

DHCH2

Dovehaven House

Inspection report

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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 House is a residential care home providing personal care to up to 40 people. The service provides support to older people, including those living with dementia. At the time of our inspection there were 38 people using the service.

Accommodation is over 2 floors with a lift providing access to the first floor. There was a communal dining room and lounge across both floors. People had access to an outdoor courtyard and a rear enclosed garden.

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

Although we were assured people received their medicines as prescribed, records were not always accurate, such as stock balances of medicines.

Although we were assured people were receiving the care and support they required, records were not always maintained in a way which best evidenced this.

Some audits carried out by the manager did not always contain well defined action plans to help address shortfalls.

We have made a recommendation about the management of medicines and a recommendation that the provider reviews governance systems to ensure record keeping and audit processes are operated effectively.

Staff were recruited safely and there were enough staff to meet people's needs. Health and safety checks were carried out to ensure the home was a safe environment for people to live in. Risks to people were managed and mitigated by staff to lessen the risk of harm to people.

People and their relatives told us they felt safe living at Dovehaven House. Accidents and incidents were used as learning opportunities to help improve standards. The home appeared clean and well maintained. The home was in the process of undergoing refurbishment to help further improve the quality of peoples' environment.

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 and their relatives were keen to tell us staff were kind and caring and treated them in a way which respected their dignity and independence. The home facilitated activities and experiences which were meaningful and unique to people.

There was a manager at the service who was in the process of applying to become registered with CQC. We received positive feedback about the impact the manager was having on the home and staff morale. The manager was well supported by the provider and had already identified and was addressing our findings at this inspection.

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

Rating at last inspection

Although the home is owned by the same provider as at our last inspection, there has been a change in legal entity (how the provider is registered). The last rating for the service under the previous legal entity was requires improvement, published on 30 July 2021. At that inspection we found breaches of Regulation 12 and 17.

This is the first inspection of this service under the new legal entity.

Why we inspected

We carried out this inspection to award the service a rating under its new legal entity.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

We also 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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service 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 House

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

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

Service and service type

Dovehaven House 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.

Dovehaven House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 4 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We carried out a tour of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 10 people who lived at the home, 7 relatives, the manager, the head of compliance, the regional manager, the cook and 4 members of care staff.

We looked at records in relation to people who used the service including 5 care plans, medication records and systems for monitoring the safety and quality of the service provided. We also looked at 3 staff recruitment files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection under the provider's previous registration, we found people's medicines were not always managed in a safe way, as the recording of people's medicines was not always accurate.
- At this inspection, we found although we were assured people received their medicines as prescribed, records did not always accurately reflect this. For example, we checked 4 peoples' medicines and found 2 of the stock balances recorded as being incorrect.
- We highlighted this to the manager who was able to evidence that medicines had been administered correctly and that the inaccuracy was due to missed signatures. The provider had recently implemented an electronic system to record medicines and staff were still in the process of becoming familiar with the system.

We recommend that the provider considers current guidance on the safe management and recording of medicines and takes action to update their practice accordingly.

- People received their medicines from staff who were trained to administer them. There was information to guide staff on the administration of 'when required' medicines and those with a variable dosage.
- The service adopted and practiced the standards for stopping over medication of people with a learning disability, autism or both with psychotropic medicines, (STOMP). Although STOMP is aimed at people living with a learning disability, many different organisations adopt its principles to help stop the overuse of these medicines, helping people to stay well and have a good quality of life, without the need for excess medicines.

Assessing risk, safety monitoring and management

- At the last inspection, under the provider's previous registration, we found people were not always protected from the risk of avoidable harm because their needs in relation to safety equipment, such as hoists and bed rails, had not always been effectively assessed.
- At this inspection, we found people had up to date and accurate assessments for the use of safety equipment and checks of equipment were carried out regularly.
- Other areas of risks to people including falls, nutrition, choking and skin damage had been assessed. Risk management plans were in place to help guide staff on how to support people against risks which were individual to them and from the environment.
- Although the home appeared clean and hygienic, some areas of the environment were tired, however, there was an active programme of refurbishment taking place at the time of our inspection, including the replacement of flooring and furniture, painting and decorating.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm and abuse. Most staff had received safeguarding training. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- People and their relatives told us they felt safe living at Dovehaven House. One person told us, "Oh yes, I am very safe here. I just call and they [Staff] come to me, day, or night." A relative confirmed, "I have every confidence that my husband is safe. Plenty of staff and they are always willing to help my husband. He is without doubt, safe."

Learning lessons when things go wrong

- There was a policy in place to enable lessons to be learnt, following incidents or significant events in the home. Systems had been implemented to explore how the provider could protect staff and people from incidents of potential harm and to explore themes and trends. One member of staff confirmed, "It's most definitely a lessons learnt culture, we learn and develop."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The provider used a systematic approach to calculate staffing levels based on the needs of people who used the service.
- Although the service sometimes used agency staff, the same staff were used so they were familiar with people's needs, which is important for continuity of care. The manager explained how the use of agency staff had decreased considerably as some agency staff were in the process of becoming regular members of staff, as they enjoyed supporting people at the service so much.
- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service facilitated visiting for people's family and friends. People told us their loved ones could visit them at any time. We spoke with visitors during our inspection and witnessed the positive effect this had on peoples' psychological and emotional well-being.

