

# Barchester Healthcare Homes Limited

# Dovedale Court

## Inspection report

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14 November 2023  
16 November 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dovedale Court provides accommodation for persons who require nursing or personal care or treatment of diseases, disorder or injury. The service can provide support for up to 32 people, including older people, younger adults and those living with dementia. At the time of our inspection, there were 31 people using the service.

The property is set over 2 floors with lift access to the upper floor. There were several communal areas and a large rear garden for people to enjoy. Aids and adaptations were in place to meet people's individual needs.

### People's experience of using this service and what we found

Systems and processes kept people safe from abuse and medicines were managed safely. Detailed care records and risk assessments provided staff with information about people's needs. Staff deployment was effective; we received feedback about consistency at the home and the positive impact this had on people. A relative said, "The staff know [person] so well and understand their needs, this helps keep [person] safe. They are so well looked after." Another added, "[Person's] needs are varied but staff have a good understanding of [person] and how to give them the best quality of life possible." Several people on the upper floor could display heightened behaviours but these were managed by a knowledgeable and well-trained team. The home was clean and well maintained. Appropriate safety checks were carried out on premises and equipment.

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.

The provider and registered manager maintained good standards. One relative told us, "The home appears to be moving forward. The registered manager seems to be making changes in both the care and the environment." There were robust systems to respond to incidents and accidents, and monitor the quality and safety of care. Action was taken to drive improvement. We received feedback that communication was good, and the registered manager was approachable and responsive to concerns. The provider engaged people, their relatives or staff and promoted good outcomes. Staff worked hard as a team, and they spoke about their colleagues positively; morale was high. A staff member said, "It's such a good place to work, I love that we all work together as a team. Everyone supports each other."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 3 March 2022).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dovedale Court on our website at [www.cqc.org.uk](http://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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Dovedale Court

## 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

An inspector, a regulatory coordinator and an Expert by Experience took part in the inspection process. 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

Dovedale Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dovedale Court is a care home with 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.

Inspection activity started on 14 November 2023 and ended on 21 November. We visited the service on 14 November 2023 and 16 November.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used 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 inspection we spoke with 5 people living at the home and 6 relatives about their experience of care provided by Dovedale Court. We spoke with 10 members of staff including the regional director, the registered manager, nurses, senior care workers, a housekeeper, maintenance person, activities coordinator and care staff. We observed people's interactions and the care they received. This helped us understand the experiences of people with limited communication.

We observed medication administration and checked medication storage and recording systems. We reviewed a range of records including 4 people's care records and recruitment files for 6 staff.

We looked at records relating to health and safety such as fire safety information, testing records and servicing documents. We checked the environment, equipment, facilities and cleanliness; to assess if the home was safe and fit for purpose.

We remotely reviewed information relating to the management of the service such as policies and procedures, audits, meeting minutes, rotas and surveys. We sought additional evidence and clarification from the registered manager via email.

# 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. 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

- Staff and management understood their responsibilities for keeping people safe. Staff confirmed they had access to safeguarding policies and knew what to do if they suspected abuse. Annual safeguarding training was provided.
- People were safe and well cared for. One relative said, "[Staff] are wonderful, I couldn't keep [person] safe at home but I trust Dovedale Court completely." Another added, "They keep [person] safe. I can't fault the home, [person] is so well looked after. I have complete confidence."

Assessing risk, safety monitoring and management

- The provider had appropriate systems to identify and assess risks to health, safety and welfare of people. Detailed assessment booklets were completed for people upon moving into the home, with input from relevant persons. Key risk factors were highlighted.
- People had in depth care records covering a range of health and care needs, and personalised risk assessments were completed for topics such as choking and bed rails. Reviews were carried monthly as part of the 'resident of the day' initiative.
- People displayed a variety of behaviours which the home was monitoring and managing effectively. Recording tools were used to log heightened behaviours and support reviews. Staff received appropriate training to ensure they were better equipped to manage any physical behaviours of distress, safely and in the least restrictive way.
- Positive risks were also assessed. The home had recently supported someone to quit smoking. Staff worked closely with appropriate services and ensured information was offered in a way the person could understand. Different options were explored whilst considering the individual's wants, wishes and best interests.
- The maintenance person had systems and processes to monitor and manage risks to health and safety; regular checks and servicing were carried out and remedial work actioned in a timely manner.
- Staff we spoke to said they had a good level of fire safety training and took part in regular drills. They evidenced an understanding of what to do in the event of an evacuation.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Staff we spoke to could tell us how the principles of MCA and DoLS worked in practice.
- Mental capacity assessments and best interest decisions were evidenced in files we looked at and care records promoted choice and control.
- We were told people enjoyed a level of freedom and choice. One person living at the home said, "I am happy here, I am able to move around wherever I like." A relative added, "It's not easy to allow space and independence given the needs of many service users, but the home has been able to provide this."

