

Bupa Care Homes (CFChomes) Limited

The Donnington Care Home

Inspection report

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Date of inspection visit:
19 March 2021

Date of publication:
30 March 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Donnington Care Home is a care home providing personal and nursing care for up to 40 adults. At the time of our inspection, 25 people lived at the service and there were 35 staff. The care home has two floors, with individual bedrooms, ensuite toilets and shared baths and shower facilities. There are communal areas such as lounge rooms and a dining room.

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

People, relatives and community-based professionals told us care was safe. Improvements were made to people's risk assessments to ensure they contained information to support people in the right way. More oversight of the care documentation was completed by the registered manager and deputy manager to ensure that risks were properly identified and mitigated. People were protected from abuse and neglect. Recruitment processes were strengthened to ensure that the correct pre-employment checks were always completed.

People, relatives and healthcare professionals told us the service had improved since the registered manager commenced in post. The deputy manager and registered manager worked well to assess areas for improvement and take steps to ensure this occurred. There was a continuous improvement model in place, with an ongoing action plan to record updates on improvements. The quality assurance programme ensured that the service was well-led and achieved positive outcomes for people. There was positive feedback from people and relatives. They were able to have a say in how the service was led, provide suggestions and felt listened to. Community health and social care professionals confirmed the service worked in partnership with them.

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.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 17 May 2019) and there were three breaches of the regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 April 2019 and 9 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve risk assessments, personnel files and auditing of care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this 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 coronavirus and other infection outbreaks effectively.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. 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.

Inspection team

The inspection was carried out by one 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

The Donnington Care Home 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, the clinical commissioning group and professionals who work with the service. We checked records held by other agencies, such as the Information Commissioner's Office, Companies House, the Food Standards Agency, the fire brigade and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

Most people remained in their bedrooms during our inspection and there were limited visitors due to the continued pandemic. To establish the quality of care provided to people, we observed the support they received and their interaction with staff members. We spoke with two people in the communal dining room. The Expert by Experience spoke with a further two people and six relatives by telephone. We received written feedback from another relative using the 'Give Feedback on Care' feature on our website.

We spoke with eight members of staff including the quality manager, registered manager, deputy manager, one registered nurse and two care workers, the maintenance officer and an administrator. We also contacted health and social care professionals in writing and received four responses. Their feedback has been considered as part of our inspection.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at staff training and supervision documents. A variety of records relating to the management of the service, including audits, actions plans and policies were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- There were improvements to people's risk assessments to ensure that any risks identified were mitigated. This protected people from harm.
- People said, "They [staff] make sure you are alright for everything" and "[Staff are] all wonderful and dedicated; they always make a point of asking [if there is] anything I would like."
- Improvement was made to risk assessments for malnutrition and dehydration, pressure area prevention and management, falls and choking.
- Risk assessments were in place for health specific conditions such as epilepsy and diabetes. These ensured staff knew how to plan and manage the care for people with complex conditions.
- Since our last inspection, all the care documentation was audited by the deputy manager. This continued on a monthly basis. We saw action plans were created if there were improvements required. These were provided to the registered nurse to ensure people's risk assessments were updated or amended.
- The maintenance officer and registered manager ensured that risks from premises and equipment were assessed and mitigated. A computer system alerted both if there were outstanding repairs to be completed or contractors needed to conduct work.

Staffing and recruitment

At our last inspection the provider failed to operate robust recruitment procedures, including undertaking any relevant checks in line with Schedule Three. This was a breach of Regulation 19 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Systems and processes to ensure that only suitable staff were employed had improved.
- More robust checks and oversight of recruitment meant that all the necessary information under the regulation was sought and copied or recorded.
- Three personnel files examined demonstrated this. There was evidence of the staff members' identity, full

employment history, checks of criminal history and requests for conduct in previous roles.

- Some interviews were completed virtually, due to the pandemic. Notes from the interview were still detailed and the provider's HR staff had checked these before an applicant was offered a role.
- Audits were in place to check the content of personnel files was satisfactory.
- There were enough staff deployed to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect and omissions of care.
- People said they felt safe. Feedback included, "Yes I feel wonderful" and "Yes, I do feel safe. I have a call bell if I need any help."
- Any allegations of harm to adults at risk were reported by staff to the registered manager or deputy manager. They knew what action to take if such an incident was reported.
- The local authority confirmed that allegations were reported promptly. They stated, "Since [the registered manager] has taken over the home has improved, safeguarding issues dealt with swiftly and [we are] kept up to date of any changes with clients that [we] have placed at the care home."
- Staff had completed training to provide them with knowledge of how to report allegations of abuse. There were appropriate systems in place for whistleblowing.

Using medicines safely

- Medicines were ordered, stored, administered and recorded in the correct way.
- Appropriate checks of medicines storage were completed. This included counting medicines subject to strict controls (controlled drugs), checking room and fridge temperatures and locking away all the stock.
- Audits were completed to ensure that medicines were satisfactorily managed.

