

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Dovecott Care Home

83 Weelsby Road, Grimsby, DN32 0PY

Tel: 01472878133

Date of Inspections: 12 July 2013
01 July 2013

Date of Publication: October
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Supporting workers

✓ Met this standard

Details about this location

Registered Provider	Mrs Rita Ethel Farmery & Mr Stuart Peter Farmery
Registered Manager	Mrs. Rita Farmery
Overview of the service	Dovecott is situated close to the centre of Grimsby and is on local bus routes. The home provides care and accommodation for up to 20 people. The home predominately provides care for older people who have needs relating to dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Dovecott Care Home had taken action to meet the following essential standards:

- Supporting workers

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 July 2013 and 12 July 2013, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Because we found that people who used the service, due to their complex needs, were unable to tell us about their experiences we spent time observing the care provided. We also spoke with staff and looked at records.

We found that there had been some improvements in the support and training provided to staff. We observed that there were good interactions between staff and the people who used the service and that staff understood people's needs and how to meet these.

The provider/manager was on holiday on our first visit to the home so the inspection was completed over two days.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

Reasons for our judgement

When we inspected this service in October 2012 we found that the provider was not meeting this standard. This was because the provider did not have a satisfactory system to ensure that staff had received appropriate training, supervision and appraisal in order to carry out their role effectively. The provider sent us an action plan which set out how they were going to improve this and included assurances that the compliance action would be met by February 2013.

We completed a follow up inspection in April 2013 and identified that improvements in staff training and supervision had not been made. We implemented our enforcement procedures which required the provider to become compliant by 28 June 2013.

At this inspection we identified that there was some improvement with staff training, supervision and appraisal.

We found that most of the staff had received at least one session of supervision or observation of their practice since our last visit. We also found that a system to record and plan supervision had been implemented.

Staff we spoke with confirmed that they had received supervision and told us they felt supported. Comments included, "I have had supervision lately and feel this is an area that has improved. I feel supported by the seniors", "I had supervision about three weeks ago, I requested training and some of this has been booked; I feel supported by seniors."

Staff told us that the training provided since October 2012 had been an advanced dementia training course for three staff, provided by the local authority, and continence training. They told us that fire training had been provided since our visit in April 2013. Staff also told us their training needs had been discussed with them in recent supervision sessions and they were aware that training in managing behaviour that challenges services had been arranged for them although there was a waiting list. They confirmed that they had completed a wide range of training since their employment commenced but

they required refresher training in essential areas as the majority of training was previously provided in 2010. Staff also confirmed that they had the opportunity to complete qualifications in care and to progress beyond basic levels. They told us they were supported in this area as one of the senior staff had completed the National Vocational Qualification/Qualifications and Credit Framework (NVQ/QCF) assessor's award. Three senior staff had also completed a trainer's award to enable them to train people in moving and handling.

A new staff member told us that they were in the process of completing their induction and arrangements had been made to commence the Qualifications and Credit Framework (QCF) level 3. They said part of the induction included completion of the skills for care workbook. The staff member told us that since their employment commenced they had completed dementia awareness training and fire safety and had shadowed other more experienced carers for three shifts. They also said they had been shown how to care for people and how to meet their needs. They told us they were also shown techniques, such as distraction, to enable them to safely care for one person who may display behaviours that challenge the service. They said "I have had a one to one and I had a review at the end of my first week, I feel prepared to provide care for people and I feel supported."

We observed that there were good interactions between staff and the people who used the service and that staff understood people's needs and how to meet these.

We looked at a selection of seven staff files and supporting records. We found that supervision and observation sessions had been recorded. We found that work to plan training had commenced and some training had been arranged with the local authority. The provider told us that as the local authority now charged for the training they would be delivering in-house training to refresh essential training. At the last inspection we saw a wide variety of training DVD's were available in the home. The provider told us new staff would continue to access the external training as they felt this gave a "Good grounding." We saw records which confirmed that a new staff member had been booked on the clinical moving and handling, safeguarding and basic understanding of dementia training with the local authority. We also saw that training requested by staff in supervision had been arranged with the local authority.

We asked the provider why they had not commenced the refresher training. They informed us of a number of factors which had delayed the start of this including prioritising other work required to ensure compliance in other areas. They also told us that they would ensure all the staff completed the refresher training in moving and handling, safeguarding, food hygiene, health and safety, safe handling of medicines and challenging behaviour. We requested a plan of how this was to be achieved. Following the inspection we received a basic training plan which informed us that all the refresher training would be completed within six to eight weeks. We have requested that the manager provide us with a weekly update of the training that has been completed and we will check that this has been achieved at a future inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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