

Stonehaven (Healthcare) Ltd

Dove Tree House

Inspection report

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Date of inspection visit:
03 December 2018

Date of publication:
09 January 2019

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

At our last inspection we rated the service good with requires improvement in the question of effective. This was because at the time of the last inspection in August 2016, staff were unclear about the best interest decision making process to ensure people's rights were protected. During this inspection in December 2018, this had been addressed and the question of effective was rated as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good

We carried out an unannounced inspection of Dove Tree House on 3 December 2018. Dove Tree House provides care and accommodation for up to 34 people who required accommodation and personal care. Nursing care can be provided through the local community nursing services if appropriate. At the time of the inspection 34 people were living at Dove Tree House.

There was a registered manager who was clearly passionate about providing a good quality service and aimed to support people to have the best life they could. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider, Stonehaven (Healthcare) Ltd, is part of Stonehaven Care Group which is a family run company providing care in eleven homes throughout the South West. Each home was supported by a central support office and a director visited each home at least once a month to monitor quality standards.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were able to choose what they wanted to do and enjoyed spending time with the staff who were visible and attentive. There was a lot of staff interaction and engagement with people, some of whom were living with dementia and unable to tell us directly about their experiences. They looked comfortable and happy to spend time in the large and homely communal areas.

People and relatives said the home was a safe place for them to live. Without exception people, staff and visitors all said how lovely the home was. People commented, "This is a special place, we have good chat", and "It's wonderful. I'm very safe, it's the staff that make it, we are friends and it's my home." They had given the registered manager and staff a lovely Christmas card. Another person had called their soft toys after staff members and the registered manager cherished items made for them during art and craft sessions by

people.

Staff said, "It's wonderful here. I love it. We work as a team and we love the people. It's the people that make it, we are all relaxed, all friends. You come to work and it's so lovely." The registered manager was knowledgeable and knew all about each person as an individual and said, "We see everyone as our family too. It's often their last home so we make it a good one." For example, staff thought about people when they were not working, bringing items to share from holidays or shopping trips. The registered manager had noted that one person loved their perfume so had got them some.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed and people living with dementia seemed happy to go over to staff and indicate if they needed any assistance. Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding.

People and relatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. There had been few formal complaints, the last formal complaint in 2016. The office had an open door policy and visitors, people and staff popped in throughout the inspection.

People were well cared for and relatives were involved in planning and reviewing care as people wished or were able. Care plans were electronic and very personalised showing that people were cared for in the way they wanted. They were enabled to make smaller day to day choices such as what drink they would like or what clothes to choose, for example. Where people had short term memory loss staff were patient in repeating choices each time and explaining what was going on.

There were regular reviews of people's health, and staff responded promptly to changes in need. For example, care records showed many examples of staff identifying changes in need and appropriate and timely referrals to health professionals. The registered manager said they often had a waiting list for admissions and the social workers asked them to call when there was a vacancy. An agency care worker said, "This is one of the better homes, you can tell when you walk in. It's friendly and you get a good handover about everyone so you know what's going on." A visiting district nurse said, "I haven't had any problems, they listen to advice and look after people." They had advised a test for one person but the staff clearly knew the person very well and had already considered a range of options based on their knowledge of the person's mental health and previous history. Staff were proud to tell us how one person's skin had improved with regular position changes, which they were happy to see.

People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. For example, staff escorted people to hospital and the communication diary ensured staff were organised so people were ready to go without rushing. One person had had their hair done so they would look their best got a family group photo and not feel anxious about going out. There were no pressure sores associated with skin pressure damage from immobility within the home.

People's independence was promoted and respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems

in the service supported this practice. One person was determined to move their wheelchair themselves. Staff waited patiently until the person asked them for help. They told us, "It's great, they do so well for their age. I hope we will be like them." Another person was being assisted to book a taxi so they could go and visit a friend. Staff understood how people's dementia affected their understanding as individuals. For example, one person thought they were still working. Staff chatted with them about taking some annual leave and what the person would like to do with their time off. The registered manager said, "We live in their world. It's their home so we go with what makes them happy."

Medicines were well managed and stored in line with national guidance. Records were completed with no gaps and there were regular audits of medication records and administration and to ensure the correct medication stock levels were in place.

Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was very stable and many care staff had worked at the home for some years. Staff clearly had good knowledge in identifying people's changing needs and providing appropriate care.

Staff were caring and said they enjoyed the homely feel and all spoke of people and their families respectfully. People and staff were clearly enjoying each other's company and cared about each other. People were all involved with staff decorating the home and preparing for Christmas. People and staff enjoyed friendly banter and showed they knew each other well. People could choose to take part in activities if they wished and when some people preferred to stay in their rooms, staff checked them regularly spending one to one time with them. For example, staff made sure one person was always comfortable and had their soft toy to hand. In particular the chef was very involved outside of the kitchen, enjoying chats with people and including people in their charity events. They had ridden in on their bike with a huge teddy bear for Christmas which people were chatting about. The registered manager and staff also had good relationships with families. They worried about whether a spouse living at home alone was eating, for example. One relative said, "It's very nice here, we always get a cup of tea." They spent the morning chatting at the dining tables in the bay window and said, "It's like being in a nice café." People were able to see their visitors in communal areas or in private.

The registered manager showed great enthusiasm and passion in wanting to provide the best level of care possible and valued their staff team. For example, organising staff days out, supporting staff with personal issues, involving people in their own lives and working together to ensure people's needs were met as well as facilitating fun opportunities for people. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people in individualised ways. People were provided with good opportunities for activities and engagement. These were well thought out in an individual way and people said there was plenty to see and do. During the inspection people and staff were chatting about the lovely Christmas log decorations made by the night staff team. People played a big ball game as advertised on the activity programme and spent lots of time with staff just talking. There was no activity co-ordinator but all staff were involved in providing engagement. For example, the chef was holding a Christmas cake decorating session and various staff ran the home's shop and organised quizzes and games. The registered manager ensured people were part of the community by involving the university students, who ran arts and craft sessions and external entertainers visited. There had been few outdoor trips this year, the provider mini bus was shared between all homes. People mentioned their disappointment at not being able to get out, other than in the lovely large garden. The registered manager was putting this as a priority for the New Year.

Observations of meal times showed these to be a very positive experience, with people being supported to eat a meal of their choice, where they chose to eat it in a homely, attractive environment. Staff engaged in

conversation with people and encouraged them throughout the meal, noting who liked to sit with whom. Nutritional assessments were in place and special dietary needs were catered for as well as specialist crockery and cutlery and finger foods to aid independence for people living with dementia.

There were effective quality assurance processes in place to monitor care and plan on-going improvements overseen by regular provider audits including a 'mystery visitor'. The provider mystery visitor visited the service pretending to be a relative looking for a home for their loved one and staff were assessed on their response from the first telephone to a tour of the home and follow up.

There were systems in place to share information and seek people's views about the running of the home, including relatives and stakeholders. All responses were positive from the recent quality assurance questionnaire such as, "I wouldn't put mum anywhere else" and "Very happy at all times." People's views were acted upon where possible and practical, and included those living with dementia. Their views were valued and they were able to have meaningful input into the running of the home, such as activities they would like to do, which mattered to them.

A monthly newsletter and notice board kept people up to date and organised events such as the Halloween party and fetes encouraged families and children to attend. This showed that people and their families mattered to the staff, who also shared their lives, families and pets.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service has improved to Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Dove Tree House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 December 2018. This was an unannounced inspection and was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in 2016 we did not identify any concerns with the care provided to people.

During the inspection we spoke with eight people who lived at the care home, a visiting health professional and two visiting relatives. We also talked with various people who worked at the care home including the registered manager, deputy manager, five care workers, an agency care worker, the chef, a domestic and the maintenance man.

As some people were living with dementia, we also observed the way staff interacted with people living in the home and performed their duties. We looked at three care records, three staff files and a range of other documents that related to the overall management of the service which included training records, quality assurance audits, medicine administration sheets, complaints records, and accident and incident reports.

Is the service safe?

Our findings

The service was safe. People and relatives said the home was a safe place for them to live and they were well supported by staff. Without exception people, staff and visitors all said how lovely the home was. People commented, "This is a special place, we have good chat", and "It's wonderful. I'm very safe, it's the staff that make it, we are friends and it's my home." They had given the registered manager and staff a lovely Christmas card. Another person had called their soft toys after staff members and the registered manager cherished items made for them during art and craft sessions by people. They said, "I always say hello to all the visitors and people every day so they know I am here."

