Midland Healthcare Limited

Dove House Care Home

Inspection report

Dairy Lane
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Dove House is a residential care home providing accommodation and personal care to up to 42 people in one adapted building. The service provides support to older and younger adults, some of whom are living with mental health conditions and dementia, people with physical disabilities and sensory impairments. At the time of our inspection there were 24 people using the service.

People's experience of using this service and what we found
People were safeguarded from abuse by staff who understood how to report any concerns to the appropriate body. Staff understood how to manage risks to people's safety and were able to support people to have their medicines as prescribed. There were enough safely recruited staff to ensure people were supported and staff understood how to prevent the spread of infection. When incidents occurred, these were reviewed, and analysis was done to look for any themes.

People had their needs assessed and plans put in place to meet these. There were clear plans to ensure people had a choice of food and drinks and their needs and preferences were met. The building had been adapted to ensure people had effective support. Where needed health professionals were involved in people's care plans and staff followed any guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's preferences were understood by staff and they had support to do things which were of interest to them. Communication needs were assessed, and staff understood how to communicate with people effectively. Where people were at the end of their life, they had plans in place to guide staff on how they wanted to be supported.

Where people made complaints, these were investigated and responded to. The registered manger had oversight systems in place to ensure the building was maintained and people received the care they needed. The provider worked in partnership with other agencies and applied a learning culture.

Rating at last inspection
The last rating for this service was requires improvement [published 2 June 2021].

Why we inspected
We inspected the service to follow up on concerns from the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dove House Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Dove House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Dove House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Dove House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During our inspection we spoke with 3 people and 11 relatives. We also spoke 6 staff including the registered manager, cook, maintenance, senior care and care staff. We looked at the care records for 5 people and 6 medicine administration records. We looked at records relating to the management of the service, including audits carried out within the home, recruitment files and training records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "The staff know what they are doing, they keep me safe when they support me." One relative told us, "Yes, they are safe. [person's name] is always very happy. It is because of the staff."
- Staff understood how to recognise abuse and could describe how they would report any concerns for investigation.
- Where incidents had been identified these had been reported to the appropriate body for investigation.

Assessing risk, safety monitoring and management

- People were supported to manage risks to their safety. One relative told us, "The staff use a hoist for baths and showers. They take very good care of [person's name]. They have a safety mat next to their bed."
- There were clear risk assessments in place and plans to guide staff on how to minimise the risks to people's safety. For example, risks to people's skin integrity were assessed and plans put in place to minimise these. We saw staff were following these plans and recording the actions they took.
- Risk assessments and management plans were reviewed each month. For example, moving and handling risk assessments and falls were considered monthly.

Staffing and recruitment

- People were supported by enough staff to keep them safe. One person told us, "The staff are always available to you, when I am ready to get up, they are there to bring me down." Relatives also told us there seemed to be enough staff to support people safely. One relative told us, "As soon as the call bell goes off they attend straight away."
- Staff told us there were enough staff to support people safely. We saw people did not have to wait for their support. One staff member told us, "Staffing is good, the registered manager will always get agency support in when needed."
- The registered manager used a dependency tool to calculate how many hours of support people needed to meet their needs and how many staff were needed on each shift.

Using medicines safely

- We found transdermal patch application charts were not in place. Staff confirmed they were applying medicines safely and we found there was no impact on people. The registered manager said this was an oversight as the instructions had not been made clear when the medicines were prescribed. This was addressed immediately by the registered manager.
- People had their medicines administered as prescribed. One person told us, "The staff bring me my tablets

twice a day without any problems." One relative told us, "The staff give [person's name] medicines regularly and they explain what the medicines are for."
● Medicines were stored safely. We saw checks were in place on the temperature of the refrigerator and the medicines room. There were lockable facilities to secure medicines.
● We observed people have their medicines, staff sought consent to administer and followed safe practice.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
People were able to freely have visitors to the home.

