

Dovehaven Residential Care Home Limited

# Dovehaven Residential Care Home

## Inspection report

22 Albert Road  
Southport  
Merseyside  
PR9 0LG

Tel: 01704548880  
Website: [dovehavencarehomes.co.uk](http://dovehavencarehomes.co.uk)

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### Ratings

|                                 |                        |
|---------------------------------|------------------------|
| Overall rating for this service | Good ●                 |
| Is the service safe?            | Good ●                 |
| Is the service effective?       | Good ●                 |
| Is the service caring?          | Good ●                 |
| Is the service responsive?      | Good ●                 |
| Is the service well-led?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service

Dovehaven Care Home is a residential care home providing personal care to 27 older people at the time of the inspection. The service can support up to 40 people. The service is situated in a converted Victorian dwelling and accommodation is over three floors.

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

People living at the home told us they were happy with the care and support received at Dovehaven Residential Care Home. The home had a welcoming and warm atmosphere and people were treated in a respectful and compassionate way. We witnessed positive interactions between staff and the people they supported.

Staff understood how to protect people from abuse and recruitment processes ensured new staff were suitable to work with vulnerable people. Systems were in place to help identify risk to people and ensure that any risks were managed and mitigated effectively.

There were sufficient staff to meet people's care and support needs and staff had been trained and had their competency checked, to enable them to perform their role.

Infection control was managed effectively, and the home was clean and well maintained. Visiting was facilitated in a safe way to ensure people's well-being was promoted by maintaining relationships that were important to them.

Whilst we were assured that 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; and the policies and systems in the service supported this practice. We have made a recommendation about the recording of consent to care and support in people's records.

Since the last inspection, a new manager had been appointed to the home, they had begun to embed governance systems and processes which were focused on achieving person centred outcomes for people. People, their relatives and staff spoke positively about the manager.

The management team had auditing systems to maintain oversight of the service and make improvements where necessary. We have made a recommendation about further developing auditing and governance processes.

Quality assurance processes ensured people were able to give their views of the service. We found the management team responded to feedback to improve the lives of people.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

[www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service under the key questions of Safe and Well-led was requires improvement (published 17 March 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating and breaches of regulation.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Dovehaven Residential 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Dovehaven Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of becoming registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service about their experience of the care provided. We spoke with four members of staff including members of the quality and compliance team, the manager and the regional manager. We also spoke with a visiting healthcare professional. We undertook a tour of the building and observed the delivery of care and support provided to people throughout the day.

We reviewed a range of records. This included multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the safety of the environment and the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives to help us understand their experience of the care and support their loved ones received. We also spoke with three members of care staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Significant improvements had been made to the service to ensure people were safe from environmental risks and risks from fire.
- People's care records identified risk to people and provided guidance for staff on how to manage and mitigate risks.
- Staff were aware of the risks to people and to how to care for them in a safe way. Staff told us they knew how to escalate any concerns appropriately. Safeguarding and whistleblowing policies and procedures were in place to help keep people safe from the risk of abuse.
- People and their relatives told us they felt Dovehaven Residential Care Home was a safe environment. One person told us, "I like living here and I feel safe." A relative commented, "[Name] is safe and well, my mind is at rest."
- Processes were in place to ensure accidents and incidents were recorded. Information was reviewed by the management team and shared with staff to help ensure risk was effectively managed and mitigated.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there were enough staff to meet the needs of the people using the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were recruited safely. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- The manager informed us despite the present national staff shortages, they were managing to safely provide sufficient staff. Observations on inspection and people's feedback confirmed sufficient staff were

deployed at all times of the day.

