

HC-One No.1 Limited

Dove Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dove Court Care Home is a residential care home providing personal and nursing care for up to 120 people across four separate 30 bed purpose-built houses, each of which has separate facilities. One of the houses specialises in providing care to people with complex dementia nursing needs. At the time of our inspection there were 108 people using this service.

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

Medicines were not always administered and managed safely, and staff recruitment systems required some improvements, we made a recommendation about this. People's views on staffing levels were mixed and risk assessments were not always in place to identify people's specific health conditions. Staff had received safeguarding training and people felt safe living at the service. Infection control procedures were followed.

Care plans and risk assessments had not always been updated to reflect people's current needs. Further improvements could be made to the environment to support people living with dementia. However, the service was clean, well decorated and well furnished. Staff had received appropriate training for their role. People's nutritional needs were being met and referrals to health care professionals were being made.

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 were treated well and supported by staff who knew them. We witnessed positive interactions between staff and people living at the service. Staff members spoke positively of the work they do and felt they had time to sit and talk to people. People's rights to confidentiality were respected.

Feedback on activities was mixed and we made a recommendation about this. Some care plans lacked detail to guide staff whereas others showed detailed information on people's preferences and life history. The registered manager had identified these issues and was in the process of rectifying this. People's communication needs were identified and there was a system in place for managing and responding to complaints.

Audits were not always effective in monitoring the safety of medicines, we made a recommendation about this. Policies and procedures were in place to guide staff. We observed staff and senior management to be pleasant and accommodating and staff spoke positively of the registered manager. People's views were actively sought through meetings and satisfaction surveys.

For more details, please see the full report for Dove Court Care Home which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified a breach in relation to medicines. We have made recommendations in relation to staff recruitment, activities, and governance systems.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dove Court 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.

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 3 inspectors, 1 medicines inspector and 2 Experts 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 Court Care Home 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. Dove Court Care Home 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.

What we did before the inspection

We reviewed information we had received about the service. 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

We spent time in the communal areas observing the care and support provided by staff. We spoke with 15 people who used the service, 6 relatives and 15 members of staff including care workers, nurses, unit managers, chef, housekeeper, activity coordinator, registered manager, and the area manager.

We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service, including audits and policies and procedures.

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 requires improvement. At this inspection the rating for the key question has remained requires improvement. This meant people were not always safe and there was limited assurance about safety. There was an increased risk of avoidable harm.

Using medicines safely

- Medicines were not always safely managed or administered at the correct times because the manufacturer's instructions were not followed. For example, medicines were not always given before food when they should have been. Therefore, the efficacy of the medicine might be affected.
- We found 2 people did not have one of their medicines given to them as prescribed. This placed them at risk of harm or experiencing a deterioration in their condition. When people had their medicines given covertly (hidden in food or drink), the correct information to support staff to give medicines safely was not always in place.
- Information to support staff to safely administer medicines via a feeding tube was not always available in people's medicines administration records or care plans. This meant medicines might not be administered safely to people. When people were prescribed 'when required' medicines the information to support staff to give the medicine was not always up to date.
- We found information to support staff to know where to apply topical preparations such as creams, was not always in place. Therefore, we were not assured people's skin was cared for properly.

The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were managed safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment systems required some improvement. Some care workers had gaps in employment that had not been addressed and a full employment history had not always been sought.

We recommended the provider reviews all recruitment files to ensures all the necessary checks are carried out before staff start in their roles.

- Staffing levels were safe and in line with the dependency tool. During the inspection we observed enough staff on duty to meet people's needs.
- Feedback about staffing levels were mixed. People's comments included, "Yes, there are plenty of people about, it sometimes takes a while to come but they can sort out things for you or find someone who can."
- When relatives were asked about staffing levels, they also provided mixed views. Relative's comments included, "Not all the time (enough staff), and it affects how many baths [person who uses the service] can have" and, "There are always enough staff around whenever we visit. It's the same at weekends, no problems."

