Leonard Cheshire Disability

Douglas House - Care Home with Nursing Physical Disabilities

Inspection report

Douglas Avenue
Brixham
Devon
TQ5 9EL

Tel: 01803856333
Website: www.leonardcheshire.org

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 8 and 9 May 2018 and the first day was unannounced.

Douglas House 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 provider is registered to accommodate up to 30 people. People living in the home have a range of needs which include complex physical nursing needs and learning disabilities. At the time of the inspection 27 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 24 November 2015 we rated the service Good.

At this inspection on the 8 and 9 May 2018 we found the service remained Good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

Douglas House had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published. We found the home followed some of these values and principles. These values relate to people with learning disabilities living at the service being able to live an ordinary life.

People and relatives we spoke with told us the home was safe and they trusted the managers and staff. When we asked people if they felt safe at Douglas House comments included, "Oh yes I think so", "Yes, without a doubt" and "It's a very good care home. I'm very safe."

People and relatives told us staff were kind and caring. During the inspection there was a very happy, relaxed and pleasant atmosphere in the home. We observed the staff being kind and polite towards people. They were attentive when people asked for assistance and they addressed people in a caring way.

People's privacy and dignity was respected and staff ensured people were encouraged to maintain their independence and were involved and in control of their care.

People were protected from abuse and neglect. We found staff knew about risks to people and how to avoid

potential harm. Risks related to people's care were assessed, recorded and reviewed. The management of risks from the building were also satisfactorily managed. Medicines were stored and administered safely.

We found appropriate numbers of staff were deployed to meet people's needs and had been recruited properly to make sure they were suitable to work with people.

The staff told us they felt well supported. They had the information and training they needed to care for people. The staff felt the service was well managed and had opportunities to discuss their work and any concerns they had with the registered manager and other senior staff.

People received care and support based around their individual needs and requirements. Care plans were person-centred and reviewed regularly. People were able to make choices about their day to day lives. There was a variety of activities for people to do and take part in and people were supported to pursue their own hobbies and interests. Complaints were fully investigated and responded to.

The home continued to be well led. The management team promoted open communication with people, their relatives and healthcare professionals involved in their care. Staff were clear what was expected of them, and expressed enthusiasm for their work at the home. The management team completed audits and checks to assess and improve the quality of the service people received at Douglas House.

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 continued to be 'Safe'	Good
Is the service effective? The service continued to be 'Effective'	Good
Is the service caring? The service continues to be 'Caring'	Good
Is the service responsive? The service has improved to 'Good'	Good
Is the service well-led? The service continued to be 'Good'	Good

Douglas House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 May 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience on the first day and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted the local safeguarding and adult social services quality assurance improvement team who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we observed care and support, looked at records and spoke with staff. We spoke with

nine people living at the home and two visiting relatives. We spoke with the registered manager, one of the deputy managers, three registered nurses, three care staff, physiotherapist, cleaner and kitchen assistant.

We reviewed a range of records about people's care and how the service was managed. We looked at individual care records and for seven people and sampled people's medicine records. We also looked at recruitment, training and induction records for three staff, staffing rosters, staff meeting minutes, meeting minutes for people who lived at the home, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

Some of the people living at Douglas House were receiving complex nursing care due to their illness or condition and were not able to express their views to us verbally. We spent some time observing care and saw nurses and care staff delivered safe care to people.

People and relatives we spoke with told us the home was safe and they trusted the managers and staff. When we asked people if they felt safe at Douglas House comments included, "Oh yes I think so", "Yes, without a doubt" and "It's a very good care home. I'm very safe."

People were protected because the provider had a system in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted a safeguarding concern and what their responsibility was with regard to concerns about abuse. Staff told us they would not hesitate to contact the safeguarding adults team if they suspected abuse. Records were held and notifications were sent to us regarding incidents.

The provider's recruitment policy and processes ensured risks to people's safety were minimised. People were protected from new staff being employed who may not be suitable to work with people who needed safeguarding. All applicants had references, full work histories and had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

We received mixed views from people about whether there were sufficient numbers of staff deployed at Douglas House. Some people felt they had to wait for assistance as staff were 'extremely busy'. One person said, "Response times for the bell are not very good" they told us they thought this was due to lack of staff. A relative told us, "There's been a serious staffing shortage recently and a lot of agency workers." Other people said they felt there was enough staff and they did not have to wait long for assistance. One said, "They [staff] always come as soon as I ring my bell and they are very helpful." We observed there were enough staff to meet people's needs. Staff did not seem rushed and remained calm and attentive to people's needs.

