

Down House Limited

# Down House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Down House is registered with us to accommodate up to 49 adults. Nursing care is provided to some people. The service supports people living with dementia, a learning or physical disability, and/ or people who may have a sensory impairment.

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

People's risks were not always managed safely. People's care plans and risk assessments did not always detail what support they needed or what staff could do to reduce risks. Staff did not always follow best practice to ensure people's needs were consistently met in a safe way.

People's medicines were not always managed safely or administered as prescribed. Staff did not always follow best practice regarding infection control. There were not always sufficient nursing staff on duty. This impacted on the care people received.

The provider had not ensured the governance arrangements in the service had effectively identified areas requiring improvement. There was no clear system in place for overseeing the quality of the care people received or the quality of records in the service. The audits and checks of the service had not identified all the concerns highlighted during the inspection. The provider had not ensured areas for improvement detailed at the last inspection now complied with regulations.

People felt safe living in the service. Staff understood how to recognise and report any concerns about people's health or wellbeing. People told us staff monitored their health and contacted external professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff treated them with care. People's views and preferences were valued by staff. Staff knew people well and empowered them to make choices and maintain their independence. The registered manager had a clear focus on understanding and respecting people's diverse needs. People knew how to complain. Complaints were recorded and responded to.

People told us they service was well managed, and staff provided positive feedback about the registered manager. The registered manager was increasing the opportunities for people and staff to be involved in the service.

People told us there was enough to do and the registered manager was implementing plans for people to be more involved in planning meaningful opportunities.

In addition to training, the registered manager had introduced further methods of increasing staff's understanding of key areas of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service, following a focused inspection which reviewed the key questions of 'Safe' and 'Well led', was requires improvement (published 14 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made and the provider was still in breach of regulations. This service has now been rated requires improvement for two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to providing safe care and treatment, staffing and how the service is run.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Down House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Two inspectors and a specialist nurse advisor.

#### Service and service type

Down 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.

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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information and feedback we had received about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, nurses, activities

co-ordinator, care workers, kitchen assistant and the chef.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and received information from the local authority safeguarding team, which we reviewed.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection we found some people's risks were not being managed safely. This contributed to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 12.

Before the inspection, we received concerns that one person's health needs had not been met which had left them at risk.

- People's risks were not always managed safely. Some people had indwelling catheters. During the inspection, we observed these were not always placed in the correct positions for them to drain properly when they were in bed, which placed people at risk. Clear information to guide staff about this, was not contained in people's care plans. Following the inspection, the provider confirmed this information had been added to people's care plans.
- People's risks were not always assessed adequately. Staff told us they understood what action to take if someone was unwell. However, people's care plans and risk assessments did not always detail what support they needed or what staff could do to reduce risks. For example, people's diabetes care plans did not always contain detail on how to recognise if the person had very high or very low blood sugar levels (hyperglycaemia or hypoglycaemia) or what action to take.  
The provider had not done all that was reasonably practicable to mitigate people's risks. This contributed to a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- It was not always easy to confirm from people's records that they had received the care they required. When people needed repositioning to reduce the risk of developing pressure sores, the way this information was recorded meant it was not easy to confirm they had been repositioned as frequently as required. Another person was on a fluid restriction which required monitoring. It was not clear from their records that they were consistently offered enough to drink or how much they had accepted.
- One person was described as having difficulty communicating. Staff told us "You can tell by his face when he is in pain", however this information had not been recorded to ensure staff were consistent in their understanding of the person's facial expressions. A pain monitoring tool was not being used to assess the person's pain level. This meant important information to assess their needs and risks might have been missed.

The provider had not ensured there was an accurate, complete and contemporaneous record detailing each person's needs. This contributed to an ongoing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had personal emergency evacuation plans in place which described what their needs were if emergency service needed to evacuate the service.
- Staff understood their responsibilities for reporting accidents, incidents or concerns.

#### Using medicines safely

At the last inspection we found some records of people's medicines were not accurate or reflective of best practice. This contributed to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 12.