The provider and registered manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns and issues would be addressed. People living with dementia seemed happy to go over to staff and indicate if they needed any assistance. Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia or anxiety. They used chatting and distraction techniques as they knew people well, showing patience and understanding. One person was very quiet which staff noticed and sat with them to ensure they were feeling ok. One relative said, "We all had a brilliant Halloween! It's so safe and lovely [person's name] wants to stay here for Christmas this year."

Staff encouraged and supported people to maintain their independence in a caring and safe way. The balance between people's safety and their freedom/choice was well managed. Staff were visible around the home and quickly noticed if anyone was trying to mobilise on their own without waiting for help if they needed assistance. Walking frames were named and personalised and kept to hand so people used the appropriate frame for them. One person was determined to move their wheelchair themselves. Staff waited patiently until the person asked them for help. They told us, "It's great, they do so well for their age. I hope we will be like them." Another person was being assisted to book a taxi so they could go and visit a friend. Staff were monitoring how they were managing as their goal was to go home and they wanted to ensure the move was successful. Staff understood how people's dementia affected their understanding as individuals. For example, one person thought they were still working and could become anxious, which made them unsteady. Staff chatted with them about taking some annual leave and what the person would like to do with their time off. They then happily walked with their frame whilst chatting. The registered manager said, "We live in their world. It's their home so we go with what makes them happy."

Where people were at risk of recurrent urine infections which could affect their safety such as mobility, dementia and cognition, staff were vigilant in sending samples off for testing and ensuring the person had appropriate treatment to keep them safe. Records showed regular monitoring. Risk assessments and actions for staff to take were included, for risk of pressure area skin damage, falls and nutrition. For example,

one person's family wanted them to have a normal diet but staff were concerned about their swallowing and choking risk. They had referred the person to the speech and language therapist and were ensuring the family understood the risks in a sensitive way. Where people required pressure relieving equipment to maintain their skin integrity, staff ensured cushions, for example, were moved with the person when they moved. No-one at the home had any skin pressure damage. One person was nursed in bed due to their condition and they were checked for re-positioning regularly, with their air mattress setting also checked. Staff ensured the person moved in bed to minimise the risk of skin pressure damage and social isolation. They were also popping in just to have a chat and check the person had their soft toy close by and looked comfortable.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. During our inspection there was the manager, deputy manager, five care workers, chef, and a domestic. The home was very clean and tidy. There were no offensive odours throughout the home and rooms were fresh. Staff used personal protection equipment (PPE) when delivering care and changed aprons and gloves between rooms or when dealing with food. Staff had had training in infection control. A maintenance person was available who checked the maintenance book regularly ensuring the home was well maintained and homely. Staffing numbers were determined by using a dependency tool, which looked at people's level of need in areas such as mobility, nutrition and maintaining continence, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life. Most people at the time of the inspection required the assistance of one care worker, with three people using a hoist to mobilise. We saw that people received care and support in a timely manner. Staff were attentive to people's needs, knowing them well and interpreting body language. One person living with dementia had started to do a 'thumbs up' and all staff used hand and facial signs to communicate with them, such as helping them to eat.

People were protected from the risk of harm or abuse because safe recruitment procedures had been followed. Recruitment records showed that risks of abuse to people due to unsuitable staff were minimised because the provider carefully checked prospective new staff to make sure they were suitable to work at the home. These checks included seeking references from previous employers, photo identification and carrying out Disclosure and Barring Service (DBS) checks.

All staff who gave medicines were trained by the local pharmacy and had their competency assessed before they were able to administer medication. Medication administration records detailed when the medicines were administered or refused. Medicines entering the home from the local dispensing pharmacy were recorded when received. We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. The care worker stayed with people whilst they took their medication at their own pace. Medicines were thoroughly audited by the manager. Staff contacted the GP regularly to conduct medication reviews. Medicines were stored and records kept in line with relevant legislation.