We spoke to the registered manager about the comments we received. The registered manager told us they conducted a monthly call bell audit. The audit assessed call bell response times which identified busy times of the day. The registered manager had taken action to reduce waiting times. For example, a recent audit identified an increase in call bell response times during staff breaks. The registered manager re-arranged staff breaks to ensure greater staff presence at these times. The registered manager told us they had a continuing recruitment programme to attract new staff and their use of agency staff had decreased since they had established a more stable staff team. The registered manager added, wherever possible, they tried to use their own staff to ensure continuity of care.

The registered manager continued assessing risks to people's individual health and wellbeing. For example, they assessed people's nursing needs, mobility, nutrition and communication. Where risks were identified, people's care plans described the equipment needed and the actions staff should take to minimise the risks.

For example, care plans for supporting people at risk of developing pressure ulcers guided staff about how to support the person to prevent these, such as regular repositioning and using pressure relieving equipment. We saw that one person's pressure relieving mattress was incorrectly set and there was no system in place to ensure pressure relieving equipment was set to the correct setting. Other pressure relieving equipment was set correctly. We discussed this with the registered manager and this was rectified immediately and a checking system implemented.

We observed staff moving people with hoists, wheelchairs and various mobility aids. This was done appropriately, in-line with people's care plans and with advice and encouragement. One person told us, "Always two (staff) help me with the hoist." Another person said they felt "safe" when staff helped them move around.

People's medicines were managed consistently and safely by staff. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Medicines were stored in a locked facility. We checked the medicine administration records (MAR) and these showed that people received their medicines correctly.

Accident and incident policies and records were in place for in the event of any accidents. Records were maintained and showed the action taken to treat injuries and prevent re-occurrence. The registered manager analysed the accident and incident reports to identify whether there were any patterns or trends.

The home was clean, tidy and odour free and staff told us they had completed infection prevention training. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

The registered manager assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed they had implemented a system of regular checks of the premises, the fire alarm and essential services such as the water, gas and electricity. Equipment, such as hoists, profiling beds and wheelchairs, were serviced and staff regularly checked that items such as slings and walking frames were safe and fit for use. There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

Good

Is the service effective?

Our findings

Staff had a good knowledge of individual people living at the home and how they liked to be cared for. We observed that nurses and care staff delivered effective care. People told us that staff met their care needs. One person said, "I have confidence in the staff. I believe nothing is going to go wrong."

People were supported by skilled, knowledgeable and suitably supported staff. One person told us, "Staff training here is very good. When they start they shadow for three days, and there's on-going training." Staff told us there was plenty of training but the majority was delivered 'online'. One staff member said, "I think training is really important and I prefer one-to-one training as I think you retain it better." Another said, "We could do with more practical training." We passed these comments onto the registered manager.

There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for other training to understand people's care and support needs. Some people who lived in the home had complex needs and staff had completed a range of training to give them the skills and knowledge to provide people's care. Registered nurses told us they were given training and support to validate their registration as nurses.

Staff told us they felt well supported. Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported in their role, as well as for existing staff to continually develop their skills.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the provider was acting in accordance with the principles of the Act and found that they were. Staff completed assessments about people's understanding and memory, to check whether people could make their own decisions or whether decisions would need to be made in their best interests. We saw that appropriate applications had been made to the local authority for authorisation to lawfully restrict people's rights under the deprivation of liberty safeguards. Restrictions were used to protect people from harm, but were regularly reviewed to ensure they remained lawful.

People were supported to live their lives in the way they chose. Staff supported people to make their own choices and decisions about their care and demonstrated a sound understanding of their duty to promote and uphold people's human rights. Staff gained people's consent before they undertook tasks. One person told us staff always asked them before they did anything, "They say 'is it okay to do this?"

We found mixed views about the food and people felt there was a limited choice. Comments included, "It's absolutely brilliant. The choice doesn't matter, the standard is absolutely brilliant. I like everything", "It's not bad, I have no complaints. There's a limited choice", "I'm vegetarian. It's not bad" and "I'm not enthralled. There's not really a choice."

We saw people were involved in menu planning and meetings were held where ideas, suggestions and menus were discussed. The registered manager explained improvements were on-going in relation to the food and alternatives to the menu were available. We saw drinks and snacks were available to people and there was a hot drinks machine in the dining area for people or their visitors to help themselves.

People's nutritional needs were recorded in their care plans and where people were at risk there was a plan to make sure this risk was minimised. For example, people had been referred to the dietician and had specific plans in place to meet their nutritional needs. Food and fluid intake was monitored and recorded and people were regularly weighed to make sure any changes in their eating habits or weight were responded to.

People were supported to maintain their health and were referred to healthcare professionals, such as GPs, opticians and chiropodists, when needed. Nursing staff consistently monitored and protected people's health. Records showed that healthcare professionals' advice had been followed and whether their advice had the intended impact.

