

DHCH21 Ltd

Dovehaven Lodge

Inspection report

Tag Lane
Ingol
Preston
Lancashire
PR2 7AB

Tel: 01772723745

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dovehaven Lodge is a residential care home providing accommodation for up to 112 adults who require assistance with personal or nursing care needs. The home accommodates people across four separate units, each of which has separate adapted facilities. Two of the units specialise in providing care for people living with dementia. The home is purpose-built and located in Ingol near Preston, Lancashire.

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

There had been recent changes to the management and staff team and the COVID-19 pandemic had impacted on staff absence. This had resulted in the home operating without a registered manager and the provider supporting the home with representatives from their senior management team (referred to in the report as 'senior managers').

Some staff members said management uncertainty and the use of agency staff had created a degree of instability in the home. Some staff members told us this situation had improved following the provider's involvement and presence of senior representatives. We noted permanent staff were being recruited with further recruitment ongoing during the inspection. We found sufficient numbers of staff deployed to meet people's needs and ensure their safety.

The provider's quality assurance systems, audits and action plans were not always sufficiently robust or embedded into the service as we found shortfalls around care planning and record keeping. This could put people at risk of not receiving proper and safe care. The senior management team were aware of the shortfalls and was taking appropriate action to improve the situation. Although we noted recent input and improvements as a result of these actions, this has led to a breach of the regulations that can be seen in the 'Safe' section of the report.

Medicine's practices and administration needed to be improved. Although the provider was in the process of improving documentation around medicines, this and other medicine's issues were a breach of the regulations. This can be seen in the 'Safe' section of the report.

Some areas of incident reporting needed improving and this had resulted in CQC being unable to take regulatory action in a timely way. The provider was aware of these issues and had cooperated with us and the local authority around these matters prior to the inspection.

Most people's care records were well written and person centred. They provided staff with clear guidance about people's needs whilst some others were not sufficiently detailed. This could result in people not receiving the care and support they needed. These issues were corrected during the inspection.

People's care was tailored to their needs, routines and preferences and staff knew people well. People had access to organised activities. We did note improvements were required in this area and have made a

recommendation about this in the 'Responsive' section of this report.

People told us they felt safe and were happy with the service they received. They said staff were kind and caring and they were treated well. Staff understood how to protect people from abuse and recruitment processes ensured new staff were suitable.

Staff had been trained and had their competency checked. Specialist training was available should staff and managers require it. Infection control was well managed, and the home was clean and free from hazards. The environment had been developed with people's specialised needs in mind.

Safe visiting processes were in place to ensure people could see their visitors when they wished and could maintain relationships that were important to them. People we spoke with, supported they had confidence in raising any issues. Complaints were handled appropriately.

People's care and support needs were assessed prior to them using the service to ensure their needs could be met. They were supported to live healthy lives and had access to health and social care professionals. When people's needs could not be met or where they had progressed and would benefit from increased independence, the provider took appropriate action.

The home worked in partnership with other organisations to provide effective and consistent care. 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.

We observed the senior managers and staff had developed friendly, caring and respectful relationships with people and their families. People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team.

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

Rating at last inspection

This service was registered with us on 23 April 2020, and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating under the Care Act 2014.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors, two medicine's inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dovehaven Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. At the time of the inspection, a manager was in the process of being recruited and would apply to register with CQC. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The service was given 24 hours notice of the inspection. This was because we wanted to ensure the home did not have an outbreak of COVID-19 and that it was safe to proceed.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted local authority commissioners and asked them for their views about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with nine people living in the home and with four relatives. We also spoke with the nominated individual and three other senior representatives of the provider. Within this report we refer to this group as the 'senior managers'. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 'local' staff including the temporary manager, the deputy manager, six care staff and activity organiser. We also spoke with two healthcare professionals who were visiting the home.

We had a tour of the premises and looked at a range of documents and written records. These included five people's records related to their care and support, five staff recruitment records, staffing rotas, training, induction and supervision records, minutes from meetings and complaints and compliments records. We looked at maintenance and servicing certificates and records related to the auditing and monitoring of service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also sought feedback from two healthcare professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This means some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Care planning and risk assessments did not always guide staff on how to effectively support people. Guidance from healthcare professionals was not consistently followed. This presented a risk of harm.
- Robust systems had not been embedded around record keeping so that staff could be assisted to ensure people's needs were met. For example, in one case there was no oversight of a person's fluid intake and there were different recording systems in place. These issues were not always picked up and could lead to repeated themes of people experiencing poor care and inappropriate support.

Although we found no evidence people had been harmed, these issues were a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment had been serviced and maintained in accordance with manufacturers' recommendations. A range of internal checks had been carried out, to ensure equipment and the environment were safe.

