

Donnington House Care Home Limited

Donnington House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Donnington House Care Home is a care home providing personal and nursing care to up to 28 people in one adapted building. The service provides support to people with health care needs, Parkinson's disease and frailty of age. At the time of our inspection there were 19 people using the service.

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

The provider did not have effective oversight or scrutiny of the service. Aspects of leadership and governance were not effective in identifying some of the concerns found. The service worked with other agencies. People views were sought about the service they received.

People told us they felt safe and systems and processes protected people from avoidable harm. People received their medicine safely. Risks to people were assessed and mitigated. Infection prevention and control processes protected people from the risk of infection.

People's nutritional needs were met, and people were complementary about the meals. Staff felt supported and had access to training. People told us the staff were kind and compassionate. We observed positive interactions between people and staff.

People received compassionate and person centred support. There were enough staff to meet people's needs. People told us staff responded promptly to their care needs and when they required support. Registered nurses ensured people's nursing needs were met. People received compassionate and dignified end of life care in line with their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 1 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We received concerns in relation to risk management, deprivation of liberty under the terms of the Mental Capacity Act 2005, responding to complaints and the management and governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. 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, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

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 the management of the service at this inspection.

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 safe.

Details are in our safe section below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective section below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive section below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

Requires Improvement ●

Donnington House Care Home

Detailed findings

Background to this inspection

The inspection

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

The inspection was undertaken by two inspectors 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

Donnington House Care Home 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. Donnington House Care Home is a care home with nursing care. The Care Quality Commission (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 CQC 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 the last inspection. 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 information gathered as part of our monitoring activity that took place on the 20 July 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke to the registered manager and seven members of staff including registered nurses, care staff, ancillary staff and the chef.

We reviewed a range of records. This included seven people's care records and medicine records. A variety of records relating to the management of the service, policies and procedures were reviewed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of their individual responsibilities to prevent, identify and report abuse. Staff received safeguarding training during their induction and undertook regular updates. This ensured their knowledge was up to date and they knew how to report concerns.
- People told us they felt safe and were supported to keep themselves and their belongings safe. There were posters which displayed the signs of abuse or neglect and how to act upon concerns of potential abuse. People told us staff were kind and respectful and they had no concerns about their personal safety.
- A relative said of their loved one, "I think she's totally safe. It's just the reflection of general care and attention they give her. She doesn't say she feels unsafe".

Assessing risk, safety monitoring and management

- Risks to people were identified and processes were in place to mitigate these.
- People were supported in the least restrictive way to safely meet their needs. This included how people moved and any equipment they needed to do this safely. Bed rails and pressure mats were in place for people who were at risk of falling, and people had falls prevention care plans. A relative told us "I see them handle [name]; I have seen them hoist her into a chair. I've never had any worries".
- Where people had specialist health needs, there was clear guidance for staff to follow to ensure safe care. This included specialist feeding arrangements such as via a tube directly into a person's stomach. This is called a percutaneous endoscopic gastrostomy (PEG). Skin integrity care plans had been effective in mitigating the risk of people developing pressure ulcers.
- Checks were carried out on the facilities and equipment to ensure they were safe. This included electrical and fire safety equipment. People's care records contained details of personal evacuation plans. These guided staff on the assistance needed to evacuate people safely in the event of an emergency such as fire.

Using medicines safely

- Medicines were stored and administered safely. This included medicines that required additional control measures to ensure they were managed safely. Medicine Administration Records (MARs) were completed in line with best practice. Pharmacy audits were undertaken to ensure medicines were being stored safely.
- Medicines were administered by trained nurses. People were supported to be as independent as possible with taking their medicines. This was underpinned by care planning which provided details on what aspects people could manage for themselves.

Staffing and recruitment

- Enough staff were employed to meet people's needs.
- People and their relatives consistently told us there were enough staff and our observations confirmed this. A person said, "They [staff] come running along the corridor if you press the button". A staff member commented, "Yes I think that there are enough carers although there seem to be pinch points in the morning and afternoon." We observed people received support in a timely way and staff had time to sit and talk with people.
- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Checks were made to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice. Agency profiles were in place to ensure agency staff were safe to work at the service and had the right training and skills.

Learning lessons when things go wrong

- Action was taken following accidents or incidents to help keep people safe. For example, a recent referral had been made to the falls team for a review of a person's mobility following an increased number of falls. A relative said, "They are always very good at letting me know anything they are concerned about".
- There was a good awareness of medicines that could cause excessive bleeding. Accident records showed that appropriate medical advice and monitoring had been implemented when people receiving these medicines had experienced falls or injury.

