

DHCH21 Ltd

Dovehaven Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dovehaven Lodge is a residential home providing personal and nursing care for up to 112 people. At the time of inspection there were 93 people living in the home. There are four separate single storey units and a secure garden area.

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

The management of medicines and their administration ensured people received their medicines safely. However, we found one example of covert medicines being administered differently to the agreed method. We have made a recommendation about covert medicines in the safe key question below.

Risk management and safeguarding procedures helped to keep people safe. One relative we spoke with felt concerned about safety; this was being addressed by the provider. Other relatives said they were confident people were safe in the home.

People were supported by enough staff who had been recruited properly. Staff felt there were times when they were very busy. The provider had relied on agency staff to maintain staffing levels. Recruitment was an ongoing challenge which the provider was addressing robustly.

People's safety needs were reviewed regularly to minimise the risks of harm because the provider analysed incidents and applied lessons learned.

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 management and oversight of the service was thorough. Regular audits of care practice, care records and the premises helped ensure the providers quality aims were embedded and understood by staff.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 September 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 September 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show

what they would do and by when to improve safe care and treatment.

We carried out this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dovehaven Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Dovehaven Lodge

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 completed by two inspectors and one 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 Lodge 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 Lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 5 members of staff and received completed questionnaires from 6 staff. We spoke on the telephone with 9 people's relatives. We reviewed a range of records including care records, medicine records, staff recruitment records, staff training records and governance records.

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 has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found medicines had not been managed safely. The administration of time sensitive medicines had not been recorded properly. There was not enough information to guide staff when to give medicines prescribed as 'when required'. The position of medicine patches had not been recorded clearly. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008. At this inspection enough improvement had been made and the provider were no longer in breach of regulation.

- However, we saw covert medicines being administered contrary to the agreed method, by staff. We raised this with the provider and were assured the efficacy of the medicine had not been affected and this had been addressed with staff.

We recommend the provider ensures best practice guidance is followed in relation to covert medicines.

- People received their medicines, as prescribed, from trained and competent staff.
- Information to guide staff when to administer 'when required' medicines and the dose was included in medicine and care records.

Assessing risk, safety monitoring and management

At our last inspection we found risk management, safety monitoring and lessons learned had not been properly addressed. This had been a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008. At this inspection enough improvement had been made and the service were no longer in breach of the regulations.

- Staff had completed risk assessments and developed risk management plans to support people to be safe. These included; falls management, personal care and medicines. Risk management plans had been reviewed and updated in care records on a regular basis.
- Since the last inspection we had been aware of some inconsistencies in care records due to the electronic record system. At this inspection we found the electronic care record system had improved and provided reliable information about care interventions. The system would alert staff and managers to any care tasks that were outstanding, which helped improve people's safety.

Systems and processes to safeguard people from the risk of abuse

- The providers safeguarding policies and procedures helped to protect people from the risk of abuse and avoidable harm.
- The provider ensured incidents had been investigated to try to minimise any reoccurrence.
- Staff had received training about safeguarding and understood how to report any concerns they had.
- Relatives had mixed views about how safe they felt their relations were. Comments included; "[Name] is safe and I am very happy that they are cared for 24 hours a day." "(Name) is safe in Dovehaven. There is always a member of staff near them." "[Name] is safe in the home. They are happy and secure." However one relative said; "I don't feel [Name] is safe in the home. I don't feel there is enough staff."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider followed their own robust recruitment processes which helped ensure staff were suitable to work with people living in the home.
- Staffing levels were maintained to the level the provider assessed as needed which was based on individuals needs. Some staff told us they were happy with the staffing levels but some staff felt they were very stretched at times.
- Staff received training appropriate to their roles. New staff followed an induction programme which helped them to orientate to the home and understand the providers values. Opportunities to complete some training had been affected by a recent COVID-19 outbreak. Overdue training had been arranged.

Preventing and controlling infection

- The home looked clean and tidy. Housekeeping staff followed clear routines to maintain the condition of the home. A relative told us, "The home is kept spotless." Another relative said, "The home is clean at all times."
- The provider ensured the risks associated with COVID-19 had been assessed and plans put in place to manage them. Staff continued to follow government guidance in relation to PPE however, we saw staff sometimes had their masks below their noses. This had been addressed regularly as part of management checks.
- During a recent outbreak of COVID-19 the provider ensured they followed the guidance from Public Health England and additional government guidance.

Visiting in care homes

- People were supported to have visitors in line with current guidance. This included during the recent lock down in the home.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported to achieve good outcomes because staff understood and followed person-centred care plans developed in line with the providers policies and values.
- Relatives said; "There is a good atmosphere in the home." And "The manager has been proactive sorting out issues. I feel the home is well managed."
- All staff we spoke with felt they were valued and respected by their managers. Comments included; "I feel valued by my senior and unit managers." And "My supervisor and home manager have done their best to make me feel safe and comfortable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations to be open and honest with people living in the home, their relatives and other agencies.
- Notifications of reportable incidents had been made to the appropriate agencies, including CQC, local authorities and public health agencies.

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

- Oversight of the quality of care, care records and risk management had been maintained. The providers quality team and robust procedures helped ensure consistent quality.
- Staff were clear about the quality of care and recording required and were committed to maintaining standards. The electronic care record system helped to ensure managers had oversight of any outstanding care tasks and could raise this with staff in a timely way.

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

- Relatives had mixed views about communication. Comments included; "I think there is a lack of communication." And "I don't think the home is well managed as there is a lack of communication." However, other comments included; "I feel communication is good, they phone me up if anything happens." And "I think they are good at communication, they will phone me if I need to know anything."
- The provider used a variety of ways to engage with relatives, including questionnaires, meetings and social media platforms. However, they had not always managed to maintain these due to the impact of the COVID-

19 pandemic. We were assured the provider was seeking to develop this.

- Staff meetings and daily handovers helped staff to understand what was happening and share their views and concerns.

Continuous learning and improving care; Working in partnership with others

- The provider continued to work with stakeholders and other agencies to keep up to date and share learning.