

Minster Care Management Limited







Duncote Hall Nursing Home

Inspection report

Duncote Hall,
Duncote,
Towcester,
Northamptonshire.
NN12 8AQ
Tel: 01327 352277

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Ratings

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

Overall summary

This inspection took place on 28 May 2015 and was unannounced.

Duncote Hall provides care and support for up to 40 older people with a wide range of needs, including dementia care. There were 38 people using the service when we visited.

The service had a registered 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.

Systems and processes in place for the administration and recording of medicines were not always adequate. This was in breach of Regulation 12 HSCA (RA) Regulations 2014.

Summary of findings

Bedroom and communal doors had been wedged open and this put people at risk if there was a fire in the home. This was in breach of Regulation 15 HSCA (RA) Regulations 2014.

People were protected from abuse and told us they felt safe. Staff were knowledgeable about the risks of abuse and reporting procedures.

Risks to people's safety had been assessed and provided staff with guidance to support people safely.

There were appropriate numbers of staff employed to meet people's needs.

Robust recruitment policies and procedures were followed to ensure that staff were suitable to work with people.

Staff had received training to ensure they were qualified, competent and skilled to deliver care or treatment to service users. Staff received support via supervision and staff meetings.

Staff knew how to protect people who were unable to make decisions for themselves. There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs had been assessed and they were supported to make choices about their food and drink. People were not always appropriately supported to eat their meals.

People's physical health was monitored, so that appropriate referrals to health professionals could be made.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity.

People's needs were assessed and regularly reviewed.

People were supported to take part in meaningful activities and pursue hobbies and interests.

The home had an effective complaints procedure in place. Staff were responsive to concerns and when issues were raised these were acted upon promptly.

The provider had internal systems in place to monitor the quality and safety of the service but these were not always used as effectively as they could have been.

Staff were well supported and motivated to do a good job.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the registered manager.

We identified that the provider was not meeting regulatory requirements and was in breach of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not consistently safe.

There were systems in place in respect of medicines but these were not always robust in ensuring that people's medicines were managed safely.

People's safety had been compromised by the wedging open of fire doors

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were risk management plans in place to promote and protect people's safety.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

People received enough to eat and drink. However, some people did not always receive the individual support they needed to eat their meal.

Staff were knowledgeable about the specific needs of the people in their care.

Consent to provide care and support to people was sought in line with current legislation.

People were supported by staff to maintain good health and to access healthcare facilities when required.

Requires improvement



Is the service caring?

The service was caring.

People had positive relationships with members of staff and were happy with the care they received. Staff treated people with kindness and compassion.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs in their preferred manner.

People's privacy and dignity were promoted and respected.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. Staff responded quickly and appropriately to people when they required support.

Good



Summary of findings

The registered manager promoted the involvement of people living in the home and people took part in meaningful activities, both within the home and in the local community.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

The service was not consistently well-led.

Systems to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment were not always effective.

The manager demonstrated visible leadership and the staff team felt well supported.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

Requires improvement



Duncote Hall Nursing Home

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.

This inspection took place on 28 May 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service.

We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service in order to gain their views about the quality of the service provided. We also spoke with four visitors to the home, three care staff and two nurses, the chef and the registered manager, to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

We checked the medicines for five people and found that two records showed gaps and omissions in the recording. We checked the gaps identified and looked to see if these medicines had been given. The nurse informed us that a new monthly supply of medicines had been received into the home, the day prior to our visit, so any remaining medicines would have been destroyed. The nurse said these medicines had not been recorded in the disposal book so they must have been administered to people. We were unable to find any record to confirm this. We were told that regular medication audits were carried out. However, the Medication Administration Records (MAR) that we looked at had not yet been audited for that month.

We found that one person had been prescribed a medicine 'as required' (PRN) for prolonged seizures. There was no guidance about the length of time the person should be in a seizure before the medicine was administered. One nurse told us, "I would probably give it after five minutes." We were therefore not assured that this person would be given their medication to meet their needs.

This was in breach of Regulation 12 HSCA (RA) Regulations 2014.

