedures. A person told us, "When they hoist me there are always two of them and they certainly know what to do". A relative said, "She is absolutely safe here, they always ensure that she has her frame and they are well versed in evacuation procedures here".
- Staff constantly considered ways of improving people's comfort and safety. For example, staff had noticed a person was not comfortable when being hoisted. The staff and management team looked at the problem and found the hoist was not entirely suitable. The provider agreed to purchase a new hoist which better suited the person's comfort. The person had felt safer and more comfortable when using the new hoist.
- People had been assessed to identify any potential areas of risks to their health and actions had been taken to prevent risks occurring, or to minimise risks. Assessments covered such areas as skin care and pressure ulcers, weight loss, dehydration, and choking. Where risks were identified specialist advice had been obtained, for example the Speech and Language Therapists (SALT) had provided guidance on how to support people who were at risk of choking.
- Risks to the environment had been assessed and measures had been put in place to minimise the risks. Equipment such as hoists, and fire safety equipment had been regularly checked and serviced by relevant professionals. Fire equipment was checked regularly, and staff received fire safety training at regular

intervals.

- Improvements had been made to the fire safety systems in response to individual needs of people living there. For example, staff noticed that a person had propped a fire door open at night to help them move through the doors more easily. This created a potential fire risk. The service contacted the local fire service for advice and it was agreed that an automatic door closer could be fitted to the door. This meant the person could always move through the doors safely, without compromising fire safety in the home.
- Checks were carried out on all potential hazards. For example, tumble drier filters were checked and recorded daily, electric wiring checks were carried out regularly and call bells were tested to ensure they were working.

#### Staffing and recruitment

- Staff were recruited following safe procedures. References and checks had been carried out on applicants, interviews had taken place, and any potential areas of concerns had been followed up and assessed before new staff were appointed. Staff told us they were confident that care had been taken to check their suitability for the post before they had been appointed.
- There were enough staff employed to meet people's need safely. Dependency levels were regularly reviewed. Staffing levels had recently been increased to provide an additional shift between 8am and 12 noon to provide extra support to people who were at high risk of malnutrition or dehydration.
- People told us they thought there were enough staff employed, and staff responded quickly when they asked for assistance. Staff turnover was low and there was a core group of staff who had worked in the home for many years. A relative told us, "I think there are enough staff and we know them by now. The staff here are settled, and they stay".

#### Using medicines safely

- Care was taken by staff to ensure people received their medicines safely. The service had recently moved to a new computerised system of administering medicines. They had worked closely with the pharmacy to ensure the new system was introduced safely and staff were trained and competent in its use. Staff were positive about the new system and felt it had improved the safety of medicine administration. Medicines records were well maintained.
- People were assessed to identify the level of support they needed to help them manage their medicines. Medicines were stored securely. This meant people received personalised support to manage their own medicines. A relative told us, "Her medicine is all dealt with correctly and written up on the computer".

#### Preventing and controlling infection

- The service actively sought ways of improving people's safety and reducing the risk of infections. Several people living in the home experienced colds and flu in the previous winter. They had carried out research on the spread of airborne infection, and as a result they had purchased three air purifiers for communal areas. The purifiers were designed to filter pollen and bacteria from the air. The registered manager told us they had found this had significantly reduced the number of people experiencing respiratory infections.
- Staff took a pride in the environment and took great care to ensure the home was always clean and free from odours. Cleaning staff were employed to ensure all areas were kept clean. All staff received training on infection control and checks were regularly carried out to ensure the home was clean, and to make sure safe practice was followed at all times by staff.
- Small 'infection control' trolleys were strategically placed around the home to give staff easy access to protective equipment such as gloves and aprons, hand gels and wipes. People told us they were always confident staff followed safe hygiene procedures. For example, a person said, "They will always wear gloves if they put cream on us".
- The laundry was well-equipped, clean and tidy. Systems were in place to ensure soiled laundry was



washed following safe procedures. Baskets were provided for each person to ensure personal laundry was returned to the correct person. Staff took care to make sure clothing was clearly marked to minimise the risk of items not being returned to the correct person.