Using medicines safely

- We found some issues where we were unsure if all people had received their medicines properly due to conflicting information on their records, which included time specific medicines.
- Guides to help staff administer 'when required' medicines were available for most people, but we saw examples when these were not followed. Staff recorded the time that paracetamol was given but one person received this medicine too close together on five occasions.
- We found gaps in medicines records, so we were unsure if they had been administered as prescribed. Some patch application records were incomplete, and patches were not always rotated in line with manufacturers guidance which may increase the risk of skin irritation.
- The service undertook regular audits, however the issues found at this inspection had not been actioned.

Although there was no evidence of harm, these issues demonstrate a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely on each unit and staff monitored conditions to make sure they were safe to use. There was evidence that regular checks on medicines were done.
- There were sufficient staff trained to administer medicines and provide additional support when needed.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were protected from the risk of abuse. Staff had appropriate training and knew how to raise any concerns about suspected abuse or poor practice.
- The provider and staff were clear about when to report incidents and safeguarding concerns. Staff said they were confident senior managers would act quickly to keep people safe if they reported any concerns. We noted that although concerns had been raised with the relevant safeguarding authorities, sometimes CQC had been omitted from these notifications. This is discussed further in the 'Well-led' section of this report.
- People felt safe. One person said, "I feel really safe here and [staff] make me comfortable."

Staffing and recruitment

- The provider had safe recruitment systems and processes. Relevant pre-employment checks had been made to ensure staff were safe and had the right skills and character to work with vulnerable people.
- People received prompt care and support. Records and observations showed there were enough suitably skilled staff to meet people's needs in a flexible way. We noted recruitment of additional staff was underway. Staff provided a mixed view around staffing levels but at inspection we noted there were sufficient staff members to meet people's needs.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The provider ensured assessments of people's needs were carried out before they came to live at the home, to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care.
- The senior managers and staff applied their learning in line with professional guidance such as the management of nutrition, oral health and skin integrity. This supported a good quality of life for people.
- The care assessment when people started using the service supported the principles of equality and diversity and staff considered people's protected characteristics, such as age, disability, religion or belief.
- Staff used technology and equipment such as, internet access, call alarms, electronic care plans, sensor mats and pressure relieving mattresses, to deliver effective care and support.

Staff support: induction, training, skills and experience

- The provider made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Training compliance was monitored by dedicated staff to ensure this was carried out in a timely way. Staff were complimentary about the training and support they received.
- The provider provided new staff with induction training. One staff member said, "I'm quite new here but have been well-supported and the training has been comprehensive and enjoyable."

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

- The provider and staff met people's nutritional needs and dietary preferences. We observed the meals served were well presented and meals, snacks and drink choices were offered throughout the day.
- People's comments about the quality of meals was mixed. They included, "The food could be better", "The food is so-so" and "The food is great." We observed people were offered choices at meal times but the menus were not always clearly displayed and sometimes out of date. One person said, "The food here was excellent but it seems they have changed caterers and it's gone downhill. The variety and quantities are not the same." Some people said this had been raised with staff but 'nothing had changed'.
- Our observations at mealtimes were also mixed. In one part of the home the position was positive. There was a light-heartedness with staff who were chatting with people. In another, the experience seemed task-driven and there was a lack of engagement with people.

We recommend the provider seeks all people's views and obtain guidance around best-practice to improve meal-time experiences for people of all abilities.

- Staff monitored people if they were at risk of poor nutrition. Advice from appropriate healthcare

professionals was sought, if required.

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

- The provider and staff provided people with appropriate support to meet their healthcare needs. Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other providers or admission to hospital. In this way, people's needs were known, and consistent care was provided.

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

- The provider had designed the home with people's specialised needs in mind. There were renovations taking place at the time of the inspection. All areas were safe, well-equipped, accessible, spacious and bright and airy.
- People said they were happy with their bedrooms and communal areas. People had personalised their bedrooms with their own pictures and ornaments. A member of the cleaning staff said, "We all do our best to make sure the home is clean and well maintained. Whenever there's an issue, the maintenance staff are on to it the same day."

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Senior managers and the temporary manager understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.
- Staff received training and demonstrated an awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. We noted staff asked for people's consent before providing care and explained what they were going to do. When support was declined, staff respected people's decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with care, patience and kindness; people confirmed this. We observed appropriate humour and warmth from staff towards people and conversations were friendly and appropriate. We observed staff taking time to stop and offer kind words, encouragement or reassurance to people.
- People said they liked the staff and good relationships had developed between them. One person commented, "We are looked after in every respect." One relative said, "They [staff] take good care of him; my relative has been much better since being here."
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure one person had their favourite mug with drinks at lunchtime and made sure another people wore the clothes they preferred. Staff were aware of people's religious, cultural and social needs and celebrated them appropriately.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for. People and their relatives were positive about staff members' caring attitudes. One person said, "I'm always treated with respect, they [staff] go above and beyond." A relative said, "They always treat [relative] with respect and they have a laugh and a joke with them."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their life history recorded in care plans which staff used to get to know people and build positive relationships. One relative said, "Most of the staff know me and my relative well. That's really important to us."
- We observed positive interactions between people, relatives, senior managers and staff. A number of relatives told us they visited regularly and were always made to feel welcome.

