

IBC Quality Solutions Limited

The Dovecote Residential Care Home

Inspection report

69 Bagshaw Street
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Tel: 01623480445

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Ratings

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

Summary of findings

Overall summary

The Dovecote Residential Care Home provides accommodation and care for up to 18 people with a learning disability. The home is located in Pleasley, Nottinghamshire. On the day of our inspection 17 people were living at the home. At the last inspection, in November 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff understood how to keep people safe and were appropriately recruited. There were enough staff to meet people's needs and people received their prescribed medicines safely.

People were supported by staff who received appropriate training and supervision. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way. People were supported to maintain good health and nutrition.

People were cared for and supported by staff who respected them as individuals, staff had positive relationships with people and respected their privacy and dignity. People and their relatives were involved in planning and reviewing their own care.

People received individualised care and were provided with meaningful interaction and activities. People felt confident to make a complaint and were confident these would be responded to.

The service had a positive atmosphere. The registered manager and service manager were committed to delivering a good quality service and had effective systems in place to promote and encourage this.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

The Dovecote Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 March 2017 and was unannounced. The inspection team consisted of one inspector 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.

Before the inspection, the provider completed 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 also checked the information that we held about the service such as previous inspection reports, information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with seven people who used the service, six relatives, two members of care staff, the staff supervisor, service manager and the registered manager. We looked at the care records of three people who used the service, the recruitment records for three staff, as well as a range of records relating to the running of the service including quality assurance audits and meeting minutes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe at the service or that the service was a safe environment for their relation. One person's relative told us, "Yes, (relation is) very safe here. I have no concerns." Another person's relative told us that they do not worry about their relation as staff keep them safe. The provider had a clear safeguarding procedure and staff were able to describe the action they would take if they were concerned about possible abuse. We observed that people appeared comfortable around staff and told us they would speak to staff if they had any concerns.

Risks to people were identified and assessed. People had care plans which described the support they needed to ensure their safety and wellbeing. The staff we spoke with were knowledgeable about the risks to people's safety and the measures in place to keep them safe. Records showed that safety checks were in place to reduce the risk of harm to people from equipment and the environment.

People were supported by sufficient numbers of staff and recruitment processes ensured staff were suitable for the role. People told us that staff were available when they needed them, and that they did not have to wait long for support. We observed that people's requests for support were met in a timely way during our visit. The staff members we spoke with confirmed that staffing levels were sufficient to meet the needs of people, one staff member told us, "Staffing levels are maintained."

People told us that they received support to take their medicines as required. Our observations showed that people had medicines available to them which were stored safely and securely. Only staff who had received medicines training and had their competency assessed were able to support people with their medicines. We found that trained staff were aware of safe administration procedures and maintained accurate records. We spoke to the registered manager about handwritten entries on people's medicines administration records which had not always been signed by two staff to ensure the accuracy of information. The registered manager told us they would ensure this was done in future by including checks as part of their audit.

Is the service effective?

Our findings

People were supported by staff who received training and supervision relevant to their role. One member of staff told us, "There is always training, we are given lots of opportunities. We have supervision every eight weeks and an appraisal every year. [Service Manager] is supportive and door is always open." People and their relatives told us that staff knew people well and supported them effectively.

People were encouraged to make decisions about their care, day to day routine and preferences. The relative of one person told us, "[Relation] does [their] own thing. Seems happy." Staff had a good understanding of people's rights to make their own decisions. If there was doubt about a person's mental capacity to make a specific decision, an assessment of the person's capacity had been carried out. If the person had been assessed as not having the capacity to make a decision, a relevant best interest decision had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA, relevant applications had been made and conditions on authorisations to deprive a person of their liberty were being met. People who sometimes communicated through their behaviour were supported by staff that recognised how to support the person and how to respond in a positive way. There were care plans in place informing staff of what may trigger the behaviour and detailing how staff should respond. We found that staff we spoke with had a good knowledge of these plans.

People were supported to maintain a nutritious diet. People told us that they were offered a choice of meals and had a weekly meeting to determine what meals they wanted for the week ahead. One person told us, "(I) do shopping with staff, eat what I like." Records showed that people's weight was monitored in line with their care plan and we saw that appropriate action was taken if people's weight changed. People were also supported to maintain their health. People had regular access to healthcare professionals and any changes in their health were recognised by staff and prompt action was taken.

Is the service caring?

