

Bupa Care Homes (CFChomes) Limited

The Donnington Care Home

Inspection report

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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:

The Donnington Care Home is a residential care home with nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is set in its own grounds and is situated close to local amenities. People had their own bedrooms with en-suite facilities and use of an enclosed private garden. Some of the people supported at the home lived with dementia and other health related conditions. The service is registered to provide care and nursing care for up to 40 people. At the time of our inspection there were 31 people residing at the home.

People's experience of using this service:

The service assessed risks to the health and wellbeing of people who use the service and staff. However, we could not always be assured care was delivered by staff in line with the people's care plans to mitigate these risks.

Safe recruitment practices were not always followed to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

Governance system were not always effective and did not always identify actions for continuous improvements.

We found some very positive examples of the difference staff had made to people's lives. However, we found that care records were not always up to date and accurate.

There was an activities programme and some people were involved in activities. However, people told us that some activities didn't always take place when they were scheduled to do so and did not always meet their needs.

We have made a recommendation that provider explores all relevant guidance and best practice on how to ensure they make environments used by people with dementia more dementia friendly.

People were assisted to take their prescribed medicines by staff who were assessed as competent to do so. Where people required their medicines at a specific time or with food, this need was met. Storage and handling of medicine was managed appropriately.

Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately.

Feedback from relatives and people was that staff were caring and respected their privacy and dignity.

We observed kind and friendly interactions between staff and people. People and relatives made positive comments about the staff and the care they provided.

People and their relatives knew how to complain and knew the process to follow if they had concerns.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP, when needed. The service worked well with other health and social care professionals to provide effective care for people.

The service had regular residents and relatives' meetings as well as staff meetings to ensure there was opportunity to feedback about the home and that there would be a consistency in action taken. The staff team had handovers and daily meetings to discuss matters relating to the service and people's care.

People and relatives felt the service was managed well and that they could approach management and staff with any concerns they may have.

Rating at last inspection:

At the last inspection the service was rated as Good overall. (Report published 12 October 2016).

Why we inspected:

This was a planned comprehensive inspection based on the rating of the last inspection.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor all information we receive about this service. This informs our ongoing assessment of risk and ensures we are able to schedule the next inspection accordingly.

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.

Requires Improvement 

Is the service effective?

The service was effective.

Good 

Is the service caring?

The service was caring.

Good 

Is the service responsive?

The service was responsive.

Good 

Is the service well-led?

The service was not always well led.

Requires Improvement 

The Donnington 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 under 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:

This inspection was carried out by one Inspector 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:

The Donnington Care Home is a care home with nursing which provides personal care and support for up to 40 older people. Some people residing in the home were diagnosed with dementia and other health conditions. At the time of our inspection 31 people were residing in the home.

At the time of our inspection the service did not have a registered manager. A manager had been recently recruited and we were informed they were in the process of registering with the Care Quality Commission. During the inspection we were assisted by the management team. The registered manager and registered provider are 'Registered Persons'. Registered Persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

This inspection was unannounced and took place on the 8 and 9 April 2019.

What we did:

Before the inspection we looked at information the provider sent us in the Provider Information Return. 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 looked at all the information we had collected about the service. This included previous inspection reports, information received and notifications that had been sent to us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke to 11 people using the service and three relatives of people residing in the home. We observed staff with people in communal areas of the service. We spoke the home manager, deputy manager, regional director, the administrator, the maintenance staff member, two nurses, activities coordinator, housekeeping staff, catering staff and four care staff members. We looked at nine people's care records and associated documents. We reviewed people's medicine administration.

We looked at the records of accidents, incidents and complaints, audits and quality assurance reports. We also looked at staff training records for all staff, recruitment records and supervision and appraisal records.

After the inspection we requested feedback from six health and social care professionals. We received three responses.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was not always assurances about certain aspects of people's safety.

Assessing risk, safety monitoring and management:

- Staff assessed risks to people such as moving and handling, mobility and health conditions. People's care plans incorporated measures to reduce or prevent potential risks to individuals. These were kept under regular review and updated accordingly. However, we found that risks related to people's pressure care and hydration was not always managed in a safe way.
- For example, one person was at high risk of pressure ulceration. Their care plan stated they should be repositioned every four hours. We looked at their reposition chart which highlighted that the person had not been repositioned in line with their care plan, one entry highlighted that they had not been repositioned for eight hours and 45 minutes. We looked at whether this was an omission in recording, however, when we spoke with staff we could not be assured that appropriate action had been taken to mitigate these risks in line with the person's care plan.
- One person had a care plan in place due to risk of dehydration. The care plan stated that the person must be prompted every half an hour to drink fluids. We looked at their fluid intake diary which highlighted that the person had not been prompted to have fluids in line with their care plan. In one instance, the person had not been offered fluids for five hours and 40 minutes. When we spoke with staff about our concerns we were unable to confirm that the person had been regularly prompted to drink fluids. We could not be assured that appropriate action had been taken to mitigate these risks in line with the person's care plan.