Learning lessons when things go wrong

- There was a positive, 'no blame' culture in the home. Staff were supported to speak out when mistakes occurred, and to learn from the mistakes. For example, a person missed a medication dose prescribed to be administered at a specific time of the day. This was not in line with the regular medicine rounds, and therefore there was a risk staff may forget to administer the medicines. The mistake was identified quickly, and actions were taken to ensure the person was safe. The incident was investigated, and an alarm was introduced to alert staff to specific medicine administration times.
- There were systems in place to ensure all accidents and incidents were recorded, investigated and action taken.

# 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

Outstanding: This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- There was a truly holistic approach to assessing, planning and delivering care and support. People's physical needs were carefully monitored and regularly reviewed. For example, a person was assessed as being underweight when they moved in. A plan was drawn up and agreed with them to help them gain weight. They were weighed regularly, and the records showed the diet had been successful. Staff talked with the person to discuss and agree any changes they wanted to make to their diet. The person's wishes were respected and upheld.
- People's physical, mental and social needs were carefully assessed before they moved into the home and a plan of their care needs was drawn up and agreed with them. This information helped staff get to know each person before they moved in, and to make sure people felt welcomed. For example, staff found out that a person who was moving in loved balloons and blowing bubbles. Staff decorated their room and their door with balloons before they moved in. This helped them to settle in quickly. Another person had displayed anxious behaviours before moving into the home. Staff were told the person loved eclairs so the person was offered eclairs when they arrived. The admission went well, and the person settled quickly with no signs of anxiety. Their relatives were greatly reassured by this.
- Care plans were clearly written and contained detailed information to ensure staff knew how each person wanted to be supported. Care plans were reviewed and updated monthly.

Staff support: induction, training, skills and experience

- There was a strong emphasis on staff development with a specific aim to improve the care of people living in the home. Staff had been appointed as ambassadors in a range of specific areas, for example diabetes, end of life, and oral care. These staff were supported to attend training and carry out research in their specialist area. Staff were passionate about their specific areas of expertise and were determined to learn as much as possible about the topic. Ambassadors shared their knowledge with the rest of the staff group through training sessions, staff meetings, and by offering advice and guidance on the specific needs of people living there. We heard how people had benefitted from these specialist staff, for example people received exceptional care at the end of their lives from well trained and knowledgeable staff.
- Staff told us they were well supported by the management team and by their colleagues. A senior member of staff told us, "I have such a pride in my job. Everything has to be done by the book. Staff only have to ask - it makes such a difference to give staff support". Another member of staff said, "I am over the moon with working here. Managers constantly support staff".

- Training records showed staff received training at the start of their employment. They received regular updates on topics relevant to the needs of people living there. Staff told us they were happy with the level of training provided. A member of staff told us, "The training is excellent". Staff were encouraged to gain relevant qualifications and received higher pay levels in recognition of relevant qualifications.
- People told us they thought the staff were well trained. A person said, "They have enough training I would say and seem to know what to do".

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

- There was a strong emphasis on the importance of eating and drinking well. The service provided good quality food with a variety of different options to choose from each day. People were fully involved and helped to plan their meals with staff, taking nutritional advice into account.
- People told us they enjoyed the food and drinks they were offered. A person told us, "The food is good here and we get choices of what we can have". A relative said, "The food is good and home cooked, it just depends on a daily basis how she feels about food. She likes her puddings. She has drinks and biscuits all throughout the day. There is also a self-service area here with free drinks and snacks to help ourselves from".
- The menus were varied and offered a balanced diet with various choices to suit each person's individual dietary needs. Menus had been drawn up in pictorial format as well as text to ensure they were easy to read.
- A member of staff had been appointed as a nutrition ambassador. They were passionate about the subject and had carried out research which had led to them putting together a file full of information for staff covering topics relevant to the needs of people living there. The ambassador had promoted greater staff awareness of the nutritional needs of older people. This had in turn led to staffing levels being increased in the mornings to enable staff to focus on encouraging people to eat and drink sufficient levels to remain well.
- The nutrition ambassador had also encouraged and supported managers and staff to consider further ways of supporting people. The home had introduced a snack bar which was prominently displayed in a lounge area offering a range of fruit and snacks for people to eat whenever they wanted. There was a strong emphasis on promoting hydration and nutrition boosts by offering small drinks and snacks throughout the day in addition to regular meals offered. This had greatly reduced the risk of weight loss and dehydration.
- Menus had been discussed with people and were adjusted according to people's comments. For example, one person said they loved trout and so this was introduced as a regular supper alternative. New recipes were trialled regularly, and people's views sought. Smoothie drinks were trialled and were popular, so these were regularly offered. Homemade cakes were offered daily and special occasions such as birthdays were always celebrated with special foods.
- Staff understood the dietary needs of people living with conditions such as dementia. They used a daily meal planner which contained information on each person's specific dietary needs, including portion size, likes and dislikes, and any specific crockery needs. They told us, "We know their likes and dislikes - we aim to please. Their choice is at the heart of what we do. It is a very person-centred approach".

