Valorum Care Limited

Douglas House - Care Home with Nursing Physical Disabilities

Inspection report

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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

About the service
Douglas House is a residential care home providing regulated activity of personal and nursing care to up to a maximum of 30 people. People living in the home have a range of needs which include complex physical nursing needs and disabilities. At the time of the inspection 22 people were living at the service.

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

People were supported by staff who were kind and caring and who understood their needs, preferences and what was important to them. Staff respected people's privacy and dignity, encouraged people with making choices, and promoted independence.

People received person-centred care. Each person had personalised care plans which included information about people's life, their communication and their care needs and preferences. People were involved in care planning and reviewing their care.

Risk assessments detailed people's individual risks associated with people's physical health needs and medical conditions as well as risks associated with nutrition, moving and handling, pressure ulcer prevention and choking.

People felt safe and were protected from the potential risk of harm and abuse. Staff understood their responsibilities for safeguarding people and followed the provider's policy and procedure.

Staff sought people's consent before providing support. 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.

The provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people.

During the inspection we saw there were sufficient staff on duty to meet people's needs. However, some people told us this was not always the case at weekends and at night. This was discussed with the provider who told us they had recognised this and this was being addressed.

People were supported to eat and drink a healthy and nutritious diet. There was a choice of meals and people's preference was sought.

People had access to a wide range of activities on offer, both within the service and in the community, to help prevent people becoming socially isolated and to keep people active.

There were systems in place to monitor the quality and safety of the service. Incidents and accidents were investigated, trends analysed, and actions were taken to prevent recurrence.

There were processes in place for people to raise any complaints and express their views and opinions about the service provided.

The premises were maintained and checked to help ensure the safety of people, staff and visitors.

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

Rating at last inspection
This service was registered with us on 6 August 2019, and this is the first inspection.

Why we inspected
We undertook this inspection as the service had not had a rated inspection since registering with us.

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

Follow up
We will continue to monitor information we receive about the service, 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Douglas House - Care Home with Nursing Physical Disabilities

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, a medicines inspector, an assistant 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
Douglas 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. Douglas House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered

with the Care Quality Commission to manage the service. 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.

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 they had registered with us. We sought feedback from the local authority and professionals who work with the service. 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 ten people who used the service and one visitor. We spoke with 13 members of staff including the registered manager, deputy manager, operations manager, care workers, registered nurses, activities coordinator, kitchen staff and administrator.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with three relatives of people living at the service about their experience of the care provided.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and could raise concerns with staff or managers when they needed to. One person said, "I feel safe yes, the nurses care for me." Another person told us they felt safe and, "I love it here."
- People were safeguarded from the risk of abuse. Safeguarding concerns were reported to the local authority and investigated appropriately by the registered manager.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. One staff member told us, " I would go straight to my manager. I would go to safeguarding if I could not go to a manager and there is information around the building with telephone numbers." Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and reviewed. We saw risk assessments associated with people's physical health needs and medical conditions as well as risks associated with nutrition, moving and handling, pressure ulcer prevention and choking.
- Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. For example, where people were at risk of developing pressure ulcers, risk assessments contained clear instructions for staff on how to minimise the risk to people, such as, regularly checking their skin condition and applying skin creams.
- The premises were maintained and checked to help ensure the safety of people, staff and visitors. Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved, such as legionella, fire safety checks and electrical safety.
- Each person had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on how to support people in an emergency.

Staffing and recruitment

- During the inspection we saw there were sufficient staff on duty to meet people's needs. However, some people told us this was not always the case at weekends and at night. One person told us, "There could be more regular staff and less agency, it's mainly at night, and weekends too." We brought this to the attention of the registered manager who told us they had an ongoing recruitment process in place to employ their own staff team and reduce their reliance on agency staff. Where shifts were covered with agency staff, regular agency staff known to the service, were requested to provide continuity of care. The provider told us they had recently rostered a team leader on each night shift to lead care and support agency staff to ensure people received quality care at night.
- People were protected by safe recruitment practices. We reviewed staff files and found safe recruitment processes had been followed which included Disclosure and Barring Service (DBS) checks. DBS checks

provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

● People received their medicines as prescribed for them. The service had been working with the supplying pharmacy to improve ordering and supplies and an electronic system for recording medicines administration and stock control had recently been reintroduced.

