

Donnington House Care Home Limited

Donnington House Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Donnington House Care Home is registered to provide nursing care and was supporting 26 people on the day of our inspection.

People's experience of using this service:

People were relaxed and comfortable at Donnington House and were complimentary of the care provided. There were plenty of attentive staff on duty to meet people's needs and they responded promptly when help was requested.

Staff understood how to protect people from all forms of abuse or discrimination. Risks were managed appropriately and care records included sufficient detailed guidance to enable staff to safely meet people's care needs. Medicines were stored appropriately and administered as prescribed.

Staff were recruited safely and had the skills necessary to meet people's needs. Training was regularly updated and the new manager intended to introduce new systems to ensure all staff received regular supervision.

Care plans were informative and included information about people's backgrounds to help staff understand their individual needs. A new digital care planning and record keeping system was in the process of being introduced at the time of our inspection. Staff were comfortable using the new system and people's care plans had been updated when their needs changed.

An additional activities coordinator had been appointed since our last inspection and there was a varied programme of activities and events planned for people to enjoy. Where people were cared for in bed or declined to participate in group events individualised activities were provided in their bedrooms.

The service was well-led. The staff team were well motivated and told us their managers were supportive and approachable. The registered manager had recently stepped down to become the service's deputy manager. The new manager had taken over leadership responsibilities on the day of our inspection and staff told us they had confidence in the new manager's abilities. The service was operated by a volunteer board of trustees who met regularly and provided effective oversight of the service's management.

There were appropriate quality assurance systems in place and people's feedback was valued and acted upon.

At our previous inspection the service was rated Good overall but Requires Improvement in Responsive due to the lack of activities provided. (Report published 6 December 2016.)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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

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 findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted an adult social care inspector and an expert by experience with knowledge of supporting people with similar care needs.

Service and service type: Donnington House Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. 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. However, they were no longer responsible for the running of the service. The new manager intends to become registered with the commission.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed all information we had received about the service since the last inspection. This included, previous inspection reports and details of incidents that the provider had notified us about.

During the inspection we spoke with eight people and six relatives to ask about their experience of the care provided. We observed how staff provided care throughout the inspection including during the mid-day meal. We also spoke with six staff, the business manager and the new manager. Following the inspection, we communicated with three health care professionals about the service's performance.

We reviewed a range of records. This included three people's care records and a selection of medicine records. We also looked at four staff files around staff recruitment and various records in relation to training and supervision of staff, management records and the service's policies and procedures.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and consistently told us they felt safe. Their comments included, "I feel very safe in here", "Yes, I do feel safe" and "I feel absolutely completely safe in here".
- Staff understood their role in protecting people from all forms of abuse and avoidable harm. Staff told us they would report any issues to their managers and were confident they would take any action necessary to ensure people's safety.
- The service's safeguarding policy included contact details for the local authority and staff knew how to raise safety concerns outside the organisation.

Assessing risk, safety monitoring and management

- Risks in relation to the environment and people's individual needs had been identified and assessed. People's care plans provided staff with sufficient detailed guidance to ensure identified risk were appropriately managed.
- Where people had been identified as at risk of developing pressure sores pressure relieving devices were set correctly and used appropriately.
- All lifting equipment had been regularly serviced and was used by staff to support people to safely get up and move around the service. People told us they felt safe while being supported to move around and one person commented, "I use a walker to move about, but I have someone with me when I move."
- The service had suitable emergency procedures in place, including personal emergency evacuation plans for each person the service supported. The fire alarm system and other emergency equipment had been regularly serviced and tested.

Staffing and recruitment

- The service was well staffed. On the day of our inspection there were; six care staff, a nurse, an activities coordinator, deputy matron, the new service manager, business manager, administrator, four domestic staff, a laundry person, maintenance person and two kitchen staff on duty to support the 26 people using the service.
- During our inspection we observed that staff were able to provide support at relaxed pace and responded promptly to call bells and people's requests for assistance.
- People told us, "Staff numbers are good, there's always someone available" and "There are enough staff and I don't think they are overworked." Staff said, "Staffing levels are good, there are always enough staff" and "We do not regularly use agency staff."

- Rotas showed planned staffing levels were routinely achieved with the exception of twilight shifts in the evenings which were in the process of being actively recruited. The new manager commented, "We are pretty well staffed on the whole" and a trustee told us, "I am pleased that staffing has stabilised".
- Recruitment processes were safe and all necessary pre-employment checks had been completed.

Using medicines safely

- Medicines were managed, stored and administered safely and staff were appropriately trained to support people with their medicines.
- People told us, "I get my medication when I expect it" and "They are very prompt with my medication and they supervise me taking them."
- Medicines records were well maintained and informative. They had been regularly audited and where any errors or issues were identified they had been resolved.
- Where people were prescribed 'as required' medicines their care plans included information about when these medicines should be used. Records in relation to the use of these medicines were sufficiently detailed and informative.