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 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 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

- People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 before care was provided to ensure staff could meet their needs. Assessments were clear and gave details of people's needs and preferences. Protected characteristics under the Equality Act such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diverse needs were considered and promoted within their care.
- A range of assessment tools were used to ensure people received care and support appropriate to their needs. This included assessments to assess the risk of malnutrition and developing pressure ulcers. The service followed the National Institute of Clinical Excellence (NICE) guidance on oral care and hygiene. People's oral health care needs were comprehensively assessed and reflected within their support plan.
- People and their families were involved in decisions regarding their care planning. People told us they had been fully involved in the assessment process and felt they had been listened to. Care plans contained person-centred information including people's personal preferences as to how they wished to be supported, as well as their likes, dislikes, routines, and choices.

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

- People were supported to eat a balanced diet. Specialist diets were catered for. This included fortified diets for people who needed to increase their calorific intake and diabetic and vegetarian diets. Modified diets were provided for people who were assessed as at risk of choking or who had swallowing difficulties. People received thickened drinks and food served at pureed consistency in line with their assessed needs. Nurses were trained to use a PEG feeding tube which enabled a person to receive nutrition and fluids directly into their stomach.
- People told us the meals were good and there was plenty to eat. People's preferences and the support they required were documented and known by staff. People had been consulted about menu choices and alternative meal options were available on request.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. Care and ancillary staff received a formal 1-1 supervision. They used handovers to discuss issues they faced daily and sought guidance and support about their work performance from registered nurses.
- Staff had access to training and development opportunities. This included mandatory and additional training in response to people's specific needs which included PEG feed training and supporting people living with Parkinson's disease.
- Staff new to the service completed an induction programme which included completing the Care Certificate and shadowing more experienced staff. The Care Certificate is an agreed set of standards that

define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed that people had access to routine and specialist health care services. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.
- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. For example, referrals had been made to the speech and language therapy team (SaLT) where there were concerns about people choking. The hospital dietician had recently provided guidance on specialist diets and advice had been sought regarding PEG management and care.
- People told us they had good access to health care. They felt reassured by nurses being available within the care home 24 hours a day. People told us they had access to health care professionals, GPs and specialist nurses when they needed them.

Adapting service, design, decoration to meet people's needs

- The service was suitable to meet people's needs; adaptations had been made to meet the needs of people using wheelchairs and walking aids. This included a fully accessible courtyard garden and a passenger lift and stair lift to access the first floor.
- Communal areas were bright and spacious. People moved around the service freely and using voice activated devices to listen to music. Trip hazards were minimised by keeping floor spaces and halls free of obstructions and ensuring floor coverings were in good condition.
- People's preferences were used to enhance their bedrooms which were personalised and contained personal effects such as pictures, photos, equipment and items to support their hobbies and interests. People told us the service felt homely and welcoming. One person said, "They keep it shipshape, it's in tip top condition".

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.

- The service worked in accordance with the Mental Capacity Act 2005 including the appropriate use of Deprivation of Liberty Safeguards (DoLS). Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Records evidenced capacity assessments had been undertaken and where appropriate, best interest meetings took place. Where people's records indicated their representatives had legal authority to make decisions on their behalf, evidence had been obtained to support this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People told us they felt listened to and their views and wishes were respected. Assessments had been completed prior to people moving to the home to ensure staff could meet people's needs. People were involved in developing their support plans which reflected their choices, likes and dislikes. Care plan guided staff how to support people in line with their personal preferences, needs and wishes.
- People were supported to maintain their independence. Care plans identified which aspects of their care people could manage themselves. Care plans were reviewed with people to ensure they were up to date and reflected people's current needs. This ensured changes could be identified and acted on at an early stage. Relatives told us they were involved in the planning and reviewing of their loved one's care.
- Risk management processes balanced the needs and safety of people with their rights and preferences. For example, one person had specifically requested to have their bedroom door left open. There was documentary evidence to support their decision making which included advice from staff regarding personal safety.

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 preferred methods of communication were highlighted in their care plans. People were able to communicate their needs without additional support. People told us that they had access to telephones and technology to keep in touch with friends and relatives.
- Staff were aware of the importance of making information accessible to people. Staff told us if people required additional support in relation to communication, they would source information and equipment to support this specific to the person's needs. We were provided with examples where whiteboards and pictorial information had been used to communicate and share information.

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 opportunities to do things they enjoyed. People attended local community church services and took part in services run by Winchester cathedral via video conferencing. Outside entertainers visited the home these included baking sessions and visiting zoo animals. One person hosted a weekly gin rummy

card game in the lounge for their friends and an afternoon tea party for friends, relatives and neighbours was held to celebrate Queen Elizabeth's 70th Jubilee.

- There was a range of activities available to people through a planned activity timetable. Activities were reasonably adjusted to ensure people could choose to take part. We observed people listening to music in lounge and sitting quietly reading.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. There was a clear policy and procedure in place to receive and respond to complaints and concerns. Staff understood complaints and concerns should be taken seriously and resolved in a timely way.

- People told us they knew how to raise a concern and were confident they would be listened to. Relatives told us they felt able to raise comments or concerns. We reviewed the providers record of complaints. These had been investigated thoroughly and outcomes shared.

