Bupa Care Homes Limited

Dove Court Care Home

Inspection report

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15 November 2017
16 November 2017

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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

Summary of findings

Overall summary

We carried out an inspection of Dove Court Care Home on 14, 15 and 16 November 2017. The first day was unannounced.

At our last inspection on November 2015 we found there were no breaches of legal requirements.

Dove Court Care Home is a care home that provides nursing care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Dove Court Care Home is purpose built and accommodates 120 people across four separate 30 bed houses, each of which have separate spacious communal areas, suitably equipped bathrooms and a satellite kitchen. Each house has a unit manager. The houses comprise of Robin for people with general nursing needs, Nightingale for people who require personal care and support, Swallow provides personal care and support for people living with dementia and Kingfisher provides nursing care for people who are living with dementia. There were 114 people accommodated in the home on the day of our inspection.

At the time of our inspection the registered manager was no longer managing the service. A manager had been in post from 18 September 2017; an application to register with the Care Quality Commission (CQC) had been forwarded. 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.

During this inspection we found that all regulations were being met.

People told us they felt safe and staff were caring. Staff were observed to have positive relationships with people. There were no restrictions placed on visiting times for friends and relatives. We observed staff communicating with people in a kind and respectful way. People told us staff respected their privacy and dignity and encouraged them to be independent.

Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. People were complimentary of the staff who supported them and felt they had the knowledge and skills to meet their needs. They described staff as 'friendly', 'brilliant', 'caring' and 'thoughtful'.

People's views with regards to staffing levels varied. Some considered there were enough suitably skilled staff to support them when they needed any help whilst others felt this could be improved at times. Staff generally felt they were suitable numbers of staff available and that staffing levels had improved recently under the new manager. We noted a shortfall in staffing during the inspection which was addressed

immediately. Staffing levels were monitored to ensure sufficient staff were available and the recruitment of new staff was underway.

A robust recruitment procedure was followed to ensure new staff were suitable to care for vulnerable people. Arrangements were in place to make sure staff were trained and competent.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

People opinions about the standard of the meals varied. People were offered choices and alternatives to the menu were provided. Improvements regarding how people's meal time experience could be improved were shared with the manager.

People were supported to take part in a wide range of suitable activities which were held on each of the houses.

The information in people's care plans was sufficiently detailed to reflect that people were at the centre of their care. We noted a number of gaps were evident in some of the personal care records; they were being addressed. People's care and support was kept under review and, where appropriate, they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

People had choice and control over their lives and staff supported them to be independent in the least restrictive way possible. People's capacity to make their own decisions had been assessed and recorded in line with the requirements of the Mental Capacity Act 2005 and appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority.

The home was clean, bright and comfortable and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. Some people had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness. Further improvements needed consideration to ensure the home was suited to the needs of people living with a dementia.

People's feedback about the service was sought with good evidence they were listened to. Appropriate and prompt action had been taken to respond to people's concerns and suggestions.

People told us the home was well managed. There were effective systems in place to monitor the quality of the service to ensure people received a good service. The manager had identified areas for improvement and appropriate action was currently being taken to address any shortfalls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Records showed staffing levels were maintained and additional staff had been provided as needed. People's views about the availability of staff varied and we found a shortfall in staffing on one house which was addressed during the inspection.

People's risks had been assessed and were managed appropriately although some records were not always reflective of the care being given.

People felt safe in the home and were protected against the risk of abuse.

Safe recruitment practices had been followed and people's medicines were managed safely and administered by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff were provided with training and professional development which enabled them to meet people's needs although there were gaps in the provision of supervision. People felt that staff were competent and could support them effectively.

The environment was safe and comfortable for people to live in. There was a development plan to support planned improvements and a system of reporting required repairs and maintenance was in place.

People's opinions about the meals varied and the mealtime experience varied on each house. Choices were offered and alternatives to the menu were available.

People were supported appropriately with their healthcare. People were referred appropriately to community healthcare professionals.

Staff had received training to improve their understanding of the

MCA 2005 legislation. People's capacity to make safe decisions and to consent to care had been recorded.

Is the service caring?

Good

The service was caring.

Staff knew people well and good relationships had developed. We observed staff treating people with kindness and respect.

People told us they were encouraged to be independent. We noted that equipment was available which supported people to be as independent as possible.

Staff respected people's rights to privacy, dignity and independence. Where possible, people were able to make their own choices and were involved in decisions about their day.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in varied and suitable activities.

People were receiving the care and support they needed although improvements were needed to ensure this was always reflected in the care plan. Some people had been involved in the review of their care.

People had no complaints and felt confident raising their concerns and complaints with the manager or staff.