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

- People were supported to make decisions about their care and support. One person said, "I am independent and can get around the home. I maintain contact with friends and the home support me with this."
- People had choice and control in their day to day lives. We noted there were 'residents' meetings' where people were encouraged to provide their views on the running of the home. Some people told us they would value more opportunity to formally express their views.
- When people could not make day-to-day decisions, if required, staff could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf if other supporters, such as relatives were unavailable. We saw an example of this service being used when there were concerns around meeting a person's needs and staff engaged meaningfully with the advocate.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. The temporary manager and staff treated people well and understood their needs. Staff showed genuine concern for people. Staff members said they were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- Relatives told us staff members were always available to speak about their family member. One said, "The staff or nurses are always on hand and keep you up to date."
- We noted confidential documents were locked away with only authorised staff having access to them.

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

- Staff involved people in decisions about their care. We observed staff encouraging people to express their views and make everyday decisions about their care when they could, such as what they had to eat and where they spent their time. People, and where appropriate, relatives were asked for their views in reviews of care, satisfaction surveys and meetings.
- People's choices were respected. People chose their daily routines and if they wanted to be on their own or with other people. People's care needs had been discussed with them or where appropriate, their relatives or representatives; improvements were being planned in this area. This helped ensure staff knew how people wanted to be supported.
- The provider ensured information about local support services was displayed. These services could be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team were knowledgeable about accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote their independence. People were dressed appropriately in suitable clothing and footwear.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was recorded in a positive manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

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

- People's care and support was centred around their choices and preferences.
- The provider and staff understood people's needs well and encouraged them to make decisions about their daily lives. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices.
- Senior managers and the deputy manager reviewed people's care plans. Some files had not been reviewed regularly and some work was required in updated them when people's needs changed. This was addressed during inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary.
- The provider could provide people with information in alternative formats in a way they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided activities and employed activities coordinators. Only one coordinator was available at the time of the inspection.
- Although some people were supported to follow their interests, we noted the range of activities was limited especially for those people with complex needs.

We recommend the provider obtain guidance from reputable sources about implementing a full range of activities so that people of all abilities are engaged and stimulated in the home.

- We noted staff encouraged people to maintain relationships that were important to them. We observed safe visits being carried out in accordance with COVID-19 guidance.

End of life care and support

- People were supported to have comfortable and dignified end of life care. Wherever appropriate, people's end of life wishes, and preferences were recorded and reviewed as part of the care planning process.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free. Staff had access to training and the provider's policies on end of life care.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their issues would be taken seriously. We saw complaints had been investigated and the outcome recorded.
- Any complaints or concerns received by the provider were regularly reviewed and audited so they could identify and act on any recurring themes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality assurance systems, audits and action plans were not always effective, as shortfalls around medicines management, care planning and risk assessing were identified at the inspection.
- There were examples of poor record keeping. For example, some were not accurate, there were others with omissions and some had not been updated. For example, care charts for fluid intake and pressure care were lacking in detail and some gaps were evident. The senior managers told us they were aware of these failings and had implemented reviews in these areas prior to inspection. We did note work on these issues had started prior to inspection but further work was required to completely address the concerns.
- Although safety concerns had been elevated to the local authority, some had not been notified to CQC in a timely way. Although the provider had engaged with us about this prior to the inspection, this meant we were unable to oversee any concerns and implement prompt regulatory action. A senior manager said these issues had been established prior to inspection and a further system of checks had been implemented to prevent reoccurrences.
- The provider encouraged continuous learning and development. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place. We noted the frequency and quality of these had improved in the weeks prior to inspection and staff supported this view when we spoke with them.

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

- Most people received person-centred care and support. Most of the plans of care we saw were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met. However, some failed to accurately reflect the care and support people were receiving or that they required. These were corrected during inspection.
- Feedback from the staff members we spoke with about the management of the service was mixed. Whilst most staff we spoke with said they enjoyed working at the home, the position around support was variable. Some told us support from management had been poor but recent interventions from senior managers had helped and there were signs of optimism that management support was improving.

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 senior managers told us they were always honest with people if things went wrong and, where

appropriate, would make referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person.

- Staff understood the importance of reporting accidents and changes in people's health to the appropriate professionals and agencies and keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service's culture.
- We noted an example of the application of the duty of candour when things had not gone according to plan. The provider had provided a full explanation of their involvement and apologised for any errors.

Working in partnership with others□

- Records showed advice was sought from health and social care professionals, when needed. A health care professional said, "The service has supported me on this visit and my organisation has been appropriately consulted on an issue with a resident's safety."
- In one case we observed, that the service did not follow a health care professional's guidance after initially seeking input following a concern. A senior manager said, "We accept there have been issues related to management at the home. We intervened before the inspection and started to take action but realise there is still some work to do. We are committed to following up on external recommendations and providing the best possible outcomes for our residents."