The provider had systems in place to manage emergency situations such as fire. Each person had a personal evacuation plan (PEEPS) to enable emergency services to know how to manage people. Accidents and incidents were recorded to show they were well managed and appropriate actions taken.

Is the service effective?

Our findings

The service was effective. Some people who lived in the home were not able to choose what care or treatment they received due to living with dementia. At our last inspection we found staff did not have a good understanding of the Mental Capacity Act 2005. At this inspection we found the registered manager had addressed the issues raised during the August 2016 inspection and staff now had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Mental capacity assessments had been carried out to determine each person's individual ability to make decisions about their lives. Where restrictions were in place appropriate applications had been made to the local authority to deprive the person of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Where people were restricted, for example by the use of bed rails, best interest decisions had been made in consultation with other people involved in their care, and the decisions had been recorded. When people were assessed as not having the capacity to make a decision, a best interest decision had been made involving people who knew the person well and other professionals, where relevant. Staff were aware of the implications for people's care. They also ensured they acted as people's advocates and that families with power of attorney, for example, were also acting in their loved one's best interest.

Throughout the inspection staff demonstrated they were very familiar with people's likes and dislikes and provided support according to individual wishes. The care plans detailed how people communicated. One person was profoundly deaf so staff wrote things down and included them in conversation. The registered manager said people enjoyed laughter and banter and staff knew how far to take jokes. One person told us of their risqué individual birthday cake which had made them laugh a lot. One person with few teeth still liked to choose food that could be difficult to eat but they were happy taking their time and enjoying the food they liked. Another person had had limited mobility but staff had supported them and slowly encouraged them to mobilise. They now were able to dance a little at the Christmas party. There were few falls at the home. Staff said they tried to promote people's independence as much as possible, ensuring people had easy access to mobility aids, drinks, visible staff and easily accessible and clearly signed bathrooms and room doors. People were discreetly assisted with managing their continence and staff used this as an opportunity to encourage mobilising. We saw people laughing as they were having a 'frame race'.

Relatives also spoke of how the staff knew their needs too, treating them as part of the 'family'. For example, people and the staff enjoyed karaoke and relatives whose loved ones had since died still visited the home. Staff worried about whether a spouse living at home alone was eating and offered them lunch. One relative said, "It's very nice here, we always get a cup of tea." They spent the morning chatting at the dining tables in the bay window and said, "It's like being in a nice café." People were able to see their visitors in communal areas or in private.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications.

Most of the staff were qualified in the national vocational qualification (NVQ) or care certificate (nationally recognised care qualifications). Mandatory training was up to date, such as safeguarding, comprehensive manual handling, fire, infection control, health and safety and food hygiene. New staff completed a 12 week 'Skills for Care' induction (a recognised national training standard). This included working with more experienced staff for a period until each new staff member felt confident to work independently. Staff said they liked working at the home and felt they could say if there was an area of training they were interested in. External courses completed also included nutrition and diet, dementia training, dying, death and bereavement. Policies and procedures were accessible to staff. Staff received regular one to one supervision sessions. These were slightly behind schedule as the registered manager had been organising recruitment but they were now booked. Staff all felt well supported, professionally and personally. They had decided to have a Christmas party in the home rather than out so that people and staff working could be included. One care worker told us how lovely the registered manager and staff were and how their support had really made a difference in their wellbeing.

People had access to health care professionals to meet their specific needs. Records showed people attended appointments with GPs, dentists, chiropodists, district nurses and speech and language therapists. Staff made sure people saw the relevant professional if they were unwell and there were lots of recorded examples. The registered manager said they often had a waiting list for admissions and the social workers asked them to call when there was a vacancy. An agency care worker said, "This is one of the better homes, you can tell when you walk in. It's friendly and you get a good handover about everyone so you know what's going on." A visiting district nurse said, "I haven't had any problems, they listen to advice and look after people." They had advised a test for one person but the staff clearly knew the person very well and had already considered a range of options based on their knowledge of the person's mental health and previous history. Staff were proud to tell us how one person's skin had improved with regular position changes, which they were happy to see. One person was supported to attend health treatment appointments and went off with their packed lunch with staff asking how the day had gone when they returned. Staff said they had a good relationship with local GP surgery and the district nurses. The registered manager had held meetings with the district nurses to ensure good communication.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Care plans included nationally recognised nutritional assessment tools to ensure staff knew who was at high risk and what action to take. Staff recognised if people were at risk of choking on a normal diet, for example. They had referred the person to the speech and language therapist (SALT) and the person now received a thick puree diet, presented in an attractive way, to ensure they were no longer at risk of choking. Staff followed SALT guidelines ensuring each food item was pureed separately to maintain dignity.