Preventing and controlling infection

- Staff had received training in infection control and each person who needed equipment to support their mobility needs had a named sling to reduce cross infection risks.
- Domestic staff duties were well-defined and the service was clean. People told us, "They clean the room very carefully and have a strict routine and keep it very clean" and "The staff always wear aprons and gloves when they attend to me". Relatives comments included, "It's always clean when I visit" and "There have been no odours here at all."
- The new manager was the service's infection control lead and audits had been completed to ensure the service complied with current best practice.

Learning lessons when things go wrong

- All incidents and accidents were recorded and reported to the service's management.
- Although there were systems in place for the review of these records the new manager planned to introduce new accident review processes. These were being developed to ensure any themes or trends in incidents were identified and resolved to minimise the risk of similar events reoccurring.

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

Good: 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

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 to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where appropriate people's capacity to make specific decision had been assessed and any decision made on behalf of individuals who lacked capacity were made in the person best interest. Managers understood people's capacity to make specific decisions could vary over time and records showed important decisions had been delayed to enable people to regain their capacity following periods of illness.
- Managers had correctly identified that some people who lacked capacity had potentially restrictive care plans. Necessary and appropriate applications had been made to the local authority for the authorisation of these restrictions.
- People were able to make day to day choices in relation to how their care was delivered and these decisions were respected by staff.
- People's needs were assessed before they moved into the service. As part of this process a manager visited the person at home or in their previous care placement and reviewed all available information to ensure the service was able to meet the person's needs.
- Care plans were then developed by combining information gathered during the assessments process, with information provided by care commissioners and staff feedback on people's individual needs and preferences.

Staff support: induction, training, skills and experience

- Staff had the skills necessary to meet people's care needs and records showed training had been

regularly updated in accordance with the service's policies. People told us, "I'd say that staff are well trained" and staff comments included, "The training here is good" and "Our training is always up to scratch."

- Staff new to the sector completed the care certificate training as part of the induction and established staff were supported to complete diploma level qualifications.
- Staff told us they felt well supported and had received regular supervision. The new manager had identified not all staff had received regular supervision and was developing new processes to ensure a more consistent approach.

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

- People enjoyed their meals and told us, "The food and the meals are ever so good, I can't fault it" and "The meals are wonderful, first class. They make special meals for me and I get on very well with the kitchen staff." A choice of dishes was available at each meal and other options were available on request.
- The kitchen had a five star food hygiene rating and kitchen staff had a good understanding of people's dietary needs and preferences.
- People's care plans included detailed guidance on the level of support each person required at meal times. Specialised cutlery and tableware were provided where appropriate to support people to eat as independently as possible.
- On the day of our inspection people had a pleasant dining experiences. Staff provided support and encouragement discreetly at a mealtime and sat with people while providing support. Alcoholic beverages were available and served when requested.
- Hot and cold drinks were served throughout the day to prevent dehydration. Where people had been identified as being at risk of dehydration or weight loss there were appropriate procedures in place to manage these risks.

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

- All areas of the service were well maintained and decorated in a homely style. People's bedrooms had been personalised with a variety of pictures and personal items.
- The service's gardens were well maintained, accessible to people who used wheelchairs and included appropriate seating and shade to enable people to enjoy this space during the warmer months.
- WIFI internet access was available to people and their visitors throughout the service.

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

- People told us, "If I was not well, they would call the doctor" and "They would call the doctor if needed and when I say I don't want to see her, they respect that". Records showed that the service made appropriate and timely referrals to health professionals to ensure people's care needs were met.
- Health professionals told us the service worked collaboratively with them to ensure people's needs were met. Their comments included, "They always request visits appropriately and are well prepared on our arrival" and "Excellent communication of concerns. Staff on the ground are always friendly and knowledgeable of their patients". Where professionals provided advice or guidance this was incorporated into the person's care plan.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a pleasant relaxed atmosphere within the service. The staff team were dedicated and took any opportunities to sit and chat with people throughout the inspection. Where people needed help or support this was provided promptly but at a relaxed pace. Staff told us they enjoyed supporting people at Donnington House and their comments included, "It is absolutely brilliant, I love it here", "We are like a little family here" and "I would not do care anywhere else."
- Professionals told us, "The staff are particularly attentive and all know their residents really well", "The staff are very caring and the residents are happy" and "The staff at Donnington House are fantastic. But most wonderful to observe is their real and genuine love and care of their clients".
- People were consistently complimentary of the care they received and said, "Staff are very good, very helpful and very kind", "They look after me well and make me happy" and "Staff are very nice; they are always there when you need them".
- Relatives also spoke positively of the staff team's compassionate approach. Their comments included, "Staff are positive and caring towards all residents", "They are all very dedicated" and "Absolutely excellent care here, the staff are very caring. Nothings too much trouble for staff".
- People's care plans included details of their life history and interests designed to help staff recognise what was important to each person and understand how their background could affect their current support needs.
- Where people were cared for in bed there were systems in place to ensure regular checks were completed on their well-being and activities were provided on an individual basis.
- Staff had a good understanding of equality and diversity issues and had been provided with specific training in the area to help ensure people were respected as individuals.

