

Mrs Wendy J Gilbert & Mr Mark J Gilbert

Dovehaven Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Dovehaven is a Care Home with Nursing and provides accommodation for up to forty elderly people. The home is situated in a residential area of Southport, close to the town centre and local amenities. The home has equipment and aids to assist people and different areas of the home are accessible for people who use a wheelchair or have limited mobility. The home is owned by Mrs Wendy J Gilbert and Mr Mark J Gilbert.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection we had some concerns around call bells not being responded to in a timely manner and this had the potential to affect people's dignity and respect. We recommended the provider review the staffing arrangements which they did. At this inspection we found calls for assistance were being answered in a timely manner. The actions taken by the provider following the previous inspection included robust monitoring of a dependency tool which was used to assess people's physical needs and well-being to help assess numbers of staff required; care hours had been increased; the deployment of staff across the floors had been changed to reduce the risk of people having to wait for support. Staff told us these measures had proven to be effective. People told us it was a busy home, however, staff did their best to assist them as soon as possible.

People's needs were assessed and recorded by suitably qualified and experienced staff. Risk assessments, a plan of care and supporting care documents were completed to help ensure people's needs were met. We found some inconsistencies in the detail of information recorded to support individualised care. The registered manager took action to address this.

Staff knowledge regarding people's care needs was good and we saw care and support being given in accordance with individual need.

Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Staff understood how to recognise abuse and how to report concerns or allegations.

Medicines were administered safely by staff who were trained and deemed competent. Medicines were subject to auditing to ensure the overall management remained safe.

Policies and procedures provided guidance to staff regarding expectations and performance.

Staff were clear about the need to support people's rights and needs regarding equality and diversity.

We saw clear evidence of staff working effectively to deliver positive outcomes for people. People we reviewed were receiving effective care and support. This included advice from external health and social care professionals.

Menus offered a varied choice of hot and cold meals and people dietary requirements and preferences were taken into account.

People told us that staff treated them with kindness and respect.

People using the service and relatives were asked to share their views. We saw positive responses and suggestions made were acted on by the registered manager.

There was a complaints process. Complaints had been investigated and responded to in a professional and timely manner.

There was clear management structure and people, relatives and staff were positive regarding the registered manager's leadership of the home.

The registered manager understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner and the ratings from the last inspection were displayed as required, including the provider website.

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Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service has improved to Good.

At the last inspection we rated the caring domain as Requires Improvement. This was in respect of calls for assistance not always being answered promptly and this had the potential to affect people's rights to dignity. The provider took action to address this and meet the recommendation.

Staff were polite, caring and respectful in their approach and answered calls for assistance as soon as possible.

People's rights to privacy and dignity were upheld.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Dovehaven Nursing Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection.

This inspection took place on 15 & 16 August 2018 and was unannounced. The inspection team consisted of an adult social care inspector, an inspection manager 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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the healthcare professionals who commissioned with and monitored the service provided. This helped us to gain a balanced overview of what people experienced receiving a service from Dovehaven Nursing Home. We used all of this information to plan how the inspection should be conducted.

We spoke with a range of people about the service including seven people who used the service, two visitors (relatives) and 10 staff members. This included, four care staff, the registered manager, two registered nurses, the chef, the housekeeper and a domestic assistant. We also spoke with the provider's training manager, an area manager and the compliance manager for the organisation. We looked at the care records of three people who lived at the home, three staff files for recruitment purposes, staff training matrix, complaints and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe when receiving care and in respect of the security of the premises. Their comments included, "I feel safe knowing the staff are here to help me", "The staff make me feel safe." Likewise, a relative said, "My (relative) feels so safe and secure living here. This brings peace of mind."

There were processes in place to help make sure people were protected from the risk of abuse. Staff undertook safeguarding training and had access to a 'safeguarding vulnerable adults' policy and whistle blowing policy to support safe practices. Details of the local authority's reporting procedures were also displayed and the registered manager had made referrals to the local authority in accordance with this procedure. Safeguarding referrals were monitored by the registered manager, along with partnership working with the local authority and us the Care Quality Commission (CQC) to provide appropriate responses to keep people safe.

Risk assessments and care plans had been completed to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed in areas such as, falls, mobility, care of vulnerable skin and dietary requirements. Risk assessments were subject to ongoing review and updated to report any change. Staff told us they were informed if there was an increase of risk for a person, for example, following a fall or if not eating well. In respect of monitoring risks, we saw people in the dining room did not have access to a call bell. We brought this to the staff's attention and a call bell was immediately placed within reach of people in this room. The registered manager told us this was an oversight. People had access to call bells in their room and other areas of the home.

