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

Doneraile Residential Care Home is a care home which provides personal care for up to 25 older people. On the day of the inspection 21 people were living at the service.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was also one of the registered providers.

We carried out this inspection on the 17 June 2017. The inspection was announced 24 hours before it took place. This was because the inspection took place on a Saturday and we wanted to be sure someone would be available who had access to all the information we needed.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. A member of staff commented; "It's a lovely, lovely home." When people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner.

Staff had a good understanding of the underlying principles of the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were able to make everyday choices about how and where they spent their time. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Mental capacity assessments had been completed to document if people were unable to make decisions for themselves. Best interest decisions were regularly reviewed to ascertain these were still relevant and appropriate.

There were sufficient numbers of suitably qualified staff on duty and the staff team were well supported by the management team and senior care assistants. Staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

The layout of some areas of the building did not always promote privacy and dignity. The assistant manager told us they would take steps to address this and help ensure people's dignity was protected at all times. Following the inspection the nominated individual contacted us to explain how staff handovers were arranged to help ensure people's confidential information was protected.

People received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard. Some handwritten entries had not been double

signed to safeguard against errors being made.

Staff supported people to access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Doneraile. Descriptions of the care and support people needed lacked detail. We have made a recommendation about the recording of people's care needs.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. One member of staff commented, "If I had any concerns [name of nominated individual] would address it." People and visitors all described the management of the home as open and approachable. One visitor said, "I'm kept informed of any accidents and can drop in at any time."

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. Risk assessments reflected people's needs and guided staff as to how to protect people from an identified risk.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. Staff supported people in line with the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were positive about the staff's ability to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People were supported to see appropriate external healthcare professionals when necessary to meet their healthcare needs.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with respect.

Staff respected people's wishes and provided care and support in line with their preferences.

Positive relationships had been formed between people and supportive staff.

Is the service responsive?

Good

The service was responsive. People's care needs were assessed to help ensure their needs could be met.

People had access to meaningful activities that met their individual social and emotional needs.

People told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

Good

The service was well-led. Staff said they were supported by management and worked together as a team.

There were systems in place to gather the views and opinions of people and their relatives.

There was a positive culture within the staff team.

Doneraile Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 June 2017 and was announced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including previous inspection reports, and notifications we had received. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who were able to express their views of living in the home. We looked around the premises and observed care practices. The registered manager or nominated individual were not available on the day of the inspection. We spoke with the assistant manager, six care staff, five relatives and two district nurses who were at the service on the day of the inspection. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and other records relating to the running of the service. Following the inspection we spoke with the nominated individual and were provided with further documentation in relation to people's care and support.

Good

Is the service safe?

Our findings

People and relatives told us they considered Doneraile to be a safe environment and were happy with the care provided. One relative commented "He's safe and he's happy."

Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff with confidence.

Care plans contained risk assessments around a wide range of areas. For example, falls, nutrition and support needed with mobilising around the building. Where people were at increased risk this had been clearly identified. One person had a risk assessment for their physical health. This looked at various aspects of the person's well-being such as dexterity, diet and sight. The person had been assessed as at high risk and requiring; "special assistance." There was further detail within the specific risk assessments to guide staff on the action they should take to protect the person from foreseeable harm.

One person had returned from hospital four days previously. On the day of the inspection we did not see any guidance for staff on how they should care for the person to help ensure their health and well-being was maintained. Following the inspection the nominated individual provided us with information and supporting documentation to evidence this information had been available at the time and staff were aware of the person's needs. They informed us the person had made a good recovery and was; "Much brighter, sitting out for longer periods and her appetite is improving."

Staff had received training in safeguarding adults and told us they would report any concerns they had to a member of the management team. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. In the event they were not satisfied with management response they were aware of where to report concerns outside of the organisation. The service safeguarding policy did not contain contact details of either CQC or the local safeguarding authority. Following the inspection the nominated individual contacted us to inform us this information had now been added to the policy.

Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

There were sufficient staff on duty to meet people's needs in a timely manner. Staff told us they had time to spend time talking with people and ensuring their health and social needs were met. During the inspection we saw staff were patient with people and took time to ensure they understood their needs and offer reassurance where appropriate. The rotas showed the identified staffing levels were met. The assistant manager told us they had no need to use agency staff. The assistant manager and nominated individual both worked at the service regularly and were available to work providing care if necessary. People told us staff were quick to respond if they used their call bell.

Staff had completed a recruitment process to help ensure they had appropriate skills and knowledge required to meet people's needs. The recruitment files contained Disclosure and Barring Service (DBS) checks to indicate people were suitable and safe to work in a care environment.

Medicines were stored securely in a locked cupboard. We saw medicines being administered and saw this was done in a caring way. Staff told people what they were taking and stayed with them to ensure it was swallowed. Medicines Administration Records (MAR), were completed as required. We checked one person's medicines in stock against their MAR sheet and saw these reconciled. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature and the temperature was monitored. Some handwritten entries and alterations had been made to the MARs. These had not been signed by two people as recommended by NICE guidelines. The assistant manager told us they would remind staff of the need to complete these records appropriately.