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

- People could decline aspects of planned care and staff respected people's decisions. Where these choices exposed people to increased risk, there were systems in place to manage these risks. For example, one person with capacity was prescribed liquid thickeners following an assessment. The person refused thickened fluids and so staff sat with the person while they were drinking unthickened fluids to manage the resultant choking risk.
- Wherever possible people were involved in making decisions about their care needs and staff consistently sought people's consent before providing support. People told us, "Staff do discuss things with me like changes in medication" "I have choice about when to go to bed" and "I do feel involved in decisions about me".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and took action to ensure their dignity was protected at all times. People told us, "Staff are respectful, like knocking on my door before coming in" and "All staff are very respectful". Staff knocked on doors before entering people's rooms and doors and curtains were always closed before personal care was provided.
- People were supported and encouraged to remain as independent as possible and staff responded promptly to people's requests for support.
- Relatives and visitors were welcomed and people told us, "Family can visit anytime and the staff know them", "My family can come to visit when they can" and "[There are] no restrictions on my visitors".
- Where relatives and friends were unable to visit regularly staff supported people to maintain these links using video conferencing technologies. One visitor said, "They help him Skype his family [overseas]".

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service provided personalised care and staff had a good understanding of people's individual support needs.
- People's care plans were accurate, informative and provided staff with enough guidance to ensure their needs were met. At the time of our inspection the service was in the process of transitioning to the use of an electronic care planning system. Approximately half of the service's care plans had been transferred into the new system and staff were now using hand held computers to records details of the care and support they provided.
- Staff told us they found the new system helpful and their comments included, "It is quite easy to use" and "I am getting used to the new system now, it is ok."
- Records showed people and their relatives had been appropriately involved in the process of developing and reviewing care plans.
- Care plans had been regularly reviewed and updated whenever a significant change in the person's needs was identified. Staff told us, "There is enough information in the [new care plans], there is more information than there was in the paper ones" and "I know what I need to do, the nurses are good at updating the care plans when we notice changes in people's needs."
- There was 30 minute overlap between shifts and a formal handover meeting to ensure all staff were aware of any changes in people support needs. The timing of the lunch time shift change meant additional members of staff were available to support people with this meal, if required.
- Details of people's communication needs were recorded in line with national guidance and magnifiers and other visual aids were provide in the service's lounges to enable people to access written communications independently.
- At our previous inspection we found the service required improvement because there was a lack of meaningful activities available for people to engage with and we noted that people spent extended periods of time, alone in their rooms.
- At this inspection we found these issues had been addressed and resolved. An additional activities coordinator had been appointed and there were arrangements in place to provide activities support every day. The activities coordinator told us, "I am passionate about providing activities for residents and strive to provide a varied programme."
- On the day of our inspection the activities coordinator and care staff spent time with people on an individual basis in their own rooms reading stories, newspapers and chatting. In addition, there was a musical entertainment in the service's lounge in the afternoon and a priest visited in the morning to provide a communion service.
- There was a weekly activity programme in place which included visits from a variety of external entertainers and performers. People told us, "Plenty of activities and entertainment like scrabble or

dominoes and we get entertainers come in, like yesterday", "I am visited by a staff member on a one to one basis and she knows my interests" and "[We have] a good varied programme of entertainment".

- Daily records showed people were regularly supported to engage with meaningful activities and one person helped the maintenance person with chores within the service. In addition, the service's gardens included raised flower beds and various pots to enable people to continue gardening if they wished.
- Staff recognised that activities within the service had improved since our last inspection. Their comments included, "Activities are going well since we have had another activities coordinator", "We hire taxis for days out in the summer" and "There is usually some type of entertainer in the afternoon, people do have a variety of things to do". One staff member took obvious pleasure in describing a particularly memorable trip to the beach last summer when they had supported a person to fly a kite for the first time.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise complaints but told us this had not been necessary. Their comments included, "I can honestly say I've not needed to complain, but I would" and "I have absolutely no criticisms".
- There were appropriate systems and policies in place for the investigation of any complaints received. These had not been used recently as no complaints had been made.
- People told us the service was good at addressing and resolving any minor issues or niggles. These were documented in the accident and incident recording system and promptly addressed and resolved.
- The service regularly received positive reviews, compliments and thank you cards from people and their relatives. One recently received card said, "Thank you so much for all the love and care that you showed to [My relative]".