One person told us they administered their own medicines and showed us the lockable facility to store their medicine safely. They commented, "The staff get my repeat prescriptions for me. That's one less thing to worry about."

All medicines were administered by qualified nurses. One nurse said, "We want to get it right so we always double check everything."

We observed medicines being given to people at different times throughout the day. We heard staff explain to people what they were doing and what their medicines were for.

We looked at the arrangements in place for the safe storage and administration of medicines. Medicines were stored securely in a locked cabinet. Temperatures had been recorded of the areas where medicines were stored and we found these to be within acceptable limits. The cupboard used to store controlled drugs was appropriately fixed to the wall. We looked at the controlled drugs register and found it to be fully completed with two staff signatures for each transaction.

We saw, from the staff training records, that staff had received up to date medicines training and competency checks.

We found that people were not protected against the risks associated with unsafe or unsuitable premises. This was because fire doors had been wedged open. We found that eleven bedroom doors were wedged open with wooden wedges, door stops or bedroom furniture. We also saw the lounge door and the laundry door had been wedged open with wooden door wedges. These were fire safety doors with a self-closing mechanism which enabled the door to close when the fire alarm was raised. Wedging the fire doors open meant that people may be put at risk if there was a fire in the home.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said, "Yes I'm safe here. My [relative] was here before me and I knew they were looked after and kept safe." People were complimentary about how staff deal with people who present behaviours that challenges others. One person said, "They have the patience of saints." A relative commented, "[Relative] wouldn't be here if they weren't safe. We have total peace of mind." This view was expressed by all of the people we spoke with and their relatives.

The provider had effective procedures for ensuring that any concerns about people's safety a person or a person's safety were appropriately reported. All of the staff we spoke with could clearly explain how they would recognise and report abuse. One staff member said, "None of the staff would tolerate anyone behaving in a way they shouldn't. I know any one of us would report suspected abuse." Another staff member told us, "We all receive regular training about abuse. We all know what to do."

Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. Records showed that the registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and the Care Quality Commission (CQC).

One person told us they had recently had a fall in their room and had found it difficult to reach the emergency call

Is the service safe?

bell. They enquired if there were other options, such as a pendant which would make them feel safe. We brought this to the attention of the registered manager who said they would explore different systems for this person.

Staff told us that possible risks to people's health and safety had been identified within their care plans. One member of staff said, "We are always updating the risk assessments to keep us all safe."

Risks to people were managed effectively. Staff were able to tell us where to look for this information and had a working knowledge of the content of risk assessments. We saw evidence that risk assessments were completed and updated regularly to ensure changes to people's situations were taken into account.

Incidents and accidents were reported and managed appropriately. The registered manager told us that incident forms were completed and reviewed following an incident to ensure care plans were updated as needed. Records we looked at confirmed that this took place and that incidents were referred to outside organisations, such as the local authority or Care Quality Commission (CQC) as required.

On the day of our visit we found there were sufficient staff available to keep people safe. One person told us, "I think there are enough staff. I don't see anybody having to wait too long." Another person commented, "Sometimes there are so many staff it can get a bit crowded." Two visiting relatives told us they thought staffing numbers were sufficient. One commented, "There is always someone around. They seem to have plenty of staff."

Staff we spoke with felt staffing numbers were adequate. One commented, "It can sometimes be difficult during school holidays but we all help out and cover for each other."

The registered manager told us if people's needs changed additional staff would be provided. She said, "People's dependency levels are regularly assessed." We saw that a dependency tool had been completed to identify people's needs and required staffing hours.

Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota we looked at confirmed that the agreed staffing numbers were provided.

Staff we spoke with described the recruitment process they had been through. One staff member told us, "I had to wait for the manager to get all my checks back before they would let me work. That told me it was a thorough process."

We saw evidence that safe recruitment practices were followed. This was to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles and to meet people's needs and keep them safe. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained.

Is the service effective?

