

Down House Limited

Down House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Down House is a residential care home providing personal and nursing care to up to 49 people. The service provides support to older people with a range of support needs. At the time of our inspection there were 36 people using the service.

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

Since our last inspection improvements had been made in how risks to people were assessed, monitored and managed.

The provider, manager and staff were clear about their roles and responsibilities. Quality assurance checks were in place to monitor the quality of the service provided. Medicines were managed safely, and people received their medicines as prescribed.

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 living at Down House told us they received safe care from staff who knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 May 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an inspection of this service on 10 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve risk management, medicines management and governance arrangements.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they met

legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Down House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Down House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector, one assistant inspector, a specialist advisor whose specialism was nursing care and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Down House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Down House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had submitted an application to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 2 relatives about their experience of the care provided. We spoke with 4 members of staff including the provider, compliance manager, manager and care workers. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at recruitment and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, using medicines safely

At our last inspection in May 2020 the provider failed to ensure safe risk assessment processes and medicine systems were operating effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People living with long term health conditions such as diabetes and epilepsy had specific risks assessed and care plans in place to guide staff on how to keep people safe and when to seek medical advice.
- Care plans and risk assessments were in place for people who had been assessed as at risk of pressure sores. There were systems in place to ensure people were repositioned regularly and appropriately. This reduced the risk of people developing a pressure sore.
- Staff were aware of people's individual risks and knew people well which enabled them to provide safe effective care.
- People received their medicines as prescribed. People's medicine administration records were accurate and reflected their prescribed medicines.
- People who received 'as required' medicines, where appropriate had protocols in place to guide staff to administer medicines effectively and in line with people's individual needs.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff had been trained in administering medicines and their competence regularly checked.

Preventing and controlling infection

At our last inspection in May 2020 the provider failed to ensure adequate measures were in place in relation to preventing and controlling infection practices. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- 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.

Staffing and recruitment

At our last inspection in May 2020, the provider failed to ensure there was enough staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made enough improvement and was no longer in breach of regulation 18.

- We observed, and staffing rotas showed that planned staffing levels were being achieved. One person told us, "There's enough staff". A staff member said, "Generally, there is always enough staff on the rota, you can't help with last minute sickness but we all pull together and ensure our residents are ok and the manager will come onto the floor and muck in and help us".
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff because the provider followed safe recruitment practices.
- Systems were in place to ensure clinically trained staff had their credentials checked on a regular basis, to ensure they were up to date and staff were fit to practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "I'm happy here, I'm very well looked after".
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse. One staff member told us, " I would report (concerns to) the manager or the local authority safeguarding team".
- The provider had safeguarding policies in place and the registered manager and staff reported concerns accordingly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff we spoke with had a good understanding of MCA. One staff member told us, "If people are lacking capacity, you are making sure you are using the least restrictive practice, you always assume everyone has capacity until it is proven otherwise".
- People were supported to have maximum choice and control of their lives.
- People's records consistently showed that best interest processes had been followed. This indicated the service was working in line with the principles of the MCA.

Learning lessons when things go wrong

- There were systems and processes in place to learn lessons, including when incidents and accidents occurred. The provider ensured they reflected on occurrences where lessons could be learnt.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection in May 2020, the provider did not have effective systems established to assess, monitor and mitigate risks to people using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Systems and processes had been established to identify and manage risks, to ensure effective service provision.
- There was a new manager in post who had started their application to become the registered manager. They were supported by a knowledgeable compliance manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider's quality assurance systems had significantly improved. Following the previous inspection, the compliance manager and manager had worked through an improvement plan which had resulted in improved outcomes for people.
- The provider had also improved their system in relation to medicines management which included training senior care staff to support in the administration of some medicines. This allowed medicines to be administered in a timely manner.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The leadership team was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- Through our observations and speaking with people, staff and nurses, it was clear that the culture within the service was positive and constructive.
- Staff were complimentary of the support they received from the registered manager. One staff member told us, "(Manager) is very approachable and you have any issues, you can go straight to her and it will be dealt with". Another said, "Everyone is confident going to her with any issues".
- The provider staff team promoted a person-centred culture to ensure people received personalised care and support. People told us they were happy living at Down House, and we saw they were relaxed and

happy with staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities and acted in accordance with the duty of candour.

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

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers.
- People and their relatives had opportunities to provide feedback through surveys and meetings as well as the open door policy operated by the manager.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to peoples protected characteristics.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's and opticians.