The environment was clean and well maintained. Records showed that manual handling equipment, such as hoists and bath seats, had been serviced. The registered manager carried out regular checks on wheelchairs and walking aids to help ensure they were fit for use. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills. People had Personal Emergency Evacuation Plans (PEEPs). These outlined any equipment people would need to support them to leave the building in an emergency and were available for staff and first responders. The door to a basement where the laundry was based was bolted on the outside. There was no way to lock the door from the inside which meant it was unlocked when in use. The door opened on to steep stairs. We highlighted the potential risk associated with this to the assistant manager who said they would arrange for a lock to be fixed to the inside of the door.

Good

Is the service effective?

Our findings

The management and staff had a clear understanding of the principles of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. Staff described to us how they supported people when they declined personal care and worked with them to ensure they were given choice and control over the delivery of care. One told us; "You mustn't push, it's their right."

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. One person had medicine administered covertly. This means they were given medicine hidden in food without their knowledge or consent. There was evidence this decision had been taken following the best interest process involving all the appropriate people, including a GP and pharmacist. On the day of the inspection we were unable to locate a copy of the associated mental capacity assessment or any evidence the decision had been regularly reviewed. Following the inspection the nominated individual provided us with a copy of the mental capacity assessment and a record of the dates this had been reviewed with the GP. The GP also confirmed to us that the reviews had taken place.

Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. There were ramps by external doors to provide wheelchair access to the garden. We were concerned about some aspects of the layout of the building. One person's bedroom and a shared bathroom opened directly onto the dining room. This room was also used for staff handovers where confidential information was discussed. We asked the assistant manager how they ensured people's dignity and privacy was protected in these circumstances. They told us the bathroom was not used at mealtimes and it had; "never been a problem." Staff would not support people with personal care in bedrooms or bathrooms unless the door was closed. They agreed they would develop written protocols for staff to ensure they were aware of the need to protect people's privacy and dignity and the action they should take to ensure this was maintained at all times. Following the inspection the nominated individual contacted us to assure us handovers sometimes took place in other areas of the service if this was felt to be more appropriate at the time. The upper panel of a door to a communal toilet was made of glass; although the glass was obscured fire glass it was still possible to see the outline of anyone in the room. This did not protect people's privacy and dignity. Following the inspection the nominated individual contacted us to say they would put a net curtain over the glass.

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. During the day we saw people moved around independently and approached staff for assistance as required. The front door was open and people were able to access the outdoor seating area as they wished.

People and relatives were complimentary about the staff, stating they found them to be "competent and professional" and "They know what they're doing."

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff, that are new to working in care, have initial training that gives them an adequate understanding of good working practice within the care sector. The nominated individual or assistant manager observed any new staff on four occasions at different times of day to assess their competency before they were able to work independently.

Staff received supervisions and annual appraisals. They told us they felt well supported by the management team and were able to ask for support and advice at any time. Supervisions always had a particular focus, for example, hand washing and infection control. This meant staff knowledge on this area was refreshed. They were also an opportunity for staff to raise any concerns or discuss working practices.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living at the service such as continence.

People were able to choose what they wanted to eat and where they wanted to eat their meal. The meal time was a pleasant social occasion and staff supported people discretely and according to their individual needs. Tables were laid with napkins and flowers and people ate at a pace that suited them. Staff came round to offer people second helpings and the food looked appetising. One person commented; "The food is very good."

Staff working in the kitchen told us they talked to people about what they liked to eat and had a good knowledge of people's preferences and any dietary requirements. Questionnaires regarding menu choices were circulated regularly. People were offered choices on a daily basis. Staff could access the kitchen if people requested a snack at any time during the day or night. Drinks were available throughout the day. It was a hot day and staff went out to get ice lollies, ice creams and choc ices. Staff were clearly delighted they had persuaded someone, who normally ate very little, to have a choc ice.

People's individual health needs were well managed and staff had the skills to recognise when people may have been at risk of their health deteriorating. People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. District nurses, who were visiting on the day of the inspection, told us they had a good relationship with the service and had no concerns about the care and support provided.

Good

Is the service caring?

Our findings

There was a calm, relaxed and friendly atmosphere in the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. During the day we heard staff singing with people and engaging in friendly conversation. One member of staff told us; "We like to have a bit of fun and a joke with people." People told us they were; "Very happy" and "Staff are very helpful and thoughtful." One visitor commented; "They go out of their way to create a congenial and happy atmosphere."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, when staff assisted people to move from the lounge to the dining room for lunch they were unhurried in their approach and allowed people to set a pace they were comfortable with.

One person said they had developed a slight cough which they were finding troublesome. Staff asked if they would like some cough syrup and demonstrated a concern for the person's well-being and comfort. We spoke with the person later in the day and they told us they had been given some cough linctus and were feeling much better. They commented; "Staff are very kind. You'd think they'd get fed up with it but they're very good."

People told us they were able to get up in the morning and go to bed at night when they wanted to. People chose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. A relative told us staff always encouraged their family member to go downstairs for lunch. They commented; "It's done very nicely."