Everyone we spoke with was happy with the food and drinks provided in the home. Comments included, "It's great isn't it. Look here comes my little bowl of salad cream, they know what I like" and "We get what we like on our plate, they dish it up specially. We all have different meals today." The chef was very involved and had a lovely relationship with people, chatting about charity events, upcoming Christmas celebrations, cake decorating and what people would like at Christmas. We took lunch with the majority of people eating in the lounge and dining room. There was a lively, sociable atmosphere, with lovely laid tables, condiments, alcoholic beverages and staff interaction. Relatives were encouraged to visit over mealtime if they would like to assist and share the experience. People were able to take their time, with staff offering to re-heat food if necessary. This all helped to make mealtimes pleasant, sociable events which also encouraged good nutritional intake.

People had the equipment and environment they required to meet their needs. Staff said, 'if they needed it they got it'. There were grab rails and hand rails around the home to enable people to move around

independently. There was a lift to assist people with all levels of mobility to access all areas of the home and a ramp to access the large, secluded garden. People had individual walking aids, wheelchairs or adapted seating to support their mobility. All areas were decorated to a high standard, incorporating people's individual taste.

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff had good knowledge of each person and spoke about people in a very compassionate, caring way. They were attentive, passing time with people and relatives. Relatives told us how they always felt welcomed and all staff were able to give them an update on their loved one. Relatives had commented on the national care home review website, "The difference in my auntie is so good. She is stable and able to read and talk with coherence. It feels like she is back with us." The provider had replied saying, "It's really good to hear your auntie has improved so much at Dove Tree House. It's always great for our care teams to receive such positive recognition and feedback." This showed the provider and team valued comments and cared about people in their care as well as their wider family. Another review said, "The general standard of care is excellent. Staff display a genuine care for residents, [person's name] feels it is their home and family." We saw this throughout the inspection. Reviews all said they were 'extremely likely' to recommend Dove Tree House to others.

The Stonehaven mission statement included, 'To care the most' and 'Care for the best of your life'. We saw that the registered manager and staff were clearly passionate about the people they considered as 'family'. For example, staff made sure one person was always comfortable and had their soft toy to hand. In particular the chef was very involved outside of the kitchen, enjoying chats with people and including people in their charity events. They had ridden in on their bike with a huge teddy bear for Christmas which people were chatting about. Without exception people, staff and visitors all said how lovely the home was. People commented, "This is a special place, we have good chat", and "It's wonderful, it's the staff that make it, we are friends and it's my home." They had given the registered manager and staff a lovely Christmas card. Another person had called their soft toys after staff members and the registered manager cherished items made for them during art and craft sessions by people.

Staff said, "It's wonderful here. I love it. We work as a team and we love the people. It's the people that make it, we are all relaxed, all friends. You come to work and it's so lovely." The registered manager was knowledgeable and knew all about each person as an individual and said, "We see everyone as our family too. It's often their last home so we make it a good one." For example, staff thought about people when they were not working, bringing items to share from holidays or shopping trips. The registered manager had noted that one person loved their perfume so had got them some. They knew what people liked, such as if they didn't like their door closed, managed people's high expectations sensitively and did all they could to ensure people were happy.

Rooms were very personalised. Relatives said they could decorate them as people wished. There was a standard room specification for Stonehaven but people enjoyed having a feature wallpaper and their own furniture as they wished. The service user guide had a section on 'Making your room your own'. There was a lot of information for relatives about the first few days, encouraging relatives to be involved in healthcare appointments, excursions and participating in care planning. Photographs showed relatives enjoying activities with people. There were various areas to sit such as at a dining room table, kitchen table, lounges and people's own rooms which made for an enjoyable and meaningful visit. Relatives were seen chatting and laughing with staff, who asked about their lives and plans for Christmas.