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of staff deployed to meet people's needs and keep them safe. During inspection we observed staff were on hand to offer support, talk with people or carry out welfare checks. A range of auxiliary staff supported the care team effectively.
- We received positive comments from people, relatives and staff about the level of staffing at the home. A relative told us, "[Person] is kept safe because the staff are always checking on them." A person living at the home said, "I can move around on my own, but help is always on hand." Staff told us they helped each other by covering shifts, so people could enjoy continuity.
- There were good levels of training around safety; subjects such as basic life support, health and safety and food hygiene were refreshed annually.
- Some people living at the home had allergies, special diets or were at risk of choking. Training was provided to ensure effective care could be delivered in these areas.
- We received positive feedback about support available to staff. Staff confirmed periodic 1 to 1 supervision was carried out, which they found to be helpful to their roles.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We checked 6 recruitment files, all had (DBS) and reference checks.

#### Using medicines safely

- People received their medicines safely and as prescribed. People commented positively on the support offered with medication. One person said, "My medication is all taken care of, I get my tablets when I need them and if I need something for a headache it is provided."
- Nurses and senior care workers received appropriate training for administering medication and had their competency assessed annually as a minimum.
- Effective systems and processes were in place to record medication administered and for responding to medication errors. This helped ensure lessons were learnt, and the risk of reoccurrence was minimised.
- The home was responsive to people's health and medication needs, and any concerns were discussed with the relevant healthcare professional. A relative told us, "When [person] came to Dovedale Court, the cocktail of tablets they were taking was wrong. The home, with GP guidance sorted it out and they have improved 100%."
- Storage was clean and tidy, and everything was appropriately labelled. There was evidence of temperature monitoring. Spot checks and monthly audits were carried out.

#### Preventing and controlling infection

- Appropriate measures were taken to ensure good cleanliness and hygiene at the home. There was a team of housekeepers, cleaning schedules were completed and the registered manager checked the environment



daily. One relative told us, "[Person's] room is kept clean and tidy."

- The provider had an up-to-date infection prevention and control policy and processes were in place to help prevent and manage outbreaks.
- PPE was available for staff use when required.

#### Visiting in care homes

- The provider was facilitating visits for people living at the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Lessons were learnt from incidents, accidents and safeguarding concerns. Staff told us about the system used to record accidents and incidents. The team was involved in discussions to help identify what went wrong and how reoccurrence could be prevented.
- Care records were reviewed and updated following an incident or accident.
- Management had good oversight of incidents, accidents and safeguarding concerns. They were logged and reviewed at clinical governance meetings, to try and identify a pattern and learn from these. Lessons learnt were reviewed by the regional director during their monthly checks.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The atmosphere at the home was calm and pleasant, and we observed kind and caring interactions; indicative of a good culture. People and their relatives told us they were happy and spoke positively about the team. One relative said, "[Person] loves the staff so that makes life in the home a better experience. [Person] is very comfortable and safe and I think this is because staff take the time to understand their needs."
- The registered manager shared some feedback received from a social worker, during our inspection. They had commented on the positive, person-centred interactions between a staff member and someone living at the home, which helped the person better understand information and engage in a meeting.
- Staff told us the registered manager was approachable and they felt supported within their role. A staff member said, "Morale is very good. [Registered manager] is always available and staff issues are dealt with straight away, so things don't build up." Another told us how the registered manager had been supportive whilst they were studying to become a nurse.
- People and relatives confirmed they were able to speak to staff or the registered manager if they had a problem. One relative said, "I couldn't be more grateful to the registered manager or staff. I have complete confidence in their abilities. The running of any establishment starts at the top and I feel the registered manager will always go the extra mile. Any small issues are dealt with promptly."
- Several case studies were shared, evidencing positive outcomes for individuals living at the home.
- People and their relatives told us about improvements to people's health, wellbeing or quality of life since moving into Dovedale Court. One relative said, "When [person] came to the home, their quality of life was poor. Their medication was not appropriate, and they had dramatic weight loss. Since being in the home their medication has been completely changed and the difference was amazing. They can now engage with us all and enjoy their life. With good food they have put weight on and looks so much better in themselves."