- Some people told us that agency staff used at night-time, were not always familiar with their needs and processes within the home. We discussed this with the manager who told us regular members of staff were being inducted to night duty and any agency staff used, would be those familiar with the home.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding processes were in place. The manager and staff understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Appropriate systems and processes ensured that any incidents which exposed people to potential or actual harm were identified and reported appropriately to the relevant external agencies.
- Any safeguarding incidents were discussed and shared with staff to help learn from the incident and prevent the risk of recurrence.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. One person told us, "It's very important I get my medicines at a set time, and I do."
- Where audits had identified any issues, actions were put in place to help ensure medicines were administered safely. The service carried out daily stock balance checks, this was good practice and helped reduce the risk of medicine errors.
- Protocols in place to guide staff on the administration of prescribed 'as and when' required medicines, were written in a person-centred way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- 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 and accessing testing for people using the service and staff.
- 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 and the infection prevention and control policy was up to date.



# 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.

This is the first inspection of this key question under the service's new legal entity. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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.

- We were assured staff asked people for their consent before any intervention of care and support, one person told us, "Staff help me and they always ask for my permission."
- Staff also confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people time to think about their decision before taking action.
- Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- People's care records did not always fully demonstrate that each decision regarding care and treatment had been provided with the consent of the relevant person.

We recommend the provider reviews people's care records to ensure that consent is appropriately recorded in relation to each decision about their care.

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- People told us staff knew them well and were familiar with their needs.
- People's care records reflected their current care and support requirements. We saw evidence of appropriate referrals to external health care professionals, to ensure people received the right care and support.
- Some people's care records required further information about their background and preferences. This is important and helps staff get to know people better and deliver person centred care. We discussed this with

the manager who confirmed this had already been identified as an area for improvement and a thorough review of all care records was planned.

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

- People were supported to eat and drink enough to maintain a balanced diet, in line with their needs. Information regarding people's nutrition and hydration needs, such as a diabetic diet, was recorded in their care records. One person told us, "I am a vegetarian and the home caters for that, I get great choice."
- A relative told us, "[Name] always chooses something that's not on the menu and this is accommodated."
- We saw a positive example of how the home bought in specialised food to meet a person's specific requirements. This empowered the person to have control over what they ate which was extremely important to them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives. Staff worked alongside external health care professionals, such as GPs and dieticians, where required to ensure people's needs were met in a timely way.
- We spoke with a healthcare professional who visited the home daily to provide care to a person, they told us, "[Name] looks the best I have seen them and now needs only half the amount of medication they had at home."

Staff support; induction, training, skills and experience

- The provider ensured staff had a range of appropriate training, supervision and support to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way.
- A formal induction process was in place to help new members of staff and agency staff become familiar with processes in the home and the expectations of the management team.

Adapting service, design, decoration to meet people's needs

- Although the service was located in a former residential property and accommodation was over multiple floors, people were able to navigate via corridors which were kept uncluttered and had the use of a lift.
- People who lived with mobility restrictions, resided in rooms on the lower floors to aid their independence.
- People were able to bring their own items into their rooms and to personalise their rooms as they wished.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this key question under the service's new legal entity. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred and dignified way and in a way which helped promote their independence. People were keen to tell us about the care and support they received, "Staff are very nice and helpful", "Staff are competent, and I feel safe in their hands" and "I press my buzzer and staff are there, I can't think of anything to improve."
- Relatives echoed people's positive experiences, one told us, "I can't praise the home, the staff and manager highly enough. It's the best thing that's ever happened to [Name] and they've never looked so well. They are a changed person for the better."
- People appeared well cared for and were happy. Staff observed people and offered support, without being intrusive. We saw a person being comforted by a staff member, they were soon smiling and in a happier place because of this.
- One person shared with us that, "[Staff] are my family. They're there when I need them and they're the family I would choose."
- Staff supported people to maintain their independence. Staff were knowledgeable about accessing services and ensuring people had appropriate equipment and adaptations to keep them safe and to promote independence.

Supporting people to express their views and be involved in making decisions about their care

- People and staff told us they found the manager to be open and approachable and people and staff were able to raise any issues or concerns at any time.
- Choice and control was given to people in their day to day lives. Resident meetings were held and people were encouraged to provide their views on the running of the home.
- People's preferences and choices were respected, and this was evidenced in people's care records. Staff understood the importance of empowering people to make decisions wherever possible. One person told us, "Staff value me for me, there's no divide, I'm a person and they respect me."