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 personal protective equipment 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.

Learning lessons when things go wrong

- Accidents and incidents were reported and acted upon.
- Staff knew when and how to report incidents; there was evidence that any harm to people was properly documented in care records
- Lessons were learnt when things went wrong. We saw an example of how a serious injury was carefully investigated and followed up. The service had put steps in place to prevent recurrence of such an accident.
- The quality manager and the regional director supported the management team when required if an incident occurred and further actions were needed.
- There was good oversight from the provider of all incidents and accidents logged at the 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.

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 the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection risks were not always monitored to mitigate risks to ensure the safety and welfare of service users. Audit and governance systems were not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Improvements were made to ensure that there was a suitable and effective quality assurance programme in place which assessed and managed risks.
- There was a continuous improvement action plan. All required improvements were logged on the plan. This showed the issue, the severity of the risk, who was responsible for managing the risk and the due date.
- The action plan showed numerous items were completed since our last inspection. Items not yet completed had regular updates as to the progress of actions.
- A standard set of audit tools from the provider were used. These included audits of medicines management, care documentation, premises and equipment. Where actions were required, these were documented on a log and the deputy manager checked that actions were complete.
- A board in the registered manager's office listed people with high risks. For example, this included health conditions, risk of malnutrition or dehydration and skin damage. This was regularly updated to ensure risks were addressed. We saw people were referred to the dietitian due to weight loss.
- The action plan identified the need for additional training for nursing and senior care staff in topics such as falls, diabetes, accountability and care plan training. Training had commenced or was planned.
- We received notifications of events as required by the regulations. Although the registered manager had reported these events to us, they had sometimes used the incorrect form. When we spoke with them, they acknowledged this and reassured us they would familiarise themselves with the relevant guidance about notifications.
- Our prior inspection ratings were prominently displayed on the provider's website and at the entry of the service.
- The statement of purpose contained the correct information about the registered manager, location, provider and service aims and objectives.

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

outcomes for people

- People, families and staff were happy at the service. They were included in everyday decision making which promoted an inclusive culture.
- A relative stated, "...my mother moved to the Donnington just before the pandemic started, and for the last year she has had the most amazing care and support possible and is having an amazing time in the home. I have been involved with all aspects of her support and regular reviews, and seen that my mother has remained healthy and happy throughout."
- A community healthcare professional stated, "Leadership has improved recently...I worked over a weekend with some very poorly residents and the manager came into the home to support her staff."

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

- There was an open and honest culture at the service.
- When things went wrong, the service admitted these and remedied them as far as possible.
- The service ensured they notified relevant bodies such as the local authority or commissioners about any incidents. The provided relevant information to them to provide reassurance that people's risks were assessed and well-managed.
- The registered manager had a good understanding and experience in the duty of candour. They showed us an example where there was a thorough investigation, analysis of the findings, communication with the right people and learning from the event.

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

- During the pandemic, the service's staff had worked tirelessly to ensure that people were kept safe from infection, but were in regular contact with their relatives and friends. This prevented social isolation.
- Restricted visits occurred. People told us they enjoyed other methods of speaking with their relatives and friends, such as via telephone or video calls.
- Despite restrictions, families told us the service had kept them informed of people's health and welfare during the 'lockdowns'. This included by e-mail, telephone and newsletters. A relative stated, "The management team have kept in regular contact with weekly letters updating us on developments and changes, and have always been on hand to answer any questions if needed." Another said, "Don't know what I would have done without them."
- People said there were regular meetings to consult them about the care and support. One person told us they made suggestions about the menu. Another person stated, "Residents' meetings occur and we had one most recently."
- There were regular staff meetings and minutes were kept. There were also regular staff surveys. We saw the November 2020 results. This demonstrated that staff turnover had decreased by two thirds over a one-year period.
- Staff we spoke with told us they were happy working at the service.

Continuous learning and improving care

- The service's management team was continually improving the standard of care.
- The registered manager commented, "I have introduced engagement 'champions', developed two health care assistants into a senior carer role and I am actively empowering staff with improving their knowledge through clinical training and other bespoke training." These steps were also reflected in the staff survey results.

Working in partnership with others

- There was good evidence of partnership working with others. Feedback from community health and social care professionals confirmed this.
- A community healthcare professional wrote, "They [staff] raise training needs promptly, they raise [people's] mental health care concerns promptly [and] they respond appropriately to advice and requests."
- The local authority said, "We visited the home last year and noted that the new manager has made significant progress within the service ensuring that all care plans have been reviewed and updated, record keeping is audited weekly; recruitment is positive and internal systems have been reviewed to ensure they are meeting the required standards."
- A community nurse practitioner stated, "I visit the home independently to treat and manage patients to avoid hospital admission. I have had some recent interactions with staff and [two] patients [people] and found the care staff responsive and helpful to my enquiries as well as knowledgeable about their residents. Most staff have been the home's own apart from a couple of regular agency staff. The patients are well cared for with their needs being met."