Is the service well-led?

Good

The service was well led.

There was a new management team in place. The manager had made an application to register with CQC.

People made positive comments about the manager and staff. They felt the service was well managed and were happy with the recent changes and improvements made.

There were effective systems in place to assess and monitor the quality of the service. Areas for improvement had been identified and action was underway to address any shortfalls.

People's views and opinions of the service were sought with

good evidence they were listened to.

Dove Court 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 checked 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.

Dove Court Care Home is a care home with nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection took place on 14, 15 and 16 November 2017 and the first day was unannounced. An adult social care inspector, a specialist dementia nurse advisor and an expert by experience were present on the first and second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection an additional adult social care inspector was in attendance.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We discussed the service with the local authority contract monitoring team and local commissioning team.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the regional director, the manager and the clinical services manager. We also spoke with the administrator, four registered nurses and one agency nurse, sixteen care staff, an activities organiser, the housekeeper, two members of staff from the laundry and domestic team, a hostess and the maintenance person. We spoke with 22 people living in the home, 12 visitors and two health care professionals during the visit.

We looked at a sample of records including 12 people's care plans and other associated documentation, eight staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the findings from the Healthwatch report (August 2016) and at the local authority medicines' management team report. Following the inspection visit we asked the manager to send us some additional information. This was forwarded in good time.

Requires Improvement

Is the service safe?

Our findings

During the inspection we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient. People living in the home told us they did not have any concerns about the way they were cared for and said they had confidence in the staff who supported them. They told us they felt safe. They said, "It's all good here and I feel safe and happy", "I feel very safe here and everybody is nice", "I feel safe and there is no bullying here" and "I am happy and safe here and would speak to the staff if something was bothering me." Relatives spoken with said their family members were kept safe. They said, "We feel that [family member] is safer in here and we are happy with the standard of care", "[Family member] feels contented and safe here" and "[Family member] feels safe here and has plenty of space to wander about."

Staff had safeguarding vulnerable adults procedures and whistle blowing 'Speak Up' (reporting poor practice) procedures to refer to. Safeguarding procedures are designed to provide staff with guidance to help them protect children and adults from abuse and the risk of abuse. Staff had received safeguarding training. Additional training was being provided and designated safeguarding champions were available in the home; they had received additional training and provided advice and guidance to other staff in this area.

Staff understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. They could report their concerns internally using a free voicemail service and email facility or by freepost forms. Information about recognising and reporting abuse was displayed in the entrance to each unit for people and their visitors to read. Records showed the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and they worked in cooperation with other agencies. Action to be taken and lessons learned from incidents had been discussed with staff. Arrangements were in place to respond to external safety alerts.

Recruitment and selection policies and procedures were available. We looked at the recruitment records of eight members of staff and found appropriate employment checks had been completed before they began working for the service. Regular checks on the registration status and fitness to practice of all nursing staff had been completed. Confirmation was received that agency staff were fit and safe to work in the home.

In the main, people were happy about the numbers and availability of staff. However, whilst some people were happy with the availability and numbers of staff others told us about delays in receiving attention. Comments included, "There are always enough staff", "There seem to be enough staff and they usually come quickly although if there are other people needing support, at the same time it can take longer", "There are enough staff when I need help", "They are always there when I need them", "There aren't enough staff on this house (Robin)", "The staff know what they are doing but waiting times vary a lot" and "Staff respond to the buzzer and they will inform me if there have been delays."

Visitors commented, "The staff seem to respond quickly", "It's definitely safe here and there is good care although sometimes the level of staffing is very low (Robin)", "There seems to be enough staff" and "The staff are really good. I think they respond as quickly as they can."

Staff told us, "There are no staffing issues; always enough", "There are enough staff. We get on well and are supportive of each other", "Staffing issues have been addressed on Kingfisher and we are now safer as a result of this" and "There have been changes to the staff team following some concerns but more staff are being recruited now."

During our visit we generally observed people's calls for assistance were promptly responded to and staff were attentive to people's needs in each house. We noted there was a lack of staff organisation on one of the houses at lunchtime and we were told delays were caused by lack of equipment on another house. We discussed these with the manager. Additional equipment, which had been moved to another house, was returned during our inspection.

We looked at the staffing rotas on each of the houses. We found the staffing rotas were not clear as a 'working' rota was held on the houses whilst the copy maintained on the system had not always been updated. We discussed this with the manager who assured us she would review the system. The rotas showed staffing levels were maintained and additional staff had been provided as needed. We noted any planned or short notice shortfalls to staffing levels that may impact on people's care were discussed at the daily meeting with the management team. However, we found there had been recent shortfalls in the nursing staffing levels on Robin House that had not been communicated to the manager or recognised by the management team; this was acted on during the inspection. Additional nursing staff were provided and further measures were put in place to prevent a reoccurrence.

