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# Dovecote Manor

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We carried out this inspection over 2 days. The first day of our inspection was unannounced on the 22 July 2014

and we returned to complete the inspection on 23 July 2014. The previous inspection was in August 2013. There were no breaches of legal requirements identified at the last inspection.

Dovecote Manor is situated in a residential area close to the centre of Southport. Shops and public transport are easily accessible. The home is set in its own grounds with space for people to sit and enjoy the fresh air. The service is registered to provide care and support for a total of 29 older people. On the day of our inspection there were 19 people living at the service.

# Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider [owner].

We reviewed the care files of eight people who lived at the home, we found the individual care files were person centred; by person centred we mean the individual needs of the person, their wishes and preferences, were identified and acknowledged. Staff only intervened when agreed or the need arose to protect the individual's safety and welfare.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to make sure any decisions are made in the person's best interest. At the time of our inspection one person in the home had their liberty restricted under a DoLS authorisation.

People living at Dovecote Manor were receiving care and support that met their individual needs. People who used the service told us that they felt their dignity and privacy were respected and made positive comments about the staff. Staff ensured the people who used the service were kept safe from abuse. We found staff were caring and treated people with dignity and respect. People had access to the local community and were supported to go out and pursue individual interests such as going out to lunch.

We found that the provider had not identified areas of risk within the building. We found the provider had undertaken regular audit visits to the home to monitor the quality. However, we found that areas which could pose a potential risk to people living at the home had not been identified. Therefore actions required to identify and manage potential risks posed by areas of the home were not identified and acted upon.

From listening to people's views we established that the leadership within the service was consistent and the registered manager was accessible for staff, people using the service and their relatives.

# 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?

The service was not always safe because parts of the environment presented a risk to people using the service. The provider had not made suitable arrangements to assess and identify areas of potential risk within the building.

People living at Dovecote Manor were protected from bullying, harassment and potential abuse. Staff understood what abuse was and told us they were confident they would be supported by management to take steps to report any incidents of potential abuse appropriately.

There were sufficient staff members on duty to meet people's personal care needs and keep people safe during the day. Records relating to staffing confirmed that there were enough staff members available to safely evacuate people in the event of an emergency in line with the emergency plans in place at the time of the inspection.

Staff files we reviewed confirmed that robust recruitment checks were in place to ensure staff were suitable to work with vulnerable adults.

Requires Improvement



### Is the service effective?

The service was effective. People's care needs were assessed when they came to Dovecote Manor. We found people's care records were personalised and provided guidance on how individual care needs should be met. We saw records which confirmed that people who used the service had been supported to take part in planning their care.

Staff members had access to a comprehensive induction programme when they started work at Dovecote Manor. Staff received good support through supervision and all members of staff had received their yearly appraisal.

We reviewed training records which confirmed that training levels in mandatory areas such as Health & Safety and Manual Handling were high.

Good



### Is the service caring?

The service was caring. From our observations we found staff were caring and treated people with dignity and respect. This was supported by the five people we spoke with who used the service and a relative who visited the home during our inspection.

Staff understood and acted on people's individual preferences relating to how they wanted to be cared for and respected their dignity. People's privacy and independence were promoted.

The provider sought the opinions of people who used the service and their families to ensure they were involved in decisions about their relatives' care.

Good



# Summary of findings

## Is the service responsive?

The service was responsive. We found people received personalised care that was responsive to their needs. A relative we spoke with confirmed they were involved with the planning of their family member's care. The people we spoke with told us that they worked with staff from the service to ensure information about people's preferences was understood.

Staff worked closely with relevant health professionals to make sure people received the right care to support any change in their needs.

We found the service management took steps to ensure the service learnt from mistakes, incidents and complaints. People who used the service and the relative we spoke with confirmed that they had been given information on how to make a complaint.

Good



## Is the service well-led?

The service was well led. From our observations and speaking with people who used the service, staff and a relative of a person living at the home, we found that the culture within the service was person centred and open. From listening to people's views we established that the leadership within the service was approachable and consistent.

The management team had placed a focus on improving the service, and the delivery of high level care that incorporated the values expected by the provider.

A process was in place for managing accidents and incidents. People's safety was monitored and systems for checking the quality of the care people. Staff said they were supported by senior staff and the registered manager.

