

Dovecote Manor Healthcare Limited

# Dovecote Manor Care Home

## Inspection report

Dovecote Manor  
Whalley Drive, Bletchley  
Milton Keynes  
Buckinghamshire  
MK3 6EN

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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?

Good ●

# Summary of findings

## Overall summary

About this service:

Dovecote Manor Care Home is a residential care home providing personal and nursing care to up to 41 people in a purpose-built building. At the time of inspection 39 people were using the service, some of whom were living with dementia.

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

People continued to be cared for safely. Risk assessments were in place and reviewed regularly and as people's needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were consistently enough staff to meet people's care needs. People were supported with their medicines and good infection control practices were in place.

People's care records contained clear and comprehensive information covering all aspects of their care and support needs. Staff knew people well and had a good understanding of people's wishes and individual preferences. People's personal histories, preferences and dislikes, diversity needs such as cultural or religious needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to promptly access health care services when needed.

People received support from reliable, compassionate staff. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and had positive relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

The registered manager was proactive in his approach to ensuring people received high quality care. Robust quality assurance and monitoring of the service was ongoing and the management team sought to drive continuous improvements to the service for the benefit of people living there. The management team were aware of their legal responsibilities and worked in an open and transparent way. People and their relatives knew how to make a complaint.

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 last rating for this service was good (published June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Dovecote Manor 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.

#### Inspection team

The inspection was carried out by an inspector, inspection manager 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

Dovecote Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the manager, senior team leader, team leaders, domestic staff, maintenance staff and care staff. We also spoke with three health professionals who visit the service.

We reviewed a range of records about people's care and how the service was managed. This included looking at three people's care records and a sample of people's medicine administration records. We reviewed a variety of records relating to staff recruitment and the management of the service, including quality assurance audits, policies and procedures and meeting minutes.

# 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People who used the service and relatives told us they felt Dovecote Manor was a safe place. One relative told us, "They are absolutely brilliant here. I come every day and I've never heard anything that I would be worried about and I can assure you I would say if I had, not just with (relative) but with any of the residents. The carers are so good."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures. Information about how to do this was displayed throughout the service.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly or as their needs changed. We saw that risk support plans were comprehensive and covered a range of known risks such as falls, skin integrity, malnutrition and use of equipment. Care and risk support plans informed staff how to provide care that reduced known risks.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain independence as far as possible. One person who was spending time in their room told us, "I had some falls and so they put in two bells for me. One is near the bed and one is here on the table." Call bells allowed people to press a button and summon assistance if needed.

Staffing and recruitment

- There were enough staff on site to keep people safe, and feedback we got from people and staff was that staffing levels were consistent. One relative said, "There are always staff around. I've never not been able to find someone, usually someone comes very quickly if they are needed, very quickly." Another relative shared the same view. We observed staff respond in a timely manner to anyone who needed assistance.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff who were trained to do so. People were supported to receive medicines in the way they preferred which meant their independence was promoted.
- Systems were followed for ordering, receiving and storing medicines. Medication administration records

(MAR) were accurate and regularly audited. Staff followed the protocols for administering medicines prescribed to be taken, 'as and when required'.

#### Preventing and controlling infection

- Staff received infection control training and there was an infection control champion within the staff team. Staff had appropriate personal protective equipment (PPE) available to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing personal care. Wall mounted hand sanitiser dispensers were seen throughout the service for use by people, staff and visitors.
- The environment was clean and fresh, domestic staff were observed cleaning rooms and communal areas throughout the day.
- Infection control audits were carried out to make sure infection prevention and control procedures were being followed. The kitchen area in the service, where all food was prepared, had been awarded a five-star food hygiene rating by the local authority in April 2019. This meant food was prepared in a hygienic environment.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong and robust processes were in place to facilitate learning and improvements. For example, immediate follow up actions were discussed at daily management meetings and cascaded to staff by team leaders.
- Monthly falls analyses were undertaken to identify themes or trends. Accidents and incidents were appropriately recorded and regularly reviewed. This meant action could be taken to reduce the risk of similar incidents happening to the same person or to others.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- A comprehensive assessment of people's needs was completed before they went to live at the service. One relative said, "They came out and assessed (relative) and then they wrote what they needed and spoke to us and then they came to live here. It was very good."
- Care plans were detailed, and person centred. Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.
- Staff used a range of evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing experienced staff members. Staff spoke positively about their induction training.
- Ongoing training was provided to refresh and develop staff knowledge and skills. Development opportunities were available. Staff told us they received a lot of training and felt supported by the registered manager and management team. They told us about a variety of upcoming training including specialist virtual reality dementia training which they felt would be valuable to gain further insight into the experiences of people they were caring for.
- Staff meetings took place regularly. Staff received supervision with a senior member of staff, and annual appraisals. These provided opportunities for staff to reflect on their working practices and discuss training and support needs.