Records showed existing staff or the same agency staff covered any shortfalls which ensured people were cared for by staff who knew them. Staff from other houses would provide support as needed in an emergency and the managers on the nursing houses worked three days supernumerary hours which meant they were also available to cover any shortfalls as needed. The management team had recently developed close links with another local home which meant they could access additional nursing and care staff in an emergency. In addition a 'hostess' was available on the two nursing houses to provide people with support at meal times and to provide drinks and snacks throughout the day.

We were told there had been a period of high staff absenteeism which had impacted on the staffing numbers. This had been monitored and the manager had taken appropriate action; records confirmed this had resulted in an improvement in staff attendance. Most staff were positive about the impact this had made on attendance. Records showed staffing numbers were kept under review. A dependency tool was used to provide guidance about recommended numbers of staff and additional staff were provided flexibly when needed. We saw examples where staffing numbers had been increased on Kingfisher House (nursing dementia) following a review of dependency levels and the number of falls.

The manager confirmed the recruitment of additional staff was underway to ensure the home had sufficient skilled and experienced nursing, care and ancillary staff to meet people's needs at all times. The manager planned to overstaff the home by 20% to offer more flexibility and less reliance on agency staff. During the inspection we noted interviews of nursing and care staff were being held.

Potential risks to people's safety and wellbeing had been assessed and recorded in people's care plans. The assessment information was based on good practice guidance in areas such as falls, skin integrity and nutrition which ensured best outcomes of care, treatment and support were achieved for people. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence. Records showed that the assessments were regularly reviewed and updated in line with changing needs.

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

Environmental risk assessments had been undertaken in areas such as fire safety, the use of equipment and the management of hazardous substances. We found records were maintained of accidents and incidents, complaints, safeguarding and staff concerns. The records were analysed each month in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences.

People's records were stored securely and were reviewed in line with their changing needs. However, the records did not always include the detail or reflect the care that people were receiving and there were some gaps in the recording of 'as needed' external medicines; we noted some records were loose in the files. We spoke with the manager. Audits and action plans confirmed the manager had already identified the shortfalls and good progress was being made to address the issue.

We looked at how the service managed people's medicines. People confirmed they were given their medicines when they needed them. We observed morning and lunchtime medicine rounds on three of the houses and saw careful, patient and considerate administration. Staff had received training and regular checks of their practice had been undertaken to ensure they were competent to administer medicines. Policies and procedures and auditing systems were in place to ensure good and safe practice was followed. There had been seven reported errors in the past 12 months; there was evidence appropriate action had been taken and lessons learned. We were told the local commissioners medicines management team had been supporting the service with improvement. A recent report from the medicines' management team indicated there had been improvements made and no major concerns were identified.

There were processes in place for the receipt, ordering, administration and disposal of medicines. We looked at 12 people's Medication Administration Records (MARs) and found they were accurate and up to date. Appropriate arrangements were in place for the management of controlled medicines which are medicines which may be at risk of misuse. We checked two people's controlled medicines and found they corresponded accurately with the register.

The administration of 'when required' medicines was supported by clear protocols on all but one MAR; we found the corresponding care plan information could be improved to reflect where the pain was. Handwritten entries had been witnessed, medicines were clearly labelled and were dated on opening, codes had been used for non-administration of regular medicines and carried forward amounts from the previous month were recorded. This helped to monitor whether medicines were being given properly. Records were in place for the application of external medicines such as creams and ointments.

Photographs and allergy information was recorded on people's MAR which helped keep them safe. People had consented to either their medication being managed by the service or whether they were able, or wished to, self-medicate. There was a system to ensure people's medicines were reviewed by a GP that would help ensure people were receiving the appropriate medicines. A photograph identified people on the

MAR and any allergies were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to the person.

We looked at the arrangements for keeping the service clean and hygienic. We found all areas to be clean and odour free. We noted an early morning odour on one of the houses but this had gone by lunchtime. All people spoken with told us the home was always clean. There were infection control policies and procedures for staff to refer to and staff had been trained in this area. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. There were contractual arrangements for the safe disposal of waste. There was a designated infection prevention and control lead who was responsible for conducting checks on staff practice in this area and for keeping staff up to date. The laundry was well organised with sufficient equipment and staff to maintain people's clothes.