Good



# Dovecote Manor

## Detailed findings

### Background to this inspection

The inspection was carried out as part of the second testing phase of the new inspection process we are introducing for adult social care services. The inspection team consisted of a Care Quality Commission inspector of adult social care services, a specialist health and safety adviser 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 service.

During this inspection we spoke with five people living at Dovecote Manor and one visiting relative. We also spoke with staff including the registered manager, a quality assurance manager, five care staff, two housekeeping staff and one of the catering team. We observed care and support in the communal areas and looked around the

premises. During the inspection we viewed a range of records including: eight people's care records; four staff files; and the home's policies and procedures. We joined people during a lunchtime meal in the dining room to help us understand how well people were cared for.

Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We looked at the previous inspection reports. We spoke with one community health professional.

Prior to the inspection we reviewed the information we held about the service and contacted a range of professionals who regularly work with people who use the service. These included GPs, social workers and community nurses.

# Is the service safe?

## Our findings

As part of the inspection process we undertook a tour of the building and looked at potential areas of risk to people who live at the home. In the basement of the home there is a bar / dining room which staff told us was unused. At the far end of the room we found an unlocked door which led to an area which appeared almost derelict. We found this area to be in an extremely poor state in both repair and cleanliness. For example we noted broken tiles, mirrors and a broken fridge / freezer. In one area were two chest freezers containing frozen foods which staff confirmed were used by kitchen staff. We noted that although the freezers appeared in good repair, the room itself was dirty and dusty. A further door led to a Handyman's store / restroom, containing a number of tools, paints and associated items. An electric box attached to the wall just outside the handyman's store, looked new but had a number of exposed wires next to it. We confirmed with staff that this wiring was not currently being used as it was disconnected from the box itself. We were therefore not assured that the premises was managed effectively to keep people safe. We recommend that the service reviews the Health & Safety Executive guidance on 'Health and Safety in Care Homes'.

Most of the people living at Dovecote Manor at the time of the inspection were able to verbally express their experience of living at the home. However we found that three of the people who used the service could not verbally express their experiences of living at the home. As such we could not ask them questions directly, such as whether they felt safe, or if they were involved in making decisions about any risks they may take. We were able to speak with five people who lived in the home and a relative of one person who visited the service during our inspection. The people we spoke with said they felt "safe" living at the home and with the staff who supported them. One person said; "There is always someone to help." Another person told us, "This place is the best." A relative who was visiting the home said they were "happy with the care provided" and had "no worries about the care, at all." We found people had been involved in discussions about any risks and the care and support in place relating to risks.

From our observations, staff were taking steps to ensure people living at the service were safe.

The service had a corporate safeguarding policy in place, which had last been updated in February 2014. This stated

that the policy should be used in line with local authority safeguarding policies and procedures. We spoke with three care workers about safeguarding and the steps they would take if they felt they witnessed abuse. Staff gave us appropriate responses and told us that they would report any incident to the person in charge. In discussion with us, staff were able to describe how they would ensure that the welfare of vulnerable people was protected through the organisation's whistle blowing and the local authority safeguarding procedures. The management team were able to provide an appropriately detailed overview of what actions they would take in the event of an allegation of abuse, these included informing relevant authorities such as the local authority safeguarding team and the police if appropriate.

We reviewed records which confirmed that staff had appropriately identified and recorded incidents and accidents that had taken place in the service. The records we reviewed confirmed that where an incident had taken place, actions had been taken by the registered manager to minimise the risk of further incidents of a similar nature. This assured us that steps were taken to keep people safe and protect them from abuse and harm.

The registered manager had attended training in the Mental Capacity Act (2005) and demonstrated understanding of the Act. In discussion with us staff were clear about the principles and their responsibilities in accordance with the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. If a person lacks the capacity to make a decision for themselves, the decision must be made in their best interests.

A mental capacity assessment had been conducted for some people who used the service and these were kept within people's individual care records. We reviewed records relating to a Deprivation of Liberty Safeguards authorisation [DoLS] which was in place for one person currently using the service. The area manager gave us an overview of the DoLS application in relation to the person concerned. We found that the registered manager had made the Deprivation of Liberty application in line with Sefton Council guidelines.

## Is the service safe?

The compliance manager showed us the staff rota in use at the time of the inspection and the area manager explained how many members of staff were required each day, in order to ensure there were enough staff to meet the needs of the people who used the service.