# Is the service responsive?

## Our findings

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

This is the first inspection of this key question under the service's new legal entity. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records showed assessment of their communication needs had been undertaken. The service was familiar with the standard about how to make information more accessible for people and had consulted best practice guidance to aid them with this.
- We observed staff taking the time to communicate effectively with people.

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

- People received personalised care that was responsive to their needs. People's care records demonstrated that care and support was tailored as far as possible, to people's preferences. One person told us, "I can have shower or bath anytime, I am delighted with the attention I get."
- The activity co-ordinator had recently left and some people had fed back in resident meetings activities they would like to do, the service attempted to facilitate these wishes as much as possible.
- The manager shared with us plans they had for further developing meaningful and individualised activities. They had also begun to install a 'mock-up bar' where people could go for a relaxing drink, a 'bar' snack and a chat.

### Improving care quality in response to complaints or concerns

- A complaints policy was in place to ensure complaints were investigated appropriately. People told us they would tell staff or the manager if they were unhappy about something.
- We saw evidence from minutes of resident's meetings that people's feedback was listened to and acted on. For example, themed menu nights had been introduced as a direct result of people's feedback.

### End of life care and support

- People's end of life wishes, and needs were considered. People's care records required further detail to ensure that people's end of life wishes were documented. We discussed this with the manager.
- Staff worked in conjunction with other health care professionals to ensure people's end of life needs were met.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. Although leaders and the culture they created promoted high-quality, person-centred care, further time was required to embed and evidence sustained good practices to ensure the service was consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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, the had provider failed to effectively assess, monitor and mitigate risks to the health and safety of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits and governance processes were in place to ensure that the safety and quality of care was monitored and analysed. Where actions were identified, it wasn't always evident that an appropriate timescale had been implemented to address and rectify any shortfalls.

We recommend that the provider reviews their audits to include appropriate timescales for actions to be completed within.

- People's daily care records did not always accurately document the support people had received and required further development. For example, positional changes to aid skin integrity. However, minutes of staff meetings evidenced that staff were reminded to accurately complete daily care records. People also told us staff supported them in line with their requirements and needs.
- Since the last inspection, a new manager had recently been appointed and was in the process of becoming registered with CQC. Positive feedback was received about the manager. People told us, "[Manager] is constantly making improvements, the standards here have gone up" and "[Manager] is a good person and a good manager. I trust them implicitly."
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.
- The manager demonstrated an understanding of their roles and responsibilities and sent us statutory notifications to inform CQC of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.

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

At our last inspection, the provider had failed to ensure that people received appropriate person-centred care based on an assessment of their needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Some people's care records contained inconsistent information about their needs, for example mobility requirements. However, we were assured this was a records issue as staff spoken to were aware of people's requirement needs. We discussed this with the manager who confirmed that all care records were due to be reviewed and updated.
- The manager worked hard to instil a positive culture of individualised and person-centred care. They told us about the ideas they had to further improve people's experience of care and support.
- The manager understood the importance of strong leadership to influence staff in the deliverance of high-quality care.
- Staff confirmed this by saying, "Staff and residents are like a family, that's not a cliché, it's just genuinely the way it is." One person's relative added, "[Manager] comes across as knowledgeable, bright, bubbly, fully aware of what is going on and most of all, caring."
- The manager worked effectively with external agencies to help achieve positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service actively engaged people to ensure they had a say in the running of the home. Feedback from people and staff and relatives was welcomed by the provider. They used any feedback to help make further improvements. We also saw evidence of positive written feedback received by relatives.
- Staff told us communication by the management team was good and that their views were listened to, comments included, "I can talk to [Manager] about anything, anytime" and "[Manager] is so very approachable."
- Regular staff meetings were held which enabled the registered manager and provider to continuously monitor and improve people's experiences of the care and support provided.
- People's records demonstrated that advice and guidance was sought from health and social care professionals.
- The manager and staff worked closely with other agencies such as commissioners, safeguarding teams and health and social care professionals and to share good practice and enhance care delivery.