Equipment was stored safely and was serviced at regular intervals. People had access to a range of appropriate equipment to safely meet their needs and to promote their independence and comfort. We were told if equipment was needed it was normally obtained the following day. The service employed a maintenance team who were responsible for day to day maintenance. We were told any requests for maintenance or repair were responded to promptly.

Training had been provided to support staff with the safe movement of people. We observed staff using safe practices when supporting people to move around the home. During the inspection we were told there was a lack of equipment to support people with standing on one of the houses; we discussed this with the manager and the equipment was provided.

Records showed that only 29 out of 135 staff were trained to deal with healthcare emergencies. We discussed this with the manager. The manager was undertaking a train the trainer course; this meant she would be able to provide training to staff when needed. We were assured that sufficient first aiders were available on each of the houses in line with health and safety guidance and risk assessments. The manager confirmed that additional training was booked for all staff.

Regular fire alarm checks, fire safety training and regular fire drills had been recorded and staff knew what action to take in the event of a fire. Staff had received training in fire safety and designated fire marshals provided staff with guidance and support in the event of a fire. Each person had a personal evacuation plan that assisted staff to plan the actions to be taken in the event of a fire. We noted recommendations made following a visit from the fire and safety officer in November 2017 had been addressed.

We saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. The environmental health officer had awarded the service a five star rating for food safety and hygiene in February 2017. There was key pad entry to each of the houses and visitors were asked to sign in and out which would help keep people secure and safe.

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Good

Is the service effective?

Our findings

People told us they were happy with the service they received and felt staff had the skills and experience they needed. They said, "They are very good. Staff know what they are doing", "Staff are respectful and ask for my consent", "They ask my consent", "I think the staff are very good and they support us well" and "I believe that staff know what they are doing and they seem to be trained well."

Visitor's comments included, "They have supported [my family member] well and she has made some vast improvements from when she was admitted", "They are really proactive and on the ball with [my family members] medical condition", "I think staff have the necessary skills and knowledge" and "The staff are excellent. They make the right referrals to the hospital and GP." Healthcare professionals said, "Everything is fine here. I have no complaints" and "There is good communication. They follow advice. I have no concerns regarding care and support."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a range of appropriate training to give them the skills and knowledge they needed. There were effective systems to ensure training was completed in a timely manner and recent audits showed the home was 92.6% compliant with training. Additional training was taking place to address the shortfalls.

All staff spoken with confirmed they received sufficient training that was useful and beneficial to their role. Staff said, "I've had good training" and "I get plenty of training. I have what I need." Staff had either completed a nationally recognised qualification in care or were currently working towards one. Training and induction was linked to the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. Nursing staff were provided with additional training and support to maintain their registration and to meet the specialised nursing needs of people living in the home.

New staff had undertaken induction training and were assigned a mentor. The induction included completion of the provider's mandatory training, working with more experienced staff, competency assessments and the completion of a probationary period to ensure they had the knowledge and skills to carry out their role effectively and competently. There was a programme of follow up and refresher training to ensure staff maintained their knowledge and skills in the mandatory areas. Agency nursing and care staff were also provided with an induction and an introduction to the home; this ensured they would respond appropriately in an emergency and would support people in a consistent way.

Staff told us they were provided with a good standard of support and encouragement from their managers although there had been recent gaps in the formal one to one supervision. They told us this was now being addressed and records confirmed this. This would help identify any shortfalls in staff practice and the need for any additional training and support. Staff told us they were able to express their views and opinions and to be updated with recent changes at regular staff meetings.

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

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were policies and procedures to support staff with the MCA and DoLS which were being reviewed. Records showed staff had received training in this subject and they expressed a good understanding of the processes relating to MCA and DoLS.

A number of applications had been submitted to the local authority for consideration and two people had an authorised DoLS in place. The manager maintained a register of the applications and checked progress with the local authority. We noted there was information in people's care plans to provide guidance for staff on least restrictive practice in order to protect people's rights. This meant people's best interests or choices would be considered.

People confirmed staff sought their consent in areas such as with administering medicines or with moving from one part of the home to another. We observed people being asked to give their consent to care and treatment by staff. Staff told us they understood the importance of gaining consent from people and the principles of best interest's decisions. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes, their relatives or an authorised person supported them. This meant that people, particularly those with limited decision making skills would receive the help and support they needed and wanted.

The service had a policy in place with regards to resuscitation (DNACPR - do not attempt cardiopulmonary resuscitation). People's decisions were recorded in their care files and determined whether the decisions were indefinite or whether they needed to be reviewed. This helped staff to recognise people's needs quickly and ensure that appropriate action was taken, for example in the case of a medical emergency. A DNACPR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However, the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether or not attempting cardiopulmonary resuscitation is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People's opinions about the meals varied. They told us, "I like the food here it's quite good", "The meals are adequate and there is a choice on the menu", "I can't grumble about the food", "It is poor quality food. The

food is disgusting", "The meals are very good" and "I like the food here. I know that a lot don't." A visitor said, "The food seems to be okay and looks good".