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

- The environment had been carefully planned to ensure it met the needs of each person living there. Staff had researched best practice to ensure people were able to move around the home as safely and independently as possible. They had created small areas where people could sit with friends and family. This included a small indoor garden area with artificial grass, a garden bench, flower murals and sensory music and scents to create an outdoor feeling all year round. They had found this had helped people feel calmer and increased people's well-being.
- Staff had researched dementia friendly signage and sourced clear and easily recognisable signs to help people identify doors to rooms such as bathrooms, toilets, lounge, and kitchen. Doors were painted in

different colours to help them stand out clearly and some doors had been disguised with murals such as bookcases or telephone boxes, to deter people from entering some rooms by mistake. Toilet seats were coloured to help people see them clearly. 'Memory boxes' were being installed outside each bedroom door to help people identify their bedroom more easily using pictures and objects familiar to the person. They found people had benefitted from the new signs and had resulted in people being able to find their way around more easily and independently. Visitors had also praised the new signs.

- People were supported to decorate and furnish their bedrooms to make them feel homely and familiar. They were consulted on the furniture and decorations in the communal areas and their views were listed to and acted upon.

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

- Staff were passionate about supporting people to lead healthier lives. Care plans provided detailed information about every aspect of people's health needs. For example, each person had an oral health assessment in place. A member of staff was an 'oral care ambassador' and part of their role was to make sure each person's oral health needs were met. All staff had received oral care training from the community nurses and from the Oral Health Improvement team. Care plans contained step-by-steps guides to explain how to clean people's teeth if they needed assistance with this task.
- Another member of staff was a 'diabetes ambassador'. They had researched information and best practice on diabetes and shared this with the rest of the staff team.
- People praised the staff for the support they received to remain active and healthy. A person told us, "They are excellent here. They encourage me to get up from my chair". A relative told us, "The doctor will come if he is needed. One of the staff gave up her day off to come to the hospital with her. They all seem pretty competent"
- Staff worked closely with local health and social care professionals to make sure people received the best possible treatment and support. For example, when a person became low in mood they worked closely with the person, their family and local health professionals to find a solution. This resulted in the person leading a more active life and they became much happier as a result. A member of staff said, "We have a good rapport with district nurses and GPs".
- People were supported to attend appointments and receive advice and treatment from health care professionals. The home had received positive feedback from visiting health and social care professionals. For example, a community nurse had sent them a letter saying, "I wish to write to you all to say what a wonderful team you are. Whenever I had cause to visit I was always made welcome and the care you all give to your residents is clearly evident". They went on to say, "Any advice given was duly noted and I felt listened to. We all worked together in providing safe continued care for your residents".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- 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 had the appropriate legal authority and were being met. At the time of this inspection one person had a DoLS authorisation in place. A further 18 applications had been submitted to the local authority and were pending approval.

- Staff had received training on the MCA and understood people's legal rights. For example, a person who lacked capacity to make important decisions about their health was recommended by a dentist to receive treatment and provision of dentures. They checked with the Office of Public Guardian to check if anyone with the powers to make the decision on the resident's behalf. There was no match, however a family member was involved in a Best Interest decision. The outcome was that the treatment was carried out and this meant the person was able to enjoy their food in comfort.

# 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

Outstanding: This meant 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; respecting equality and diversity

