

Doneraile Residential Care Home Ltd

# Doneraile Residential Care Home

## Inspection report

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## 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

### About the service

Doneraile is a care home that provides personal care for up to 24 predominantly older people. At the time of the inspection 22 people were living at the service. Some of these people were living with dementia.

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

Management and staff had a strong set of values which focused on supporting people in line with their preferences and needs. They knew people well and ensured their care was delivered in a way which achieved good outcomes and enabled people to live their lives as they wished. People were treated as individuals and staff had a good understanding of their backgrounds, personal likes and dislikes and health needs.

The provider had acted on a recommendation made at the last inspection about the developing and recording of person-centred care plans to enable individualised care for people. At this inspection we found improvements had been made. Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

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.

People and their relatives told us they considered the service to be safe and people's health needs were met. Any changes in people's health were escalated to the relevant professional and relatives were kept informed.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

The premises were clean and well maintained. People had access to equipment where needed. The gardens were accessible and there was garden furniture for people to use in the summer. Activities were provided and people were encouraged to take part in various social events, both in and outside of the home.

People were involved in meal planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices.

People and their families were given information about how to complain and details of the complaints

procedure were displayed at the service. People, their relatives and staff told us the providers were approachable and listened when any concerns or ideas were raised.

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

#### Rating at last inspection and update

The last rating for this service was good. (Report published on 18 July 2017). At the last inspection we made a recommendation. At this inspection we found improvements had been made and the rating has remained good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

# Doneraile Residential Care Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team

The inspection team consisted of one inspector.

### Service and service type

Doneraile is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

We announced the inspection late the day before because we wanted to be sure the service was open to visitors, in line with CQC policy at that time about CVOID-19.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with the registered and assistant managers, seven care staff and a visiting healthcare professional.

We reviewed a range of records. This included three people's care records and a sample of medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at regular staff meetings.
- People told us they were happy living at the service and felt safe. People told us that if they didn't feel safe they would speak with a member of the care staff or the registered manager and felt sure they would help them solve the problem.

Assessing risk, safety monitoring and management

- Risks were identified, assessed, monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- All equipment was regularly serviced and staff understood how to support people to move around safely.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- People, their relatives and staff all told us they felt there were enough staff on duty to meet people's needs. During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and

effective.

- The records of medicines that required stricter controls tallied with the balance of medicines held at the service.
- Medicines were audited regularly with action taken to make ongoing improvements.

#### Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks.
- Staff had completed infection control training and personal protective equipment was used to help prevent the spread of infections. Hand gel was available throughout the building for staff and visitors to use.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.



# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From these initial assessments care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and were able to provide care and support which met their needs.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had access to a range of training in health and safety and subjects relevant to people's needs. This included training in end of life care and oral health care. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. They also shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Staff feedback about training and management support was positive.

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

- People were provided with healthy meals which they enjoyed. People told us, "The food is good", "The food is always good here" and "I enjoy the food. It takes me a while to eat, but staff are patient with me."
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning and staff spoke with everyone daily about their meal choices.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Where required people were regularly weighed. Action was taken to increase calories when this was identified as necessary.

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

- People's health conditions were well managed and staff engaged with other organisations to help provide consistent care. A healthcare professional told us, "If I pick up on any concerns, during my treatments, the manager always acts on it and calls a doctor if needed."
- Staff supported people to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

- The home was well maintained and furnished to a good standard. As one relative told us, "The building is kept to a high standard."
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste.
- Access to the building was suitable for people with reduced mobility and wheelchairs. Stair and passenger lifts were available for people to access the upper floors. Corridors were wide and free from clutter. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- People spoke positively about staff and told us they felt cared for. Comments included, "The staff here are very good", "They are marvellous" and "We have a good laugh."
- Staff knew people well and had a good understanding of their needs and preferences. Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. As one told us, "They understand my changing moods and how frustrating my condition is for me."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer comfort and reassurance. For example, during the inspection we observed one person frequently became upset. Staff responded quickly to provide reassurance and knew what to talk to them about to distract them and make them laugh.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating. Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. We saw that some people chose to spend time in their own rooms while others preferred the service's shared lounge.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, supporting people to use equipment, eating lunch and ensuring, at all times, that doors were closed when providing personal care.
- People's right to privacy and confidentiality was respected.
- People's personal relationships with friends and families were valued and respected. Relatives told us they were always made welcome and were able to visit at any time. Several families visited during the inspection and we saw staff greet them and chat with them as they arrived at the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

At the last inspection we recommended the provider sought guidance about the developing and recording of person-centred care plans to enable individualised care for people. At this inspection we found improvements had been made and the service had developed personalised care plans for people.