● Suitable arrangements were in place for storage, ordering, receiving and disposal of medicine. This included medicines needing cold storage and those needing extra security.

● The service supported some people to administer their own medicines when they had been assessed as safe to do so.

● One person using oxygen, did not have full risk assessment available for this. This was immediately completed during the inspection.

● Improvements were needed to the way information to support 'when required' medicines were made available. For example, one person prescribed a medicine 'when required', did not have person-centred guidance with their medicines records to help staff understand when a dose might be needed. Although staff could explain this in detail to us, and information was available their care plan, their care plan was being updated. and wasn't easily accessible to staff. Following the inspection, we were told by the registered manager this had been addressed.

● Where medicines needed to be given covertly (disguised in food and drink), mental capacity assessments and best interests decision were recorded. Advice had been taken on how best to administer these medicines safely, but for one person this had not been updated when medicines had changed. Following the inspection, we were told by the registered manager this had been addressed.

● Medicines checks and audits were completed, and if issues or errors were picked up these were reported and investigated to reduce the chance of reoccurrence.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● Measures were in place to ensure safe visiting at the service. People were supported to receive visits by their relatives and government guidance was followed by the service.

Learning lessons when things go wrong

● Effective systems were in place to learn from accidents and incidents.

● The registered manager and provider analysed accident and incident records to see if there were any trends and themes and what action they could take to keep people safe. This showed the provider and staff were learning from the incidents which helped to prevent future occurrences.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 in line with legislation and best practice, before they moved to the service to ensure these could be met.
- At the time of the inspection improvements were being made to care records to ensure they were specific to people's assessed needs and provided staff with advice and guidance about how to support people appropriately.
- Care plans were person-centred and reflected people's choices and wishes. People's protected characteristics under the Equalities Act 2010 were identified and information was detailed in care records.
- The provider used nationally recognised tools such as, Malnutrition Universal Screening Tool (MUST) and the Waterlow pressure ulcer risk assessment tool, to ensure staff delivered consistent care for the people they supported.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to provide good quality care and support. Training records showed staff had received relevant training they needed to meet people's complex needs. The training provided was a mixture of on-line and some face-to-face elements. Staff access to on-line training was monitored with reminders sent to ensure staff completed all required training.
- Staff spoke positively about the training they received and how it helped them care for people. One staff member said, "Training; it is quite extensive, and we get the annual refreshers."
- The service was supporting staff to access further education. For example, team leaders were being supported to undertake the care home assistant practitioner training programme (CHAPs). This training equips staff with the skills necessary to provide care and clinical interventions to enhance people's experience and quality of care they receive.
- New staff received training and induction to the service which included working alongside their more experience colleagues. This helped them to get better understanding of what their roles and tasks were.
- Staff received supervision to enable them to review their practice and consider any training needs.

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

- People were supported to eat and drink a healthy and nutritious diet. There was a choice of meals and people's preference was sought. Where people requested an alternative meal, this was provided. Most of the people we spoke with told us they enjoyed the meals and some people told us meals had recently improved.
- People's nutritional needs were assessed and those requiring closer monitoring were weighed regularly with their dietary and fluid intake being monitored. Where people may be at risk in relation to their diet, staff

described how specialist advice would be sought.
● People assessed as needing assistance with their meals were supported by staff appropriately. During lunch times we observed staff helping people in the dining room and bedrooms with their meal. Throughout the inspection people were provided with regular drinks and snacks and there was a refreshments station in the dining room where people could help themselves to hot and cold drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's physical and mental healthcare needs were being monitored to recognise any signs of deteriorating health so action could be taken.
● Care records contained evidence of ongoing multidisciplinary teamwork with external health services. Where people required health or social care services, staff made referrals and liaised with professionals which included GPs, speech, and language therapists (SALT), tissue viability nurses and other professional's relevant to the individual's care.
● We received positive feedback during the inspection from health care professionals. One told us, "I have always had a good relationship with Douglas House with no issues with communication. Every client I have had here, they (Douglas House) have met their needs. Staff are engaging and have gone above and beyond to meet my client's needs. Staff and managers are always courteous and polite."