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

- People were supported to have a varied diet and were offered choice in their daily menu. People were generally satisfied with the food, one person said, "The food is excellent."
- Effective monitoring of food and fluid intake was carried out when required, and people's dietary preferences and requirements were catered for.
- One of the staff team was a nutrition champion which meant they actively promoted good practice and new ideas to support people's eating and drinking needs. For example, a range of appealing fortified shakes were served to people in between mealtimes. Snacks and drinks were available throughout the day.

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health, including district nurses, GPs, podiatrists and dieticians. One health professional who visited regularly said, "We have confidence in the staff here, they are prompt and responsive. They call us if they are worried about anyone. Staff know people really well, they know if people are not feeling well even if there are no obvious signs." One family member said, "(Relative) had a small mark on her heel. They thought it might be a pressure sore so straight away they put cream on and the nurse came and put a boot on. They are really quick to sort things out here."
- Care plans included the contact details for a range of health and social care professionals. People's health and social care needs were set out clearly in their care plans. Clear records were kept of people's health appointments. This meant staff had the most up to date information about people's changing health conditions so their needs could be effectively met.

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

- People's rooms were personalised and contained furniture and other items that belonged to them.
- The service had an inhouse café which was going to be developed further, and a vintage living room for people to spend time in. Plans were being developed to renovate one further room with the needs and interests of particular people in mind. The service was effective in putting their available space to the best use for people living there.
- The design and décor of the building assisted people living with dementia. For example, one floor had different coloured 'front doors' on each bedroom to help people feel more at home. There was a centrally located communal area which made orientation easier.
- Communal areas in the service were welcoming and well used by people. One of the lounges had been recently decorated and plans were in place for the second lounge to be refreshed. People had been consulted about this and could participate in the redecoration if they wanted to.

#### 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people's relatives or representatives when required.
- The registered manager had made DoLS applications to the local authority when it was in people's best interests to ensure their safety.
- When people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

- Staff received appropriate training and were aware of the principles of the MCA to support people make choices.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People, relatives and staff told us that people were cared for well. One person said, "The carers here are brilliant, they are really kind and they know people and they are interested." Another person told us, "When I tell my friends about how nice it is here they are very surprised." Someone else said, "I came in for a short time and I hope they will keep me here as I don't want to leave. It's a permanent holiday as far as I'm concerned. I don't have to worry about food shopping or money. All that worry about whether the money will last a week, I have none of that worry now."
- Staff were knowledgeable about the people they cared for. Staff valued people as individuals. They spoke about people warmly and respectfully and were observed to be compassionate and caring in their interactions. For example, we observed one carer dancing with a person and giving them a reassuring hug when requested by the person. We saw a lot of laughter and chat between people and staff throughout the inspection visit.

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

- We saw people's opinions being sought on their daily routines and being offered choices throughout the day. For example, we saw people being supported to make drinks for themselves, and be supported to have showers or baths when they wanted. The registered manager told us people were supported to prepare some of their own meals if they wanted to.
- Care plans clearly set out how people preferred to receive their care and their regular routines. Staff told us they had time to read people's care plans so they were aware of people's needs and able to assist them in the way they wanted. Care plans were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy and dignity was respected at all times. Staff understood the importance of respecting people's privacy. One person told us, "I can have a shower every day. I do it myself, well mostly, but they (carers) keep an eye and they say, 'we are right here if you need us'. I can have a bath when I want one, I just ask."
- People's independence was promoted and staff told us how they enabled this by encouraging people to do the tasks they were able to do and supporting them with the tasks they couldn't. We saw one person involved in tidying up after lunch, another described how they went out socially regularly. Another person

said, "The carers always help me in the shower with the bits I can't reach."

- Appropriate systems were in place to protect people's confidential information.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Several people told us they wanted more activities on offer. The activities coordinator had recently left and recruitment was ongoing to fill the post. We saw staff undertaking activities and interacting a lot with people throughout the day so the impact of the vacancy was reduced.
- People and relatives told us there were no restrictions on when they could visit. One person told us, "Visitors can come and go whenever they want," and a relative commented, "We can make our own tea if we want to, we are always welcome to use the kitchen and the staff all know us and are really welcoming."
- The service recently introduced 'Connect@12' where all staff stopped work and spent time with someone at 12pm. We saw domestic and housekeeping staff chat with people in their rooms. This promoted people and staff getting to know each other better.
- A range of people came into the service to deliver activities on a regular basis such as music, exercise and art therapy. If people had specific religious or cultural needs then services could be arranged. One person living in the service had a dog which brought much joy to them and many other people. Visits from an owl sanctuary had taken place. Another animal sanctuary brought animals such as snails, spiders, frogs and snakes into the service for a tactile session for those who wanted to participate. One person said, "We have had small animals come in, sometimes snakes, (another person) holds them and I watch, I like it that way!"
- Celebrations of special occasions such as anniversaries and birthdays were arranged with people and their families according to people's preferences.

