

Dauntsey House Care Limited

# Dauntsey House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Dauntsey House is a residential care home providing accommodation and personal care to up to 21 people. The service provides support to adults over 65 years and people living with dementia. At the time of our inspection there were 21 people using the service.

Accommodation is provided on three floors accessed by stairs and a lift. People had their own rooms and access to communal bathrooms, lounge and dining room. There were enclosed, secure gardens accessed on the ground floor.

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

People's medicines were not always being managed safely. Whilst staff received training on administering medicines, we found they were not always following the provider's medicines management policy.

Risks to people's safety were not being managed robustly which put people at risk of harm. Incidents between people living at the service had not always been reported appropriately to the local authority safeguarding team. It was not clear what action had been taken in response to incidents to mitigate risks and prevent reoccurrence.

Staff had not been recruited safely. The required pre-employment checks had not been carried out. The registered manager took immediate action to address this.

A new registered manager had started prior to our inspection. They had identified some shortfalls such as poor incident management and had taken steps to carry out improvements. However, quality monitoring and governance systems at the service were not robust or effective and had not identified shortfalls found during this inspection.

Systems were not in place or established to continually monitor practice and make sure staff were working safely. Systems had not identified shortfalls in people's records or shortfalls in staff recruitment records to make sure the provider had accurate oversight of the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People and relatives all told us they were happy living at the service. Despite the shortfalls people appreciated the staff approach and told us there were enough of them. Relatives were able to visit, and we observed family members visiting people during our inspection.

Staff wore personal protective equipment and there was stock available around the service. Staff had

received training on infection prevention and control and guidance was in place to work safely. Posters were up on walls at the service to demonstrate good hand washing techniques and to give guidance on COVID-19.

The home was clean, and people told us they were happy with the cleanliness of their rooms. We identified two areas which required repair which we shared with the provider. They told us they would take action to address the concern.

Staff had training on safeguarding and told us they would not hesitate to report any concerns. Staff were able to have meetings to discuss ideas or share concerns. Staff told us the new registered manager was approachable and visible at the service. People and relatives also told us they knew who the registered manager was and felt able to raise any concerns.

People's health needs were met by local healthcare professionals. During our inspection we observed one healthcare professional visiting who told us they had no concerns about the care delivered.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 11 August 2018).

#### Why we inspected

We received concerns in relation to incidents of safeguarding taking place but not being managed or reported to the local authority, records not being completed and people living with dementia not having the right support when they were distressed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dauntsey House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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

We have identified breaches in relation to medicines management, risk management, incidents and accident reporting and quality monitoring at this inspection. Please see the action we have told the provider

to take at the end of this report.

#### Follow up

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

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Dauntsey House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

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.

#### Service and service type

Dauntsey House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dauntsey House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people and one relative about their experience of the care provided. We spoke with one visiting professional and five members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four people's care records, multiple medicines records, incidents and accident recording, safeguarding records and health and safety records.

### After the inspection

We continued to validate evidence found during the inspection. This included speaking with seven relatives and a further two members of staff on the telephone. We also spoke with the nominated individual on the telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed health and safety records, quality monitoring, behaviour support plans, recruitment information, policies and procedures and the service improvement plan.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were not always managed safely. People prescribed 'as required' medicines did not have protocols in place to give staff guidance on administering this type of medicine.
- People who had handwritten medicines administration records (MAR) did not have all personal details recorded. For example, people's dates of birth were not recorded or who the person's GP was. In addition, some medicines did not have the dose or route recorded to make sure staff had the information they needed to administer medicines safely.
- People who had medicines via a topical patch did not have a record of where on the body the patch had been placed. Some patches can cause irritation or thinning of the skin which can cause harm. Topical patches should be rotated, and staff should record their position on the person's body. This reduces the risk of staff applying patches to the same place repeatedly.
- Staff had not checked with the prescriber that medicines were safe to be given in food or drink. Two people had their medicines covertly. Whilst staff had sought permission from the GP to administer medicines covertly, they had not checked medicines were safe to be given in hot or cold food or drink. This put people at risk of harm by not having their medicines safely.
- It was not clear what the process was for staff to record application of topical creams. People had a body map in place but staff we spoke with did not know where they should record that they had applied creams. This meant the provider had no records of creams being applied.

Failing to have systems in place to manage medicines safely placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback the registered manager took action to address some of the concerns found.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Prior to our inspection we received concerns that people were not having the care and support they needed, and staff were not moving people safely. During the inspection we found evidence to substantiate some of those concerns.
- Risk management plans in place to reduce risks to people's safety were not robust. For example, one person was at risk of experiencing distress which often resulted in physical altercations with others. Plans in place did not give staff guidance or strategies to help support this person safely.
- Incidents and accidents had been recorded however, action taken to mitigate risks and prevent reoccurrence were not recorded. We were not able to see what action the provider had taken to review



incidents. The new registered manager had identified this shortfall and was taking action to refer incidents to the local authority and notify CQC. However, where incidents had occurred there were not always actions recorded to demonstrate learning and prevent reoccurrence.

- The registered manager took action during the inspection to try and mitigate some of the risks we identified. However, people were still at risk of harm.

