

Minster Care Management Limited

Duncote Hall Nursing Home

Inspection report

Duncote Hall
Duncote
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Date of inspection visit:
07 July 2021

Date of publication:
12 August 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Duncote Hall is a residential care home that can provide long and short-term residential nursing care for up to 40 older people, including people living with dementia. At the time of inspection 13 people were using the service.

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

Improvements had been made since the last inspection. However, these needed to be fully embedded.

Systems and processes to ensure oversight of the service and the care people received was in place but required embedding and reviewing to ensure all information was captured and all risks reduced.

People were protected from harm. Known risks to people had been assessed and mitigating strategies implemented. However, we found a few areas required further improvements. Most unexplained injuries had been investigated, followed up and recorded appropriately.

People received their medicines safely and by trained staff. However, we found not all prescribed medicines had been recorded appropriately. However, we found no evidence of harm to people.

People told us activities were not offered at weekends, and staff at times were slower at responding to needs than expected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were seen wearing appropriate PPE, COVID-19 testing was in place and the service followed government guidance throughout the COVID-19 pandemic.

People were supported by staff who had been recruited safely and who had received the necessary training to complete their roles.

People told us staff were kind, caring and knew them well. Staff respected people's privacy, dignity and independence. People were involved in their care planning and preferences had been recorded.

People were supported with aspects of food and fluids as required. People had a choice of meals and drinks throughout the day.

Staff worked closely with other professionals such as speech and language therapists, GP's, commissioners and other health professional.

People, staff and relatives knew how to complain. The management team had requested feedback on the service from people, their relatives, staff and other professionals.

People's communication needs were documented and met. The registered manager had information available in different accessible formats such as easy read, large print or in a different language.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 9 April 2020) and there were multiple breaches of regulation. The provider completed action plans after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Exiting special measures

This service has been in Special Measures since 9 September 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Duncote Hall Nursing 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. 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 Care Act 2014.

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

Inspection team

The inspection was completed by two inspectors. One inspector completed the on-site inspection and another inspector made telephone calls to staff and relatives.

Service and service type

Duncote Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including registered manager and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, cleaning data and staffing rotas.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

Assessing risk, safety monitoring and management

At our last three inspections the provider had failed to ensure people's risks were being assessed and managed appropriately. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and was no longer in breach of regulation.

- People were at risk from scalding. Records of water temperatures taken when people were supported with bathing evidenced temperatures reached 45 degrees eleven times during a three-month period. The health and safety executive [HSE] states that 'hot water should not be hotter than 44 °C.' Although, the provider had monthly temperature checks in place to ensure the thermostatic mixer valves (TMV) were working and controlling the water temperatures.
- People who were unable to use call bells to summon staff support as needed, had a risk assessment and strategies such as regular wellbeing checks in place to ensure people were kept safe. However, not all checks had been recorded. The registered manager was aware of this and had rectified the issues.
- People at risk of pressure skin damage had this need met. We found pressure mattresses were set at the correct setting for people's weight and repositioning tasks were completed within the specified time frames.
- Risk assessments were in place for known risks to people. These included health, behaviour, equipment and emotional health risks. All risk assessments contained strategies to ensure staff had the information to keep people safe.

Using medicines safely

At our last three inspections the provider had failed to ensure that proper and safe management of medicines were completed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and was no longer in breach of regulation.

- Not all medicines were recorded appropriately. We found when people had fluid thickener prescribed to reduce choking risks staff had not recorded when thickener was given. The registered manager implemented a new signing sheet for staff immediately after the inspection. We found no evidence of harm to people from this recording issue.
- When people were prescribed 'as required' (PRN) medicines, staff had the information required and recorded the reason, dose and outcome of this medicine being administered.
- Staff who administered medicine had their competencies checked and received training.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were safeguarded from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and was no longer in breach of regulation.

- Most unexplained injuries had been investigated to identify a cause and to ensure people were kept safe. However, we found one person's unexplained injury had not been investigated. The registered manager agreed to complete this immediately.
- Staff received training in safeguarding and understood how to recognise abuse. People told us they felt safe at Duncote Hall.
- Policies and procedures were in place to ensure staff, people, relatives and professionals visiting knew how to raise a safeguarding alert and how this would be managed.
- The registered manager had submitted notifications appropriately to CQC and safeguarding.

Learning lessons when things go wrong

- The management team reviewed falls, incidents, accidents and pressure care and shared their findings with staff. However, not all trends or patterns had been identified. For example, in one month period a person had three incidents at approx. 07.30am, we found no evidence of the times being investigated.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- Staff were recruited safely. The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- Rota's evidenced and people and staff told us there were sufficient care staff available to meet people's needs safely and in a timely way. One person told us, "Staff always come when I call so there must be enough." A staff member said, "We do have enough staff, but we are still using agency staff. Things are improving."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Pre-assessment documents were not in place. Pre-assessments are used to ensure the service can meet people's holistic needs. The registered manager was in the process of designing a new form which would include people's health, mobility, cultural, communication and personal care needs, they will also record people's preferences, history and significant people.
- People told us they were involved in the planning of their care and reviewing their care plans. One person said, "I went through it (care plan) with [Management team] we gave it a thorough going through." Another person told us, "I was involved in my care plan, it took us over a week to make sure it was all correct."
- Staff were told of any changes to people's needs to ensure they could deliver care to meet people's needs. A staff member told us, "Changes are evidenced on the iPad (which holds the electronic care planning system) and we discuss them at handover."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found limited evidence of appropriate consent form being in place. Previous consent forms had been signed by relatives who did not have the legal powers to do so. The registered manager was in the process of completing new forms and arranging best interest meetings for people who lacked capacity.
- Mental capacity assessments had been completed appropriately and DoLS had been applied for as

required.