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

- The provider understood their responsibility in relation to duty of candour. Information of concern was shared with relevant agencies. We saw evidence the local authority's safeguarding guidance was checked when assessing whether a referral was required or not.
- The registered manager and regional director engaged and were open and cooperative throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff at all levels had designated responsibilities and were clear about their roles. The registered manager was knowledgeable and had a good level of experience working in the care sector. Staff we spoke to responded to our queries and questions; instilling confidence that they understood risks and regulatory requirements.
- There was good oversight of the service. The registered manager conducted daily 'stand up' meetings, walk rounds and spot checks to help monitor and maintain quality performance on a day-to-day basis. They checked if call bells were answered promptly, how staff interacted with people and if people were having their care needs met. Regular audits and checks were also carried out by heads of department and the regional director.
- We flagged several queries throughout inspection but upon reviewing records or speaking with the registered manager, it was evident that these had been identified and acted upon prior to our visit.
- The registered manager told us they received good support from the regional director and provider. They said, "I'm really well supported, there is good quality assurances and support from the senior management team."
- Policies and procedures evidenced reviews were completed in response to changes of guidance and best practice.

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

- People, relatives and staff were actively engaged. We saw evidence of regular staff meetings and staff being prompted to contribute their opinions or ideas. Staff told us they would feel able to make suggestions and these would be listened to. 'Your voice' surveys and HR surgeries took place from time to time to give staff the opportunity to raise any concerns, confidentially.
- Meeting minutes we reviewed promoted a 'whole home approach' and fed back in a constructive and motivating way with clear guidance for staff to follow. Case studies helped emphasise good work undertaken by the team and positive feedback was shared with the relevant staff.
- The provider had recently sent a survey to people living at the home and their relatives. Feedback was good and they had responded very positively to the question, "How well do we involve you, listen to you and keep you informed." Resident meetings took place monthly.
- Relatives were consulted about people's care and treatment during monthly 'resident of the day' calls. A relative told us, "I know the manager's door is always open. I can bring problems to him if necessary and am fully informed about [person's] health and care. If changes are made, I am always notified. I have had meetings about [person's] care and any issues are dealt with. It is very reassuring when we know someone will always listen."

Continuous learning and improving care

- The registered manager was knowledgeable about people, the service and their legal requirements, and was striving to continuously improve care. There was emphasis noted throughout inspection around developing quality and safety at all levels.
- Staff used their creativity and initiative to improve people's wellbeing. One staff member told us about someone who became distressed when changing into their nightwear. To resolve this, comfortable lounge-wear was provided and the individual was no longer as anxious to change.
- The manager told us about clinical governance systems and analysis used to identify themes and trends and drive improvement.
- Resources were available to develop staff and improve the home. The provider's clinical leads supported the teams with ongoing concerns around people's individual care needs. Funding was made available to

improve standards to the home's safety and environment. For example: plans had been made to move the upper lounge and dining room around, so the space was better utilised. A budget for the renovation was being reviewed by the provider.

#### Working in partnership with others

- Healthcare professionals were consulted appropriately as and when necessary. During inspection we observed a nurse planning to contact a dietitian due to someone losing weight. Someone living at the home told us, "I think my health is better because any issues are dealt with quickly."
- The home was working closely with the local rapid intervention and treatment team (RITT) and mental health teams in response to emerging or changing behaviours. They communicated with the relevant agencies to increase funding when people required 1 to 1 support to manage their needs.
- Appropriate professionals were consulted to support best interest decisions. There was evidence of advocacy services and social worker involvement.
- District nurses attended the home regularly to support with insulin or dressings on the Memory Lane unit.