Our findings

People told us they were provided with adequate amounts of food and drinks. One person told us, “The food is better than I can cook. It’s lovely and there is a lot of choice.” Another person commented, “Oh yes the food is wonderful.” They went on to praise the chef. They said, “She does a fantastic job. She pops in to see me and has a chat about the menus.” A third person told us they were diabetic and said, “The cook knows what I can have. Sometimes at weekends when the carers are cooking I get food I shouldn’t have. They don’t know what I need.” A relative commented, “My [relative] wasn’t eating well before they came here. Now they have really come on.”

Staff understood that it was important to ensure people received enough to eat and drink. Menus were planned in advance and staff told us that a different meal was available for people every day. We observed that people were asked on the morning of our visit what choice of meal they would like for that day. We saw that staff regularly offered food and drinks to people throughout the day.

The main meal was at lunch time and was in two sittings. The second sitting was for people who required extra support to eat their meals. We observed people having lunch during the second sitting. The meal time was a bit chaotic and rushed. We observed one staff member supporting two people to eat their meal at the same time. We saw another staff member supporting one person with their meal. The staff member had to get up and attend to other people on four occasions leaving the person at the table without support for long periods. We also saw a nurse discussing what dessert a person would like. They gave them a sweet and shortly after another staff member said they shouldn’t have had that dessert because they were diabetic. We fed back our observations to the registered manager who told us they were organising a different regime at meal times to improve the experience for everyone.

We looked at the care files for three people, one of whom was being cared for in bed and had specific nutritional needs. We found that the food and fluid intake for people, especially those assessed at risk of poor nutritional intake, was monitored closely and records were fully completed and up to date.

People received care from staff that had appropriate skills and knowledge to perform their roles. They told us that care staff knew how to provide them with the care and support they needed. One person told us, “They are very good; I know I’m in safe hands and well looked after.” Another person said, “I stay well and don’t have any problems. They know what I need and how to look after me.” A relative commented, “The care is very good, we are very pleased with the care here. The staff are very well trained. Some people have quite complex needs and the staff always know what to do.”

Staff told us the induction training was thorough and one staff member commented, “I needed some extra training when I first started as I had never done this sort of work before. I was allowed to take as long as I needed before I worked alone.” Staff told us they had completed the provider’s induction training programme when they commenced work at the home. They told us they worked alongside, and shadowed more experienced members of staff which allowed them to get to know people before working independently.

The registered manager told us that new staff were required to complete an induction and work alongside an experienced staff member of staff. Records we looked at confirmed this. Training records confirmed that staff received up to date training in all core subjects and we found that they could access additional training that might benefit them. For example, we saw that some staff had completed training in end of life care, pressure ulcer prevention and management and dementia awareness.

Staff also told us they received on-going support in the form of supervisions, annual appraisals and staff meetings. One staff member said, “We get regular supervisions. In-between the manager’s door is always open if we need that extra support.”

Supervision sessions were used to provide staff with support and identify areas of their performance which required further development. We looked at supervision records and found that they had been completed and we saw records to show when future supervisions were planned.

People’s consent to care and treatment was sought by staff that had knowledge and understanding of relevant

Is the service effective?

legislation and guidance. People confirmed that consent was obtained regarding decisions relating to their care and support. One person said, “They always ask for my permission. Most certainly.”

Staff told us that they always asked people about their care before they supported them to ensure they were complying with the person’s wishes. One staff member told us, “I would never dream of doing anything without asking for permission first.”

We saw that people were able to choose what they did on a daily basis, for example if an activity was planned, they could choose to attend or not on the day. Throughout our inspection we observed staff asking people for consent before carrying out a task. We also saw in people’s care records that consent had been sought and documented from each person.

The registered manager demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA). They were also well-informed about people’s competence to consent to treatment and care. The registered manager confirmed there was one person currently using the service that was subject to the Deprivation of Liberty Safeguards (DoLS) as set out in the MCA 2005.

Training records demonstrated that staff had received training in The Mental Capacity Act 2005 (MCA) and were able to describe the principles of the act. We saw that there was information available to help guide people and staff with the principles of the MCA.