End of life care and support

- People who were nearing the end of their life, received compassionate and supportive care. People's care plans contained end of life wishes and choices. We saw how the home used ReSPECT forms to gather people's wishes for end of life treatments. ReSPECT forms record a summary of a patient's wishes for emergency care and treatment.

- The service had a gold standard framework award for end of life care. This is awarded to services who can demonstrate that quality end of life care is embedded within the organisation. The service also worked with the local hospice and end of life hub (ECHO) for support and advice for people who were receiving palliative care. Registered nurses were trained to support people with end of life medicine and equipment to ensure people were comfortable and pain free.

- During the inspection people and staff were able to pay their last respects to a person who had recently passed away. The service had arranged for the funeral cortege to drive slowly past Donnington House Care Home. People and staff lined up outside to pay their last respects. They told us this had been very important to them.

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.

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

- There was an absence of provider oversight and scrutiny of the service.
- Since the last inspection there had been a change in registered manager. The registered manager did not have a background in health and social care, and this was apparent throughout the inspection. The registered manager was unable to demonstrate a robust awareness of regulations or their regulatory responsibilities. For example, they were not aware of the types of regulated activities they were registered to provide at Donnington House Care Home. Direct monitoring undertaken by CQC prior to the inspection raised concerns about the registered manager's understanding of reportable events and the provider's oversight of these.
- The provider had failed to provide the registered manager with a robust induction. During the inspection there were gaps in the registered manager's knowledge and competencies of managing within a nursing care home. There was a failure by the provider to undertake competency checks, assessments and supervision. This meant the provider could not be assured the registered manager had the appropriate skills, knowledge and support to manage the carrying on of regulated activities.
- There was an absence of provider led governance. This included auditing systems and processes to ensure people were receiving a safe and effective service and to drive service improvement. The registered manager did not have knowledge or oversight of quality assurance processes and were not familiar with quality checks in place. This had led to a failure to identify some of the concerns found at inspection.
- For example, there was a lack of oversight and checking of fluid monitoring records. This meant the registered manager could not be assured staff were accurately recording people's fluids or acting in a timely way to mitigate known risks of dehydration or urinary tract infections. There was a failure to ensure protocols for medicines prescribed 'as and when required'(PRN) had enough guidance to ensure they were being administered in line with the prescriber's instructions. This included medicines to treat constipation, pain relief and people's mental health. Following the inspection, the registered manager provided assurances that improvements had been made to monitoring processes and PRN protocols had been reviewed against the providers guidance.
- Processes were not in place to ensure management oversight of accidents and incident records. The registered manager told us they did not have oversight of accidents and incidents and were not aware of any processes to identify trends, drive service improvement and ensure lessons were learnt. This was an area for improvement.

- The provider did not have a process for quality checking of policy updates to ensure they were current and reflected good practice requirements. For example, we reviewed the medicine policy which had recently been amended by the registered manager. The updated policy was not in line with National Institute for Health and Care Excellence (NICE) good practice guidance. We spoke to the registered manager about this. They took immediate action to seek advice and guidance to amend the medicine policy to reflect good practice guidelines.

There was a lack of provider oversight and scrutiny of the service. The provider had failed to ensure there were adequate systems to monitor and improve the quality and safety of services provided. Processes were not in place to ensure the management of the regulated activities. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The service had a positive and welcoming atmosphere. The service was led by an open and transparent registered manager who actively supported the care staff in their roles. Staff told us the manager was approachable and they felt very supported. Throughout the inspection we observed positive communication and supportive interaction between the whole team.
- Staff understood the vision and values of the service. They described working in a person-centred way and putting people's needs and wishes first. People spoke highly of the service they received, their comments included, "They look after me very well", and "They can't do enough for you, they are so kind, nothing is too much trouble".
- The culture of the service focused on providing person centred care and support to people. Staff demonstrated passion and a commitment to providing people with compassionate care and improving the quality of their lives. We observed some very responsive and compassionate support and saw people were treated with respect and dignity. For example, people were discreetly offered support with personal care and staff ensured people's dignity was preserved at all times. Time had been taken to ensure the environment was conducive to people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with other agencies. These included healthcare services as well as local community resources such as the local hospice, medical centre, and community groups. People were supported to make local community connections, keep in touch with friends and access local resources.
- During the pandemic the local community had provided gifts and messages of support and praise to people and staff. Staff told us they had really appreciated this.
- People's views were sought about the care they received. Feedback was sought from people's relatives, friends, professionals and staff. People, relatives and staff were encouraged to make suggestions for improving the care offered and told us they were listened to. For example, the chef had been working with people to incorporate their ideas for meals into the new menu.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>There was a lack of provider oversight and scrutiny of the service.</p> <p>The provider had failed to ensure there were adequate systems to monitor and improve the quality and safety of services provided.</p> <p>Processes were not in place to ensure the management of the regulated activities.</p>