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

- Risks to people were monitored and lessons were learned. Where people had a specific health condition, there was not always a risk assessment in place to guide staff on what to do should their condition deteriorate. The registered manager responded to this during the inspection process to ensure relevant risk assessments were in place.
- Where risk had been identified, plans were usually in place to help keep people safe. However, we found some people's risk assessments required updating. The registered manager used monitoring charts, screening tools and assessments to help manage risk.
- All required health and safety checks and certificates were in place and up to date.
- Accidents and incidents were managed well, including detailed analysis and lessons learned. Discussions took place in staff meetings to help reduce future risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The service had effective systems for investigating and acting on allegations of abuse.
- Staff had received training, were aware of their responsibilities and how to raise any concerns.
- People told us they felt safe living at Dove Court Care Home. Relatives were confident people were safe. One relative said, "I feel [family member] is safe living here. We have not had any concerns. We would feel comfortable in speaking up if needed."

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.
- There were no restrictions on relatives visiting their loved ones. We observed visits taking place during the inspection.

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 good. At this inspection the key question has remained 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

- Pre assessments were completed prior to admission to the service, detailing people's preferences and care needs. However, it was evident care plans and risk assessments had not always been updated to reflect people's current needs.
- Care plans held information to guide staff on how to safely care for people, but some contained out of date information which could confuse the reader and put people at risk of receiving inappropriate care not tailored to their specific needs.
- The registered manager was aware of the shortfalls in the care plans and was working through an audit to further strengthen people's care files during the inspection process. We saw no evidence people had been harmed as a result of this and we also saw examples of up-to-date care plans.

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

- Some adaptations had been made to the service to meet the needs of the people living there. However, further improvements could be made to improve the home for people living with dementia such as ensuring bedroom doors were more recognisable. The registered manager responded immediately to this and began work on ensuring bedroom doors were more identifiable to the person.
- The service was clean, well decorated and furnished. People's bedrooms were spacious and personalised to their individual wishes. One person said, "The décor was done recently, I like it."
- People had access to safe and secure gardens. One relative commented, "The enclosed garden is lovely. They will open the door to let us go in."

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their role effectively.
- Training records evidenced a high completion rate for training courses. Staff members were able to tell us what training they had received and how they put this into practice.
- We observed staff to be experienced and knowledgeable of people's needs. One person said of the staff, "They are all well trained they have been doing it for a while and know what they are doing."

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

- People's nutritional needs were being met. Weights were being recorded through nutritional tools and referrals were being made where people had weight loss.
- People were mostly positive about the food they received. Their comments included, "The food, actually it can be really, really good, or really bad. They give us a choice and we get plenty to drink" and, "The food is great you can't fault the food; you get what you ask for. The portions are big they make sure you don't

starve. You get three choices of meals at mealtimes. It is healthy you get lots of fruit and veg. If you don't like what is on offer you can ask for something else."

- We observed positive dining experiences during the inspection process and witnessed staff offering a choice of meals and alternatives. One relative spoke highly of this and felt staff were doing everything they could to ensure their loved one ate well.

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

- Evidence was seen of referrals to health care professionals when people's needs changed.
- People told us they got to see a doctor when they needed to. One person said, "If I need it, they will get a doctor and make me as comfortable as possible, nothing is too much trouble."

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive someone of their liberty. Any conditions relating to DoLS were being met.
- People's capacity to make decisions about different aspects of their care and support were identified and well documented.
- Decision specific MCA and best interest documents were in place in people's care files.
- Staff told us they ask for people's consent before care is provided.

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.

At our last inspection we rated this key question good. At this inspection the key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and staff ensured people and their families were involved in decisions relating to care needs. However, not all care records were signed by people to say they agree to the plan in place. The registered manager was in the process of rectifying this.
- Monthly meetings took place for people and relatives to express their views on the service they received and to suggest any improvements.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and supported by staff who knew them well. The service had a friendly relaxed atmosphere. Throughout our inspection, we observed staff to be kind, caring and compassionate.
- Staff members spoke positively of the work they do. One staff member said, "I love coming to work. I love chatting to people and like caring for people. Staff are encouraged to sit and talk to people, so they get a connection."
- We witnessed positive interactions between staff and the people they care for. One person said of the staff, "They will always go the extra mile for you. They listen to you, if you want anything they will go and get it for you, you only have to ask."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and their families told us staff were kind and caring. One relative said, "If [person who uses the service] is upset, they will talk to them and try and reassure them."
- People's rights to confidentiality were respected and the policies and procedures reflected this.
- Records relating to people's care were stored in a locked office to maintain people's privacy.

