Minster Care Management Limited

# Duncote Hall Nursing Home

## Inspection report

Duncote Hall
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

What life is like for people using this service:

People expressed dissatisfaction with the numbers of agency staff employed. Although there were sufficient numbers of staff on duty to meet people's needs there were not enough permanent staff to cover the assessed number of hours. This meant that a significant number of hours were covered by agency staff. On the day of our visit we saw sufficient numbers of staff on duty to respond to people's needs swiftly. The area manager told us that on-going recruitment was taking pace and records we saw confirmed this. They also informed us that agency staff used were regular staff who knew people well to provide consistency.

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. The provider followed thorough recruitment practices to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

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. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and or their relative where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

More information is in the Detailed Findings below

Rating at last inspection: Good (report published 13 September 2016)

About the service: Duncote Hall is a manor house with an extension built in 1987 in keeping with the original property. All bedrooms have an en-suite facility and there is a large conservatory which overlooks the grounds to the rear of the building. The service provides residential and nursing care for up to 38 older people, including people living with dementia.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up:  We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?**<br><br>The service was not always safe<br>Details are in our Safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br><br>The service was effective<br>Details are in our Effective findings below. | **Good** |
| **Is the service caring?**<br><br>The service was caring<br>Details are in our Caring findings below. | **Good** |
| **Is the service responsive?**<br><br>The service was responsive<br>Details are in our Responsive findings below. | **Good** |
| **Is the service well-led?**<br><br>The service was well-led<br>Details are in our Well-led findings below. | **Good** |

# 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: This 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.' Their area of expertise is dementia care.

Service and service type: Duncote Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 40 people in one purpose building. At the time of our visit there were 36 people using the service.

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.

Inspection site visit activity started on 3 January 2019 and ended on 3 January 2019.

What we did:
Before the inspection, the provider completed a 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted

commissioners who had a contract with the service.

During the inspection, we spoke with eight people who used the service and two relatives. We observed the care for two people living with dementia. We also had discussions with seven staff members that included the operations manager and area manager, two nurses and three care and support staff.

We looked at the care and medication records of three people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Requires Improvement

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staffing levels

● We received mixed views about whether there were enough staff to meet people's needs. One person told us, "I would like to make the point that there are not enough staff." Another said, "They [meaning staff] are not too bad when I ring. I have waited twenty minutes but not usually." A third person commented, "I've never felt a lack of staff here."

● People expressed dissatisfaction with the numbers of agency staff employed. One said, "We have such a lot of agency staff, I don't always understand them." Another told us, "The agency staff don't know my routines. I have to tell them what to do." However, people told us it didn't impact on the care they received.

● A relative voiced concerns about staffing numbers and told us, "The carers are very good but there are not enough of them. I feel like I'm a carer sometimes. When there's no-one in the lounge I have to go and get staff when people are trying to get out of their chair or when they want to go to the toilet. [Relative] is safe when I'm here. I do feel concerned when I leave, I find someone and tell them when I'm going."

● The clinical lead told us they completed a dependency tool monthly to assess the staffing numbers needed to meet people's individual needs. However, there were insufficient numbers of permanent staff to cover the hours needed so there was a high use of agency staff. One agency staff member told us, "The home is short staffed. I work a lot of hours here."

● Staff said they felt there were not enough permanent staff to meet people's needs safely and often felt under pressure. One told us, "I worked with three agency staff the other day. It was really hard."

● Staff had expressed their frustration at having to work with high numbers of agency staff at a recent team meeting. The Regional Operations Manager acknowledged staff frustration and had told staff that recruitment was on going and they had agreed to recruit 10% over the allocated budget to cover staff sickness and holidays.

● We spoke with the area manager and the operations manager who told us there was continual recruitment taking place and we saw several new staff had been recently recruited.

● On the day of our visit we found there were sufficient staff to meet people's needs in a timely manner. There were agency staff working at the service, however they told us they worked there on a regular basis and knew people and their routines well. We observed this to be the case.

● We found safe recruitment practices had been followed. We spoke with staff who told us they had produced references and identification before being offered a post.

●Records showed that Disclosure and barring service (DBS) checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems and processes

● People felt safe living at the service. One person told us, "I've never felt anything but safe. I've never had an accident here." Another person said, "I feel safe generally, the carers are very good." A relative commented, "[Relative] is very safe. The staff are careful and take precautions to make sure [relative] is safe and well looked after."
● Staff told us they had completed appropriate and effective training in relation to safeguarding and they understood the systems in place to raise any concerns they may have. One told us, "I would report any concerns I had to the manager without any hesitation." There were notices displayed around the service regarding safeguarding people and how to report abuse.