People confirmed they were offered meal choices and told us they received plenty to eat and drink. People were offered choices from a principle menu and from an alternative menu; there was also a breakfast and a night time menu. We noted the main meal was served later in the day in recognition that some people had late breakfasts and people could dine in the main dining rooms, in their bedrooms and in other areas of the home if they preferred. Each house had a dining room and a satellite kitchen. The meals were brought to each house in a hot trolley and served by staff or by the hostess.

During our inspection we observed breakfast and lunch being served on each of the houses. We noted the mealtime experience varied on each house. We noted areas of good practice and also areas where improvements could be made. For example, the menus were displayed but were not available on the tables or available in an easy read or pictorial format. Some people could not remember their choice of meal from the previous day yet were not shown pictures of the available meals or any plated up meals to choose from. We noted people enjoyed the slices of cake and milk shakes that were offered in the afternoon but treacle scones had been advertised and scampi was served without the advertised homemade tartare sauce or lemon wedges. This meant the records of meals advertised, chosen and served were not always accurate. In addition, whilst the meal time experience was enjoyed by most people, we noted some delays in providing support to people on two of the houses.

Staff took care to maintain people's dignity and independence by providing adapted cutlery and crockery and protective clothing where needed. However, we observed one person's plate guard was fitted incorrectly resulting in food spillage and jelly and mousse desserts were served in glass containers which people found difficult to eat from. We also noted the crockery and place mats were white and did not provide sufficient colour contrast for people with a dementia. We shared our observations with the manager and regional manager who assured us the feedback would be discussed with the catering team to improve the meal time experience on each house. We were told contrasting crockery had been ordered following our inspection.

We noted most of the dining tables were attractively set with tablecloths, condiments and juice; some tables had tea pots and decorative flowers. We observed some good interactions and noted staff offered kind and patient support and encouragement. They responded promptly and patiently to people's requests to any changes to the menu when needed.

Information about people's dietary preferences, health or cultural related diets and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. Records were made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. Records showed appropriate referrals were made to a variety of healthcare agencies. The nurse practitioner and district nursing team regularly visited the service and monitored the care and treatment of people in the home. Staff were able to access remote clinical consultations which meant prompt professional advice could be accessed at any time and in some cases hospital visits and admissions could be avoided. People told us they were able to see their GP when they were unwell. Relatives considered their family member's health care was managed well.

Appropriate information was shared when people moved between services such as transfer to other service, admission to hospital or attendance at health appointments. A summary of their essential details, information about their medicines and a member of staff or a family member accompanied people. In this way people's needs were known and taken into account and care was provided consistently when moving between services.

Dove Court Care Home is a purpose built home comprising of an administration block and four nursing and care units (houses). Each 30 bed house has lounge and dining areas, suitably equipped toilets and bathrooms and a small kitchenette. Safe and well maintained gardens and patio areas surrounded the units; some people's bedrooms had patio doors leading into the gardens. The main kitchen, laundry areas, hairdressing salon and training rooms were located in the administration block. An overnight room was available for visitors.

People said, "It's a nice environment here. It's airy and the grounds are nice", "The home is okay in terms of the rooms and the gardens" and "I think the environment is quite pleasant."

We looked around the home. We did not enter all areas but found the houses to be comfortable, well lit, warm and well maintained. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. Consideration had been given to ensuring the environment, furnishings and décor was suitable and safe for the people living there. We noted appropriate signage was in place throughout the home. The houses were open and clutter free providing space for people to walk around with good access for people with wheelchairs or walking frames.

We noted good practice guidance had been followed for people on the dementia houses regarding the provision of recognisable colour coded doors and memory boxes which helped people to identify their rooms. Painted handrails and interesting and stimulating objects were placed along the corridors for people to enjoy on Kingfisher House and Swallow House. We found some walls had been decorated with familiar local scenes to help stimulate people's memories. Quiet seating areas were also available on each house including a sensory room with appropriate lighting on one house.

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. This promoted a sense of comfort and familiarity. One person said, "I like the view from my room and my little grandchildren love the little mice that have been painted on the bottom of the patio doors." Whilst all room doors were numbered we noted not all bedroom doors identified the name of the person which could lead to confusion. The manager assured us this would be addressed.