The design and layout of the environment was appropriate to people's needs. Corridors were wide and spacious, this meant wheelchairs could move around the environment with ease. People had personalised their rooms. One person told us, "I am in the process of choosing new furniture. My keyworker and I will go through the catalogue and do it on line." People had also been involved in deciding how they wanted communal areas of the home decorated; for example, the dining room. People told us they had been consulted about every aspect of the refurbishment and it was how they wanted it to be. One person said, "It's (dining room) better than it used to be. It feels homely to me. It's more open plan now and it's what the residents wanted as so many of us are in wheelchairs."

The home used a range of technology and equipment to make sure people were supported. People had their own specialised wheelchairs, which were unique to their needs, there were tracking hoists in people's rooms so that staff could transfer people safely and effectively. People had access to an equipped gym and in-house physiotherapists.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. People said, "They [staff] are kind and very respectful and caring" and "It's wonderful here, everyone is so nice." A relative told us, "The staff are lovely and we knew as soon as we came in this was the right place for [name]."

During the inspection there was a very happy, relaxed and pleasant atmosphere in the home. We observed the staff being kind and polite towards people. They were attentive when people asked for assistance and they addressed people in a caring way.

Staff knew people well and told us they really enjoyed their jobs. They told us they enjoyed coming to work and being able to spend time with people at the home. One member of staff said, "I love my job. It's all about what they want, what they enjoy." Another told us, "Everybody is an individual and you should treat them with respect." Staff operated a keyworker system. This enabled people to build relationships and trust with familiar staff. People and their relatives knew the names of staff and the registered manager.

We saw people's privacy and dignity was respected, for example, being spoken to appropriately and when being assisted with meals or care. One person told us, "They [staff] always knock on the door." The person had a notice on the outside of their door saying 'knock and wait'. They went on to tell us they had the key to their room and staff respected their privacy, "I lock my door when I am not in my room."

Staff ensured people were encouraged to maintain their independence and were involved and in control of their care. People told us staff encouraged them to do things for themselves and were attentive to their needs. One person said, "They feel like sisters and brothers, helping me. They bring me toothpaste on the brush and I brush my own teeth." Another person told us, "They have already got me independent. I am quite happy."

Staff had a very good understanding of how people communicated. One staff member told us, "(Name)'s makes loud noises when excited and happy." Staff were very passionate about ensuring people had ways of expressing themselves to communicate their wishes and emotions. Staff members could give detail about how each person may express themselves if they did not communicate verbally. We saw detailed information in people's care plans about how people communicated and staff used pictures, signs and symbols to help people make choices and express their views.

Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The registered manager and staff said people would not be discriminated against due to their disability, race, culture or sexuality. Care plans recorded important information about people's relationships with others and those important to them.

People's bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things which were particularly important to them and to have things around them.

Good

Is the service responsive?

Our findings

At our last inspection in November 2015 we rated this responsive domain as requires improvement. At our last inspection we found that records relating to people's care and treatment had not always been updated to reflect people's changing needs. At this inspection we found that improvements had been made.

People told us they received personalised care that was responsive to their needs. Relatives confirmed that they were informed regularly about meetings or any incidents and were called in or notified if there were any changes. One relative said, "They [staff] call me straight away if there are any issues. They are very good."

Care plans were person centred and fully reflected people's current medical, nursing, emotional and social needs. Care plans guided staff in the delivery of care and support to people. For example, wound care plans were detailed and evidenced if there were any improvements or deteriorations. There were photographs in place which meant staff could easily monitor any developments with the wounds.

People's daily records of care were up to date and showed care was being provided to meet people's needs, in accordance with their care plans. People's changing care needs were identified promptly and were referred to relevant professionals when required, for example; when people had developed chest and other infections.

People received care from staff who knew their needs, their individual likes and dislikes and their life stories, interests and preferences. Care plans contained information about people, how to support people's well-being and consider the things that made the person feel happy. Knowing about people's histories, hobbies and former life before they needed care, assist staff to help people to live fulfilled lives. Each person had an action plan of things they wanted to achieve. For example, one person's records said it was important to them to go out for lunch every week. We saw this was happening and they were lunching out during the inspection.

People determined their own activities, and staff helped arrange and facilitate these. Regular activities included arts and crafts, discussion about topical news, music, games and pottery and exercise. Staff promoted social inclusion by supporting people to access networks and participate in the local community. For example, one person was a member of Brixham Yacht club and the local RNLI guild attending meetings and evening receptions. Other people attended pottery classes, adult literacy, numeracy and creative writing classes at the local college. People were assisted to do what they wanted when they wanted. One staff member told us, "People like different things. It's about what they want."