Laundry was managed by night staff and was well organised with people's clothes well cared for and folded neatly, showing that staff cared about people. People liked to sit looking out of the bay window and said in the summer they liked to all get together in the garden.

Some people were not able to tell us about their choices directly due to their dementia. Care plans contained people's preferences which gave staff a basis to work with. Staff said they could update care plans as they learnt more about people. They knew what people liked to do and their preferred routines and topics for starting conversations. For example, they understood people's personalities and when events in their past may trigger certain behaviours, which were managed well. Tea and biscuits was offered throughout the day including relatives. We saw staff interacting with people in a caring and professional way. There was a good rapport between people; they chatted happily between themselves and with staff. When staff assisted people, they explained what they were doing first and reassured people. They noticed if people were cold or their clothes were not clean.

The home had no offensive lingering odours and staff ensured people were assisted to the bathrooms discreetly to maintain their continence. Staff supported people who were in pain or anxious in a sensitive and discreet way. This included thinking about whether there may be a physical reason why someone was not behaving in their usual way. Staff told us how they regularly checked the person in their room. They were unable to communicate directly and staff said they liked hand massages and how people enjoyed nail pampering.

Is the service responsive?

Our findings

The service was responsive. The home provided good leisure and social activities that were also appropriate for people living with dementia. When we arrived people were enjoying a late breakfast, watching TV, chatting with staff, napping or pottering around the home. Due to people choosing to spend most of the day in the communal areas, they were able to interact with visible and attentive staff and watch what was going on so there was a low risk of isolation. All staff worked as a team to provide activities. There was an activity programme with morning and afternoon activities. For example, games, art class, chair exercises, reminiscence, films, exercise and music, big ball and music and games. There was lots of chatting between staff of all roles with people enjoying hearing about the chef's charity bike ride and photos and about their past experiences.

Care staff all came together in the communal areas to join in with an afternoon ball game. The registered manager had also sourced fun sensory items such as neon, squashy balls and light up balls and dementia stimulation 'Twizzlers' and items for people to touch when they were not attended to by staff. There was a party light used in the dining room for events. Staff said one person loved it and always fell asleep to it. People's lives and events were celebrated such as a big joint birthday party for people whose ages totalled 209! This had been in the local paper. Recently the 'Daily Sparkle' newsletter subscribed to by the home had been commended with an award. People had enjoyed another visit from the local newspaper to talk about how they read the news items and quizzes. They told us how much fun it had been to be 'famous'. A local children's nursery had visited for Christmas jumper festive fun and singing which people had enjoyed according to the provider newsletter photos.

The service booked a variety of regular external entertainers such as 'tranquil moments', holy communion and a singing duo. The home 'Ye Olde Bubble and Sweet Shop' opened twice a week with music so people could feel they had been shopping. The registered manager said, "It's nice to choose and smell your own toiletries etc isn't it?" There had been a summer fayre with a 'Cowboy and Indian' theme, hoop the cactus and shoot the bull which people were still talking about. Christmas preparations were underway with each person receiving a secret Santa and an individualised mini Christmas cake. The home had links with the local university 'Elderly Connect' scheme. Students came regularly to run arts and crafts sessions. People had made a DVD about tips for getting older and a notice board including, "You're never too old to moisturise!"

One relative said, "We had a brilliant Halloween, just gorgeous. It is lovely here." Two new staff said how much they loved working at the home saying, "It's so family orientated. We really care for people as a whole."

The home in theory had access to a shared provider minibus known as 'the wanderer'. People and relatives had been asked where they would like to go. However, the home did not have any designated drivers and no-one had been on an organised trip that year despite the registered manager trying to organise some. People mentioned how disappointing this had been. The registered manager was going to discuss this with the provider for the New Year as a priority.

Each care file had a background information form which was completed with relatives if possible. The computer system care plans had details of what social activities people liked and who was important to them. Engagement was able to be audited through the system and showed very detailed information about what people had been up to. For example, one person had got up early so staff could dye their hair. Staff knew when people regularly had visitors and whether people needed to be assisted to get ready to go out. People's care plans showed how they liked to be addressed and then went on to detail people's past experiences.