- There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. They cared for individuals and each other in a way that exceeded expectations.
- Staff were passionate about treating people with kindness, friendship and respect. A member of staff told us, "I always say, 'This is the last door', so happiness is the main thing for people as this is the last step of their life. 'You can't care if you don't care' is also my motto". Another member explained how all the staff team cared for people. They told us, "It is person centred. If any of our people want to stay in bed, then that's what they do. Staff think about the little things like bringing in hair clips for a person who likes hair clips".
- Staff took great care to make people feel loved and welcomed when they moved into the home. We heard how a person who was very upset about leaving their home was helped by staff to continue to visit their church in their home town and to meet friends. Staff supported the person's family to visit the home and took special care to make the family visits welcoming to ease tensions. This helped the person and their family come to terms with the difficulties the person faced in giving up their home.
- People told us that staff showed exceptional care and compassion to relatives and friends as well as the people who lived there. A relative told us, "I think this place is amazing. Nothing is too much trouble. The staff are so kind. I can't praise it highly enough". The relative lived some distance from the home and explained what a big relief it was to them to know their mother was well cared-for. They told us staff sought medical treatment promptly when needed, and kept them fully informed and involved. They gave an example of a recent episode of illness, saying, "Mum had a seizure and month or so ago and someone just sat and held her hand until we got here. All the staff are so caring".
- Another person had a relative who was poorly who lived several miles away. A member of staff had taken the person to visit their relative. This gave the person great comfort to see their relative.
- Further comments from relatives included, "They are all so kind and caring here, the ethos here is to be nice to the residents and they are. They are more like friends to us" and "They are so kind and caring to her. In many ways she is fonder of them than she is of us now, so she is obviously happy here".
- Staff understood the loss some people experienced because they could no longer care for their own pets. Through research they sourced a 'Therapy Dog'. This was a realistic looking dog in a basket that 'breathes'. Many people were comforted by this including one person who enjoyed the dog so much that their family bought them one of her own.

- A relative told us that their loved-one enjoyed trips out with their key worker. The person enjoyed watching birds and was particularly fond of owls. The person regularly went with their key worker to a local estuary to watch the birds. The staff had bought pictures and models of owls for the person to enjoy.
- We observed staff treating people with gentle kindness at all times during our inspection. Staff were observant and noticed when people needed assistance. When people became disorientated, staff gave support and assistance to help them find their way around in. There were lots of smiles and laughter, and friendly discussions.
- There was a strong emphasis on respecting people's rights and valuing each person for their unique individuality. All staff had received training on equality and diversity during their induction and this was updated annually. Staff were encouraged to 'put themselves in another person's shoes' and see life experiences from the other person's perspective. Diversity, social inclusion respecting people's rights were covered in the home's policies and procedures and their Statement of Purpose.

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

- People and their families were involved and consulted about every aspect of life at Doveridge. They were consulted about their care needs through reviews of their care. Their views were sought through resident's meetings and surveys. Their comments and suggestions were acted upon. For example, a relative had commented in a questionnaire that they were unsure if the person accessed all of the activities and outings available. The provider told relatives they would speak with keyworkers to make sure families were kept up to date with an activities diary. They also promised to keep families updates about the person's participation in activities.
- Staff showed a determination to make people's lives as happy and fulfilling as possible. They worked with people to achieve their goals and dreams. They found out about the things people enjoyed, and they helped each person draw up a 'wish list' of the things they wanted to do. For example, one person used to be a keen 'home brewer' so the staff organised a trip to a local brewery for the person. Some people used to enjoy playing skittles, so staff booked a local skittle alley and took a group of people along to play skittles. One person used to enjoy going to music festivals, so they decided to arrange a 'Dove Fest' to be held in the garden area in the coming weeks. This will include live music and a range of entertainments. A member of staff told us, "You have to find out about them and what they like to do".
- People told us staff offered them choices about all aspects of their daily lives. For example, a person told us, "The staff are very kind to me. They show me the menu and help me choose what to have".

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity at all times. A member of staff had been appointed as a 'dignity champion'. Their role was to promote dignity in all areas of care through observation of staff practice, and through training and support for staff.
- Staff were observant and identified when people needed additional support to help them retain their independence. For example, a member of staff noticed a person was finding it difficult to pick food up from their plate. They discreetly added a plate guard and a spoon with their knife and fork and the result this enabled the person to eat their meal independently. A staff member noticed a person was not managing the toast served at breakfast, so the next day they removed the crusts and cut the toast into smaller pieces. The person was then able to enjoy their toast.
- Staff understood the importance of supporting people to keep in touch with friends and families by giving them assistance to write letters and send cards, especially those people who were losing the ability to communicate. Staff helped people by sitting with them, offering prompts and reminders, while at the same time supporting people to do as much for themselves as possible.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding

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 ensure people have choice and control and to meet their needs and preferences

- Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so that they felt consulted, empowered, listened to and valued
- Staff took great care to make sure people received support and care which met their individual needs. They were thoughtful and creative in their thinking. For example, a person living with dementia remembered their previous job as a secretary, which they had enjoyed. Staff had set up an office desk in the person's room and they were trying to find an old typewriting similar to the one the person used in the past. They gave the person daily office tasks such as filing. This has given the person a sense of purpose and helped them to feel happier and more settled.
- During a visit from relatives a person living with dementia started to sing a song. A relative told staff that it was a song the person often sang to them as children. Staff typed up the words in large print and added a picture and made copies for the person to have in their room and for use in group activities. The person gave the staff a big smile and said, "I love you".
- People told us they had been fully involved and consulted about their care plans before they moved into the home, and in regular reviews of their care. A person told us, "I discussed my care plan when I came here about a year ago and it has been updated once. I said that I don't want male carers so only have female". A relative told us, "We were both involved in the care plans (wife also) and we have six-month reviews. [Person] is also part of that". Care plans contained detailed information on all areas of need and were easy to read.
- In addition to the care plans there were information sheets containing a brief overview of each person's daily needs, highlighting any specific risks and medical problems. These sheets were particularly helpful for new staff, and for staff who were returning to work after a period of absence. Staff were also kept up-to-date with changes to each person's needs through daily shift handover sessions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service has gone the extra mile to find out what people have done in the past. They had evaluated this information and used it to help them develop and improve the range of activities they provided. This had resulted in an increase in the number of activities organisers employed and a greater range of both group and individual activities provided.
- People were offered a wide range of activities and outings to suit each person's individual interests and



abilities. Activities calendars were displayed around the home offering a wide range of activities and outings. There were two activities organisers employed who provided a range of activities every weekday, mornings and afternoons. People told us they enjoyed the activities and outings. A person said, "There are lots of activities here". A relative told us, "The activities man is excellent with her and puts on old films for her and chats about the film to her. They also take her out in the mini bus for tea and cake sometimes"

- Activities organisers liaised closely with each person and their friends and families to find out the person's previous work and leisure interests. They maintained a record of the activities each person had participated in each day. The activities organisers kept in touch with families, letting them know the activities people had enjoyed. They also told relatives about future activities planned and invited them to participate if they wished.

- If people did not want to join in group activities, or chose to remain in their rooms, activities organisers spent time with them on a one-to-one basis each week. Keyworkers also spent time with people, for example on shopping trips and pub outings. One person liked books. They enjoyed organising and re-organising the books on a book shelf in the lounge. Staff understood how much pleasure this gave the person and knew the person's favourite author.

- There was a digital device on the wall of a lounge which gave a constantly changing display of photographs of people enjoying recent activities and outings. This helped to remind people of the things they had recently enjoyed, and places they had visited.

- At the time of our inspection there was a cage with chicks that had recently been hatched in an incubator. People had gained much pleasure from watching the chicks hatch and had enjoyed caring for them and handling them. They also received regular visits from a person who brought birds of prey into the home.

- People were involved in planting and improving the garden. They had grown plants in the new green house and chosen plants for the raised beds. There were colourful kites in the garden, and sensory plants such as bamboo for sound and herbs for taste and smell.

- People were involved in many aspects of the local community. There were regular visits to, and from, the local pre-school. The children were in the process of rehearsing for the forthcoming 'Dove Fest'. Some people gained particular pleasure from interaction with the children.

- Visitors were always warmly welcomed and could share a meal with their loved one if they wished. Staff escorted people to visit friends and family if they requested. Staff helped people to keep in touch with friends and family who lived away, for example by using computer video links. They also send photographs to relatives of activities people had enjoyed. A relative had sent the home a thank you e mail saying, "Thank you so much for the photo of [person]. Her hair looks lovely, that's more like the way she always used to wear it! I used to come every month but the last year has been difficult, but I know she is in very safe hands with all of you".

- The home organised a personalised Christmas card for people to send to their family. Each person had enjoyed dressing up and wearing a Christmas hat and tinsel for the photo. This was much appreciated by friends and families.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us they were confident any complaints would be listened to, investigated and acted upon. They were given information about how to make a complaint. A person said, "Yes I have complained, some of my clothes disappeared in the wash but it was quickly sorted out and I was apologised to and it hasn't happened again". A relative told us, "We have no concerns, I would go to the office or key manager if I did."

