

Stonehaven (Healthcare) Ltd

Donnington House

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This focussed inspection took place on 7 February 2018 and was unannounced. When we completed their last comprehensive inspection on 19 September 2017 we found there were breaches of legal requirements in regulation 9 - person centred care, 12 -safe care and treatment and 18 of the Registration Regulations 2009 - notifications of other incidents. We issued requirement notices for these three breaches. We also found a repeated breach of regulation 17-good governance so we issued a warning notice. This sets out the evidence we found to show the breach and gave the provider a timeframe by which they needed to make improvements to meet this regulation. We are also met with the provider on 23 February 2018 to discuss their actions to improve this service and two other services they provide at other care home locations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good. During this inspection we found improvements had been made to the detail of care plans which enabled staff to provide more personalised and consistent care. We found health conditions and people's preferred routines and likes and dislikes had been more clearly recorded. Risks were being clearly monitored and risk assessments detailed what staff should do to mitigate any risks identified. A new activities person had been employed who was providing a programme of activities throughout the week both in groups and to individuals, depending on their wishes and interests. We checked the accident and incident reports and found they linked to whether a notification had been sent to CQC. There were no gaps in reporting.

Where we had previously identified gaps in the quality assurance and audits to ensure people were kept safe, these had been rectified. Hot water was being regularly monitored to ensure it was not a risk of scalding people. The medicines storage areas were being more closely monitored to ensure the temperature did not rise above the recommended level. The provider had installed a cooling unit to the medicines storage room which helped to keep the temperature at a consistent level. The audits were being overseen by the manager and provider, who had increased their visits to the service.

No risks, concerns or significant improvement were identified in the remaining Key Question through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Donnington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Donnington House is registered to provide personal and nursing care for up to 36 people. They provide care and support for frail older people and those people living with dementia, but do not provide nursing care. On the day of the inspection there were 18 people living at the home.

Since the last inspection the registered manager has resigned. The provider's compliance manager was

providing management cover over four days per week, whilst they are recruiting a new manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Just prior to Christmas we received some information of concern about staffing levels and we asked the provider to send us some information. Their staffing levels had fallen below their preferred levels but this was due to staff sickness which they were unable to cover at short notice. People were kept safe because staff worked extra hours to ensure people's needs were being met.

People were kept safe because staff understood about how to report abuse and recruitment practices were robust. Staff received training and support to help them do their job effectively. Medicines were being safely managed and people's healthcare was being closely monitored.

Staff were caring, kind and attentive towards people. Staff worked in the least restrictive way to enable people to have choice in their everyday lives. People were offered a good range of meals, snacks and drinks throughout the day.

We could not improve the rating for responsive from Requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

Improvements had been made to ensure risks were clearly identified for each person with actions for staff to follow to mitigate such risks.

People were protected from scalds from hot water outlets as checks had been implemented.

There was sufficient staff to meet the needs of people living at the service.

People were kept safe because staff understood about abuse and recruitment practices were robust.

People received their medicines on time and in a safe way.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to ensure people's healthcare need were documented and followed up.

People were cared for by staff had regular training and received support with practice through supervisions.

People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to help sure they kept as healthy as possible.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care and support was well planned but records were not always

completed to show how and when care and support had been delivered. Care plans did not show that they were developed and shared with people and their families. Activities were now being planned or tailored to individuals' needs and wishes.

People or their relatives concerns and complaints were dealt with and this included improvements in the documentation of how issues had been responded to and resolved, although people did not always receive a written response.

Is the service well-led?

Some aspects of service was not always well led

There was no registered manager in place, although interim arrangements meant there was clear leadership.

Systems had improved to ensure the records; training, environment and equipment were all monitored on a regular basis by the service. However, the provider had not recorded their audits which meant they could not demonstrate how they judged the service to be safe and well run.

Staff morale had improved and high staff turnover was being addressed.

Incidents which should have been reported to CQC were now being notified.

Requires Improvement 

Donnington House

Detailed findings

Background to this inspection

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

The inspection was prompted by the fact that we had issued a warning notice in respect of regulation 17- good governance. We told the provider they needed to have made the necessary improvements by the end of November 2017, so we needed to check these had been implemented and were working in practice.