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

- Staff had a good understanding of people's individual needs and provided personalised care.
- Since the last inspection the service had implemented an electronic care planning system. As part of the process, to add people's information to the new system, care plans had been reviewed and updated. People's care plans were person-centred and reflected their individual needs and preferences.
- Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were informed about people's changing needs through effective shift handovers and by accessing up-to-date electronic records. This helped ensure people received consistent care and support.
- There were sufficient handheld devices for staff to use to ensure they could add and retrieve information whenever they needed to.

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.

- People's communication needs were identified, recorded and highlighted in care plans. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.
- There were a range of activities on offer including music, games, quizzes, exercises, pamper sessions and ball games. External entertainers visited regularly for music sessions and pet therapy. People went out regularly on trips to local attractions. People and their relatives told us, "When the weather is nice, they go outside in the garden and have tea parties", "[Person] has gone out on several trips; including Buckfast Abbey, a train ride and to the seaside" and "I like the animals and the exercises."

- Some people spent their time in their room or in bed because of their health needs or personal preferences. Staff spent one-to-one time with people, in their rooms, to help prevent them from becoming socially isolated.
- Birthdays, cultural and religious festivities were celebrated. For example, birthday parties were arranged for people and their family and friends were invited.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People told us they would be confident to speak to the provider or a member of staff if they were unhappy.

#### End of life care and support

- The service often provided end of life care to people, supporting them while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
- As people neared the end of their life the service sought support from GPs and district nurses. We were told by relatives how well the service worked with professionals to obtain relevant medicines for pain relief. One relative said, "I cannot find the words to explain how good they have been. Staff have loved and cared for [person] like they are a member of their family"
- The service purchased relevant equipment, such as hospital beds and pressure mattresses.
- People's views on the support they wanted at the end of their lives was discussed with them. For example, where people expressed a wish not to go into hospital and be cared for at the end of their life in the home. This was recorded and respected.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection 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.

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

- The registered providers had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- People, their relatives and healthcare professionals told us they thought the service was well managed and communication with the provider and staff was good. Comments included, "I think the home is brilliant" and "The home is well managed and the standard of staff employed is excellent."
- Staff were committed to providing the best possible care for people. They demonstrated a thorough understanding of people's individual needs and preferences. Staff told us, "We all have a good relationship with the people who live here, we are like a big family" and "We all care about the people here."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service and on the provider's website.

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

- The service is jointly owned by two people, one of whom is the registered manager. Both owners worked at the service most days and were supported by an assistant manager and senior care staff.
- Staff spoke positively about the providers and the way they managed the service. They told us they felt valued and were well supported. Comments from staff included, "Management try and accommodate our needs", "Management are easy to talk to and they look after us", "We are a great team who all support each other", "[Provider] is a brilliant boss. If we are short staffed, they will come in and had even done night shifts."

- The management team carried out regular audits of care plans, incident/accidents, medicines and observations of staff practice. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff handover meetings each day.

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

- People and their relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. Recent meetings had asked for people's views on menus and new furniture and decoration of the home.
- Questionnaires were regularly given to people and families. The responses from the most recent survey were positive. Where comments had been made these had been considered and action taken to address them.
- Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. For example, staff told us they had been consulted and had chosen the new chairs and flooring in the dining room.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered provider was keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered providers had learnt from the findings at the last inspection and recognised that care plans could be improved. A new electronic care planning system had been implemented since the last inspection. Managers and staff talked to us about the benefits of how this system captured more detailed information about people's needs and the care provided.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.