Assessing risk, safety monitoring and management
● People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. They covered a variety of subjects including, moving and handling, the use of bed rails, falls, nutrition and tissue viability. These were reviewed and updated regularly or when people's needs changed.
● Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. This ensured they were supported safely.
● Staff were aware of people's risk assessments and how to keep them safe. A staff member said, "We have risk assessments in place so we know what to do to keep people as safe as we can,"
● Staff knew how to support people who may experience heightened anxiety and express their feelings through behaviours which may put themselves or others at risk. There were detailed positive behaviour support plans in place to provide staff with the guidance they needed to support people safely.
● There was information about each person for use in an emergency, for example, Personal Emergency Evacuation Plans (PEEPS) for each person who required one. There was also a business contingency plan in the case of the total evacuation.

Using medicines safely
● People continued to receive their medicines as prescribed. One person told us, "I know what tablets I take and I always get them on time." A relative told us they had no concerns about their family members medicines. They said, "[Relative] has pain killers and I know they are given when [relative] needs them."
● Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. Records confirmed this took place.
● Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.
● We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection
● People continued to be protected against the spread of infection. One relative said, "[Relative's] room is lovely and clean. There are no horrible odours which is very important. The bathroom spotless."
● The service was visibly clean and hygienic. The provider employed housekeeping staff who had plentiful supplies of equipment and cleaning products. There were supplies of Personal Protective Equipment (PPE) for staff use to prevent the risk of infections spreading.
● Staff told us and records confirmed they had completed training in infection control. Information about how to prevent the spread of infection such as effective hand washing was available in the service.

Learning lessons when things go wrong
● Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The registered manager responded appropriately when things went wrong and used any incident as a learning opportunity.

Good

# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they went to live at the service. Each person had a dependency assessment that was completed monthly so any changes in people's need could be identified swiftly.
● People's diverse needs were detailed in their care plans and met in practice, this included support required in relation to their culture, expressing sexuality and lifestyle choices, diet and gender preferences for staff support.
●Staff completed training in equality and diversity and the staff team were committed to ensuring people's equality and diversity needs were met.

Staff skills, knowledge and experience
● People continued to be supported by staff that had the skills and knowledge to meet their needs. One person told us, "I've not fallen since I came here, they've been really supportive and encourage me to stay independent."
● A staff member told us that they had received induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, "The induction was very helpful. I was especially grateful that I was able to shadow staff so I could get to know people." Records confirmed all staff had completed an induction.
● Staff completed a wide range of training courses including specialist training that was applicable to their roles. Nurses completed training in clinical subjects to ensure they could keep up to date with best practice. Records we saw confirmed this.
demonstrated they had completed a comprehensive induction and on-going training programme.
● Staff told us they were well supported and received regular one to one supervision so they could discuss any issues of concern or share good practice.

Supporting people to eat and drink enough with choice in a balanced diet
● People told us they were happy with the food provided. One person said, "They always give me a choice. Its good food." Another commented, "I like the food here, there is enough of it. They always keep me supplied with drinks."
● People's nutritional needs were assessed using a variety of tools such as an eating and drinking care plan, weight charts and daily records. We saw that one person had specific nutritional needs and there was a detailed weight loss plan in place for them.
● The clinical lead said they worked closely with the dietician and speech and language therapists to ensure that people had the right support with heir dietary needs. Records confirmed this took place.

Staff providing consistent, effective, timely care

● Staff continued to support people in a timely manner with their healthcare needs. People told us how they had been visited by their doctor and one told us they had seen an optician recently.
● The clinical lead told us that a GP visited the service regularly twice a week but if they were required in between times they would attend. We saw the GP visiting people on the day of our visit.
● Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff. People's healthcare information was reviewed monthly to check they had been updated in line with their needs.

Adapting service, design, decoration to meet people's needs
● At the time of our visit the passenger lift was not working. The registered manager told us this was currently being addressed and we saw contractors were in the process of completing the repairs. Until the repairs were complete provider had made provisions for a lounge and dining area on the upper floor.
● People's rooms were very personalised and they told us they had been involved in choosing the decorations and objects in their rooms. We saw they reflected people's personal interests and preferences.
● The environment had undergone a lot of refurbishment since our last visit. We found the service was accessible, comfortable and decorated with photos and lots of personal touches that made it feel homely and welcoming.
● The provider had continuing plans to improvement the environment. The area manager told us of plans to provide a communal café for people to use with their families and on-going refurbishment of four double bedrooms and communal areas.