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

- The service had a 'Resident of the Day' system so that all aspects of a person's needs and their experience of living in the service were discussed and reviewed with them, and relatives as appropriate, once per month. People's personal history, family members, interests, choices and preferences including those related to the protected characteristics under the Equality Act were documented in their care plans.
- Staff told us they had time to read people's care plans and these were easily accessible to them electronically. Staff had built positive, professional relationships with people and knew them well. This meant that people received care that was tailored to their needs and wishes. One person said, "The night staff are great. I am not a good sleeper and they know that so they will make me tea. They always offer me to come and sit with them and chat if I want to as well, so lovely."
- Staff told us that communication and handovers were effective and spoke positively about good team work. These all contributed to people receiving high quality, personalised care that met their needs.

### 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 communication needs were considered as part of the assessment before they moved into the service. Care plans included information about people's individual communication needs. This included information about communication aids, such as hearing aids.
- The registered manager understood the Accessible Information Standard. Information and documents could be made available in accessible formats to people using and visiting the service.

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

- Complaints were taken seriously and responded to in a timely fashion. The outcome of complaints were conveyed clearly in writing, with the opportunity for follow up provided.
- People told us they would have no hesitation in speaking to the manager if they were unhappy about anything. They were confident any issues would be dealt with. One person said, "I don't need to complain. The manager comes round a lot and any of us can stop him and ask him for anything we want or need." Another person told us if they brought anything up in conversation it would be dealt with promptly.
- Complaints were recorded and monitored to identify lessons learned and how the service could further improve.

### End of life care and support

- People and their relatives were supported to make plans and express their preferences for end of life care if they wished. Records showed this was discussed in the assessment prior to people moving into the service, and recorded in care plans. The care files we reviewed contained personalised and detailed preferences.
- Support was also offered to people whose loved ones passed away. The registered manager told us they arranged wakes in the service so that the person living there could grieve with their relatives in familiar surroundings and receive emotional support from staff.

# 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 good. At this inspection this key question has remained the same.

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 registered manager was passionate about people living in the service receiving high quality care. An open and learning culture was promoted where staff were encouraged to share their ideas. Staff we spoke to enjoyed working at the service, found their roles rewarding and they placed people living there at the centre of everything they did.
- People, relatives and staff knew who the registered manager and management team were and spoke very positively about them. One relative said, "The manager is so good, he is so approachable I can ask him anything." A person living in the service said, "I have a great relationship with the manager and I would be happy to talk to him about anything." One member of staff commented, "Management are really supportive. We can go to them anytime."
- The management team completed a full range of quality audits on a monthly basis and we saw that actions were identified and addressed in order to drive continuous improvements. Provider audits were also undertaken.

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 registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. There were robust systems in place to ensure compliance with the duty of candour.
- Staff knew how to whistle-blow. Staff knew how to escalate concerns within the company and also how to raise concerns with the local authority and Care Quality Commission if they felt their concerns were not being suitably addressed.

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

- The registered manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.
- There were effective systems in place to monitor the quality and standards of the service. The management team had comprehensive audits in place relating to the running of the service. Follow up actions were recorded when any issues were identified.



- The registered manager sought ways to continuously improve the service for people. For example, a member of staff had suggested the introduction of a staff uniform. This had recently been introduced and had received positive feedback from people and staff.
- Policies were in place which were reviewed regularly. New policies or changes to existing policies were effectively communicated to staff.

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

- People and staff were encouraged to contribute their views on an ongoing basis informally and through feedback surveys. A 'You Said, We Did' board was on display in reception to show actions taken when suggestions or issues had been raised.
- Resident and relatives meetings took place regularly so that people could share their views. Dates were set well in advance so everyone was aware of when they would be held. One relative told us, "We don't go [to relative meetings] anymore because we can talk to (the management team) anytime we want."

Working in partnership with others

- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- People were supported to use local health services and be part of their local community.
- Staff worked closely with other health professionals such as district nurses, GPs and community nurses. Visiting health professionals told us that communication from the service was responsive and effective, and positive working relationships were in place.