Learning lessons when things go wrong
● There was a system in place to learn when things went wrong. All accidents and incidents were reviewed to ensure any changes to people's care plans were made as required. Relatives told us they were always contacted if there was an incident or accident and the staff ensured people had the help they needed.
● Analysis was carried out to look for any themes or trends in incidents so action could be taken to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection the information in people's care plans was not consistently completed and easy to access. At this inspection improvements had been made and care plans were easy to navigate.
- The registered manager told us they had conducted assessments prior to people coming into the home to ensure the home could meet people's needs and then a care plan was put in place which was reviewed monthly following admission. People and relatives where appropriate were involved in these reviews.
- Care plans included guidance for staff on how to provide effective care and meet people's needs and what to look out for to monitor for any changes. For example, 1 person's care plan gave a detailed description of how a person with limited communication may present when they were unwell, so staff could identify this and seek help.

Staff support: induction, training, skills and experience

- At our last inspection we found some gaps in essential staff training. At this inspection we found this had improved and staff were receiving all the training needed for their role.
- Staff told us they had an induction into their role. The registered manager told us, "New staff have a 6-week induction, training is completed and then a further 12 weeks additional training and supervision is in place."
- We saw staff had received updates to their training on a regular basis and this was monitored by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- At the last inspection we found some people were left waiting for extended periods to receive their meal. At this inspection we found improvements had been made.
- People told us they really enjoyed their meals and had a choice of different meals. One person told us, "The food is great here we get to choose what we want to eat." The cook told us, "There is a 4 weekly menu and we always have an alternative, always check with people in the morning and see what they want, offer alternatives to the main meal."
- People had risk assessments and care plans in place to ensure they had their nutrition and hydration needs met. We saw staff used these to help guide them in supporting people with their meals and drinks.
- Relatives told us people enjoyed their meals, had plenty of choice and were supported to maintain a healthy diet. One relative told us, "The choice is good. [Person's name] thoroughly enjoys their food. I personally feel [person's name] is thriving."
- The cook told us they were always informed of any modifications to people's diets and kept up to date

with changes.

Adapting service, design, decoration to meet people's needs
● People had personalised their bedrooms. One person told us, "I love my bedroom, it's nice and comfortable and lovely and clean."
● We saw people were able to access internal and external areas freely and walk around the home when they wished.
● There were adaptations in place in bathrooms and toilets for people to access these safely.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People told us they were supported to manage health conditions. One person told us, "The staff have called the district nurse to see me today, they do this when I have any problems." One relative told us, "The staff call the doctor if [person's name] is unwell. I think the doctor goes in every Tuesday. I have spoken to the doctor on a couple of occasions. [Person's name] also sees a podiatrist.'
● Assessments and care plans showed details about people's health needs. Staff understood these and were able to explain how they supported people to maintain their health and wellbeing.
● Staff worked in partnership with other agencies to support people. We saw referrals were made as required when people needed them.
● We saw advice from health professionals was included in people's care plans and followed by staff.
● People were supported by a consistent staff team, where agency staff were used, they were inducted into the service and were regularly attending so knew people well.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People were supported within the principles of the MCA. Staff understood the MCA and could describe how they sought consent where people were able to make their own decisions.
● Where people may lack capacity MCA assessments had been undertaken and documented decisions made in people's best interests.
● Appropriate authorisations had been sought for people who were deprived of their liberty and staff could describe how this was done in the least restrictive way possible.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection care files did not consistently contain detailed information about people's preferences, wishes and life-histories. At this inspection we found improvements had been made.
- People's protected characteristics were considered within the care planning process. For example, people's sexuality was discussed, and any needs identified. We saw care plans were personalised and included information about the person which was important to them. One relative told us, "I have informed them about [person's name] religion so it is recorded in the care plan."
- Peoples life histories and preferences are included in the care plan. For example, 1 care plan showed the person's preferred clothing, how and when they liked to have a shower. We saw where required family members were involved and the care plan was regularly reviewed.
- Staff were responsive to people's needs. We saw staff went to people when they noticed they were becoming anxious and to check on them through the day.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the accessible information standard and what needed to be in place to meet this.
- People had their communication needs assessed and plans and guidance were in place for staff. For example, 1 person's care plan showed staff how information should be shared with a person to help them understand and be able to make their own choices.
- The registered manager told us, "Information is available in a range of formats for people, we also use objects of reference for helping people with dementia understand how to make a choice for themselves."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake activities which were important to them. One person told us, "Staff bring me in my paper every day, they also take me a walk up the local pub."
- Staff told us there were activities undertaken with people based on what they enjoyed. For example, 1 person enjoyed helping in the garden. Staff also said they used information they knew about people to have conversations about topics which were interesting to people.