The home had access to minibuses and people benefitted from organised trips. For example, holidays to Euro Disney, Portugal, Edinburgh and Sandringham. Trips out included local events and attractions. Themed days took place on a regular basis which included cultural events and festivals where food, activities and entertainment was arranged around the country or event in question. The home had 'been to' Mexico, China and ate their way around the world for the Olympics and Para Olympics. People were planning to embark on another cultural 'world tour' with the World Cup this summer.

Technology was used to effectively to enhance people's wellbeing. The home had Wi-Fi throughout and had recently installed an interactive board similar to a very large IPad in the dining room area. People asked if the home could try and bring the outside in. The interactive board displays views from local webcams situated around the town and quay area. People are able to see what is happening in the local town, when trawlers are landing their catch and nesting birds on the cliffs. The interactive board was also used to display images and pictures to help inform people what was going on in the home. People told us they enjoyed the views and felt more empowered as they could access the information independently.

The registered manager told us the interactive board was very much a work in progress and they were working on pictorial menus which will be accessed by touching an icon on the screen as well as displaying the activities programme and pictures of recent events such as their Royal Wedding barbeque extravaganza.

People were supported to practice their faith and staff recognised the differences in how people chose to meet their religious needs. Some people were visited by their church representative if they wanted to continue to practice their faith but chose not to visit a place of worship.

The home had a clear policy and procedure about managing complaints, compliments and comments. People and relatives told us they felt able to raise any concerns or issues. Information was available for people about how they could complain if they were unhappy or had any concerns. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager. The nature of each complaint was evaluated to improve practice.

People's care records showed that they had been offered the opportunity to discuss and were fully involved in their end of life care. The registered manager told us, "Some of our proudest moments have been facilitating 'bucket list' requests for our more acutely unwell residents." They described how staff helped people achieve things they always wanted to do. For example, one person wanted to revisit their childhood home in Wales. Another person had been helped to use the internet to speak to their family one last time. The registered manager said they were extremely proud that staff were able to do this for people and staff would go out of their way to make sure people's wishes were achieved.

Staff had received training on managing people's pain relief and on aspects of end of life care, such as mouth care. The home ensured that anticipatory medicines were available which the person might need to ensure they were kept comfortable. Where people did not want to be resuscitated in the event of a decline in their health, a signed form completed by a health professional was displayed at the front of their care record. This helped ensure staff had access to important information.

Good

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the registered manager and management team were approachable and they felt they could speak with the registered manager if they had any concerns and these would be addressed. One person said, "I see [registered manager's name] when she is walking around. She mixes in a lot with the clients. It's easy to talk to her." Another person said, "[Registered manager's name] is available to see you when they are here. The office staff are very approachable as well."

Staff demonstrated a good understanding of their roles and responsibilities, were positive about the leadership of the home and felt well supported in their roles. One staff member told us staff worked well as a team, "They [management] support you well. [registered manager name]'s been really brilliant. We all have very different backgrounds and support each other well."

There were various meetings arranged for nursing and care staff. These included daily handover meetings and team meetings. These meetings were recorded and shared. Staff said they could speak up at meetings and the registered manager listened to them. This meant that staff were fully involved in how the home was run.

Douglas Houses' aims and aspiration was to have a home that supported people to achieve what they wanted to achieve, empower people and treat everyone as an individual. We saw these values were demonstrated by each member of staff throughout the inspection. One staff member said, "Every person with a disability has abilities and we just help them achieve their goals."

The provider had effective systems in place to ensure that people were engaged and involved in the running of the home. Residents and relatives meetings took place regularly. We saw minutes of these meetings and saw a variety of matters were discussed such as the food available and activities on offer. People and relatives were invited to give feedback through annual satisfaction surveys. The provider also employed a customer support advisor to facilitate individual and group meetings to ensure people's voice is heard.

Regular audits were completed to monitor service provision and to ensure the safety of people who lived in the home. Audits consisted of a wide range of weekly, monthly and quarterly checks. They included the environment, health and safety, medicines, infection control, finances, safeguarding, complaints, personnel documentation and care documentation. We also saw how the digital call bell system was analysed each month to ensure that staff response times were within acceptable parameters.

The registered manager worked effectively with other organisations. This included the GP, occupational therapists, speech and language therapists and other healthcare professionals. Where issues were

identified, improvement plans were put in place.

Records regarding people, staff and the running of the business were held in line with the requirements of regulation, appropriately maintained, up-to-date and securely held.

The registered manager was aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Notifications were sent to us and so the service fulfilled its responsibility under the Care Quality Commission (Registration) Regulations 2009.