Bathrooms and toilets were located within easy access of bedroom and communal areas or commodes provided where necessary. However, whilst we noted the bathrooms were spacious, clean and suitably equipped we also found they were lacking in colour and interest for people living with dementia. Also the corridor floors had a gloss finish which could cause confusion for people living with dementia. We discussed how further improvements could be made on all of the houses with the regional manager and manager. We were assured they would consult with the organisations dementia specialist nurses regarding improvements needed.

There was a system of reporting required repairs and maintenance in place. Maintenance records were accurate and completed in full and the manager had oversight of the work being done. There was an ongoing plan for development and refurbishment.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness and were respectful of their dignity and choices. They described them as 'lovely', 'kind', 'caring' and 'pleasant'. People's comments included, "There is good care", "The staff are good and look after me as much as they can", "They ensure my dignity is maintained. For example they will lower my skirt to cover my knees and will knock on my door before they come in", "The staff respect my choices" and "The staff are kind and caring and treat us with respect". A visitor said, "The staff are really lovely with [family member] and they look after the others well too."

Recent compliments received by the home highlighted the caring approach taken by staff. They included, "Thank you for all your care and love you gave my [family member]", "I truly believe your care of [family member] was the best" and "Thank you for looking after [family member] in a loving and caring way."

People appeared comfortable in the company of staff and it was clear they had developed positive trusting relationships with them and with their relatives and friends. We observed staff taking time to chat with and listen to people. We also observed the maintenance team taking time to chat with people who they knew by name and who knew them. There was a named nurse and key worker system in place that provided people with a familiar point of contact in the home to support good communication. People confirmed there were no restrictions placed on visiting and visitors told us they were made to feel welcome in the home.

Staff were considerate of people's feelings and welfare. We observed good relationships between staff and people living in the home and overheard banter, laughing and encouragement during our visit. We observed people were treated with dignity and respect at all times and without discrimination. There were policies and procedures for staff about caring for people in a dignified way which helped staff understand how they should respect people's privacy, diversity, dignity and confidentiality in a care setting.

Information about people's spiritual or religious needs had been recorded in their care plans. People were supported to follow their faith and take part in worship services according to their individual beliefs. This meant staff were aware of these needs and how to meet them.

Gender issues such as dress, make up, wearing jewellery and hair care were recorded. We saw people were dressed appropriately in suitable clothing of their choice. From our discussions it was clear staff understood the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to be free from discrimination. However, we noted people's gender, ethnicity and sexual orientation was not always recorded in their care documentation. This meant people's needs may not be fully met. The manager told us this information would be considered as part of the pre-admission assessments and care plans in the future.

People were supported to be comfortable in their surroundings and told us they were happy with their bedrooms. People told us they could spend time alone if they wished and confirmed staff respected their privacy. They told us staff knocked on their doors and waited to enter; we observed this during the inspection.

Where possible, people were able to make their own choices and were involved in decisions about their day and about the day to day running of the home. Examples included decisions and choices about how they spent their day, the meals they ate, activities they participated in, times of rising and retiring and clothing choices. Records included information about people's preferences and routines that helped staff support people in a way they wanted. People were encouraged to express their views by means of daily conversations, completing satisfaction surveys and at residents' meetings.

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

People's relatives were provided with an information leaflet or a service user guide when their family member was admitted to the home; we were told this could be made available in other formats if needed. However, there were no information guides available in people's bedrooms; people needed this information to understand their rights and responsibilities and what they should expect whilst staying at Dove Court Care Home. The manager told us the information would be updated and made available to people in a format they understood.

All staff were bound by contractual arrangements to respect people's confidentiality. People's records were kept safe and secure and there was information available in the welcome pack to inform them how their rights to confidentiality would be respected.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. People made positive comments about the staff and their willingness to help them. They said, "The staff know what they have to do and they just do it", "It's great here", "Staff are approachable, including the managers", "I find the staff are very attentive", "The nurses in charge on this house are superb" and "All the staff are good and they do their best." Visitors said, "It's a nice atmosphere on here and the staff are always friendly with me" and "They've done a really good job with [my family member]." People described staff as 'friendly', 'brilliant', 'caring' and 'thoughtful'.

Before a person moved into the home detailed assessments of their physical, mental health and social needs were undertaken by an experienced member of staff. People or their relatives were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and allowed staff to determine whether they was able to meet people's needs. We noted the service did not admit people if they were not confident they could meet their needs.

An individual care plan was developed using the pre admission information to reflect how people's choices, expectations, care, treatment and support needs and preferences would be met by staff. We observed a member of staff talking to a relative to obtain additional information about the needs of a recently admitted person. The care plans were underpinned by a series of risk assessments. Good information was recorded about people's likes, dislikes, preferences and routines to ensure they received personalised care and support in a way they both wanted and needed. We observed staff talking to people and their relatives about likes, dislikes and preferences.