Staff were recruited safely as the provider had a robust recruitment process. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check, and police checks had been carried out. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

At the time of the inspection there were appropriate numbers of staff employed to meet the needs of people living at the home. This helped to ensure people received the support at a time when they needed it. The registered manager informed us staff sickness and holidays were covered by agency staff; this helped to ensure staffing numbers were maintained. During the inspection calls for assistance were answered promptly and discussions with the management team provided assurance as to how this was monitored. This included the use of a dependency tool to assess people's physical and mental well-being. This tool helped the registered manager to determine the number of staff needed to ensure people received the correct level of support. For example, how many staff were needed to help a person transfer safely or to provide care for someone being nursed in bed.

Medicines were administered safely by staff who were trained and deemed competent. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. For people who were prescribed medicines on an 'as required' (PRN) basis, such as, pain relief, PRN plans were in place to support this practice. Audits were completed to provide assurance

that medicines were managed safely and effectively. The audits seen were robust and up to date.

Accidents and incidents affecting people's safety and well-being were recorded. These were subject to analysis to help identify any trends and patterns.

The home was found to be clean and staff were using personal protective (PPE) such as gloves and aprons to support good infection control practices. A person said, "The home is always so clean, never any worries about cleanliness."

Is the service effective?

Our findings

People and relatives told us their care and support needs were met by the staff. A relative told us, "The staff are so good, my (relative) has improved so much since being here."

We looked at staff training and support and saw that the service's training programme provided a good basis of learning in subject considered mandatory and more specific to the needs of the people staff supported. The training matrix was up to date and evidenced the courses completed by the staff. Staff told us the training they received provided them with the skills, knowledge and confidence to care for people safely. This included moving and handling, fire safety, infection control, safeguarding, dementia and safeguarding. Additional training was also provided to support specific areas of care, for example, catheter care and end of life care. Competency assessments were completed to help support staff's learning and development.

New staff received an induction and worked alongside more experienced staff when they commenced their employment. Staff induction included the Care Certificate. The Care Certificate is the government's recommended blue print for induction standards.

Staff received supervision and had an annual appraisal. Staff told us they received good support from the staff team and the registered manager. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. Staff undertook training in care such as, an NVQ (National Vocational Qualification).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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 saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of these pieces of legislation and when they should be applied.

We saw people's dietary requirements were assessed and closely monitored by the staff with referrals to a dietician if this support was needed. We saw people were offered a four-week menu which provided a good variety of meals; the menu also considered people's preferred choices. People told us, "Very nice food, there's more than enough, I don't need a snack" and "We get to see the menu and its fine." Due to people's physical dependencies the majority of people had their meals in their room though people had the opportunity to sit in the dining room if preferred.

Records showed people were supported by care staff and external health and social care professionals to help maintain their health and wellbeing. Advice, care and treatment was sought at the appropriate time. This included, social workers, doctors, chiropodist, dietician and palliative care team.

The home's environment was well maintained and many areas had recently been decorated. The design and adaptation of the premises ensured people were generally comfortable. There had been some consideration had been given towards supporting people with dementia with the use of orientation aids. For example, signage for bathrooms/toilets.

Is the service caring?

Our findings

People and relatives we spoke with told us the staff were kind and caring. People said, "They're (staff) very good and kind" and "They're (staff) very pleasant, they treat me well, they're kind". A relative said, "They (staff) seem very nice with (family member), professional and friendly. I'm impressed with how nice they are."

A relative referred to how well their family member was 'doing now' due to the really good level of care from the staff and that they were involved in decisions about the care provision. They went on to say how supported they felt by the staff. At the last comprehensive inspection we received mixed feedback regarding staff's response to calls for assistance which had the potential to affect people's rights to privacy and dignity. We rated this domain as Requires Improvement based on our findings and recommended the provider review this, along with staffing levels for the home. The provider has since carried out an audit in accordance with this recommendation. We have been assured by the measures taken; this has included extra care staff hours, in depth monitoring of staff numbers and deployment off staff across the floors. We did not see any person's rights to privacy and dignity being compromised by a lack of staff support. The rating for this domain is now Good.

We saw good interactions between staff and people they were looking after. We observed staff supporting people with various tasks and staff ensured this was carried out in a sensitive, caring, patient, timely and respectful manner. People appeared at ease and comfortable with staff and enjoyed talking with them. Staff made sure they sat close to people and at the right level to maintain eye contact. Where a person was distressed staff provided the reassurance they needed and did not leave them till they felt more settled.

Staff understood people's rights to be treated with respect and dignity and staff we spoke with demonstrated a genuine positive regard for the people they supported. Staff addressed people by their preferred name and discussed their support in a respectful manner. Staff knocked on bedroom doors and waited to be asked in before entering. Staff sought people's consent before supporting with daily tasks.