This inspection took place on 7 February 2018 and was unannounced. The inspection was completed by one adult social care inspector, a pharmacist inspector and an expert by experience. An expert by experience is someone who has had direct experience or their relative had used registered services such as care homes.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people using the service were unable to comment on their experience of life at the home. We spent time in communal areas observing staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI) in the unit. SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

During the inspection we spoke with seven people, three relatives, seven staff and one healthcare professional. We also looked at three care files including risk assessments, care plans and daily records. We reviewed 13 medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

Is the service safe?

Our findings

When we inspected in September 2017 we judged this key area to be requires improvement. This was because medicines were not being stored at the recommended temperatures. Health and safety checks had not been completed and this placed people at potential risk.

At this inspection we found all medicines were stored securely and within the recommended temperature range. Medicines trollies had been moved to a secure room which had a cooling system fitted. The temperature range in the room, trollies, cupboards and refrigerator were recorded and monitored daily to make sure medicines would be safe and effective for people. There were suitable arrangements for keeping and recording medicines needing extra security, and for the ordering, receiving and disposal of medicines. There were some non-prescription medicines available so that staff could respond appropriately to people's minor health symptoms. At the time of our inspection an updated protocol was being put in place to make sure only medicines authorised by people's GPs were used in this way.

We saw that environmental checks now also included checking hot water outlets to ensure the temperature of hot water was set at the recommended temperature to keep people safe from the risk of scalds. This meant the service had met the requirement notice in relation to regulation 12. This was because they had ensured people's safety by keeping their medicines at the right recommended temperature and mitigated against risks of scalds from hot water.

Medicines were being safely managed. People were given their medicines in a safe and caring way at lunchtime. Staff recorded medicines on medicines administration records (MARs) charts. Additional guidance protocols were available for medicines prescribed 'when required'. There were three people prescribed a sedative medicine. There were clear, person-centred plans available to help staff with alternative techniques that may be helpful. These gave them clear guidance for when it would be appropriate to give a dose for each person. We checked 13 people's MARs. When people were given doses of their medicine, they were clearly completed. If any regularly prescribed doses had not been given for any reason then this was clearly recorded on the charts. There were records of medicines received and returned to the pharmacy, which meant a full audit trail was available. We checked one or more medicine for each person and found that the number of doses matched the records. This helped to confirm that people had received their medicines correctly in the way prescribed for them.

Care staff used separate charts to record any creams or external preparations that were applied. Directions were available for each person showing how these preparations should be used. Since our previous inspection, staff had been checked to make sure they were competent to give medicines safely. Some extra staff were being trained and assessed to make sure there would always be enough medicines trained staff on duty.

Monthly medicines audits were being completed to identify any issues needing attention. Policies and procedures for safe medicines management were available to guide staff, and information was available about people's individual medicines, if needed.

The home was clean and staff understood about infection control processes because they had received training. Staff had access to protective clothing to help prevent cross infection. However one relative said they had needed to highlight some poor practices in what they saw as risks to infection control. This included staff carrying dirty laundry through the home. The relative had asked that laundry bags and baskets be purchased. They also raised the fact that staff threw their used rubber gloves into an open bin in their relative's room. She said they felt this had contributed to the fact their relative had had several bouts of sickness and diarrhoea.

It is recommended that the service ensure it follows best practice and guidance to ensure infection control standards are maintained.

People were protected from risks as far as possible because risk assessments were completed and reviewed monthly or sooner if needed. Where someone was at risk of falls, this was clearly identified and staff were instructed on how to reduce this risk with use of equipment and keeping the environment clutter free. Where people had fallen, a review of the incident form was completed and the risk assessment was updated if needed.

People told us they felt safe. Comments included "I certainly feel very safe." And "I feel very safe here – goodness yes!"

There were sufficient staff for the number and needs of the people currently living at Donnington House. People said their needs were being met. There were four or five care staff each shift caring for 17 people. The care staff were supported by a deputy manager, cleaning staff and kitchen staff. The manager said care staff levels would be reviewed as new people came to live at the service and/or needs of people increased. Our observations showed call bells were being answered in a timely way and the atmosphere was calm and relaxed. Just prior to Christmas we received some information of concern about staffing levels and we asked the provider to send us some information. Their staffing levels had fallen below their preferred levels but this was due to staff sickness which they were unable to cover at short notice. People were kept safe because staff worked extra hours to ensure people's needs were being met.