Adapting service, design, decoration to meet people's needs
● The design and layout of the environment was appropriate to people's needs. Aids and equipment had been installed throughout the service to enable people with mobility needs. People accessed the floors via a passenger lift and ramps and corridors were wide and spacious, which meant wheelchairs could move freely around the building.
● People had access to a communal lounge and dining area which meant people had space to spend time socialising with friends and family. People had access to a safe and accessible garden with seating and plants.
● People had personalised their rooms with items that had meaning such as photographs, pictures, and furnishings.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People's rights were protected. The service had clear processes for applying the principles of the Mental Capacity Act (MCA) 2005.
● Mental capacity assessments were completed where people lacked capacity to make specific decisions

about their care needs. Assessments were recorded and best interests decisions were made in collaboration with people's relatives and relevant health and social care professionals.

● Where the service identified people required restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for a DoLS authorisation. Those already in place were being correctly applied to ensure people were safe and had their rights protected.

● Staff understood the principles of the MCA. We observed that staff supported people to make their own choices and decisions. One staff member told us, "It is about their freedom of choice and consent and explaining to them what you are doing. I always like to treat people like me, or my family members would like to be treated."

● People told us staff respected their right to make their own decisions and choices. One person told us, "I always do what I want to do."

Good

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and respect. We observed many warm and caring interactions between people and staff. Comments from people included, "They (staff) are kind and caring and know the residents. They know exactly what they like and don't like, and they really care", "Yeah, I am happy, they're all my family now" and "I love it here, the staff are very nice, there are no problems at all." Another person described staff as "Couldn't be better."
- We saw staff spent time listening and speaking with people. It was evident that staff knew people's communication needs well and were able to engage effectively with them. One staff member explained to us how they used different methods to help people communicate, "We use picture charts, hand gestures, reading peoples' body language and facial expressions and tone of voice, if able."
- Staff showed a good understanding of people's needs, preferences and what was important to them. This included wanting the best for people, ensuring their rights and choices were respected and acted upon. One staff member told us, "It is just about communication and asking people what they want to do during the day and what their preferences are. It is their care and about what they want."

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

- The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible.
- Staff were observed throughout the inspection to involve people in decisions about their day-to-day care. For example, what they wanted to eat and drink. People's wishes were respected, such as, where they wanted to spend their time and with whom.

Respecting and promoting people's privacy, dignity and independence

- Staff enabled people to do as much for themselves as possible and rehabilitation was structured into people's care plans. The service had two physiotherapy assistants to support people's mobility as well as helping them with passive exercises. This ensured people did not suffer from contractures due to immobility.
- The service had an adapted kitchen in the activity room, a stand-alone laundry service for people to use as well as a small gym. People were encouraged to use these facilities to promote independence. This meant that people could choose when they wanted to do their laundry as well as what time they wanted to dine. The adapted kitchen enabled people to cook and/or learn to cook and invite their friends and relatives to dine with them.
- Care plans gave information on what people liked to do for themselves. For example, how people could safely move around the service, or the personal care tasks people could complete themselves.

● Staff completed relevant training in equality and diversity and dignity, this ensured staff understood how to respect people's privacy during the provision of their care.
● People's privacy and dignity was respected. For example, staff were observed knocking before entering people's rooms. People's rooms were their private space and staff respected that.
● People had choices about how they spent their time and staff respected these and acted upon decisions. One staff member told us, "It's about always asking for permission to do anything. Making sure you are knocking on doors. It is about getting consent to go into their wardrobe, their drawers, it is their space and their home."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Most people we spoke with told us that staff met their needs and preferences and they were happy with the care they received. However, some people told us the service could no longer meet their assessed needs. We discussed this with the registered manager who told us some people were being supported by staff and health professionals to move into more appropriate care settings to ensure they had their needs met. One health professional told us staff had done everything possible to meet their client's needs.
- People received support from staff who used person-centred approaches in the delivery of care and support. Staff described how they treated everyone living at Douglas House as an individual with their own needs and wishes. From our observations and conversations with staff, it was clear they knew people well and were passionate about helping them live their lives to the full.
- The service was in the process of improving people's care plans. Whilst this was happening a summary of people's daily care needs was available for staff to refer to in people's daily care records. This ensured that staff, including agency staff, had sufficient information available to meet people's needs.
- People's care plans were informative and gave staff the information they needed to support people effectively. Care plans described who the person was, their background, and wishes of how they would like to be supported. Care plans were tailored to a person's individual needs; they were up to date and reviewed regularly.
- People told us they were involved in reviewing their care and support. One person told us, "I am involved yes, every year we do a care plan with my participation". The person told us their long-term plan was to remain at Douglas House and said, "I am very happy with everything."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and information about how to ensure people could communicate, was available in their care plans.
- The service could provide information to people in a number of different formats such as large print, easy read and pictorial formats. This meant people would be able to have more choice and control over their lives as they could access information to help them make decisions.
- People were supported to use technology and had access to the internet which helped them to maintain

contact with their relatives and friends.