We looked at 12 people's care plans and associated records. In the main the care plans provided staff with guidance and direction on how best to support people and to be mindful of what was important in their lives when providing their support. However, we found some records did not always reflect the good care and support being given. For example one person's communication needs were not recorded although staff understood how to communicate with them and another person requested a bowl of water each evening and confirmed this was always provided but this was not recorded.

Daily records were maintained of how each person had spent their day and personal care was recorded. People were happy with the personal care and support they received. One person said, "I get baths when I need them." However, we found gaps in recording this care in some of the records. Audits showed the manager was aware of the shortfalls in the records and additional work was being undertaken to improve them. Staff were aware of the shortfalls and of the action they needed to take to improve the records.

People's care and support had been kept under review and updated. People and their relatives said they were kept up to date and involved in decisions about care and support; some had been involved in the care plan whilst others had not. People told us, "I haven't seen my care plan" and "I have seen my care plan. Staff usually just get on with things." Visitors said, "We're happy to leave it to them; they keep us up to date" and "They update us when we come in." People were involved in the review of the care plan through the

'Resident of the Day' system. This meant people and their relatives were invited to discuss and review the content of their care plans and meet with all departmental heads each month.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted the contact information for local commissioners was not included; the manager assured us this would be reviewed. A complaints procedure, complaints forms and suggestion forms were displayed in each of the houses for people to use.

People said they had no complaints. They told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the house manager. During the inspection one person raised their concerns with us; we shared them with the manager for follow up. Visitors said, "I know I can speak to the manager if there are any issues, but there haven't been" and "We have no complaints. So far we are happy with everything."

There had been three complaints made about this service in the last 12 months relating to attitude of staff, missing laundry and noise experienced by a neighbour. Records showed appropriate and timely action had been taken to respond to the complaints. The information had been shared with the provider and discussed with staff to help improve the service and to prevent any reoccurrence. We also saw complimentary comments had been received about the service. Comments included, "You all did such a great job", "We feel our [family member] was very fortunate to be admitted to Dove Court" and "Staff have gone over and above the care of duty."

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in varied and suitable activities. Activities were held throughout the day on the different houses which gave everyone a chance to get involved. People were taken to the other houses if they wished to participate and were able to. There were three activity organisers who were responsible for the provision of daily activities; activities were provided every day of the week. A list of daily activities and where they were taking place was displayed in the entrance of each house along with a newsletter. However, we noted this was in small print and not in a dementia friendly format. The manager told us this would be reviewed.

Activities included bulb planting, pub lunches, doll therapy, indoor bowls, music and movement, memory card games, crafts, painting, dominoes, bingo, games and watching Songs for Sunday on TV. Some people were able to help with basic chores on the house such as wiping dishes and setting and clearing tables. People were also involved in a local project called Lancashire Not Forgotten where their memories were recorded; they were also involved in raising funds for local charities.

People's opinions about the availability of activities varied. They said, "It would be nice to do useful things. I'm sure I could help with some things", "It would be nice to have some exercises to keep fitter though. We tend to sit around a lot", "I enjoy doing things there is something different every day for me. I can choose if I want to get involved", "They allow me to help with daily tasks, like setting the table", "I don't mind playing dominoes but I wish there was more singing" and "There are things going on but the activities are not to my tastes."

A Remembrance Day service had been held where people had been able to have tea and scones with the local mayor. One person said, "I attended the Remembrance service and enjoyed it" whilst another person said they hadn't been told about it. A Silver Sunday Tea Dance was held and people told us how much they enjoyed this. Some people were able to attend activities in the local community either independently or

with friends and family. From our discussions and observations we found people's access to community activities were limited. However, some people had been to the local pub for a meal, regularly attended the Housebound church and had been to Blackpool Illuminations. One person said, "I have people to talk to. I can get out independently and often go to the local shop for cigarettes and a paper."

During the inspection we observed activities taking place for small groups of people or on a one to one basis. We observed people having their nails done, chatting to staff and enjoying a game of dominoes with staff. We saw staff supporting a group of people to play giant hoopla and skittles whilst other people sat and watched; this generated a lot of laughter, clapping, cheering and good hearted banter. We observed other people enjoying a glass of beer or a glass of wine whilst playing a memory game with staff and other people getting much pleasure and enjoyment from talking to, stroking and feeding the pet cat.

