

Shaftesbury Care GRP Limited

Donwell House

Inspection report

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Tel: 01914167663

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11 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 11 October 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

Donwell 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. Donwell House provides care for up to 63 people some of whom have nursing needs and/or may be living with dementia. At the time of our inspection 41 people were living at the service. The service comprised of four units, two residential care units and two nursing units.

The service had a registered manager in place. 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.

We carried out an unannounced comprehensive inspection of this service in June 2018. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Donwell House on our website at www.cqc.org.uk.

The service had introduced a number of supporting documents to ensure a safe environment was maintained. The registered manager had reviewed people's care records and identified risks had detailed risk assessments in place.

People's medicines continued to be managed safely. Enough staff were deployed to meet the care and support needs of the people living at Donwell House. The provider collated and analysed safeguarding concerns and accidents and incidents to identify any trends or patterns. Lessons learnt was cascaded to all the provider's services to drive improvement.

People were encouraged to maintain links with the local community. The service supported people to access activities in the local community including visiting places and shopping.

The provider had implemented additional governance systems to monitor the quality and safety of the service. The service regularly consulted with people living at the service, relatives and staff.

The registered manager had a good oversight of the running of the service and was knowledgeable about people's care and support needs.

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 good.

We found that action had been taken to ensure people had a safe environment. Hazards were dealt with immediately. The service reviewed people's care records and identified potential risks, these were managed and assessed with risk assessments created to mitigate.

Good ●

Is the service well-led?

We found that action had been taken to address the issues from the June 2018 inspection. New governance systems had been introduced at both provider and service level. This allowed the registered manager to have a strong oversight of the service.

We have not improved the rating for 'Is the service well-led?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Donwell 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.

We undertook an unannounced focused inspection of Donwell House on 11 October 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our June 2018 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions 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"

The inspection was undertaken by an adult social care inspector.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team and the clinical commissioning group (CCG), the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with two people living at the service, the registered manager, the deputy manager, the regional operations manager, and three staff members. We observed how staff interacted with and supported people. We looked around the home and visited people's bedrooms with their permission. We examined documents relating to safeguarding, health and safety records, recruitment, risk assessment for people and the environment and various records about how the service was managed. We looked at care records for

three people who used the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in June 2018. We found a breach of regulation in relation to safe care and treatment. The service did not ensure people had a safe environment and all reasonable risks were mitigated against.

Following the last inspection, the registered manager had introduced a new walk around document which gave guidance on what areas were to be checked. Staff we spoke with had been empowered to take ownership of putting things right immediately or alerting the registered manager to the situation.

Bathroom and toilets were clean, clutter free and free from hazards. Clean and dirty laundry was stored separately and hoists were no longer stored in bathrooms. One staff member told us, "Toiletries are stored safely out of reach of people."

The service was in the middle of a refurbishment programme. To limit the impact on people the provider had consulted with people using the service and relatives. Meeting minutes outlined the programme of work and the options available to reduce the impact. The service utilised other areas of the premises which were away from the noise and distractions. People and relatives received regular updates regarding the progress of the work.

At the last inspection risks to people were not always identified and mitigated. We found the provider had made improvements in this area. The service had reviewed people's care records and introduced risk assessments for individual identified risks including, falls, and choking. Environmental risk assessments were in place with specific risk assessments for the current refurbishment programme including the use of oil filled radiators.

Sufficient staff were deployed to ensure people's needs were met. The registered manager advised that staffing levels were determined by people's needs. The service used a dependency tool which considered all factors of the person's care and support requirements. The results were put into the dependency tool and staffing figures were calculated.

The provider continued to operate a thorough recruitment process. All appropriate checks were conducted prior to new staff being appointed including employment history, health questionnaires, obtaining references and a Disclosure and Barring Service check (DBS). The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. All nurses NMC registrations were checked monthly. Nurses must be registered with the Nursing and Midwifery Council (NMC). The NMC is the regulator for all nurses and midwives in the UK.

The service carried out monthly health and safety checks to ensure people lived in a safe environment. All records relating to the maintenance and safety of the building were up to date and monitored. The service had infection control systems in place which included regular cleaning of premises and equipment. Personal Protective Equipment (PPE) was readily available throughout the service.

An emergency contingency plan was in place to support and guide staff in the event of an emergency. People had a Personal Emergency Evacuation Plan (PEEP) which contained information about their needs and how best to support them.

Safeguarding concerns were recorded, investigated and referred to the appropriate authorities. The provider collated and monitored safeguarding concerns and accidents and incidents to identify potential patterns and trends. We found one safeguarding matter had been identified but had not been referred to the local authority or CQC as required. We discussed this matter with the registered manager. They advised that they had started the disciplinary process and had escalated it to the regional manager and were awaiting additional information from an external healthcare professional to establish the full facts. They advised that once the information was received it was their intention to make a safeguarding referral. The provider understood safeguarding processes and the need to report concerns in a timely manner.

Medicines continued to be managed safely. Systems were in place to ensure that medicines had been ordered, received, stored and administered. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. Staff responsible for the administration of medicines had received medicines training and all was up to date. The registered manager conducted regular medicines audits and any errors identified were acted upon.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in June 2018. Issues we had found during the inspection had not been identified via the service's quality and assurance systems.

We found the provider had made improvements. New governance systems had been introduced including a strong oversight by the regional team. We have not improved the rating for well-led from 'requires improvement' because to do so requires consistent good practice across over time. We will check this during our next planned comprehensive inspection.

The registered manager had created new documents for handovers and daily walk arounds. The provider had also implemented monthly reporting on a range of topics including safeguarding, bedrails, people's weights, pressure sores and supervisions. The registered manager and deputy manager also completed a number of monthly audits around the quality and safety of the service. These included care records, medicines and infection control.

We observed the registered manager around the service, engaging with people and consulting with staff. They lead by example and had a clear oversight of the day to day running of the home.

The registered manager and the deputy manager worked well together. The registered manager told us they felt supported by the provider and especially the regional team. The registered manager was open and honest throughout the inspection and requested documents and records were provided in a timely way and were well maintained and all up to date.

The deputy manager told us the registered manager, the activities coordinator and one of the nurses had been nominated for awards at the Great British Care Awards. Great British Care awards are nominated by colleagues within the care sector.

There was a positive mood amongst staff. Staff worked well together. Staff we spoke with told us improvements had been made. One staff member said, "I can see improvements and it's going to look great. [The registered manager]'s done a great job." Another staff member commented, "[The registered manager] listens to us. We can suggest things."

The service regularly consulted with people living at the service and relatives. Resident and relatives meetings were regularly held. We saw people were involved in deciding the new colours for the interior of the service. Staff were regularly kept up to date with information about the home and the provider.

The registered manager clearly understood their responsibilities as a registered manager and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received continuous and joined up care and support. The registered manager described the benefits of developing links with external health care professionals. In one case obtaining guidance prior to the person's hospital appointment.

The provider encouraged people to maintain community links. The registered manager told us that people were supported to attend local groups and the service had its own transport to take people on outings. Appropriately vetted volunteers were utilised around the service, taking part in activities and spending time with people who were nursed in bed.

People's personal information was held securely and only accessible by staff members who required the information to perform their role.