Failing to assess and mitigate risks to people's safety placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst we did not see any evidence of poor moving and handling technique, we were concerned about how staff were providing care to one person whilst on the floor. We made a safeguarding referral to the local authority for this person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- We found the service was not working within the principles of the MCA in all cases. Staff had made decisions for two people to have their medicines covertly and sought permission from the GP. No evidence was available to demonstrate they had assessed capacity and had made decisions in people's best interest for this specific decision. This meant we could not be assured having medicines covertly was the least restrictive option.
- We shared this finding with the registered manager who told us action would be taken to review decision making for these people and make sure the records were in place.
- Staff had made applications to the local authority for DoLS but at the time of the inspection none had been approved.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we received information of concern that safeguarding incidents were not being managed. At this inspection we found systems were not robust in making sure people were safeguarded from the risk of abuse.
- Altercations resulting in distress had taken place between people living at the service. These had not always been reported to the local authority safeguarding team. The registered manager had identified this shortfall and was reviewing incidents to make referrals where needed prior to our inspection. The registered manager had also organised for people's needs to be assessed to make sure they were getting the right support in the right place.
- Despite the incidents of safeguarding, people and relatives told us people were safe. Comments included, "It gives me peace of mind knowing they [relative] are well looked after", "[relative] is settled and safe there, the staff are very good, very caring" and "I really do feel safe here, and wanted."
- Staff had received training on safeguarding and understood their responsibility to report concerns to the management. One member of staff told us, "I would report it to the management, they would take action."

### Staffing and recruitment

- People and relatives told us they thought there were enough staff to support people. Comments included, "Yes, there is sufficient staff. [Relative] is happy and likes the girls", "There seems to be sufficient staff when we visit. I'm presuming yes there are enough staff" and "Call bells are fine. Promptly answered and phones are answered pretty well."
- During our inspection we observed enough staff were available to meet people's needs in a timely way. The registered manager told us they had enough staff employed and would use agency staff if they needed to.
- Staff had not always been recruited safely. Some pre-employment checks had not been completed prior to staff starting work. The registered manager took action to address this shortfall.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Whilst the home was clean, there were areas that were in need of repair. For example, one piece of flooring in a toilet had started to lift from the wall. This meant debris could be trapped in the gap. We shared this with the provider who told us they would make sure the repairs were carried out as soon as possible.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was 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.

### Visiting in care homes

- People were able to have visitors when they wished. There were no restrictions on visiting and we observed relatives visiting during our inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were not robust to identify shortfalls found during this inspection. Systems were not in place or established to make sure the provider had an accurate and complete oversight of the service.
- A new registered manager had started at the service prior to the inspection and identified some shortfalls and areas for improvement. For example, they had identified incident management was not effective. Incidents of safeguarding had not been reported to the local authority or notified to CQC. Whilst the new registered manager was addressing this shortfall, systems were not in place to identify or make sure the correct action was taken in response to incidents. This placed people at risk of harm.
- Medicines audits had not identified the shortfalls we found and also not identified staff were not following the provider's medicines policy.
- Care plan audits had not been completed and people had not been asked for their views about the service.
- Systems were not in place to check staff recruitment records. As part of the inspection it was identified some pre-employment recruitment checks had not taken place. The registered manager took immediate action and told us they would start auditing the staff records as a matter of urgency.
- The new registered manager had produced an action plan record and monitor the improvement she had identified. Shortfalls found at this inspection were added to the plan. However, the provider's systems had failed to assess, monitor and improve the service effectively.

Failing to have systems in place to assess, monitor and improve the quality and safety of the service placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A staff structure was in place and staff were clear about their roles. Staff knew who the registered manager was and told us they felt able to approach them. One member of staff said, "When I need something, I can easily talk to them, tell them my problems."

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

- Prior to our inspection we received concerns about people's care and support. Concerns stated people had not received personal care. We did not find any evidence to substantiate those concerns.
- People and relatives told us they were happy with the care received. Comments included, "I can't think of

anything they [staff] could do better. Lovely place for people like [relative] who's always happy", "Staff are always willing, and they laugh with us. They are patient" and "Lots of activities. They [staff] take pride in what they do."

- We observed people looked well-groomed and personal care had been recorded in people's notes. One relative said, "The staff make sure [relative] is helped. They are always clean; clothes are clean and washed. The home is perfectly ok."
- The new registered manager was getting to know the service and taken time to call all the relatives. Those who had met her found her to be approachable. One relative said, "The new manager is accessible and approachable."

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 provider had a policy in place and the registered manager understood the responsibility to be open and honest with people.

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

- People and relatives told us they had not had any 'recent' requests for their views about the service from the provider. One relative said, "No requests for feedback and no contact with the new manager." However, people and relatives told us they felt able to share views or raise concerns. One relative said, "They always want to know if you've got any suggestions."
- Relatives told us staff kept them involved and updated about people's care. One relative said, "They [staff] are good at informing me of any changes."
- People had regular meetings which were chaired by activities staff. The registered manager told us action was taken in response to feedback shared. For example, people had asked for smaller portions of food. The registered manager told us smaller plates were now in use so people could have a smaller more manageable meal.
- Staff also had opportunity for regular meetings. Minutes were kept for staff who could not attend.

Working in partnership with others

- Staff worked with healthcare professionals to make sure people's health needs were met. Staff had good relationships with visiting community nurses and the local GP surgery. One visiting professional told us they had no concerns about the care provided and staff knew people well.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to make sure medicines were being managed safely, risks to people's safety had been assessed and action taken to mitigate the risks at all times. Reviews of incidents had not always taken place so the provider could take action to prevent reoccurrence.</p> <p>Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have systems in place to assess, monitor and improve the quality and safety of the service. Systems were not robust in assessing, monitoring and mitigate risks relating to the health and safety and welfare of the service users.</p> <p>Regulation 17 (1) (2) (a) (b)</p>