- People told us they were asked for their consent and tasks were explained by staff.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

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

- People at risk of malnutrition or dehydration had records in place to ensure staff could evidence what they had eaten or drunk with a period to mitigate any risks.
- People told us the food could be improved. When people had a modified diet there was not always a choice of meals. One person said, "There is little options for vegetarians, we always have meat."
- People who required additional monitoring had their weights checked regularly to support staff to identify any potential issues or gain additional support if required.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and to understand people's needs. Staff were positive about the training they received. One staff member said, "The training is good, and we can ask for additional training if we feel we need it."
- Staff received an induction and completed 'shadow shifts' (shadow shifts are when staff are not counted in the numbers on shift as they shadow a more experienced staff member to learn) before lone working with people.

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 appropriate healthcare professionals as required. For example, speech and language therapists, dieticians and doctors.
- When healthcare professionals were involved with people's care, this information had been documented within people care notes.
- People's oral healthcare needs were assessed and recorded.

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

- People's bedrooms were personalised and decorated to individual preferences.
- The service provided equipment to support people's independence and to meet people's personal care needs.
- The provider had ensured radiators were covered and windows had restrictors on them to maintain people's safety.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff interacting with people in a compassionate way and taking their time with each person. For example, during lunch we witnessed staff explaining to people what they had chosen, checking people were happy with their choice and offering support as needed.
- People's care plans included their likes, dislikes and history. People cultural and religious needs were documented.
- Relatives told us they felt their loved ones were treated well. One relative said, "I can see a real difference in the way staff engage with people, it is really important." Another relative said, "Staff are really helpful and friendly."

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

- People and relatives when appropriate were involved in the care planning process.
- People told us they were given choices which were respected. One person told us, "I prefer male staff for personal care, they [management] try to ensure when there is a male working, they support me."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity by always knocked on doors before entering and were respectful during personal care tasks.
- Staff asked people for consent before completing personal care tasks.
- Staff told us of how they supported people's independence by using equipment or just allowing people the time to complete tasks themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although there were activity co-ordinators who interacted with people and arranged activities people told us that activities were offered, but not every day. One person told us, there were no structured activities at weekends and staff did not always have time to sit with people to complete an activity. Not all people choose to engage with activities. However, the staff had brought arts and crafts materials for one person who likes to paint in their room.
- People were supported to stay in contact with their loved ones during the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- People, staff and relatives knew how to complain. One person who had complained told us that they didn't feel their complaint had been responded to, and they said, "I told [staff member] but they didn't do anything, it was ages ago now." The registered manager sent through their complains log which evidenced that complains recorded had been dealt with.
- There were procedures in place for making compliments and complaints about the service.

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

- People told us staff were kind, however two people stated at times staff had not responded quickly to their needs. For example, being left on a commode or waiting for support for personal care. However, both stated this did not negatively affect them.
- Care plans had been completed with people's needs and choices, including information on their culture, region and faith. One person told us, "Staff know me, they know what I like and who I am."
- The provider had purchased equipment for people to access hospital appointments. One person told us, "They [management] brought two wheelchairs so people can use the hospital transport."
- When people had refused care tasks being completed, staff had respected this choice and recorded the refusal. The management team was then informed to ensure oversight. For example, if a person refused oral care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented within their care plan.

- The registered manager had information put into accessible formats such as easy read and large print. The registered manager explained that they could also translate documents into another language if required.

End of life care and support

- People who were on end of life care were supported by staff that had received training.
- End of life care plans were put in place to identify a person's wishes.
- People had it recorded within their care files, if they had a 'do not attempt cardiopulmonary resuscitation order'.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last three inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and was no longer in breach of regulation.

- Systems and processes to ensure people received safe care were in place but required embedding and reviewing. For example, the management team checked certain records daily to ensure tasks were completed. However, we found gaps in the recording of tasks did not check such as specified times for continence care. Records also evidenced that at times the water temperature recorded when people were supported to bathe was too low. The registered manager agreed to add water temperatures and continence checks onto the daily checks.
- The medicine audit had identified when a medicine error had been made and measures were put in to reduce the risk of errors happening again. However, the audit had not identified that prescribed thickener had not been recorded. The registered manager implemented a signing process for thickener immediately.
- Management oversight had improved. New audits and processes had been implemented to ensure the management team could identify and mitigate any risks. For example, a new skin viability audit had been introduced to monitor and record all aspects of people's skin from pressure damage to injuries.
- Systems and processes to ensure care plans, risk assessments and records were kept up to date and factual were effective. Staff had the information required to complete their roles and understand their responsibilities.
- People, staff and relatives told us they had seen improvements in the service recently. One relative said, "I can see a massive transformation. The staff are happier, so they are giving a better service. It's been a change for the good."
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner.
- It is a legal requirement that the provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home.

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 clear about their responsibility to be open and transparent in line with their duty or candour responsibility. We saw evidence of duty of candour and outcome of complaints letters being completed. However, we found one incident that had been completed under the duty of candour that required action. The registered manager agreed to rectify this immediately.

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

- The provider had recently sent out surveys to people and relatives to gain their feedback on the service. However, the responses had not been returned. The registered manager told us that once the responses were collated an action plan would be implemented based on the feedback.
- Staff told us they felt supported by the registered manager and they had opportunities to raise concerns, make suggestion and get feedback on their work. One staff member told us, "I feel listened to. They [management] have taken up my suggestions."

Continuous learning and improving care; Working in partnership with others

- Relatives told us they were kept updated on their loved one. One relative said, "Staff are good at communicating about any changes to me."
- People were supported to access appointments. Staff worked closely with healthcare professionals such as speech and language therapists, GP's and dieticians.
- The registered manager was committed to improving the service. They were open and transparent throughout the inspection process and was open to the feedback given.