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 good. At this inspection the key question has remained good. This meant people's needs were met through good organisation and delivery.

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 take part in activities. The service had several activity coordinators who planned and led on a variety of activities for people living in the service. However, feedback on activities was mixed.
- One staff member told us, "The activities are not great. They just walk round and chat and only get dominoes out. Limited group activities."
- People told us, "They take us out on trips, to the pub round the corner. I do some knitting and crocheting."
- When we reviewed the staffing rota, we saw limited staff to aid with activities throughout the day. However, we observed activities taking place during the inspection process and we saw evidence of past events.

We recommend the provider ensures people are taking part in meaningful activity to enhance their wellbeing.

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

- Not all care plans contained sufficient information and some records were conflicting and not clear enough to guide staff on how to care for people. This has been recorded in more detail in the effective key question of this report.
- Other aspects of care plans showed detailed information on how to care for people and their preferences, including, a life history section.
- The registered manager was in the process of reviewing all care records to ensure they were up to date.
- People's individuality, routines and preferences were respected. One person said, "I am an early riser, so I get up when I want, and I go to bed when I want."

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 was following the Accessible Information Standard.
- People's communication needs were identified during the initial assessment.

- The registered manager understood the need to ensure people were able to access information in a format suitable to them.

Improving care quality in response to complaints or concerns

- There was a system in place for managing and responding to complaints.
- People told us they knew how to complain and felt any complaints or concerns would be dealt with appropriately. They told us they felt listened to.
- One person said, "I have complained once or twice about little glitches, it got sorted out."

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Records were respectful and caring. They also identified any religious or cultural preferences the person had.
- Advanced decisions about resuscitation were documented.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of audits, safety checks and monitoring systems were used to ensure people were safe, their rights protected and they received good quality care and support. However, these had not always been effective in identifying issues or shortfalls.
- The auditing system for medicines was not always effective in monitoring the safety of medicines and did not pick up the concerns found during the inspection.

We recommended the provider reviews their governance systems to ensure quality assurances were strengthened.

- We saw evidence of other audits such as the care plan audit which had picked up concerns found during the inspection and the registered manager was in the process of rectifying the issues found.
- Policies and procedures were in place to guide staff on what was expected of them in their roles.

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

- The registered manager, staff and senior managers were committed to providing responsive person-centred care. Throughout our inspection, we observed staff and senior management were very pleasant and accommodating. There was a warm, relaxed atmosphere throughout the home. A staff member said, "I like it here, management are good. If anything goes wrong, they will support you. There is really good teamwork and we all care for each other."
- People told us Dove Court Care Home is a nice place to live and people felt happy there. A person told us, "The way they treat you, they ask if you are alright, they are friendly, and it makes you feel good."
- Staff told us morale was good and there was a positive culture in the home. They said, "People are looked after well. Always thought the care was really good."

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

- Records confirmed the registered manager of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify CQC about that affect their service or the people who use it. The provider had notified CQC as

required.

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

- People's views about the home were actively sought. A residents and relatives meeting was taking place on the day of the inspection and we saw evidence of minutes from previous meetings.
- Satisfaction surveys had been completed by both people, relatives and staff members to ensure people were happy with the service and suggest any changes.
- Relatives told us communication with staff and managers was good and the home was well managed. One relative said, "I think it's well managed. The registered manager is often around seeing what's going on. She makes a point of saying hello. And they are all really good on reception."
- There were regular supervisions and meetings for information sharing with staff or for staff to discuss any concerns or service developments. Staff told us they felt confident in making suggestions and felt listened to. One staff member said of the registered manager, "I often see her walking around, she knows everybody and everything that is happening."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were managed safely. Regulation 12 (2) (g)