

Western Health Care Limited

Downs House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Downs House is a residential care home which provides accommodation and support to up to 49 people, including people living with dementia. Care is provided in one adapted building and people have access to several communal spaces and an outdoor area. At the time of our inspection there were 35 people using the service.

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

The provider did not always manage medicines safely. Risks related to the premises were not always safely managed, this included risks related to fire safety, fire exits, window restrictors and storage of hazardous substances. There were enough staff in place to meet people's needs. Staff recruitment checks were completed as required.

We found that the provider was not always following the principles of the Mental Capacity Act 2005, for example in relation to the use of bed rails. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff did not always receive training or training updates in line with their role. There were significant numbers of staff who required or were overdue updates in key areas such as medicines, mental capacity act, first aid, fire safety, infection control, safeguarding, food hygiene, diabetes and health and safety.

The leadership and governance of the home required improvement to ensure audits were effective in promoting improvement and identifying risks. The registered manager has acted upon feedback from this inspection and were putting plans in place to address the issues identified.

The home is spacious and light, suitable for people's needs. There was a coffee bar in the dining room that provided a social area where people and their relatives could get drinks and snacks.

The staff were caring and supportive to people who used the service, observations showed their needs being met in a kind and caring way and people were treated with dignity and respect.

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

Rating at last inspection

The last rating for the service was good (published on 7 September 2018).

Why we inspected

We received concerns in relation to the management of medicines and people's specific medical needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

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 good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Downs House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to consent, safe care and treatment, good governance and staffing at this inspection.

You can see what action we have asked the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Downs 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 carried out by two inspectors, one medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Downs 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. Downs House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 July and ended on 18 August 2022. We visited the service location on 27 July and 28 July.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 to 10 people and relatives about their experience of the care provided. We spoke to the nominated individual, the general manager, the registered manager and 10 members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents which related to the running of the service. These included five people's care plans and risk assessments, 19 medicines administration records and associated care plans and risk assessments, staff recruitment files, policies, audits, maintenance certificates and quality assurance records.

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 good. At this inspection the rating has changed to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found that medicines were not always managed safely which placed people at risk of harm.
- There were no effective behavioural care plans in place to support people with agitation without the use of 'when required' (PRN) medicines. This meant that some people had been frequently administered these medicines without there being a clear plan in place to monitor or minimise these medicines use.
- The provider did not ensure that medicines administration records (MARs) contained the required information and instruction around administration for staff. Information was not always consistent with people's care plans. Information about people's PRN and variable dose medicines was not always available or correct.
- The provider did not ensure that specific instructions of certain medicines were adhered to as per the prescription. Following feedback, the registered manager confirmed that action had been put in place to ensure accurate prescription instructions had been completed.
- The provider did not have risk assessments in place for people who use emollients. Emollient creams present a risk of fire and require specific handling and storage.
- The provider did not always ensure that medicines were stored within their recommended temperature ranges or that appropriate actions were taken when storage temperatures were outside of the recommended range. The provider did not ensure that appropriate calibrated thermometers were used to monitor the medicines room.
- The provider did not ensure that there was a care plan in place for people who have allergies that may require adrenaline, adrenaline can help stop an anaphylactic reaction becoming life threatening.

Failure to manage medicines safely is a breach of Regulation 12(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- Risks related to the premises were not always safely managed. For example, there were no window restrictors in place for a window on the second floor, this was in a room accessible to staff and one resident.
- On the first day of our inspection, we found examples of environmental risks not being safely managed. These included; fire doors which were not alarmed, obstructions on a fire evacuation route, substances that could be hazardous to health were not stored appropriately, other storage areas that should be locked were not. This put people at risk of avoidable harm.
- We brought these issues to the attention of the staff at the end of the first day of inspection. When we arrived on the second day of the inspection, the issues had not been addressed.

Failure to manage risks to people's health and safety is a breach of Regulation 12(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- On the second day of the inspection, we highlighted the continued health and safety issues. The provider took action to ensure that cupboards were locked, the door to the room without a window restrictor was locked and signage was placed on the door to keep it locked. The provider ensured that the final fire doors were alarmed, and fire escape routes were clear of obstruction.
- Risk Assessments and care plans relating to falls, eating and drinking, and moving and handling were in place.

Staffing and recruitment

- During our inspection there were enough staff in place to meet people's needs. There was mixed feedback from staff and a relative about the staffing levels at the service, comments included "I think having one extra member of staff through the night especially for the early morning would really help", "I think if there was an extra member of staff it may help the amount of falls" and "Most of the care staff are good, but I think they are short of staff sometimes." The registered manager was able to give us assurances that there was enough staff to meet people's needs.
- The provider followed appropriate recruitment processes to ensure suitable staff were employed. This included checks to determine candidates' character, experience, conduct in previous employment and Disclosure and Barring Service (DBS) checks: DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that they felt their loved one was safe at the service. Feedback included, "Yes I do feel [my relative] is safe there, they manage [my relative] well".
- Appropriate safeguarding policies and procedures were in place to help promote people's safety. Staff we spoke with understood their responsibility to safeguard people from suffering abuse or coming to avoidable harm.
- The manager had a good understanding of safeguarding procedures. They had taken appropriate action to safeguard people when concerns were raised about their safety or wellbeing.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.

Learning lessons when things go wrong

- The provider had systems in place to capture and analyse incidents.
- There had been increased levels of falls in June 2022 but there was documentation around falls analysis

and referrals to external professionals for support regarding fall concerns.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, 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.