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

● People had access to a wide range of activities on offer, both within the service and in the community, to help prevent people becoming socially isolated and to keep people active.

● A weekly plan of activities was distributed to people and were made available on notice boards. These included activities such as, exercise classes, reading groups, bingo, cookery club and quiz and coffee mornings.

● The service had access to adapted transport which enabled people to go out daily to places they enjoyed. For example, people enjoyed the beach, going to nail and hair salons, shopping, afternoon tea, visiting parks, the cinema, and festivals. One person told us they were looking forward to going out to the local pirate festival.

● The service encouraged people to take up work or educational opportunities. We were told that three people had chosen to take on responsibilities in the service. For example, reminding staff to wear blue aprons in the dining room, working on reception, collecting, and delivering post and some people joined the registered manager on their daily walk around.

● People were able to maintain relationships that were important to them. They told us their friends and relatives could visit them as they wished.

Improving care quality in response to complaints or concerns

● The provider had a procedure for receiving and responding to complaints about the service. People told us they would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint.

● Where complaints had been received these had been investigated and reviewed by the management team and resolved where possible with a clear audit trail of actions taken in response.

End of life care and support

● People were supported to have a dignified death and in the way that they wished.

● Measures had been taken to ensure that the necessary equipment and medicines were available in anticipation of people's health deteriorating. The service had good links with the local hospice to ensure staff were provided with appropriate advice and guidance.

● Where appropriate, care plans showed some people had been consulted as to their wishes if they should need end of life care. Do not attempt cardiopulmonary resuscitation (DNACPR) orders were in place for people who had expressed a wish not to be resuscitated.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the management and staff at the service and the care they provided at the home. One person told us, "They have definitely improved and made positive changes. I'm happy with the manager we've got at the moment. We know them all by their first names." Another person said, "The management seem to be good and [registered manager's name] and [deputy manager's name] are both lovely."
- The registered manager and staff demonstrated a positive and caring culture that was inclusive and empowering. Staff supported people to lead the lives they chose, whilst ensuring their safety and wellbeing.
- The registered manager had developed an open-door policy which empowered staff to share their views and make improvements at the service.
- The care at Douglas House was person-centred and each person had a personalised care plan that reflected all aspects of their care. People told us they felt involved in the care planning and reviewing process.

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

- People and staff were positive about the management and leadership of the service and told us the registered manager had made many improvements.
- Staff had a good understanding of their roles, responsibilities and contributions to the service and there was a clear management structure in place.
- There were established and effective governance systems with regular quality assurance checks and audits in place.
- Risks related to the service delivery were regularly reviewed and actions were taken to ensure people were receiving safe care.
- The management team had reviewed any accidents, incidents and matters of concern to ensure the service took action to stop them from happening again.
- The registered manager carried out daily walk round audits and this included oversight of staff performance.
- The registered manager was aware of their responsibility to notify CQC of incidents as they occurred.

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

● People were involved in the running of the service. The registered manager sent questionnaires to people, their relatives and professionals, asking about their views to ensure the service was improved in the way they wanted.
● People told us they had opportunities to discuss the service during regular residents' meetings. One person said, "We have monthly meetings and after we discuss the food, which has improved recently." They went on to tell us that meetings were documented to ensure people that had not attended, had information about what was discussed.
● Staff attended regular staff meetings where they were encouraged to share their views and suggestions. One member confirmed, "We have quarterly staff meetings and as and when they are needed, and each dept has separate meeting too."

Working in partnership with others
● The staff worked with other services to ensure people received the care they required if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans. Communication was described by these partnerships services as being very good and staff and the registered manager as being open and responsive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager and provider understood their duty of candour and ensured people and their relatives were informed of incidents that occurred.