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 for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Although we were assured people's nutrition and hydration requirements were being met, the recording of people's intake was not always consistent and accurate. For example, where people were on a modified diet – such as a pureed diet or a thickened fluid – records did not always record the level of consistency given. This is important as some modified diets help prevent the risk of choking. See the well-led section of this report.
- The service worked in conjunction with external professionals such as dietitians, and ensured any professional guidance given, was implemented, to help ensure people were prevented from the risk of malnutrition and/or dehydration.
- We spoke to the cook who was knowledgeable about people's nutrition and hydration needs, including their preferences.
- People were afforded maximum choice over their nutrition and hydration. People told us they had enough to eat and drink. Hydration stations were available, so people had constant access to fluids of their choice.

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

- Staff supported people to access external healthcare professionals such as GPs and district nurses. Staff supported people to attend hospital appointments where necessary. Any guidance from external healthcare professionals was acted upon to ensure people's health needs were met.
- People and their relatives confirmed staff supported them to lead healthier lives. A relative told us, "Any health issues Dad has, the home deal with them. They are very quick and efficient at getting a doctor visit and the issue dealt with."

Staff support: induction, training, skills and experience

- An established system was in place to ensure staff were provided with induction and training to meet the specific needs of people at the home. The induction programme included a combination of face to face and online training. Staff also carried out 'shadow shifts' where they shadowed an experienced member of staff to help them become familiar with the home's practices and prepare them for the role.
- Although training records indicated that staff training compliance was not at 100%, any gaps had been identified and training, including refresher training, was an ongoing occurrence.
- Staff received support via supervisions and appraisals to help ensure they had the right skills and experience for their role. One member of staff told us, "Supervisions and appraisals are good and useful. I feel relaxed enough that I can speak up."

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

- The service had been adapted to accommodate the needs of those living with a cognitive impairment such as dementia. Clear signage was used in communal areas to help people navigate the home.
- People had access to outside space at any time. Outside areas were secure to help keep people safe when they were outside. The courtyard included raised planting beds, to make it easier for people to plant flowers and plants. For people who smoked, sheltered outdoor areas were available.
- The home included a 'pub' and a hairdressing salon, with realistic signage to mimic an actual shop. This helped people to feel as though they were 'visiting' somewhere. People had personalised their own rooms to make them feel like home.

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

- The provider followed national guidelines and best practice guidance to ensure care was delivered in line with standards and the law.
- Records showed people's needs, risks and choices had been assessed before they started using the service to ensure staff were able to meet their care and support needs and fulfil their goals.

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.

- Staff were working within the principles of the MCA. Staff had received training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff told us they recognised the importance of seeking a person's consent before starting to provide any care or support.
- Where restrictions had been placed on people's liberty to keep them safe, the manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

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 for this newly registered service. 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

- People were treated well and supported in line with their support needs. We observed warm interactions between people and staff throughout the day of our inspection. People were actively engaged with their care and support, and staff spoke with people at every opportunity.
- People and their relatives were keen to tell us how well staff treated people. People told us, "The staff are just lovely. I feel very well cared for" and "The staff make me happy." Relatives shared, "I think my husband's health has improved while he has been here. He looks so much better" and "The standard of care here is brilliant. I go to bed happy at night, because I know they [Staff] do their very best for my mum."
- The service considered people's human rights and equality and diversity. Any limitations on people's abilities due to their healthcare needs, were not treated as barriers to people accessing support and opportunities.

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

- Staff supported and encouraged people to express their views and make decisions about their care and support. For example, by encouraging people to decide what clothes they wanted to wear that day, or whether they preferred a bath or a shower.
- People's feedback regarding their care and support was sought via residents' meetings and questionnaires. Minutes of meetings evidenced people were actively consulted about topics such as menus and activities. We saw how people had been consulted over the home's refurbishment works and had helped to choose the wallpaper and colour scheme.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected people's dignity and privacy.
- Where people required support, staff provided this in a respectful way, whilst encouraging people to maintain their independence.

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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Although we were assured that peoples' care had been planned in line with their needs and choices, care records were not always maintained in an accurate and consistent way. For example, for people whose skin integrity was compromised and who required regular positional changes, records did not always evidence what position the person had been moved to.
- We spoke to the manager about this who confirmed this was a 'hot topic' with staff, and that additional support and training was being provided to staff on how to maintain accurate and contemporaneous records.
- Peoples' records evidenced that their choices and preferences about the care and support had been considered. One person told us, "They [Staff] ask me if I am OK and if I need anything. Sometimes they know before me."
- Where people chose, their significant others were involved with their care and support, to help ensure the care being delivered was as individualised and as personalised as possible. Relatives confirmed, "I am always asked my opinion on my husband's care. I feel involved and valued" and "My Dad's care is a joint venture, the home and us."

