

DHCH21 Ltd

# Dovehaven Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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. In 4 separate single story units with enclosed gardens. One unit provided specialist support for male residents only. At the time of inspection there were 99 people living in the home.

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

People had not always been supported by enough suitably trained staff. Staff deployed to support people who may present a risk to themselves or others had not received suitable training. However, the training had been planned and the provider was negotiating with commissioners to ensure information about people's needs was accurate prior to admission. We have made a recommendation about this in the safe domain of this report.

People were supported by staff who understood and followed the providers' safeguarding policies and procedures. Relatives praised the quality of the staff and were confident their relations were safe.

People were supported to manage risks in their daily lives because the provider had an effective system in place to analyse incidents and minimise the risk of reoccurrence.

People's relatives and staff had mixed views about how well the service was managed. On the male only unit, relatives and staff felt very confident the management of the service was good. On other units some relatives and staff felt management could be improved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good, (Published 4 November 2022). At this inspection this has remained the same.

### Why we inspected

We received concerns in relation to staffing and the quality of care. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### Recommendations

We have made a recommendation in relation to staffing.

We found evidence the provider needed to improve. Please see the safe domain of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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](http://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?

The service was not always Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was Well-Led

Details are in our Well-Led finding below

**Good** ●

# 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

The inspection was carried out by 2 inspectors 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

Dovehaven Lodge is a 'care home' with nursing care. 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. 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. There was a manager who had applied to register with CQC.

#### Notice of inspection

The 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 spoke with 5 people who lived in the home and the relatives of 9 people living in the home. We spoke with the manager, 3 unit managers and 15 care staff. We looked at the care records of 7 people, medicine records for 24 people and a range of records related to the management of the home.

# 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 Good. At this inspection, this has changed to requires improvement.

### Staffing and recruitment

- Suitably qualified staff had not always been deployed when assessed as needed. We found staff working with a person who represented a risk to themselves or others without appropriate training or experience. We raised this with the provider who assured us training was planned and a reflective practice exercise was completed to address deployment of staff. The provider had also liaised with commissioners to help ensure pre-admission information about people's needs was as accurate as possible.

We recommend the provider ensures staff deployed to support people who may present a risk to themselves or others have had suitable training and support to fulfil their role.

- Staff had been recruited safely because the provider had followed their own robust recruitment procedures. All the required checks had been completed prior to staff starting work which helped ensure they were suitable to work with people.
- Agency staff profiles contained enough detail to identify whether they had the skills and experience needed.
- Staffing levels were determined by the provider based on an assessment of people's needs. Feedback from staff was mixed about staffing levels depending which unit they were based on.

### Systems and processes to safeguard people from the risk of abuse

Before the inspection we had received concerns relating to the quality of care provided in relation to personal care and neglect. We did not find any evidence to support these concerns at this inspection.

- The provider followed their own robust safeguarding procedures and ensured staff understood and followed them.
- Staff were knowledgeable about what might be a safeguarding concern and how to raise this. Staff training helped ensure staff were kept up to date.
- The provider worked proactively with local authority safeguarding teams.

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

- People had been supported to manage risks in their daily life because the provider ensured risk assessments had been completed and reviewed regularly. This included risks in relation to; moving and handling, falling, nutrition, personal hygiene and support with anxiety and distress.
- Staff were aware of the support people needed to manage assessed risks because these were highlighted on the handsets staff used to access and update people's care records. Some staff felt they did not always

have enough information about people prior to admission. The provider was aware of these concerns and were liaising with commissioners.

- Relatives told us they were confident staff helped to keep their relations safe. Comments included, "He is at high risk of falls so the staff do keep a good eye on him." And "By coming into the home [Name] life was extended because of good care. He was kept safe from any further falls." And, "I am happy [Name] is here as they are looking after him well. [Name] is much calmer now. The staff are very on the ball."

#### Using medicines safely

- People received their medicines as prescribed because staff followed the providers policies and procedures in relation to the safe administration of medicines.
- People who needed medicines on a 'when required' basis, received these properly because there was clear guidance in place to support staff to make decisions about when to give these and the correct dose.

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, 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.

#### 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 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
- We were assured that the provider's infection prevention and control policy was up to date.
- The visiting policy followed current government guidance.

# 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 this 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

- People were supported to achieve good outcomes. Staff understood and followed the person-centred care plans developed in line with the providers policies and values.
- Relatives praised the positive outcomes achieved in the home, one relative said, "I am very happy with what the home does here for [Name]. They treat him well, see to his needs and he is much more relaxed."
- The majority of staff felt valued and respected by managers. However, some staff felt this could be improved.

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 was maintained. The provider had a robust system in place to address any issues identified.
- Staff understood the quality of care and practice expected by managers. Recent appointments of individual unit managers had helped to provide more consistent support for staff.

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.
- Relatives felt they were kept informed of events when necessary. Comments included; "The unit manager is friendly and helpful; she has notified me about several things in the time [Name] has been here." And, "I know the manager of the unit; he has been very supportive and helpful since day one. He keeps me updated about all issues."

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

- The provider used a variety of methods to engage with people living in the home, their relatives and staff. This included questionnaires and secure social media platforms.
- Staff meetings and handovers helped staff to keep up to date.

Continuous learning and improving care; Working in partnership with others

- The provider was working with partner organisations to pilot new ways of understanding and responding to risks in ways which promoted people's rights and freedoms.