This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- There were fire safety plans in place to ensure people were evacuated safely in the event of an emergency. Equipment was tested regularly including alarms, firefighting equipment and emergency lighting. Personal emergency evacuation plans were in place which identified the level of support people would need if they had to be evacuated from the service.

Staffing and recruitment:

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- When recruiting staff to work in settings where there are children or vulnerable adults there is clear guidance under schedule three of the Health and Social Care Act setting out what is required. Information

about potential staff set out in Schedule three of the regulations must be confirmed before they are employed. The personnel files we looked at did not always include all the required information. The management team confirmed that this had not always been requested prior to staff commencing employment.

- We looked at six staff files and found that all of these did not have a full employment history with gaps in employment remaining unexplored. Where the provider had sought information about staff conduct in previous employment relating to health and social care, these often were returned with just a date of employment and did not evidence whether there was satisfactory conduct of the staff member. We therefore could not always be assured that the provider was following safe recruitment practices. We shared our findings with the management team who promptly started following this up to ensure any gaps in staff employment history was explored and would be introducing a new system to ensure potential staff would be recruited safely in accordance with regulatory requirements.

This is a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We saw that there were enough staff to meet people's needs during the inspection. However, some people and their relatives told us they didn't always feel that there were enough staff. One relative said, "There are not enough staff... often they are understaffed." One person who uses the service said, "I don't think there are enough carers [staff]."

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff knew what actions to take if they felt people were at risk, including who they would report this to. Staff felt confident that appropriate action would be taken.
- People told us they felt safe living in the service and they knew who to ask for help if they felt unsafe. One person told us, "I have never felt unsafe here, ever." Another person said, "I feel that I am safe here."

Using medicines safely:

- Only staff trained and assessed as competent were allowed to administer medicines.
- Staff told people what their medicines were for and supported them to take their medicines as prescribed.
- Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People were offered PRN medicines when they needed them.
- We saw that one person had not had a medicine as prescribed for low iron levels. We raised this with the management team who advised they would investigate and address this immediately.

Preventing and controlling infection:

- Appropriate measures were in place regarding infection control. We saw dedicated staff ensured the service was kept clean, tidy and odour free.

- Staff were provided with personal protective equipment (PPE), so they could carry out their work safely. We observed staff using PPE appropriately.

Learning lessons when things go wrong:

- Accidents, incidents or near misses were investigated and actions were undertaken to prevent recurrence.
- Lessons learnt were discussed with staff to ensure people were provided with the correct and timely support that met their needs.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- We looked at whether the design of the premises was suitable for the needs of the people with dementia. Research has shown that an environment which is dementia friendly can support people who are diagnosed with dementia to maximise independence. For example, signage and adaptations for people with dementia can be a very effective memory aid when used in buildings where people with dementia or memory loss live.
- We found that not all the doors had dementia friendly signage, for example, toilet or bathroom signs were not to the size a person with dementia would be able to recognise. The signage to guide people where to go when coming out of their bedroom was minimal.
- Toilet seats did not always stand out against the décor in the bathrooms. Best practice guidance states ensuring good colour contrast on sanitary fittings make toilets easier to find and see, helping people to maintain continence.
- One person advised that their relative had described the décor of the bedrooms as "drab." They went on to say about their room, "I've got so used to it now, it is comfortable."
- There were some areas of the home which looked tired and worn due to age and use. We saw that carpet on some stairs had holes in. This was highlighted to the management team who acted promptly and covered with tape. The management team advised that the home is soon to have a complete refurbishment. This will include replacement of flooring, furniture and redecoration.

We recommend the provider explores all relevant guidance and best practice on how to ensure they make environments used by people living with dementia more dementia friendly.

- The home was a light, bright environment where people moved around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors.
- The outside area was well designed and provided a pleasant place for people to sit outside or enjoy outdoor activities. One person told us, "We haven't been in the garden recently, but we are always encouraged to do so."

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

- Where people required specialist diets due to swallowing difficulties, this was clearly indicated in their care plans. However, the service lacked robust communication procedures to ensure the kitchen staff were aware of these dietary requirements. This was raised with management who immediately ensured that the kitchen staff had a list of individuals dietary requirements.

- Staff made sure foods were available to meet people's diverse and cultural needs and preferences.

- We saw there was a variety of snacks and hot and cold drinks available, which people could help themselves to should they wish.