- The provider told us in their PIR, "We have received three complaints in the past year. Each complaint was responded to and resolved within three days of receipt". They told us that feedback was shared with the staff team and where improvements were needed they looked at ways of improving practices.

- The home had also received many compliments and letters of thanks. These were also shared with the

staff. A relative said, "We have no complaints and we have actually written to the home about two excellent staff members and the care they have given to (person)".

#### End of life care and support

- Staff were passionate about making sure people received the best possible care at the end of their lives. A member of staff had been appointed as a Palliative Care Ambassador. They had received training, carried out research, and gathered information to be shared with staff, relatives and friends about death and dying. Staff worked with health professionals to ensure people received safe and pain-free care at the end of their lives.
- People's end of life wishes were explored with them when they moved in, and as staff got to know people better the plan was revised and updated. The plans covered practical care and contained detailed information about the care the person wanted at the end of their life.
- An 'end of life' file had been put together containing a range of information for families including the signs of death, how to register a death, grief and the stages of bereavement, end of life care and the home's policy on death and dying. Families had told the staff how helpful they had found this information, especially those people who had never experienced the death of a loved-one before. Staff had also put together a basket with a range of resources which could be used when a person was at the end of their life, such as prayer books and a range of music discs.
- Staff placed a great emphasis on being with people at the end of their lives if friends or family were unable to be there. We heard how a staff member who had been the person's keyworker had stayed with the person until the end of their shift in the evening. The member of staff went home, but then returned shortly afterwards to sit with the person through the night. The member of staff had built up a great rapport with the person and their family and this had given the family great comfort to know the person was not alone during the last night of their life.
- A letter of thanks was sent to the provider from a relative which said "I have been told that her passing was peaceful and calm which is of great comfort although she ideally wanted to end her days at home. The fact that her end did not take place in a hospital would have given her great comfort. I believe her last days were handled with great care and compassion by your staff for which I and my family are very grateful".

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in a format to suit each person. For example, menus were drawn up using both text and colourful pictures. Documents and signs were printed in large, bold type where necessary. People were offered a copy of their care plan in format suited to their needs, for example large print. There was a portable white board and dry wipe pens in the communal lounge to help people who had difficulty speaking to write or draw what they wanted to communicate.
- Staff understood each person's individual communication needs. Staff encouraged people to speak as much as possible and to retain, or gain, their communication skills. One person who had lost the ability to communicate verbally before they moved into the home had improved significantly after admission. Staff chatted to the person and encouraged them to respond verbally. The person began to talk in sentences, had good eye contact and could follow conversations. The family noted a remarkable difference in their loved-one's well-being and happiness. They said they would visit more because their visits had become more meaningful.

## 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service's visions and values were at the heart of the service.
- People, visitors and staff were overwhelmingly positive about the management of the home. A person said "The manager listens to me and she does what she says she will. She is kind and caring and very easy to talk to". A member of staff said, "[Registered manager] and [deputy manager] spend a lot of time with the residents. They talk to the residents and let them know what's going on, and encourage them to join in"
- The management team looked for ways to improve staff knowledge, skills and confidence. In addition to the regular training offered staff were offered extra one-to-one training sessions on any topic they wanted. This was on a one-to-one basis with a member of the management team. For example, a member of staff requested assistance with a topic which resulted in them achieving 100% in an online training course. The member of staff was proud of this achievement.
- There was a strong emphasis on providing an 'open door' management style. The provider and management team were visible in the home at all times. A member of staff told us "The managers work on the floor. They are very 'hands on'. They watch what is going on. The owner is also 'hands on'. I love it here".
- Staff praised the provider and management team for the care and support they received. Staff told us that the management team recognised each member of staff's strengths and unique skills and helped them develop. They supported staff through times of illness and stress. A member of staff told us, "They have given me the confidence to believe in myself. I couldn't wish for any better. They have also supported young staff here".
- There was a stable and happy staff team who knew people well. The provider, management team and staff constantly looked for ways of improving care for people. The management team recognised staff who 'went the extra mile'. Staff were rewarded for exceptional care through a monthly bonus scheme.

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

- Since the last inspection the management team had been strengthened and increased with the introduction of a new post of deputy manager. In addition, there were three assistant managers. This meant there was a strong management presence in the home each day. A member of staff said, "It's very well run. The managers are good. [Deputy manager] is brilliant - she runs a tight ship". Staffing levels had also been

increased since the last inspection.