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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

●Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
●Records were clear when decisions had been made in people's best interests or they had been asked to sign to consent.
●Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. Records confirmed this.

Good

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were cared for by staff who were kind, caring and compassionate. One person said, "All the staff are very kind to me, quite patient really." Another told us, "All the staff are so kind. They are very caring and look after me with patience and they are very gentle. I bruise easily and they always take care."
- Staff knew people well and the things that were important to them. For example, one person preferred to stay in their room rather than go into the communal areas. Staff made sure they visited the person in their room regularly to provide company and reassurance. This was confirmed in discussions we had with the person using the service.
- We saw that relationships between staff and were caring and positive. For example, we observed the lunch time meal and saw that staff knew people well and were able to meet their needs and intervene if people needed extra support.
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.

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

- Records showed people were involved in meetings to discuss their views and make decisions about the care provided. For example, we saw a large print notice for one person where staff were attempting to explain what a court of protection was.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support.
- Staff understood the way each person communicated and provided the care and support they required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their right to confidentiality was upheld and they were not discriminated against in anyway.
- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those that they needed staff support with.
- All staff respected the privacy and dignity of each person and they could give us examples of how they did this. One told us, "I make sure I always close doors and cover people up when I'm giving them personal care. I don't want people to feel embarrassed."

Good

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

How people's needs are met

Personalised care

● As part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history and their individual needs.

● People continued to receive care that met their needs. One person told us, "I get well looked after and I have good care." A relative said, "[Relative's] care is right but sometimes the shortage of staff means [relative] has to wait a bit."

● Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time.

● Each care plan provided staff with guidance on how to support people in the way they wanted. They described the support people needed to maintain their independence. For example, how much people could do for them self and the areas staff needed to provide them with extra support.

● Care plans had been kept under review, to make sure they reflected people's current circumstances. For example, we saw that following one person's review changes had been made to the activities provision to prevent them becoming socially isolated.

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how to make a complaint and felt comfortable to raise any concerns with staff. One person told us, "I made a complaint before and it was dealt with." Staff said they would feel confident about reporting concerns or poor practice to managers.

● There were procedures in place for making compliments and complaints about the service. This included details of the Local Government Ombudsman (LGO) so complainants could escalate their concerns if they were dissatisfied with the outcome of any investigation by the provider. We looked at how a recent complaint had been managed. We saw it had been thoroughly investigated and a written response was provided to the complainant.

● The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

● People had a variety of communication needs and staff knew the best way to provide people with the information they needed. For example, we saw a large print notice for one person where staff were attempting to explain what a court of protection was. In another file we saw a pictorial eyecare care plan and instructions for staff to read out loud all information as they were registered blind.

End of life care and support

● At the time of the inspection, one person was receiving end of life care. People had an End of Life care plan in place that recorded people's basic wishes they may have in relation to their end of life care.

● The clinical lead told us they had been looking at end of life care systems in place and had recently completed an advanced care plan with one person and wanted to develop this further. Further plans to develop this area of care were being explored such as training staff in the Gold Standards Framework (GSF) in end of life care.

Good

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- There was a registered manage in post who was in the process of de-registering as manager with the Care Quality Commission. The area manager assisted us with the inspection and told us they were going to register as the manager for the service.
- People and staff spoke highly of the current registered manager and the area manager. One person said, "[Name of RM] is smashing. She talks to me. She sorts things out for me." A member of staff commented, "The registered manager is supportive. So is [name of area manager]. Staff told us they felt listened to and that the registered manager and the area manager was approachable.
- The provider positively encouraged feedback and acted on it to continuously improve the service, for example by asking people about which activities they preferred and their views about the menus.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- We saw the latest CQC inspection report rating was available for people to read at the home and on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- Staff felt they were well trained and were committed to the care and development of the people they supported. They felt that when they had issues they could raise them and felt they would be listened to.
- All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Engaging and involving people using the service, the public and staff

- The service involved people in decisions about their care. Satisfaction surveys were carried out with people and their relatives. Feedback was analysed and used to implement improvements or suggestions. For example; changes to the menu had been implemented following feedback from people.
- Staff told us they felt listened to by the registered manager. Team meetings were held and the minutes

showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.

Continuous learning and improving care

● Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.

● The provider demonstrated a positive approach to learning and development and ensued staff had access to the training they needed.

● There were internal systems in place to report accidents and incidents and the registered manager investigated and reviewed incidents and accidents. The area manager told us that following any incidents there would be a review on the incident and care plans would be updated if required.

Working in partnership with others

● Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, optical and GP practices. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.