The service supported people to maintain good health and to access healthcare services when required. One person said, “I attend the hospital several times a year. They help me do that.” Another person told us, “If I don’t feel well I only have to ask and they will get me sorted out.”

A relative commented, “We have been so lucky. My [relative] is in better health now than before they came here. My [relative] wasn’t feeling well a few weeks ago and they phoned us to let us know.”

Staff told us that they would have no hesitation in calling for the doctor if someone needed it. One staff said, “We know the residents very well so if they are not feeling well we almost know instantly.”

The registered manager told us that people were registered with a GP who visited the service as and when required. We saw evidence that people had access to the dentist, optician and chiropodist as well as specialists such as the dietician and speech and language therapist and care records confirmed this.

Is the service caring?

Our findings

All the people we spoke with were positive about the home and told us they were happy with the care and support they received. One person said, “I wouldn’t go home now. I’m settled and quite contented.” Another person commented, “The staff are very good. I have no bad words to say about them.” All the relatives we spoke with felt the staff were caring and treated their family members with kindness and compassion. One said, “They are very special. This is a difficult job but they are so patient and kind.”

We observed that care staff spent time interacting with people and addressed them by their preferred name. We observed staff supporting people with care and compassion. For example, one person became anxious several times throughout the day and kept calling out. We saw different staff members respond to this person with kindness and in a calming and soothing manner which the person responded positively to. Staff took time to ensure that people understood what was happening and supported people with patience and encouragement when they were moving around the home.

We saw that staff provided people with reassurance by touching and giving eye contact when talking to people. A large number of people using the service had dementia care needs and were not able to offer their views about the care they received. However, five people we spoke with were able to confirm that they felt involved and supported in planning and making decisions about their care and treatment. One person told us, “I’m what you call self-caring. I decide everything about my care and what I need. They are very good at respecting my wishes.” Another person said, “If I want to be involved I can be. It’s up to me.” People told us they were always given explanations when they needed them.

Relatives confirmed they were involved in their family members care. One relative commented, “Yes we are involved in [relative] care. If there are any changes they will always let us know and ask our opinion. We always attend the reviews as well.”

Staff told us they involved people and their relatives in planning and reviewing their care and the care records we looked at confirmed this. We saw that people were given the opportunity and were supported to express their views about their care through regular reviews. We saw there was an effective system in place to request the support of an advocate to represent people’s views and wishes if it was required. The registered manager confirmed that no one living at the home was using the services of an advocate.

The staff promoted the privacy and dignity of people and their families’. One person told us, “They are very careful to keep me covered so I don’t get embarrassed.” Another person commented, “They always knock on my door and wait for me to answer. All people we spoke with and relatives expressed the same views, that staff were respectful and maintained people’s dignity and privacy.

One relative said, “The staff are lovely and make you feel welcome every time. They are always respectful, with everyone.”

We observed staff treating people and all visitors to the home with dignity and respect. People and their families had access to private spaces and staff made sure they were not disturbed. We observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people’s choices and offered assistance if the person needed it. Staff described the importance of confidentiality and not discussing people’s needs unless it was absolutely necessary. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Is the service responsive?

Our findings

Although some people were not aware if an assessment of their needs had been carried out before they came to stay in the home, two people told us they remembered having an assessment. One person said, “I remember having a very long chat and telling them everything.” Relatives and staff confirmed they had been assessed prior to coming to live at the home. They said this helped to determine if their needs could be met and whether they would be suitable with the mix of current people within the service.

Staff told us that people’s care plans had been developed with them or their relatives and information about people’s histories and preferences were taken into account. A staff member said, “Everyone is individual. No two care plans should be the same.”

We found that people received care and support from staff that was responsive to their needs and which took account of their wishes and preferences. Many people using the service had dementia care needs. We saw that staff adapted their approach and communication depending on the individual to ensure they were supported in a way which met their needs and wishes.

Information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person’s care plan. People and their relatives, had provided information about themselves so that staff would know how to support them.

People told us that they took part in activities that were important to them and linked into things they enjoyed before they came to live at the home. One person told us, “There is always something going on.” Another person told us, “I have my own computer. I prefer to stay in my room and use my computer.” One person told us they liked to go out with their friend and said they were supported to this.