End of life care and support

- The service could meet people's needs at the end of their lives and had been recently re-accredited for the quality of support it provided under the gold standard framework. Relatives were complimentary of the quality of end of life care the service provided and told us, "As a family, we'd say the end of life care here is excellent".
- Where people had made decisions and choices in relation to how support should be provided at the end of their lives these decisions were recorded and were respected.
- The service worked collaboratively with professionals to enable people to remain comfortable and pain free in the service and to avoid unnecessary hospital admission at the end of people's lives. Staff told us, "We try not to leave anybody on their own in their last days." Staff were providing comfort and reassurance to one person on the day of our inspection.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were comfortable at Donnington House Care Home and relatives were complimentary of the quality of support the service provided. Comments received included, "There is a nice atmosphere here", "It's like one big family here and I can't praise the place highly enough" and "Everyone around, all recommended this place and so far, I'm very pleased".
- Staff were proud of the quality of support they provided and told us, "It's a good team with good colleagues, who are so supportive", "We are all choosing our rooms for when we move in" and "I would bring my mum in here. People get good care". Records showed one person currently living in Donnington House had previously worked as a carer in the service.
- Health care professionals were also consistently complimentary of the service and told us, "I can, without reservation, highly commend the care provided by Donnington House" and "I have always found Donnington House to be a very well run Nursing Home".
- Where significant incidents or accidents occurred, the service had submitted any required notifications to the commission.
- Policies were regularly reviewed and updated to ensure they reflected best practice and the service's current systems and procedures.
- The new manager and staff team took an open approach to the inspection process and had a good understanding of their duty of candour responsibilities.
- Relatives were appropriately involved in planning people's care and told us they were always informed quickly if anything happened to their loved ones or if there were any changes in their needs. People told us, "They keep my family informed on how I am".

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

- At the time of our inspection a number of significant changes to the service's management structure were underway. The inspection was completed on the first day of the new manager's role. The previous registered manager had stepped down from their leadership role to become a deputy manager.
- The new manager was supported by a business manager, a deputy matron, a deputy manager and an administrator. The roles and responsibilities of managers were well defined and understood both by staff

and people who used the service.

- People and their relatives were complimentary of the service's leadership and told us, "The place seems to be managed well", "It's very well managed" and "They do run this place well, the managers are good".
- Staff had been kept well informed of the planned management changes and were confident the new manager would provide effective leadership. Their comments included, "The managers are brilliant, they are just so kind with people and staff. They are really good", "The managers are very good, I am very pleased with the new matron" and "I think the new matron will do well".
- The new manager had previously been the service's deputy matron. She knew people well and had a good understanding of their individual needs and preferences.
- The staff team were well motivated and told us their managers were approachable, supportive and compassionate. Staff comments included, "It's a fantastic place to work, it really is wonderful", "I love working here, it is one of the best places I have worked" and "If you have any worries or problems you can go to the managers and it is always sorted". The new manager valued the dedication of the staff team and told us, "They are really awesome" while relatives said, "Staff seem very committed to running the home".
- There were appropriate quality assurance and auditing systems in place designed to drive improvements in the service's performance.
- The service was overseen by a volunteer board of trustees who met each month and had clearly defined responsibilities. One trustee completed regular unannounced quality assurance visits and staff told us, "The committee members come in quite regularly" and "I would go to the committee if any concerns were not addressed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, and Continuous learning and improving care

- People and their relatives were regularly asked for feedback on the service's performance and formal surveys were completed annually. A survey had been completed just prior to our inspection but not yet fully analysed by managers. Where reviewed, the responses provided had been complimentary with comments including, "This is an amazingly good place to be. I feel I have a new life and new friends".
- Staff had received equality and diversity training and recognised, valued and respected people's diversity. The managers and trustees had responded favourably to staff request for appropriate adjustments to employment conditions where these had been requested.
- Numerous team and staff group meetings were held regularly throughout each year. The minutes of these meetings showed they provided additional opportunities for staff and managers to discuss issues and any proposed changes within the service. Staff told us managers always acted on any issue raised and they felt confident raising questions during these meetings. One staff member commented, "Any problems they do their best to sort them out."
- Residents meeting were also held regularly and people told us, "Yes, we've had residents' meetings", "Once a month we have a coffee morning when we can ask questions and discuss things" and "They ask us questions and they do listen".
- The new manager recognised that wherever possible the service needed to learn from any incidents or accidents that occurred. As a result, new processes were being developed to ensure in future all significant events were reported and appropriately investigated.

Working in partnership with others

- The service worked collaboratively with others to meet people's needs.

- Prompt referrals were made for support from professionals when people's needs changed and records showed advice was acted upon.