There was a shop and a café on site which was run by staff where people could visit to purchase biscuits, sweets, chocolate, drinks and various other items. Staff also provided a trolley service each week for those people who couldn't access the shop. Throughout our visit we saw people attending the hairdressing salon where they could chat to other people, read magazines and enjoy a cup of tea. We noted people had been involved in planting spring bulbs although a visitor said, "They told us they grow their own vegetables here for the meals but I haven't seen where the plot is and no one seems to help with the gardening. Some of the residents would be interested in this."

People's choices and wishes for end of life care were recorded, kept under review and communicated to staff. The service had developed good links with specialist professionals and staff were supported to develop their knowledge, skills and confidence to deliver quality end of life care. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice. People's relatives were able to stay overnight if needed and had access to an overnight room with kitchen and bathroom facilities.

Good

Is the service well-led?

Our findings

People, their relatives and staff spoken with during the inspection made positive comments about the service they received. They said the home was well managed, the management of the home were approachable and the culture of the home was friendly. People said, "The manager on this house seems very approachable and gives an honest answer" and "They seem to listen but I suppose some things are more difficult to change."

Staff said, "We are in a time of changes but are going in the right direction", "[The manager] seems very supportive" and "The new manager seems to be good. She comes in every day at 7am and does a round of the whole home." They described the manager's achievements so far which included improving staff attendance, communication and increasing staffing numbers.

The registered manager was no longer responsible for the day to day operation of the service. A new manager had been employed from 18 September 2017 and an application to register her with CQC had been made. The manager was visible and active within the home interacting professionally with people, visitors to the home and with staff. The manager operated an 'open door' policy which meant people living in the home, visitors to the home and members of staff were welcome to go into the office to speak with her at any time.

The management team was relatively new. The manager was supported by an on-site clinical service manager who was responsible for internal and external reporting and audits and by house managers who were responsible for each of the houses. A regional manager regularly visited the service to provide the manager with support and to undertake a review of the quality of the service. The manager provided weekly and monthly reports to the provider to assist with monitoring the management of the service. The manager had access to a range of support functions to assist in the running of the home such as human resources, payroll, quality and compliance and estates management.

The manager had set out planned improvements for the service in the Provider Information Return. This showed us the manager had a good understanding of the service and where the improvements were needed. Planned improvements included the environment and developing a sensory room, increasing staffing, reducing sickness/absenteeism, re introducing one to one supervision for staff and improving the standard of the records.

Effective systems were in place to regularly assess and monitor the quality of the service. We noted internal and external checks had been completed on areas including medicines management, staffing, environment, call bells, training and supervision, accidents and incidents, care planning and infection control. Records showed that any issues found had been recorded in a comprehensive improvement plan and were followed up and actioned.

The manager attended daily meetings with house managers and heads of departments to monitor standards and to discuss any concerns. The manager carried out daily walk arounds and had carried out

unannounced visits at weekends and nights; this monitored quality provision at different times. The manager told us the audit findings would be shared at monthly team meetings in order to achieve a whole team approach to ongoing improvements. In addition, the required quarterly reports for the health commissioners were completed and included an overview of falls, pressure sores, DoLS and infection rates in the home.

People were encouraged to share their views and opinions about the service they received during day to day conversations with management and staff, during meetings, by completing feedback forms and by taking part in the annual customer satisfaction survey. The results from the last surveys had been analysed and shared with people on each house as part of a 'You said, We Did' process. There was good evidence people's views were listened to. For example people had been provided with monthly karaoke, more menu choices, more bookshelves and books following their requests.

Regular resident and relative meetings were held on each house and minutes were shared with the manager. Meetings ensured people's views and choices were listened to and ensured information was shared in a transparent and open manner. We noted recent meetings had been held but attendance had been poor. We were told people's relatives visited regularly and any matters would be addressed at that time. A quarterly newsletter helped keep people up to date with any changes and events in the service and the manager was available one set evening each week for people and their relatives to speak with.

All staff had been provided with job descriptions, contracts of employment and policies and procedures which would make sure they were aware of their role and responsibilities. Staff were aware of who to contact in the event of any emergency or concerns. If the manager was not present, there was always a senior member of staff on duty with designated responsibilities. They told us they were kept up to date and encouraged to share their views and opinions at meetings and by participating in the staff survey. Staff told us they enjoyed their work. Comments from staff included, "I love it here."

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

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC and other agencies. Information from accidents and incidents, action plan audits, complaints and safeguarding alerts were analysed to help identify any patterns or areas requiring improvement and shared with the staff team at monthly meetings to look at lessons and learned. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

We noted the service's CQC rating and a copy of the previous inspection report was on display in the home. This was to inform people of the outcome of the last inspection.