Our findings

All of the people and relatives we spoke with were complimentary of the caring attitude of staff. One person said, "They (staff) do care, they're helpful. It's cracking here." Another person's relative told us, "The care that [relation] receives is exceptional." It was evident throughout our visit that positive, supportive and friendly relationships had developed between people who lived at the service and staff. We witnessed much warmth, friendly banter and concern that people were comfortable and receiving the care they needed. All of the people we spoke with told us they were happy living at The Dovecote Residential Care Home.

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, engaging them in meaningful conversation and activities. People's care plans contained a good level of information about people's communication needs. We observed that staff used their knowledge of people's communication needs to help people's understanding and encourage choice. For example, staff used visual prompts to help a person who had difficulty hearing to understand the choice of meal.

People were involved in planning and reviewing their own care. People's care plans contained detailed information about what was important to people and what they hoped to achieve. Records showed that people were involved in regular reviews of their care and could make changes to how they wished their support to be provided. For example, the registered manager showed us a recording of them discussing a person's review. This was produced at the request of the person who had a visual impairment. One person told us that staff had recently supported them to make a funeral plan and told us why this was important to them. We saw that information had been produced for the person in a format the person would understand.

People were treated with dignity and respect. People were supported to take their medicines privately, had their own private space and the opportunity to open their own mail and have a key to their room. People's relatives told us that they were not restricted in being able to visit their relations. We observed that one person was supported to make a telephone call to their relation during our visit and was asked if they wished to do so in private. The staff we spoke with talked about people respectfully and demonstrated their knowledge of the importance of confidentiality.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. The provider told us in their PIR that, "We have recently introduced outcome focused care plans; these identify dreams, aspirations and preferences and set out the actions to be taken by staff to meet these." People confirmed they were involved in planning their own care and were supported to make important decisions about their lives. A person's relative confirmed this view and told us, "(Staff) take on board everyone's individuality. Big family."

Each person living at the service had a range of care plans which had been developed in conjunction with them to provide staff with information about the person's individual care and support needs. The staff we spoke with had excellent knowledge of people's needs, preferences and interests. One member of staff told us, "Everyone is an individual. There is no same way to approach two people. It's very person centred."

The staff we spoke with gave us examples of how they supported people in different ways according to their needs. For example, one staff member described changes to the support a person required after returning from hospital. We checked this person's care plan which contained clear guidance including photos of how to support the person to reposition safely. A social care professional told us about the personalised support one person received at The Dovecote which had led to significant improvements in the person's well-being.

People were supported to take part in social activities and follow their interests and aspirations. The people we spoke with gave us numerous examples of the support they received to spend their time as they wished, this included attending church, gardening, commencing an IT class and learning to read. We observed a baking group activity on the day of our visit which encouraged participation and discussion about healthy eating. The atmosphere of the activity was light hearted with jokes and banter between staff and people. People were encouraged to be as independent in their chosen activities as possible. One person told us that they looked after the chickens at the service and proudly told us that they did this, "by myself".

People told us they knew how to make a complaint about the service and the provider ensured the complaints process was available to people in a format they would understand. One person told us they had previously made a complaint and that, "Staff sorted it out and it stopped." A person's relative also told us that they had previously raised a concern which had been resolved to their satisfaction. Staff told us about how they would respond to any complaint made and records showed that when a complaint or concern had been raised, this had been responded to in an appropriate way.

Is the service well-led?

Our findings

The service had a welcoming and positive atmosphere and an open culture. All of the people we spoke with and their relatives told us they felt comfortable approaching the service manager or the registered manager. Staff told us that they enjoyed working at the service and were passionate about their role in supporting people. One staff member told us, "It's brilliant. It's like a family. I really enjoy working here," whilst another staff member said, "I love this job. It's like a home from home." Staff felt comfortable to raise any concerns they may have or make suggestions about the running of the service. They told us they felt valued, their suggestions were taken on board and they received feedback on their performance from management.

People and their relatives were also involved in the running of the service via an annual survey. In addition to this people's views on the running of the service were sought during regular meetings. These consisted of group meetings every week to discuss activities and menus for the coming week and individual monthly meetings as part of care plan reviews to check that people felt safe and their needs were met. People's relatives told us their views were also routinely sought and they were kept up to date with any changes or issues. One person's relative told us, "100% trust in keyworker, any problems they would let me know straight away."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. 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. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We checked our records and found that we had received the relevant notifications when required.

Systems were in place to monitor the quality and safety of the service, these included a number of internal checks and audits to highlight where the service was performing well and any areas which required improvement. The management team also maintained oversight of incidents and accidents which occurred in the service. This system was effective in identifying that all appropriate action had been taken to reduce the risk of harm or prevent reoccurrence. The registered manager told us they were supported in their role by the provider and received the support and resources required to deliver a good service.