- People's medicines were not always administered as prescribed. On the first day of the inspection there was only one nurse on duty, when usually there would be two nurses on duty. This resulted some people's morning medicines being administered later than normal. One person needed their Parkinson's medicine at a specific time, but this was given late, which meant their next dose had to be missed. This may have exacerbated their symptoms. Medicines records showed this had happened previously. Another person confirmed they often received their medicines later when there was only one nurse working.
- People's medicines administration records did not state when time specific medicines were given. This meant it was not possible to check whether people had the required time between doses.
- Medicines were stored and disposed of correctly; however, people's creams were not always dated when opened, which meant it was difficult to identify when they should be disposed of.
- Medicines were checked and audited and we were told no medicine errors had occurred in the last six months. However, records for the last ten days showed three medicines had not been given and one person had not received their medicine on several occasions as they had been asleep (and their medicine had not been administered later). These omissions had not been reported or action taken.

The provider had not ensured people's medicines were administered as prescribed and managed safely. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- People were not protected from infection. People's records did not include clear infection prevention instructions and staff were not following best practice to clean and dry people's equipment.
- A communal bar of soap was being used in one bathroom. This increased the risk of cross infection.

The provider had not ensured staff were practicing correct infection control techniques. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were happy with the cleanliness of the service. Positive feedback had been received by the service from external professionals about the cleanliness of the service.
- Following a food hygiene inspection, new cleaning schedules had been put in place.



### Staffing and recruitment

- There were not always enough nurses on duty to ensure people's needs were met. We looked at three weeks of rota for January 2020 and three weeks for February 2020 and these showed that for nine days in January and nine days in February, just one nurse had been rostered to work on the early shift. Nurses told us it was difficult to ensure people had their needs met promptly when they were working alone. On the first day of the inspection, this had resulted in some people's medicines being late or omitted. The provider had not ensured there were consistently enough staff on duty to meet people's needs. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The number of care staff on duty reflected the number calculated by the dependency tool.
- People were supported by staff that were suitably recruited. Records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service.
- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Safeguarding concerns and any outcomes were reviewed to identify any required learning.

### Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred. These were recorded and monitored to look for developing trends.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs and choices were assessed. The registered manager and staff continued to collect and record information to enable them to provide personalised care.
- The registered manager had identified different ways of developing staff knowledge to help ensure they understood and followed best practice. For example, they were planning to use nursing staff to deliver in-house training for care staff.

Staff support: induction, training, skills and experience

- People told us they felt staff had enough training to meet their needs. Comments about staff included, "They've all got the training. They know everything" and "Excellent. Very receptive they deliver to the best of their abilities, person centred-care."
- Staff were supported to complete the care certificate. This nationally recognised training package is designed to provide staff with an understanding of current good practice.
- In addition to formal training, the registered manager had introduced a 'Topic of the month' to increase staff's knowledge and practice in key areas of the care they provided, for example diabetes and oral care. Staff confirmed the learning they had gained from the topic of the month had increased their knowledge of people's needs as well as their understanding of how their role contributed to meeting the person's needs.
- Staff told us they felt supported in their role, had received the right training and had regular supervision of their practice.

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

- People gave us mixed feedback about the food but confirmed they were able to ask for alternatives. A recent resident's meeting was used to collect people's views and ideas for future menus.
- People told us staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs.
- The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were also clearly recorded in their care plans.

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

At the last comprehensive inspection, we recommended the provider reviewed the environment in relation to the needs of people living with dementia.

- The local Dementia Action Alliance group had completed a review of the environment. Some of the actions had been completed. The provider and registered manager were in the process of implementing the rest of

the recommendations.

- People had fed back improvements they would like to the external environment. The provider told us there were plans in place to make the improvements.

