

Coate Water Care Company Limited

Downs View Care Centre

Inspection report

Badbury
Swindon
Wiltshire
SN4 0EU

Tel: 01793740240

Website: www.coatewatercare.co.uk

Date of inspection visit:
08 September 2022

Date of publication:
27 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Downs View Care Centre is a residential care home registered to provide accommodation and personal care to elderly people. At the time of our inspection there were 22 people using the service. Downs View Care Centre can support up to 51 people.

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

Improvements have been made in the safe and well-led domains. People were cared for by staff who were trained to promote people's safety and understood safeguarding procedures. Risks to people's lives had been assessed and kept under review. Care plans were person centred and staff understood how to manage risks to people. Medicines were administered by appropriately trained staff in a safe manner. Staff worked in partnership with health care professionals to promote good outcomes.

There were sufficient staff deployed to meet people's needs. People and their relatives said that there were enough staff to support people. Environmental risks were assessed, and the premises and equipment used to promote people's safety were clean and well maintained. Staff followed infection prevention control measures to ensure the risk of infection was managed.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice.

People, their relatives and staff said the registered manager was visible and approachable. The registered manager had a robust governance and auditing system in place. Audits were up to date and identified any lessons learnt following incidents and accidents so action could be taken to keep people safe. A learning culture was in place when things went wrong.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 31 May 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulations.

This service had been in Special Measures since 17 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 inadequate to requires improvement based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. 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 Downs View Care Centre on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Downs View Care Centre

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 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

Downs View Care Centre 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. Downs View Care Centre 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 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 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 sought feedback from other professionals who work with the service. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with one person using the service. Not everyone using the service was able to provide us with verbal feedback. We spent time observing care and support being provided in the communal areas of the home and in people's individual rooms. We observed how staff interacted with people who used the service. We spoke with the registered manager and four members of staff.

We reviewed a range of records. This included three people's care and support records and six people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, health and safety records and records and quality assurance reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures. We spoke with seven relatives of people to obtain their opinion on quality of care provided.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were managed. Risk assessments included details of potential risk, level of risk and how it would affect people. Staff were provided with clear instruction on how to manage potential risks in relation to weight loss, choking and falls.
- Risks to people with diabetes were managed effectively. There were clear diet instructions for staff to follow. People's care included involvement of a diabetic nurse and dietician support.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans.

Using medicines safely

At our last inspection the provider had failed to ensure safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and administered by suitably trained staff. Staff followed safe procedures when administering people their medicines.
- Medicines records were complete and matched stock balances. There were no temperature excursions for medicines that had to be kept a certain temperature.
- Protocols for medicines administered when required (PRN) were in place with the right amount of information. Observations showed people were asked if they needed PRN medicines.
- Where people were on blood thinning medicines, blood checks were completed and there were clear instructions to ensure normal levels maintained.

Preventing and controlling infection

At our last inspection the provider had failed to mitigate risk in relation to infection, prevent and control. This placed people at risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 12.

- 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.
- The service encouraged visiting from people's relatives and friends.

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.

At our last inspection we found out that significant decisions had been made in relation to people's care and treatment without evidence of the Mental Capacity Act 2005 and best interest decision making process being followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 11.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions relating to DoLS authorisations were being met.

Staffing and recruitment

At our last inspection the provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff that had been recruited safely. Safe recruitment required staff to follow an application process including assessment of their history, character and qualifications to ensure they were suitable to work with people.
- There were sufficient staffing levels to ensure people's needs were continually met. A member of staff told us, "We have enough staff at the moment." The registered manager used a dependency tool to determine safe staffing levels, based on people's needs. This was monitored regularly.
- People and their relatives told us there were enough staff. One person told us, "Staff are always on time, so I have my medicines on time." One person's relative told us, "There seems to be enough staff. There are always plenty of people milling about when I go."

Learning lessons when things go wrong

At our last inspection we found the provider failed to record and investigate incidents/accidents within the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to record, monitor and analyse accidents, incidents and safeguarding concerns. This enabled the registered manager to identify any themes so action could be taken.
- Staff knew their responsibilities. They were encouraged to raise concerns and report incidents and near-misses. Staff told us they received feedback in areas of concern in a constructive and supportive manner. This ensured staff continued to develop and learn from experience.
- There were systems to make sure that lessons were learned if anything went wrong.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe in the service. One person told us, "I feel safe here." One person's relative told us, "I'm very pleased with the way they look after him."
- Staff received safeguarding training on how to recognise and report abuse and knew how to apply it. A staff member told us, "If I suspected any abuse, I would report this to my manager."
- Concerns were acted on promptly and investigated in an open and honest way meaning people, their relatives and staff were confident to raise concerns.

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's quality auditing systems did not always highlight the concerns we found at inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 17.

- The service was led by a new and motivated registered manager. They were committed to providing a service that promoted person-centred values and a strong commitment to promoting independence and social inclusion.
- The registered manager notified the CQC about events and incidents they were required to do so. This meant risks identified were shared with relevant agencies.
- Staff understood their roles and felt well supported. We saw staff were working as a team to ensure people's needs were met. A member of staff told us, "The communication between us has improved. It is happier, you actually want to come to work. We have improved much more, residents are thriving, you get more out of them."
- There was effective oversight of all areas of the service. Systems were in place to continually monitor the quality and standards of the service through regular audits and checks. Actions were taken promptly to address any issues that were found. People, their relatives and staff told us the registered manager resolved issues quickly when raised. There were regular meetings between the registered manager, staff and senior management of the provider to discuss the needs of the service.

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

During our previous inspection we found that the registered manager had not always notified the CQC about significant events which they are legally required to do so. This was a breach of Regulation 18 CQC (Registration) Regulations 2009.

Enough improvement had been made by the time of this inspection and the provider was no longer in

breach of regulation 18 CQC (Registration) Regulations 2009.

- The registered manager and the deputy manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood legal requirements to notify the CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury.

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

- The registered manager and staff focused on achieving good outcomes for people. Staff had developed positive relations with people and their relatives. Staff knew people they were supporting well and understood their individual wishes and preferences.
- People's care plans and risk assessments were kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people.
- Relatives of people were complimentary about the management of the service. They stated the communication between them, and the management had significantly improved. One person's relative told us, "Communication is much better. You can speak with the manager if you need to. Last week my brother and I had a meeting with her, she made time for us. I'd say she was very approachable." Another person's relative told us, "I get told about everything, if something happens, I know as soon as they do."

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

- Feedback was used to improve the service. There were regular meetings with residents and their relatives, which were used to gather feedback on menu choices, activities, updates on the visiting arrangements and changes to the décor. People's relatives told us they were asked for feedback. One person's relative told us, "They have sent me a feedback form to fill in."
- Staff felt able to feedback directly to the registered manager or discuss their observations and suggestions at team meetings. A member of staff told us, "She (registered manager) is very respectful and accepting our suggestions." Another member of staff said, "I think I can always go to her to discuss things."
- People's protected characteristics were considered within the assessments of their needs and care plans.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged a learning culture. We saw examples of changes which had been made following feedback on the service from local commissioners. For example, PRN protocols were re-written to ensure they contained appropriate information.
- The registered manager and staff worked in partnership with other health and social care professionals involved in the care people using the service received to promote good outcomes.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Care records showed involvement from other agencies and staff used the advice/guidance provided to help with people's care planning. A member of staff told us, "Relationship with the district nursing team has improved since the last inspection. We always clearly explain nursing issues to the district nurses, and they provide us with feedback."