Dove House Residential Home Limited

Dove House Residential Home

Inspection report

Dovehouse Green
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Tel: 01335346079

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07 December 2023

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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
Dove House Residential Home is a residential care home providing personal care to up to 20 people. The service provides support to older people. At the time of our inspection there were 17 people using the service.

People's experience of using this service and what we found
Systems were in place to monitor the quality and safety of the service however, 1 area required further oversight. The registered manager took action to ensure this was put in place shortly after our inspection.

People received safe care and were protected from the risk of abuse at Dove House Residential Home. Risks were identified and managed in ways to help promote people's safety. Lessons were learnt from when things had gone wrong and this helped to improve the overall safety of the service.

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.

Infection prevention and control practices were followed and the environment was clean and tidy. Medicines were managed safely and in line with good practice. Friends and family members were able to visit people without restrictions in line with best practice.

Checks were completed on staff to ensure they were suitable to work at the service. Staff were supported to have the right skills, knowledge and competence to meet people's identified needs safely.

The service was focussed on people and on providing person-centred care to meet their needs. The service was run with an open and inclusive style. People's views and comments were listened to and used to improve the service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was good (published 22 March 2018).

Why we inspected
We carried out an unannounced focused inspection of this service on 7 December 2023.

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.

Dove House Residential Home

Detailed findings

Background to this inspection

Inspection team
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.

Inspection team
The inspection was carried out by 2 inspectors and 1 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
Dove House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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 used the information the provider had previously sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection
Inspection activity started on 7 December 2023 and ended on 15 December 2023. We visited the location on 7 December 2023. We spoke with 8 people who lived at the service, 1 relative and 1 friend. We spoke with 4 staff including the registered manager, a senior carer, carer and activities coordinator. We reviewed the relevant parts of 3 people's care plans and various medicine administration record (MAR) charts. We looked at 3 staff recruitment files, staff training, policies, audits and health and safety checks.

Good

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- 1 staff recruitment file did not show all the required recruitment checks had been completed. The registered manager sent us information shortly after the inspection to show their recruitment file had been updated to show the checks made. Other recruitment files checked contained all the relevant information.
- The provider used recruitment checks as well as monitoring staff conduct and performance to ensure staff were suitable to work at the service. Pre-employment checks were in place, including those from the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured there were sufficient numbers of suitable staff. We observed staff provided support to people when this was needed and responded quickly to call bells when these were used.

Using medicines safely

- Medicines records showed people received their medicines as prescribed. Some medicine protocols and administration records required more detail to help show people's medicines were offered consistently and their effectiveness monitored. The registered manager told us they would take action to update these records.
- People were supported to receive their medicines safely. Staff who administered medicines had been trained and had their competency assessed to do so. People were asked if they needed any pain relief and staff stayed with people to ensure they took their medicines safely. 1 person told us they received their medicines when they needed them and said, "I like to know what I am taking and what it is for, and I will discuss it with the staff."

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse and avoidable harm. People told us they felt safe living at Dove House Residential Home and 1 person said, "The carers are the best, they look after me well."
- Staff had been trained and understood how to help keep people safe from abuse. This included how to raise safeguarding referrals with the local authority or how to follow the provider's whistleblowing policy if needed. These systems helped to ensure people's safety was promoted.

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

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Risk assessments and care plans clearly identified what actions staff were to follow to promote people's safe care.

● Accidents and incidents were reported and reviewed to help identify if any further measures could help reduce risks. This included whether any further support from other relevant healthcare professionals would be useful, for example from the falls team or their GP. This helped to ensure people's safety was monitored and well-managed.
● The provider learned lessons when things had gone wrong. Safety events were reviewed to try and improve safety where possible and reduce the chances of any harm recurring.

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.
● The provider was working in line with the Mental Capacity Act.

Preventing and controlling infection including cleanliness of premises
● People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff told us they had access to personal protective equipment (PPE) and they had completed training in infection prevention and control measures.
● People told us they were happy with the maintenance and cleanliness of the service. 1 person told us, "I tell them to make sure my room is clean, and they do."

Visiting in care homes
● People were able to receive visitors without restrictions in line with best practice guidance.

Good

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a clear management structure and checks were made on the quality of care to drive improvements in service delivery. Audits were in place to check on areas such as medicines and infection prevention and control. We found 1 area of health and safety checks required more oversight. We discussed this with the registered manager who took action to ensure this would be checked going forward.
- Staff were clear on their job role. Team meetings and staff supervision meetings were in place to communicate any important information about their work.
- The registered manager had submitted statutory notifications as required. Notifications are changes, events or incidents that providers must tell us about. Regulatory requirements were understood.

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

- There was a positive and open culture at the service. 1 person told us, "It's good, it's very good. When my [relative] comes they make them very welcome and we have a laugh."
- The provider had systems to provide person-centred care that achieved good outcomes for people. A family member told us, "Staff have been very proactive in getting [name of person] home from hospital and this was crucial in getting [name of person] well again."

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; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour. Where things had gone wrong these had been investigated and shared openly with all relevant people. Apologies were offered when appropriate and ways to improve and learn from events were identified.
- The provider had created a learning culture at the service which improved the care people received.

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

- People and staff were involved in the running of the service and the care they received. The service fully understood and took into account people's protected characteristics. People told us they were happy living at Dove House Residential Home. 1 person said, "The care could not be better." Another person told us, "I'm looked after very well. I have been poorly, and they have checked on everything and it has all been explained to me."

● People and their relatives had been asked for their views on the quality and safety of the service. Their feedback had been reviewed and used to help inform improvements at the service.
● People told us they felt their comments led to improvements. For example, 1 person told us they had made a suggestion to try something different at teatime. They told us staff arranged this and this choice was made available the next day. People were engaged and involved in the service.

Working in partnership with others
● The provider worked in partnership with others. People's care records showed other health and social care professionals were involved in their care and referrals to other services were made when helpful. Relatives' involvement in people's lives and care planning was supported. This helped show the provider worked in partnership with others.