People were protected from possible abuse because staff understood what to look for and how to report any concerns. There had been one safeguarding issue raised since the last inspection. The manager was working with the family and safeguarding team to resolve some issues around one person's care and safety. Staff recruitment ensured only staff who were suitable to work with vulnerable people were employed.

Is the service effective?

Our findings

When we inspected in September 2017, we found people's healthcare needs were not always being well planned for. Care plans lacked detail, for example how staff should respond to someone with epilepsy. We issued a requirement in respect of this. The provider sent us an action plan which said they would have made the necessary improvements by the end of November 2017.

At this inspection we found improvements had been made. Care plans gave staff clear instructions about people's healthcare needs and how to meet these. For example, one plan said the person struggled to communicate their needs and may need support to show staff where and when they had pain so effective pain relief could be given. Staff were directed to ask the person to show them where the pain was as the person could respond more easily with actions rather than words. Where someone had a history of seizures, the plan gave staff instructions about what to look for and how to ensure the person's safety during a seizure.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. Three people had such safeguards in place. Most people had applications pending. Details of people's capacity and any applications were included in their care plan for staff to refer to. For example, one care plan said "I have a DoLS application in place as I have a pressure mat to keep me safe."

People felt staff understood their needs and provided effective care. One person said "If I have a problem, like I don't feel well, the carers will let the GP know and they keep a check on me. They look after us well." A visiting healthcare professional said the service were responsive to people's healthcare needs and followed any advice given by the community nurse team.

Staff said they had received good training and support to do their job effectively. Our observations supported this. We saw staff confidently work with people with a range of needs using the right equipment and approach. The manager said she had made sure each staff had received a supervision session to talk about their role and any training needs. She was also updating the training matrix to see what training they needed to book to ensure staff had annual updates on all areas of health and safety. Staff confirmed there was a range of training opportunities to enhance their skills and learn about areas of interest such as end of life care and working with people with dementia. The manager said they had recently used the care home's team nurse educator to set up some learning sessions in particular health care areas such as diabetes,

bowel care, pressure care and sepsis. Staff confirmed these sessions had helped them gain a better understanding of healthcare needs.

New staff had an induction process which detailed all areas of how the home was run and what was expected of their role. Staff new to care were expected to complete a nationally recognised induction called the Care Certificate. This helped to ensure new staff understood the key elements of delivering safe, effective and compassionate care. They also had the opportunity to shadow more experienced staff to help them gain a better understanding of the role and the needs of people living at the service. The manager said they hoped to have a new cohort of staff start shortly and they would be looking at their induction and introduction to the service to ensure this allowed them to feel comfortable with their role.

People benefitted from being offered variety of meals to suit their tastes and promote their health and wellbeing. There was a choice of at least two options for lunch and people chose this the day before. People said they enjoyed the meals and that regular drinks and snacks were offered. Comments included "The food is good. If I don't like what is on the menu they will do me a baked potato or something. I had porridge and a bacon sandwich for breakfast today but I could have a full English if I wanted." And "It's good food here and they always try to help you with everything."

The design and layout of the service had been considered for people living with dementia. For example, there was good signage and use of pictures to show people where bathrooms were. The downstairs lounge had been re-organised to make it more homely. The dining table had been moved to a brighter area to make mealtimes a more pleasurable experience.

Is the service responsive?

Our findings

When we inspected in September 2017 we found a breach in regulation 9 - person centred care. This was because there were not enough activities which were focussed on the needs and wishes of people. We also found care plans lacked meaningful detail to ensure staff could deliver personalised care. The provider sent us an action plan, which stated improvements would be made by the end of November 2017.

At this inspection we found care plans were more detailed and allowed staff to understand people's wishes, likes and dislikes. Where known, people's personal histories had been completed. This enabled staff to know more about what was important to each person. This was reflected in the way staff spoke about people and their interests. It was not recorded if staff involved people and their families in the development of care plans.