People received care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes if they were able, and people's relatives also contributed. Care plans showed person-centred language and gave good detail about exactly how staff should care for people. Hygiene and dressing plans showed what they liked to wear and what they could do for themselves.

Staff at the home responded to people's changing needs. For example, staff recognised when people were not eating so well, were not themselves or had a sore place on their skin. No-one at the home had any wounds or pressure sores at the time of our inspection. We spoke to all staff who were very knowledgeable about people's needs including the chef and housekeeping staff. Staff referred people to appropriate health professionals in a timely way. For example, in relation to chiropody, eye care and to the district nurses or GP. Staff used clear body maps to monitor people's skin and to show why and where topical creams were required, checking they were in date. There were regular reviews of people's health. Each person had a 'hospital passport'. This was intended to be given to external health professionals/paramedics so they would know how to respond to people's care for consistently.

People and their representatives said they would not hesitate in speaking with staff if they had any concerns. People and their representatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. There had no formal complaints since 2016. Issues were taken seriously and responded to in line with the provider's policy. One relative said, "Resident's requests, worries and anxieties are acted upon. The management deal with any problems quickly and efficiently."

There was good end of life care. Staff were involving families in adding end of life information within the care plans as an on-going process. For example, whether people were for resuscitation, what their wishes might be and information about power of attorney and arrangements. Relatives had commented on the national care review website, "The end of life care was so good with such care and compassion. I am so grateful for all the things that made [person's name]'s last days less of an ordeal" and "The staff were very kind and caring right until the end. He was made very warm and comfortable and pain free. We would not hesitate to recommend Dove Tree House." Staff spoke with genuine care when talking about people who had died. Staffing levels could be increased if needed to provide additional support for people at the end of their lives and some beds were specialist hospital beds appropriate for more dependent people if needed. Appropriate health care professionals and family representatives had been involved in end of life discussions. The registered manager told us how impressed the local undertakers had been when staff had ensured a person wore the clothes they had chosen as they liked to be smart. The registered manager said, "They would have been mortified going in their nightie." The deputy manager said, "We feel the love for people, we step up even more to support people's last days."

Is the service well-led?

Our findings

The service was well led. The provider had clear visions and values which we saw demonstrated by a group of staff who genuinely believed in them. Values included, 'give service and quality', 'build equal relationships', 'teamwork', 'let it be seen how we can do good'. The vision also spoke of proudly engaging in team effort, seeking knowledge and learning, be open and honest and treating others as you would wish yourself. There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager and deputy had worked at the home for some years and were clearly passionate about providing a good service and the best life possible for people they considered as 'family'. The registered manager and deputy manager were well supported by the provider support office. They were able to contact the director at any time. They were able to make decisions about purchasing items for the benefit of people in their care. For example, a new television. The providers visited the home regularly, informally and conducting quality assurance visits and 'mystery visitor' reports. There was also a mentor process where the managers could gain support with employment issues such as disciplinary processes and absences. There was currently difficulty recruiting which was being looked at. The lack of trips out would also be looked at.

People and relatives spoken with during the inspection described the management of the home as open and approachable. People were comfortable and relaxed with the management team who clearly knew them and their family well. Relatives said they were happy to talk to management and all the staff at any time and could not fault the care. Relatives clearly valued staff at Dove Tree House, saying they enjoyed visiting. People and relatives had lots of communication about the home such as user-friendly service user guide and home's statement of purpose, newsletters and notice boards. There were systems in place to share information and seek people's views about the running of the home. A recent quality assurance survey had been completed. Comments were all very positive.

The managers had an open-door policy and they were available to relatives, people using the service and health professionals. A staff photo board in a nice frame to maintain a homely feel showed visitors and people who staff were. The managers kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area and attending regular managers meetings with other Stonehaven Group managers. Staff received regular supervision support, completed employee quality surveys and were regularly listened to and consulted. They enjoyed getting together and felt valued. They were looking forward to the in-house Christmas party as they would see staff they didn't normally see and could share good times with people in the home.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care including medication audits, care plans audits and falls. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. For example, where people had fallen individual risk assessments were reviewed and preventative measures taken. There were very few falls. This demonstrated the home had a culture of continuous improvement in the quality of care provided. The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal

responsibilities.