During our inspection we looked at what would happen if the building needed to be evacuated in the event of an emergency such as a fire. We requested copies of emergency evacuation plans which should be in place for everyone who uses the service. Personal Emergency Evacuation Plans (PEEPs) should be readily available for all of the people living at Dovecote Manor. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We noted that the emergency plans were not readily available in individual care files, or in the individual rooms. We raised this with the registered manager who was able to show us the PEEPs for each person who was currently using the service. The manager explained that she was in the process of updating each PEEP which is why they were not available in individual rooms or care files. We noted that on the second day of our inspection the updated documents were available in care files and individual rooms.

We looked at the recruitment records of staff. Appropriate checks were undertaken before the staff members began work. We found a completed application form and evidence that a Disclosure and Barring Service (DBS) check was carried out prior to the new member of staff working in the service. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults). Records we reviewed confirmed that proof of identity had been recorded and references received, prior to people starting work at the service.

As part of our inspection process, prior to our inspection visit, we contacted five health care professionals who visited Dovecote Manor frequently. The people we contacted told us that they were very satisfied with how the service managed individual risk and the overall standard of care. One professional commented; "It's a nice place and the staff are helpful."

# Is the service effective?

## Our findings

People's assessed needs were reflected within their care records. We found people's care records were personalised and provided clear guidance on how their care needs should be met. People's support plans included information about their personal preferences. For example one of the care plans we reviewed, had been written by the individual concerned. Within the care planning documentation the person had very clearly listed their personal likes, dislikes and preferences in relation to their care. We noted that in the care records we reviewed we found the information to be well laid out and easily accessible to staff.

We found that staff were consistently following people's individual care plans. For example one person's care plan noted that they required extra support in relation to their fluid intake and the consistency of their food. We then asked staff to tell us how this information was relayed to the staff in the kitchen. We were shown records which confirmed that the kitchen staff had been informed of the person's changing dietary requirements. We also noted that the information regarding people's dietary needs was clearly displayed in the kitchen, to ensure that all staff had access to the information.

During the lunchtime meal we saw there were enough staff to support people. Staff supported individual people either in their bedrooms or in the dining room. They approached people in a courteous way and asked if they could assist them.

Staff we spoke with were knowledgeable about people's individual needs and preferences. In discussion with us

staff were able to describe in detail how each person preferred to be supported. For example, one person preferred to spend much of their day in their room. Staff told us how they tried gentle encouragement to persuade the person to spend some time in the communal areas but accepted the person's preferences. This meant that people's choices and decisions were respected.

We saw evidence in care plans of working partnerships with, for example, GPs, district nurses, dieticians, opticians and podiatrists. All of which was based on assessed individual needs. This helped to make sure people got the right support which met their needs. This assured us that staff were effective in meeting people's needs and requested advice from specialists in response to people's changes in needs.

Each new member of staff was subject to a probationary period of employment. This concluded with a meeting to determine whether the staff member was suitable to receive a permanent role. This assured us that steps were taken to ensure the people employed by the service were fit, and had the appropriate skills and values to undertake their roles within the ethos of Dovecote Manor.

Staff told us, and records confirmed, that they received supervision sessions with a line supervisor no less than three-monthly and an annual appraisal with the registered manager. We noted that the manager had put in place clear plans to address mandatory training requirements in areas such as safeguarding and first aid, as they came up for renewal. Staff we spoke with confirmed that they had access to further training as required.



# Is the service caring?

## Our findings

We observed that when staff spoke to people they made good eye contact and spent time with people outside of providing care. All the people we spoke with who used the service and the relative we spoke with told us staff were caring and respectful towards them. Comments included: “All the staff are always really nice, nothing is too much trouble for them” and “the staff are great, I get along with them all.” The staff we spoke with demonstrated a good understanding of how to ensure that people were treated with dignity and respect.

All of the people we spoke with who used the service told us they felt the care was very good.

When people who used the service described their support they used words such as ‘good’ and ‘very good’. We received very positive comments about staff and the care that people received from a relative of a person who used the service. A relative we spoke with commented; “They are all brilliant, I have no worries at all about the care my relative receives.” Another person told us; “They [the staff] are all really good.”