On the day of our visit we joined in a quiz which takes place every Thursday. Relatives and friends were invited to take part in the quiz each week. We found this to be lively and involved all those who wanted to attend.

We observed books and newspapers available for people who wanted to make use of them. Activities provided were varied and included pamper days, flower arranging, an afternoon matinee, quizzes and discussions about the news. We also saw that if people were being cared for in bed, hand massage and other gentle activities such as reading to people were offered. This prevented people from becoming socially isolated.

The service had links with the local community and people were enabled to maintain links with other people living within the local community. For example, the local church provided regular church services at the home.

All the people we spoke with said they would be happy to make a complaint if they needed to. One person told us that they would speak to the manager if they had any worries or a concern. They said, “I wouldn’t feel uncomfortable about complaining. It’s very relaxed here.” Another person commented, “If I ever felt the need to make a complaint I would do so happily. I can’t imagine that though. I’m very happy.”

A relative told us, “The manager is very friendly and we would not worry about making a complaint for our [relative].”

Staff told us that they always documented any concerns raised with them from people who used the service or visitors. We saw that there was information displayed about how complaints would be dealt with. We found the service had received one complaint in 2015. The registered manager showed us documentation that supported the complaints investigation process and confirmed that any issues raised were used to help the staff improve the service. We found that the registered manager took concerns seriously and documented anything that was raised with staff so that it was apparent how an investigation had been conducted. It was evident that people knew how to make complaints and could be assured they would be acted on.

Is the service well-led?

Our findings

The registered manager told us that a range of audits had been carried out on areas which included falls, medication and care plans. We looked at audits in relation to falls and found these had been completed monthly and analysed to look for trends. We saw that monthly medication audits had been completed. These had not found the gaps on the Medication Administration Records (MAR) that we looked at. In addition they had not identified the lack of guidance in place for staff to follow in relation to one person's 'as required' medication. This could put that person at risk of not receiving their medicine to meet their needs. The registered manager also told us they completed two monthly environmental audits. We reviewed audits which showed the service was performing well and found that they hadn't highlighted the areas of concerns we had found. Therefore, the systems in place were not always used as effectively as they could have been.

Staff told us there was positive leadership in place from the registered manager, which encouraged an open and transparent ethos among the staff team. The manager had a clear vision and set of values which meant that person centred care and choice were key to how the home operated and how support was provided. We found that these were clearly understood and put into practice by staff in a way that promoted a positive and inclusive culture.

One person told us, "The manager is very good. Their door is always open and we are encouraged to have our say." A relative commented, "They are a good bunch of staff here. That comes from having a good manager."

None of the staff had any issues or concerns about how the service was being run and were very positive about how they could influence the delivery of care. All the staff we spoke with told us they felt supported and enjoyed their work. A staff member told us, "I've worked here for a long

time. I love my job. We are a good team and the manager is brilliant." All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the home. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. Staff also told us that the registered manager at the home was a good influence on the staff and was an approachable and trusted manager. They said that the registered manager always acted immediately on any concerns they reported while maintaining their confidentiality. Feedback was sought from the staff through staff meetings and staff supervision.

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support to people using the service, their relatives and staff. People told us they knew who the registered manager was and told us that they always saw them on a daily basis and they always stopped to talk to them. We observed this happening during our inspection. The staff we spoke with told us that the manager had an open door policy, was always available and had a regular presence in the home.

During our inspection we spoke with the registered manager who demonstrated to us that they knew the details of the care provided to people. This showed they had regular contact with the staff and the people living in the home.

The registered manager involved people and their families in the monitoring of the quality of care. We saw that people had been asked to share their experiences via satisfaction surveys and residents meetings. We saw that people's views and wishes were acted upon.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The registered person had not protected people against the risk of that people were not protected against the risks associated with unsafe or unsuitable premises. This was because fire doors were wedged open with wooden wedges or bedroom furniture.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risk of unsafe care and treatment that included the unsafe management of medicines.