- People told us that they were happy with the food and drink provided to them. One person told us, "We get lots to eat and drink, we get choices, yes." Another person told us, "I get the food and drink that I want here".

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs.

- Each care plan was based on a full assessment, included individual preferences and choices, and demonstrated the person had been involved in drawing up their plan.

- The care plans were kept under review and amended when changes occurred or if new information came to light.

- People received effective care and support from staff who knew how they liked things done. People told us they make decisions about the care they receive, in a way that meets their needs. One person told us, "I can choose when to get up and get dressed."

- We observed that staff interacted well with the people and responded to those who needed support.

Staff support; induction, training, skills and experience:

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles.

- Staff felt they received the training they needed that enabled them to meet people's needs, choices and preferences. One staff member told us, "Always keeping up to date [with training]."

- Staff were supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs during one to one supervisions.

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

- People were referred to various health professionals in good time to address any health or changing needs.

- Staff caring for people were knowledgeable and well informed about their health and wellbeing.
- People's care needs were monitored appropriately to ensure their health needs were responded to promptly.
- We saw social care professionals in attendance at the home to complete reviews of people's care, in partnership with staff at the home.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training in the MCA and were clear on how it should be reflected in their day to day work.
- People told us staff asked for consent before providing any care or support. We observed staff were polite and respectful towards people and their decisions.
- The registered person had made DoLS referrals for people who had restrictions in place in relation to their care and support. We saw where the applications were due to expire contact was made with the local DoLS team as per their procedures.

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

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:

- People benefitted from having a staff team who were kind, caring and compassionate. Some of the staff team had been working at The Donnington Care Home for a long period of time.
- People and their relatives told us that they felt staff were caring. One person said, "The carers are good, and we have a chat when they can." Another person told us about the staff, "They are all nice."
- We observed the management team leading this culture, in the way they sensitively and compassionately offered support to people.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.
- Staff had a good knowledge of people's likes, preferences and routines. Staff had spent time getting to know people.

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

- People and those important to them were encouraged and involved in making sure they received the care and support they wanted.
- People's views were sought through care reviews, verbal feedback, residents and relatives' meetings, and annual surveys.
- One staff member told us about a resident they supported, "I know she will want tea but I always give options."
- People and relatives were confident to express their views because they had established good, caring relationships with staff.
- People had support from external advocates when they needed it.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged and supported to be independent. Staff supported people to do as much for themselves, as possible.
- People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible.
- One person told us that when staff entered their room, "Usually they knock on your door, it is usually them coming to see if I want a cup of tea. They are very good like that."
- Staff were able to describe how people's confidentiality was maintained. We observed staff speak with people discreetly, maintaining their confidentiality. For example, when a person needed to be assisted with personal care, they were gently spoken with, and discreetly assisted. This also ensured the person's dignity was maintained.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- There was a programme to engage people in activities, maintain their social skills and achieve emotional wellbeing. However, people and their relatives told us that there were not enough activities which met people's individual needs and that they had experienced times when some activities had not taken place when they were supposed to.
- One relative told us, "It is a huge effort for some people to get to an 'event' and it causes delays to get people down to them, it is worse when people find the event is not taking place". Another relative told us, "Activities, or the lack of them, is the problem here." We discussed this with the management team who told us that this had on occasion happened but that improvements had since been made and activities will go ahead as planned going forward. The management team advised that they were in the process of reviewing activities and ways to improve this provision.

We recommend that the provider seeks guidance in line with best practice on ensuring activities are provided to meet people's individual needs.

- People and their relatives spoke highly of some of the activities that took place, in particular a music activity where an independent person was employed to come into the home and play and sing music. One person said, "It has all woken us up. Very good and I hope he'll come again."
- People had care plans in place that were detailed and described routines specific to each person. Care plans included information that enabled the staff to monitor the well-being of the person.
- Records also included important information about the person, such as their background, likes and dislikes, marital status, religion, next of kin contact details, communication needs, medical and health information, and preferred name.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.
- Daily handovers and meetings informed staff about any tasks to complete or what was going on in the service to ensure people received care that met their individual needs.
- People told us that they felt staff were responsive to their needs and wishes. One person told us, "They

[staff] do a lot for me though and look after me." Another person told us, "I think they are trying to do the right things for you here."

Meeting people's communication needs:

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.

- The management team had an awareness of the AIS.
- People had care plans in place identifying their individual communication needs and how the service should meet these individual communication needs.

Improving care quality in response to complaints or concerns:

- People and their relatives knew how to raise a complaint and were confident the service would take appropriate action if they did complain.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- Where a complaint or concern had been raised, appropriate investigation and action had taken place.
- The service received compliments regarding the care and support provided to people. This was shared with staff to highlight how they were appreciated their work.