● Relatives told us people were supported to do things they enjoyed and encouraged to join in with a range of activities. One relative told us, "[Person's name] has now started knitting, colouring, crisscross. They like looking through gardening magazines and love music."

Improving care quality in response to complaints or concerns

● People and their relatives understood how to make a complaint. One person told us, "If I was worried about anything I would go and speak with the registered manager." One relative told us, "I have never complained. I would go to the manager or have a word with one of the staff in charge. I've not had any cause to complain."

● There was a complaints policy in place and where complaints had been made these were investigated and responded to. Relatives told us they understood how to make a complaint.

End of life care and support

● At the last inspection we found improvements were needed to end of life planning. At this inspection we found improvements had been made.

● People had their end of life wishes discussed and documented in their care plans. For example, 1 person's plan included details of preferences for pain management and how to facilitate family members staying close by. One relative told us, "This has been discussed. They talked about [person's name] staying at the home or going into hospital, music or calming atmosphere. We also spoke to the doctor about this."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last inspection there was no registered manager in post, and this was used as a ratings limiter for well-led. At this inspection we found a registered manager was in post.
- The provider had systems in place to ensure they had oversight of people's care delivery. For example, there were checks on care plans, daily records, weights and medicines administration which were identifying any issues and driving improvements.
- There were systems in place to maintain the safety of the premises. For example, checks on electrical equipment, fire safety procedures and checks on wheelchairs and hoists.
- The provider understood the duty of candour and we saw when incidents occurred relevant people were notified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the home was friendly and had a nice atmosphere. One person told us, "I like it here, I think it's a nice place and everyone is really friendly." Relatives told us they were happy with the care people received. One relative said, "My whole family are very happy and would recommend this place to others if they were looking for somewhere for their family member."
- People told us staff understood their needs and were kind and caring. One person told us, "It is really nice here the staff are kind to us." One relative told us, "The staff treat [person's name] with dignity and respect. All the staff are very caring, and I am very pleased with them. I do thank them because they do go out of their way to help."
- Staff were able to share examples of how they provided person centred care. For example, staff knew how people liked their personal care completed, their favourite clothing and what subjects to discuss with them if they were feeling down.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular monthly contacts with people and their relatives to discuss people's care. These were documented in people's care plans and considered their assessed needs, how they felt about the care they received and anything which had changed.
- There were regular opportunities for staff to meet and talk about the service. Staff told us they felt well

supported and could go to the registered manager for anything they needed.
● Relatives told us they were able to speak with the registered manager and felt they were always listened to. One relative told us, "The registered manager definitively listens. They are always available when I go and approachable. They listen when I have asked for things in the past."

Continuous learning and improving care; Working in partnership with others
● The provider had a learning culture in place and used this to make improvements to the care people received. For example, a dining experience audit was completed to check on the quality of people's dining experience. Audits on equipment were identifying when things required repair or replacement, and this was being completed.
● The provider uses systems to check for learning. For example, there are reviews of all safeguarding incidents to consider learning and share this with the staff team.
● The provider had good relationships with other health professionals and worked in partnership to deliver people's care. This included social workers, occupational therapists and district nurses.
● Other professionals conducted audits and these identified areas for improvement. For example, the infection prevention control (IPC) team had made suggestions to improve IPC systems in the home.