We saw staff asked people where they wanted to spend their time and checking they had enough to drink. People had access to outdoor spaces and there was a selection of sun hats in the porch for them to use. It was extremely hot on the day of the inspection and we heard staff reminding people to apply sun cream if they went out and asking if they needed help with this.

Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. One person had arranged to have their own mattress brought in. Staff knocked on people's doors and waited for people to respond before entering their room.

The importance of family relationships was recognised and supported. Bedrooms had telephone points in to enable people to have telephones fitted if they wished. On the day of the inspection one person's relatives, who lived some distance away were having lunch with their family member. Visitors told us they were able to visit at any time and always felt welcomed.

People's personal beliefs were respected. One person's care plan stated; "[Person's name's] faith is very

important to her." The assistant manager told us most people had voted in the recent election by post. Others had preferred to vote on the day and staff had supported them to do this.

Care plans contained some information about people's backgrounds and personal histories although for some people this was brief and lacked detail. This information can help staff to understand the events which have had an impact on who people are. It can also help staff to identify common ground with people and support meaningful conversations. We raised this with the assistant manager who told us they would speak with people and families about recording more detailed life stories. Following the inspection the nominated individual explained that the sample of three care plans we looked at included two people who had no relatives to support the development of life stories.

Good

Is the service responsive?

Our findings

Care plans contained information about people's individual needs over a range of areas. These included personal care, night care, communication, medication and nutrition. The information was brief and lacked the detail necessary to guide staff on how to support people according to their individual preferences. For example, one person's care plan for their personal care needs stated; "One carer to assist with all personal hygiene tasks. Comb hair, brush teeth, put on glasses." In our conversations with staff it was clear they knew people well and understood their needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People and their visitors told us staff knew how to care for them.

We recommend that the service seek guidance about developing care plans and recording information to provide direction to enable individualised care for people.

People who wished to move into the service had their needs assessed, before moving in, to help ensure the service was able to meet their needs and expectations. A relative told us they had spoken with management about their family members needs before they went to live at the service.
Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. These took place at every shift change and all staff were included. Staff wrote daily records detailing the care and support provided each day and information about how people had spent their time and their general well-being. Staff told us handovers were useful and they felt they had all the information they needed to provide the right care for people. A senior carer's communication book contained a record of relevant information and staff used this to bring themselves up to date if they had been off work for a period of time. Staff told us they were confident they were aware of people's needs at all times. This helped ensure that people received consistent care from staff who were up to date with any changes in people's needs.

People had access to a range of activities that were meaningful for them and reflected their individual preferences. A variety of external entertainers visited the service including a magician, a choir, singers and musicians. Staff organised activities according to what people requested on the day. This could be manicures, bingo, horse racing games and card games. People had access to talking books and a variety of puzzle books. The assistant manager was knowledgeable about people's past hobbies and encouraged people to follow various sports on the television and in the media. For example, they told us one person had been a keen tennis player and another had been an ice skater. They told us; "We encourage them to talk about it with us." As well as activities within the service people were encouraged to take trips out. The provider had set up an account with a local taxi firm that catered for wheelchairs and regularly used them to visit a nearby beauty spot and nature reserve.

People who lived at the service and their relatives told us they would be comfortable making a complaint if they needed to. People told us they would have no hesitation in raising issues with the registered manager or staff. One person said; "I've had no need to complain but if I did I would talk to [name of nominated individual]." There were no on-going complaints at the time of the inspection. The service's complaints

procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. One of the provider/owners was also the registered manager and the other the nominated individual. They were supported by an assistant manager. On the day of the inspection the providers were away on holiday and the inspection was supported by the assistant manager.

There was a clear set of roles and responsibilities in place. The management team were supported by senior carer's. A senior carer was always on duty and was responsible for running the shift. As well as care assistants there was a full time chef employed and two domestic staff. The registered manager oversaw the maintenance of the building and gardens. The nominated individual and assistant manager were in the service on a daily basis and were available to support with care if necessary. One of them routinely oversaw the daily handovers. This meant they were aware of any concerns and the culture within the service. External healthcare professionals told us there was a clear management structure and the nominated individual and assistant manager were; "Very hands on. They are on the shop floor, very involved and approachable."

People and staff described the management of the service as open and approachable. There was a positive culture within the staff team and it was clear they all worked well together. Staff told us the service was well-led and staff were highly motivated and keen to ensure the care needs of people they were supporting were met. One member of staff commented, "We work as a team."

The nominated individual and assistant manager had both signed up to be 'Dementia Friends.' This meant they were kept up to date with any developments through a series of meetings, emails and newsletters. The assistant manager was also a 'dementia champion' in the nearby city of Plymouth. This demonstrated a commitment to improving the lives of people living with dementia.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. Relatives told us they were kept fully informed of any changes in people's needs.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. For example, the providers carried out audits of falls, medicines, and call bell response rates. However, these audits had failed to identify the concern raised in this report regarding handwritten entries on MARs.

Environmental checks such as checks on water temperatures and electrical checks were completed regularly. When any room became vacant they were redecorated and carpets cleaned or replaced if necessary, to help maintain a good standard. The Food Standards Agency (FSA) had rated the service as a five which is the highest rating awarded.