The care plans we looked at were person centred and comprehensive, covering areas of risk, health, people’s personal preferences and personal history. Within each of the files we looked at we noted a pre-admission assessment had been undertaken by the members of the management team to ensure that the service was able to meet the needs of each individual before they entered Dovecote Manor. These assessments included for example; family composition, where the person used to live,

hobbies/interests and previous employment. The assessment also detailed information about individual care needs, including current and past medical history and the individualised support required by the person. This promoted staff awareness of people’s individual needs, preferences and diversity. Care records were written in a way that valued people’s personal preferences and diversity of needs. The care records we reviewed had been signed by the person or their relative to show their agreement with their planned care. The relative we spoke with told us that the staff had a good understanding of people’s needs.

In discussions with us staff were knowledgeable and respectful of people’s diverse needs. Discussions with people who used the service and observations of the care provided, confirmed that people’s individual wishes for care and support were taken into account.

We saw staff promoting independence by encouraging people to do things for themselves when they were able to. In discussion with us, staff acknowledged that at times people struggled with motivation. They explained the difficult balance between respecting personal choice whilst trying to encourage and motivate people to remain as independent as possible.

From our observations of the care delivered, the staff members were able to keep the people who used the service safe, as well as meeting their care and support needs. The manager told us they considered skill mix and experience and always ensured there were enough members of staff on shift, to meet the care and support needs of the people who used the service.

# Is the service responsive?

## Our findings

We found that three of the people who used the service could not verbally express their views. We noted that staff made efforts to interpret people's behaviour and body language, in order to involve them as much as possible in decisions regarding their day to day care.

A relative and professionals we spoke with, all confirmed that they worked with staff from the service to ensure information about people's preferences was understood and could be used to inform day to day decision making. One person who used the service told us; "If we want to go out we can go out. I can't ask for any more from them at all." Another person commented; "We have regular meetings to discuss things, it's usually the relatives that do all the gassing."

We noted that information about advocacy services did not appear to be readily available. The manager explained that most of the people who used the service had active family involvement in their care.

Relatives we spoke with told us that they felt part of their relatives' care and confirmed that they had been included in the care planning process. The individual assessments and care plans in the care files that we looked at had been reviewed on a monthly basis or more often if people's

needs were changing. The care plans reflected people's individual and specific needs. They were written in a detailed way so that all staff could understand how to support each person.

Dovecote Manor used their organisation's complaints policy. The manager told us there had been no recorded formal complaints since our last inspection. Therefore we could not review any current complaints to ensure they had been investigated and responded to appropriately. However we did review documentation relating to an older complaint, this showed that the management had responded in a timely way and to the satisfaction of the complainant.

We spoke with one relative who was visiting the service on the day of our inspection. The person we spoke with was extremely positive about the care provided by staff at the service and told us if they had any significant concerns they would be happy to raise these with the manager or staff.

All the people who used the service and the visitor we spoke with told us they knew how to make a complaint. We noted that there were leaflets on display in the reception area of the home that included information for people about how to make a complaint. The home's statement of purpose and the most recent inspection report was also available in the reception area.

# Is the service well-led?

## Our findings

From our observations and speaking with staff, a relative of a person using the service and five people who currently live at Dovecote Manor, we found that the culture within the service was person centred and open. Through listening to people's views we were able to establish that the leadership within the service was clear, consistent and accessible.

In discussion with us the management team placed a clear focus on continuity of staffing, the delivery of supervision and support to staff that incorporated the values expected by the provider.

People we spoke with who lived at the home and a visiting relative, commented positively on the way the service was managed. People's comments about the registered manager included, "She's very approachable" and "Nothing is a bother to her." Another person commented; "She's lovely."

The provider had an audit system in place to carry out regular audits at the service. This system meant that the compliance manager came into the home to assess the quality of the service. We reviewed documentation which showed that part of the quality assurance programme

included regular visits by a compliance manager to check the quality of the service. We saw detailed reports of these visits and action plans and timescales for any areas for improvements. We saw the compliance manager checked that any actions had been completed on the next visit. This meant that the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

Dovecote Manor had a whistleblowing policy, which was available to all staff in both digital and paper formats. Staff told us they were aware of the whistleblowing policy and they had access to this in the staff office. One staff described a concern they had raised recently which had been acted on by the registered manager. Staff said this made them feel confident that any concerns were dealt with effectively. This showed staff were aware of the systems in place to protect people and assured us that staff were clear about how to raise any concerns.

The registered manager told us that she had an 'open door' policy to ensure that people could come to her at any time if they had any concerns. This was confirmed by the people who used the service and the visiting relative we spoke with. One person commented; "I visit often, I speak to the manager whenever I come in."