Information in respect of the local advocacy service was available for people to refer to.

Is the service responsive?

Our findings

Care records we looked at showed people's needs were assessed before receiving a service. Care plans had been developed where possible with each person, identifying the care and support they required. We found evidence of people and their relatives (where appropriate) being involved in the plan of care and providing information about people's preferences and daily routines, their likes and dislikes and social background. This gave staff some personal information about the person so they could be supported in their usual and preferred way. Care documents included care charts, risk assessments, daily reports and care plans. The daily reports provided an over view of the care and support given by the staff. These documents were reviewed on a regular basis and discussed with people and their relatives to gain their consent.

We discussed with the registered manager ways of improving the content of the care documents as there were some inconsistencies in the level of detail. They said this would be addressed and more robust auditing of the care files would support this improvement. The registered manager took prompt action to address a person's plan of care which had not been fully updated to reflect a change in their care. Talking with staff provided assurance as to the care the person was receiving. Staff told us people's care documentation was discussed with them and this provided the information they needed to support people in a safe way.

Reference was made regarding people's communication needs to ensure any information was recorded to make staff aware and to enable staff to converse with a person and be understood. The registered manager was aware of the Accessible Information Standard, particularly in the use of aids to support people's understanding.

People had access to a complaints procedure; this was contained within the service user information guide and also displayed in the home for people to refer to. Complaints received and been logged and responded to in accordance with the complaints' policy. People said they knew how to make a complaint if they were unhappy and felt confident in speaking up.

The provider's activities organiser visited the home once a week to provide some organised social interaction. This included, reiki, relaxation, hand massage, nails, dominoes and chair exercises. The activities organiser told us their time was limited as they supported other homes within the Dovehaven group and with the current dependencies in the home a number of people were too frail or did not wish to take part. The registered manager appreciated the number of hours allocated for social activities needed to be increased and this in turn would support more 'one to one' time for people. Feedback from people regarding the social events was limited with a number of people telling us they were content talking with staff, watching television or reading. A summer fayre was held recently and this was enjoyed by everyone who took part.

Feedback from people and relatives was sought via satisfaction surveys and relatives attended residents' meetings. These were open to relatives due to people's frailty. We saw how the registered manager had responded to feedback, for example, looking to increase the number of hours allocated for social activities

and ongoing decoration and refurbishment of the home. The 'You Said/We Did' forms recorded actions taken. It was evident the staff listened to people and took on board their suggestions to help improve the home.

The provision for end of life care was provided at the appropriate time. Staff received training in this area and were supported by a local hospice's palliative care team.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff we spoke with spoke positively regarding the registered manager's leadership and commitment to the service. In general, people told us they liked the home's atmosphere and the staff did their best to provide a consistent standard of good safe care.

Staff and management spoke with clarity and enthusiasm about their roles and demonstrated a transparent and responsive approach when questions were raised during the inspection. The registered manager responded positively to our findings and provided assurance as to the future developments of the care records.

The management structure for the home was clearly defined and the registered manager was supported by a regional manager and compliance manager, along with the providers who visited the home each week. Staff told us they received a good level of support from the management team who they described as 'approachable'. They told us they attended staff meetings and communication was good.

Dovehaven Nursing Home is one of a number of services own by the same provider group. As such, the registered provider had a well-developed performance framework which assessed safety and quality in a number of key areas to ensure compliance and drive forward improvement. The governance arrangements provided a clear and accurate picture of the service which included the completion of scheduled audits in key areas; these were completed by the manager, senior management team and heads of department. For example, infection control, medicines, health and safety and staff training. Monitoring tools also ensured emerging risks were recorded and risk management plans put in place; we saw this in respect of the accidents/incidents analysis which identified falls. Any areas for improvement and required actions from the audits were recorded and acted on in a timely manner. Future developments included a 'resident of the day' and developments around electronic records to make information more accessible and promote staff engagement. The PIR provided good detail regarding the service provision.

Quality surveys from March 2018 were positive in respect of décor, cleanliness and staff's adherence to dignity and respect. People and visitors had access to a suggestion box to put forward new ideas.

Policies and procedures provided guidance to staff regarding expectations and performance. These were subject to review to ensure they were in accordance with current legislation and 'best practice'.

It was clear that the registered manager understood their responsibilities in relation to registration. For example, notifications had been submitted in a timely manner and the ratings from the last inspection were displayed as required, including the provider website.

The registered manager provided evidence of how the service engaged in partnership working with local commissioners and services such as, the local Clinical Commissioning Group (CCG) and local Hospital Trust to ensure effective outcomes for people.