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

- Staff supported people to engage in activities which were person centred and genuinely meaningful to them. Staff took the time to get to know people and liaised with peoples' family and friends to help them understand what the person was like and how they lived their life, before they had been admitted to the home.
- The service had recently introduced 'Work Experience'. This involved the service facilitating opportunities for people to engage in activities within the community which were closely related to their former occupation. For example, we saw how for a person who used to be a sales assistant, they had spent the day at a charity shop, helping to display goods and liaise with customers. The person told us how much of a positive impact this had had on them, "It was wonderful, and I want to do it again."
- People were supported to follow their interests. For one person who was an avid football team follower, and had frequented the matches all of their life, the service had facilitated a tour of the stadium. The person thoroughly enjoyed their experience.
- Various activities also took place in house. We observed staff engage people in activities. People appeared calm and where people were restless or anxious, staff supported them in a considered way to reduce their level of anxiety.

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.

- People's care records contained communication care plans. These provided staff with guidance on how to most effectively communicate with the person being supported. For people who were non verbal, plans also contained guidance on how to interpret the person's body language and facial expressions. This helped to ensure peoples' needs were understood and met by staff.

Improving care quality in response to complaints or concerns

- At the time of our inspection, the provider had not received many complaints. Any complaints received had been dealt with in a sensitive and proactive way. The service viewed complaints as further opportunities to learn and used them to help fine tune the quality of care and support.

- An accessible procedure was in place to enable people and their relatives to raise any concerns. The manager also held regular visitor and relative meetings to help address any issues prior to them developing into complaints. A relative told us, "If we had a problem, we know who to approach. Fortunately, we don't have any."

End of life care and support

- At the time of our inspection, there was no one receiving end of life care. Although people and their relatives were given the opportunity to make decisions about their end-of-life care wishes, not everyone felt comfortable to discuss this.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- At the last inspection, under the provider's previous registration, we found the previous registered manager did not always ensure quality performance, as they had not identified the shortfalls we found during our inspection.
- At this inspection, although governance systems were implemented, and the manager had already identified the issues we found during our inspection, inconsistencies in records were evident. Records did not always evidence the care being provided. Systems had not ensured some records relating to people's care were accurate. We identified shortfalls in the quality of records related to medicines management, nutrition and hydration and repositioning.
- It was not always evident that some audits operated effectively in identifying and driving improvements. For example, where medicines audits had identified shortfalls, it was not evident that a clear action plan had been recorded, and a responsible person had been assigned to ensure the action was completed.

We recommend the provider reviews governance systems to ensure record keeping and audit processes are operated more effectively.

- The provider employed a range of methods to assess, monitor and improve the quality of the service. These included various checks and audits, along with satisfaction surveys and feedback meetings. We saw how the service acted to make improvements in response to findings. For example, the manager had identified shortfalls in record keeping and had begun taking proactive measures to address the issue with staff.
- The manager demonstrated an understanding of managing risk. Any accidents and incidents were uploaded to an electronic system which enabled them to be reviewed by provider's quality team. Regular meetings were held with the provider, manager and wider staff team to ensure incidents were discussed and reviewed and any findings and best practice guidance was shared with the staff team.
- The manager was aware of their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.

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

- The manager helped to instil a culture at Dovehaven House that was committed to delivering high-quality person-centred care and support. The manager had a 'can do' attitude and was passionate about

enhancing the life experience and outcomes of people living with dementia. These values were cascaded throughout the staff team.

- Staff told us they felt well supported. A member of staff told us, "[Manager name] shows us the best way to do things. They are approachable, they listen and are helpful."
- Staff worked well together as a team and were caring and respectful towards people they supported. The staff were committed to empowering people to live a life of their choosing. Staff spoke positively of the improvements they had seen under the new manager. One member of staff told us, "The culture here is positive and it's a team effort. [Manager name] really does help staff to achieve good care."
- People and their relatives spoke positively about the manager and staff who supported them. One person told us, "I don't always need assistance but if I do there is always someone to help me." Comments from relatives included, "[Manager] has changed the place completely, they are just amazing" and "I don't think you could get better staff than the ones at this home. They give 100% to the residents."

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

- The manager engaged and worked in partnership with people, their significant others and staff through quality assurance surveys, face to face meetings and day to day contact. The manager sought their views and experiences and gave them opportunity to make suggestions about improvements. We saw how people were involved in the running of the home by having an active role in the home's décor.
- The engagement of peoples' relatives through face-to-face meetings helped to enhance the delivery of care and support. As relatives felt they were involved and consulted about the care provided to their loved one. One relative told us, "I am always kept updated about Dad's care."

Continuous learning and improving care

- Both the provider and the manager had responded to the findings at the last inspection under the previous provider, demonstrating their commitment to continuous learning and driving up improvements in the safety and quality of care and support.
- The manager used policies, procedures and best practice guidance and had been instrumental in implementing positive and sustainable changes to help drive improvements. One member of staff told us, "[Manager name] has made a lot of difference – it's better here now. The staff are happy, and the new changes are 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

- The provider had a policy and procedure which provided guidance around the duty of candour and their responsibility if something was to go wrong. They knew how to share information with relevant parties, when necessary.

Working in partnership with others

- The service worked in partnership with external agencies to ensure people's needs were met.