- The provider did not always ensure that decision specific mental capacity assessments and best interest decisions were carried out in relation to bed rails. This issue was highlighted at our last comprehensive inspection in June 2018. We did not find that bed rails were used to restrain people, however the provider was not following the principles of the MCA.
- We found other examples where the provider was not following the principles of the MCA when supporting people to make specific decisions. For example, there was no mental capacity assessment or best interest decision, or input from relevant external professionals regarding a dietary decision for a person with diabetes. In other examples, there were no capacity assessments or best interest decisions evidenced for people who required sensor alarms to reduce the risk around falls.

Failure to obtain consent from the relevant person for care or treatment decisions is a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider showed that mental capacity assessments and best interest meetings with the appropriate parties had been carried out for the application of a DoLS authorisation. These records clearly outlined why a DoLS authorisation was being sought.

Staff support: induction, training, skills and experience

- Some staff were administering medicines without receiving the proper training in safe management and administration of medicines. This increases the risk of medicines administration errors and risk of harm to people.
- Staff did not always have training in Dementia or with behaviours that may challenge, for example methods of supporting people with agitation using non-medical intervention and de-escalation techniques before the use of PRN medicines.
- Training was provided for staff using a mixture of face to face and e-learning learning. The provider's training records showed significant gaps and not all staff had completed training as required by the provider and which was relevant to their role. This included training in; MCA, first aid, fire safety, infection control, safeguarding, food hygiene, diabetes and health and safety. This meant people could be cared for by staff without the knowledge, skills to fulfil the requirements of their role

The failure to ensure staff received appropriate training was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider was not always following best practice in assessing people's needs and delivering care. For example, the provider was not following best practice relating to assessing risk of malnutrition and supporting people with agitation, distress or managing behaviours that may challenge staff. and whether their actions were effective.
- The manager made assessments of people's needs prior to their admission. This included using information from people, relatives and professionals to help develop appropriate care plans.

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

- On day one of the inspection the agency chef was not aware of people's specific dietary requirements and allergies. The registered manager took action to ensure that people's specific dietary requirements and allergies were clearly displayed in kitchen areas.
- Where people were at risk of malnutrition their risks had been assessed, however there was not always a clear plan for managing that risk, such as prompts for staff to offer regular snacks or action to take if the person did not eat an adequate amount. There is no action identified to review the persons weight or risk more frequently. The registered manager confirmed they reviewed people's food and fluid intake regularly and would respond if they identified an issue.
- There was a positive dining experience for people at the service. People were appropriately supported and not rushed. People had regular access to drinks and snacks throughout the day.
- Individual targets were calculated for people's fluid intake according to their weight. Records were kept of fluids given to monitor input and support people to drink adequate amounts.

Supporting people to live healthier lives, access healthcare services and support,

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access services to maintain and improve their health; this was documented in people's care plans. This included a variety of external services. For example, speech and language therapist (SALT), the Older People's Mental Health Team, district nurses, opticians and dentists.
- People's health care needs were monitored and changes in their health or well-being prompted a referral to their GP or other health care professionals

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

- The home was spacious and light, suitable for people's needs. For example, there was a quiet lounge and

a TV lounge to meet people's preferences and the garden was wheelchair accessible with raised beds so people could participate in gardening activities. There was a coffee bar in the dining room that provided a social area where people and their relatives could get drinks and snacks.

- People appeared comfortable and happy in their home environment. There were extensive garden spaces, which were secure and accessible. People engaged in the upkeep of the garden which provides a valuable activities resource.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The processes in place to monitor the quality and safety of the service were not robust. The provider did not always act on advice to make improvements. For example, the provider did not ensure that improvements identified at our last inspection had been addressed, such as people's MCA assessments and best interest decisions around specific decisions needing to be made.
- Audits were not effective in identifying where improvements were needed. This included audits of, medicines, staff training, care plans and risk assessments. This meant there was not an effective system to oversee the quality of care.
- Some audit records or safety check records were incomplete or missing. For example, records of checks made on fire safety equipment, including the fire alarm system and tests of emergency lighting, were not consistently completed.
- Call bell audits were not in place to ensure people could call for assistance when needed, and that they were responded to appropriately. There was no audit in place to evidence that the calls bells were regularly checked to ensure they were in working order, and on our inspection, 10 call bells were indicating low battery warnings. This put people at risk should call bells fail.

The failure to operate effective systems to assess monitor and improve the quality and safety of the service was a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- Staff told us the registered manager was approachable. Feedback from staff included, "The registered manager is approachable, I get on very well with her" and "She is very attentive and we're always free to call her. She gets swamped with texts and calls because staff all feel they can approach her".
- Feedback from relatives included, "The registered manager is very approachable and picks up straight away any issues with [relative], [she] has been lovely to [relative]." and "The registered manager is very good, will keep me updated."
- The registered manager had a good understanding of people's needs and was regularly involved in delivering and reviewing their care.

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 manager was aware of their responsibilities in relation to the duty of candour. There were policies in place to ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong.

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

- Relatives told us they were kept informed if anything happened. Feedback from relatives included, "[The registered] manager always updates us, and if [my relative] is unwell they let us know", "I am updated very much so any issues arise I get a call" and "They [registered manager] called the mental health team because thought [relative] required her medication reviewed.

Working in partnership with others

- The registered manager made referrals to other healthcare professionals and arranged appointments as required. These included dentists, opticians and the falls team. Feedback from relatives included, "[my relative] had a crown off from their tooth, they sorted out the dentist straight away".

Continuous learning and improving care

- The provider and the registered manager were both open and transparent in their approach. They were open to receiving feedback during the inspection about the issues highlighted and by the end of the inspection had already taken some steps to make improvements.

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 11 HSCA RA Regulations 2014 Need for consent The failure to obtain consent from the relevant person for care or treatment decisions was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to safely manage medicines and mitigate risks to people's health and safety was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to operate effective systems to assess monitor and improve the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to ensure staff received appropriate

training relevant to their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.