End of life care and support:

- At the time of this inspection the service was not providing end of life care to anyone using their service.

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

Service management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- There were quality assurance systems in place. These included audits of care records, medicine records, call bells, incidents and accidents and quality satisfaction surveys. However, we found these were not always effective. For example, a nutrition and catering audit completed on 27 December 2018 highlighted that there were gaps in people's fluid and food chart. The action put in place was to "reiterate importance" to staff. The following audit completed on 27 March 2019 found that there were still recording issues with fluid and food charts and no action was stated to prevent recurrence.
- People's care records were not always accurate and up to date. For example, one person had a pressure mattress to mitigate the risk of pressure ulcers. Their care plan did not state what setting this should be on. The care plan read, "[Name] is nursed on a pressure mattress at a setting of [blank] according to her body weight." We discussed this with the management team who advised the pressure relieving equipment set automatically based on the person's weight and distribution. The person's care plan did not reflect this.
- Another person who had a pressure mattress in situ, required their pressure mattress to be set between two - four according to their care plan. When we looked at the setting on the mattress it was set correctly. However, a label on the equipment that the provider had created to ensure staff had an immediate visual of the correct setting for that person stated it should be on a setting of one. This was conflicting with their care plan and could lead to the mattress being set to an incorrect setting. We raised this with the management who stated that the correct setting was reflected in their care plan and not on the label and that they would update this promptly.
- The management team told us they had recently introduced auditing call bell responses. This process looked at call bells that were being responded to by staff seven minutes or more after they were pressed. However, despite having sufficient data to analyse and put in place mitigating actions there was no record of an investigation into the reason behind when a call bell was not responded to in a timely way or what actions were put in place to reduce response times to call bells. We discussed this with the management team who recognised that the audit system was not robust and advised that they would be completing this in the near future.
- The provider did not have systems or processes in place to ensure that new staff were recruited in accordance with Schedule three of the Health and Social Care Act. Staff recruitment files contained a

'checklist' that needed to be completed when recruiting new staff, however, this was not in accordance with safe recruitment practices as defined in the Act. The provider could assure themselves that all checks were complete and satisfactory.

This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- At the time of the inspection the service did not have a registered manager in post. We were informed by the provider that the recently appointed home manager was in the process of registering with the Care Quality Commission. The registered manager and registered provider are 'Registered Persons'. Registered Persons have a 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 had notified CQC of specific events in line with their legal obligations.
- Ratings from our last inspection were prominently displayed within the service and on the provider's website.
- The service had a Quality Improvement Plan, this was reviewed regularly to ensure the service was making the necessary progress and improvements identified in the plan.
- There was a management structure in place, which gave clear lines of responsibility and authority for decision making. A relative told us about management, "If I go to find someone, they are approachable and responsive."
- Staff said they would feel confident about reporting any concerns or poor practice to the management team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People received a service from staff who worked in an open and friendly culture.
- The management team had a good understanding of their responsibilities under the Duty of Candour regulation and would follow it whenever it applied.
- The management team praised the staff team saying, "There is a really good team here. They really care about the service doing well and the residents."
- Although there had been a lack of focus on ensuring people had personalised activities, there was a commitment from the management team who encouraged staff to provide people with quality care and support they wanted.
- The home manager and the deputy manager had an open-door policy and welcomed any feedback of how to maintain a good service. There was a happy, open, and inclusive atmosphere within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristic; Continuous learning and improving care:

- The management team actively sought feedback including conducting quality assurance surveys to gain the views of people and relatives. The staff team were motivated to provide care and support to people as their needs and health were changing.
- Care records showed that all equality or cultural needs identified were incorporated into the care people received.
- Regular meetings were held to ensure any items arising from audits, reviews or relatives and resident's meetings were shared with the staff team. This was to ensure all team members were aware of any issues, actions to take and to pass on positive feedback.

Working in partnership with others:

- Staff worked in partnership with other organisations including local social and health professionals.
- People's care records reflected a number of professionals were actively involved in people's care and appropriate information was shared with other professionals. This included GPs, chiropodist, mental health teams and opticians.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person failed to consistently provide care and treatment in a safe way. The registered person failed to do all that is reasonably practicable to mitigate any such risks identified. Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always monitored to mitigate such risks to ensure the safety and welfare of service users. Audit and governance systems were not always effective. Regulation 17(1)(2)(a)(b)(c)(e)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered person failed to operate robust recruitment procedures, including undertaking any relevant checks in line with schedule three of the Health and Social Care Act. Regulation 19 (1)(a)(b)(2)