The service had also employed a full time activities person. They worked across both services (this home and their sister home which was next door), but most group activities could be attended by either home. People were complimentary about the impact the activities person had on their lives. One person said "We have an activities lady and we do crafts and colouring in and playing dominoes. I've got a framed picture on the wall that I coloured." And "I enjoy the activities. I prefer to spend time in the lounge – it's sociable. Sometimes the room is quiet but sometimes there are lots in here. I'm very cheerful but I don't see the point of sitting here 24 hours a day." One relative said the activities person was "worth their weight in gold."

Activities were being planned around people's interest and hobbies. One person had been taken out to the local garden centre to buy bulbs because they had a keen interest in gardening. They said they were looking forward to helping plant them. One activity planned for the day of our inspection was to make bird feeders because several people had a keen interest in watching the birds. There were also quizzes, high teas, games and outings. One person said they had recently all been out for lunch which they had really enjoyed. There was also planned time for people to have one to one time in their rooms, to chat or read. There were also plans for a visit from local nursery children.

We heard from one relative that they felt some improvements had been made but they were not fully assured that their relative's needs were always being met. They gave the example of drinks being left out of their reach. A crash mat was being used to keep the person safe in case they fell out of bed, but this prevented staff being able to place their bedside table near them. The relative's views and concerns were known to the manager and she was working with the relative and staff to improve practice. For example, they had introduced 'comfort rounding' where staff checked hourly to ensure the person was comfortable and offered drinks. The relative showed us that this documentation was not always fully completed so it was difficult to know if the checks had been completed or not. The relative said staffing levels had improved as had their practice, but they felt there was still "room for improvement." This lack of being responsive to people's needs had been taken seriously by the manager who was working with the family to address their concerns. This was also being followed up by the safeguarding team. This showed there was still work to be done to ensure good practices were embedded. We could not improve this rating from requires improvement because to do so requires consistent good practice over time. We will check this during our

next planned comprehensive inspection.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Areas of the service were sign posted with pictures, for example of a toilet, to help people find their way. There was a large white board available for staff to put up important information such as the menu for the day and the date and day to help people stay orientated.

The service had a complaints process with written details of who people could make their concerns and complaints known to. We reviewed complaints in the last six months and saw these had been addressed and people had received a response, although this was not always in writing.

We recommend the service ensures people who make a complaint have a written record of how this has been investigated and resolved.

The provider had also held a recent resident and relatives' meeting where they shared their plans for the future of the service and asked for feedback. This showed they were looking at ways of ensuring people's views were being listened to and acted upon.

Is the service well-led?

Our findings

Since our last inspection the registered manager had resigned and as an interim arrangement the provider's compliance manager was overseeing the service over four days per week. We have been informed by the provider; they are actively recruiting a new manager who will apply to be registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Work had begun in ensuring staff, people who used the service and relatives were being kept informed of changes within the home. This included plans for a new management structure. Some people and relatives were unaware of who they should now go to with their concerns, ideas and suggestions. This was being addressed with further meetings and better communication, such as a newsletter to keep people up to date with process and activities occurring within the service. The improvements made since the last inspection and the plans for future developments need to be embedded and sustained. The service also need to ensure there is a stable staff team and appoint a manager.

Since the last inspection in September 2017, audits had included areas we identified as risks to people safety. This included checks on hot water outlets and ensuring the storage of medicines was kept at the recommended temperature. The manager explained that she had introduced new check lists and was asking seniors and maintenance to follow these. She was then checking the records were being kept up to date. The manager said there had been more input from the provider who visited more regularly and checked audits. However, these were not always documented. This meant we could not verify that the provider had assured themselves in all aspects of safety and quality or show how they judged the service to be safe and well run.

We recommend that the provider follows best practice in ensuring documentation is kept of their quality assurance checks and visits, so that the management staff and staff are aware of any improvements needed and areas to be addressed.

At the inspection completed in September 2017, we found a breach in regulation 18 of registration regulations in respect of notifications not being sent about specific incidents. At this inspection we checked the accident and incident reports. Notifications had been sent to CQC, where appropriate. There were no gaps in reporting.

At the last inspection, staff said morale was low and the staff team had been depleted following some staff leaving. At this inspection staff said morale had improved but they were still waiting for more new staff to have a full complement of care staff. This was being addressed and the manager said their active recruitment campaign had resulted in new staff being employed. Some had started and others were waiting for their checks and references to come through.