- The provider and management team kept up to date with legislation changes through various national resources and websites including CQC, Health and Safety Executive, and Skills for Care. Also, through such as Caring Times and Care Home Professional. They also attended local events for care industry.
- Since the last inspection the home had received local and national recognition for their high standard of care. They had been nominated and shortlisted for awards such as the National Care Awards in 2017 and 2018. Staff members who were involved were invited by the Minister of State for Care to a morning reception and exhibition at the House of Commons. They supported local campaigns to promote the care industry in the South West. This included supporting the Proud to Care recruitment campaign. On the day of our inspection they were mentioned in the press today for being shortlisted as finalist for the Care Home of the Year in Devon and Cornwall organised by Proud to Care. The process of entering and getting to the finals had boosted staff morale.

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

- There was a constant focus on providing a high level of engagement with people living in the home, relatives and staff. The provider and managers involved people living in the home, visitors and staff in all aspects of the home. Staff meetings were held regularly. People's views were sought through resident's meetings, care plan reviews, questionnaires, and through informal discussions, and their views were acted upon. For example, staff noticed people's view of the television in the lounge was interrupted by people walking past so they considered moving it. Most people agreed with this, apart from one person. They agreed a solution with this person to purchase a small television they could sit and watch from their favourite chair. This meant everyone was happy with the outcome. People and relatives confirmed they had been asked to complete questionnaires. A person told us, "Twice I have been asked what I think of my care and I let them know"
- The home was at the hub of the local community, and were involved with many local organisations and events, such as the local flower show and the carnival. Staff were well known in the local community and active in many local clubs and organisations, such as the local pre-school. The village was recently in the local, national and international news when a person received an anonymous letter about hanging their underwear in the washing line. The result was the community rebelled and lines of washing appeared around the town in support of the family. People in the community rebelled, and people living in Doveridge joined in by hanging a washing line along the garden fence. This caused a great deal of interest, discussion and laughter.
- Relatives received newsletters from the provider keeping them updated about news, events and changes in the home.
- The management team had signed up to the 'Disability Confident' scheme. This meant they ensured recruitment was inclusive and accessible. They were committed to provide reasonable changes and support to any employee who acquired a disability to remain in work. They had also signed up to a 'Workplace Wellbeing Charter' which is an accreditation standard based on experience and best practice covering topics such as Leadership, Absence Management, Mental Health Awareness, Healthy Eating and Alcohol Awareness. We heard how they had put these principles into action for their current staff team.

Continuous learning and improving care

- The registered manager told us, "We are continuously trying to improve the service. We always want to improve life for the people. They are the boss". They also told us, "We are constantly trying new things to see if they work". For example, some people living with dementia became more anxious in the early evening (often referred to as 'sundowning'), saying they had to go home to their families. Staff had researched ways of relieving this anxiety and they were planning to install a bus stop sign in the garden which people and

staff could by, as this had been found to be successful for some people.

- The provider and registered manager had a range of checks and audits in place to constantly monitor and improve all areas of the service. These included care plan audits, medicine audits, and dependency level checks.
- The management team had attended workshops on leadership development and had worked closely with the local authority to improve and strengthen their quality assurance systems. They had trialled new audit systems and gathered evidence to determine the most effective systems.
- The provider and registered manager encouraged continual professional development for all staff members. For example, at the time of this inspection the registered manager was undertaking a qualification in understanding Autism.

Working in partnership with others

- The home worked in close partnership with local health and social care professionals. The local health centre was situated next door to the home, and the local fire station was opposite, and this had resulted in regular contact and excellent working relationships with the staff working there. For example, they regularly sought advice on fire safety from the local fire service. They sought input and guidance from professionals such as occupational therapists, physiotherapists, and speech and language therapists. They worked closely with them to gain positive outcomes for people in the home. They had received positive feedback from professionals on the care they provided.
- The home had successfully accepted a volunteer through the Duke of Edinburgh scheme. They received an email from the scheme thanking them for their support saying, 'They could not run the Duke of Edinburgh scheme without people like Doveridge'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team were fully aware of their legal responsibility to inform us of significant events and safeguarding concerns which affect the running of the service. They had kept us updated and advised of all events including deaths and allegations of abuse.
- Where events and incidents had occurred, these had been investigated and addressed satisfactorily. They were open and honest about any mistakes and demonstrated a determination to learn from mistakes and make improvements.