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

- People told us if they were unwell the staff would contact the relevant healthcare professional.
- One person who had a stroke told us how staff helped with exercises to strengthen their arm.
- The registered manager had recently completed an oral care action plan to identify if any improvements were required. As a result, oral health assessments were completed regarding people's needs and their oral care plans reviewed. Oral care products were now audited regularly to ensure people had the products they needed. The oral healthcare policy had also been reviewed and updated.
- Feedback received by the service from external professionals said staff were helpful, approachable and welcomed outside agencies.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was clearly described in their care plans.
- Staff understood the principles of the MCA and knew how to support people who did not have the capacity to make some decisions.
- The registered manager had applied for DoLS on behalf of people. Those authorised, did not have any conditions specified.
- People told us staff always asked for their consent before commencing any care tasks. Staff were in the process of gaining people's consent for different aspects of their 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were treated with kindness and compassion. People told us staff treated them with care. Comments included, "A nice attitude, every one of them" and "They are really lovely, they do all they can for you." Staff talked about people with compassion and respect. Comments included, "It is brilliant, the residents are lovely" and "You have to remember it is their home, we are in their home".
- Compliments received by the service from relatives included, "We can't thank you all enough for the wonderful loving care. We shall always be in your debt. You really did look after her well, she said to me, 'They're all lovely!'" and "Thank you for taking such wonderful care of mum and also for your kindness and support over the years."
- The registered manager was proactive in ensuring people's diverse needs were known, understood and met. They had requested equality and sexuality care plans were added to the computerised care planning system to ensure people's needs were clearly defined.
- Staff understood and respected people's diverse needs. One staff member told us, "You have got to be different with everyone, because everyone is different".

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

- People's views and preferences were valued by staff. Staff knew people's individual communication skills, abilities and preferences and used this knowledge to make sure people's views and opinions were heard.
- People confirmed staff listened to how they wanted their care provided. Comments included, "They like to carry out your wishes, and if you are not happy with something they'll give you an alternative".

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. People told us they were able to choose whether their bedroom door was open or closed.
- Staff shared examples of how they promoted people's dignity and encouraged people to maintain their independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- As noted in the 'safe' section of this report, care plans did not always include information detailing how to reduce risks to people.
- The registered manager had recently begun to add further person-centred detail to guide staff about people's routines and preferences for their day.
- Information about people's personal history had been recorded and was known by staff.
- People were involved in planning their own care and making decisions about how their needs were met.
- Handover between staff at the start of each shift ensured staff remained up to date with people's needs.
- The computerised care planning system meant care provided to people was recorded as it occurred. It also detailed people's routines for staff to follow.
- People were empowered to make choices. One person told us, "If I want it, I just have to ask for it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences were recorded, however these did not always include how people needed information presenting to them to enable them to access it. By the second day of the inspection, registered manager had recorded people's information and communication needs.
- Staff understood people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there was enough to do. Many people enjoyed spending time in their rooms and this was respected. People told us, staff always popped in to see them, or said "Hello", when they were passing their door. The registered manager was in the process of updating people's records to reflect what care and support people wanted from staff if they preferred to stay in their room.
- One relative told us their family member slept a lot and preferred to be in their room, but they had been encouraged to watch an entertainer in the lounge on the day of the inspection. The relative told us, "He's been out of his bed all afternoon and really enjoyed it!"
- Other people told us they enjoyed joining group activities within the home. Comments included, "We have

a yap and a laugh" and "Bingo! I stop knitting for that!"

- The working hours of the activities co-ordinator had recently been increased so they could ensure people's needs were met regarding how they spent their time but also encourage people to be more involved in the service. For example, they hoped to empower people to be more involved with the service's newsletter.
- The service had good links with the local community. One person was enabled to make contact with a local church so they could attend services.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home.
- People told us they knew who to complain to and that action had been taken when they made a complaint.
- People's concerns and complaints were encouraged, investigated and responded to in good time.

End of life care and support

- A compliment received by the service noted a relative's gratitude for staff being with their family member at the end of their life, when they could not be.
- The registered manager and a staff member had recently started training with a local hospice regarding how to meet best practice when delivering end of life care.
- People had end of life care plans in place. These currently lacked personalised detail but were in the process of being updated.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found people's records did not always provide enough information to ensure people received safe care; and the provider had not monitored the leadership and governance effectively or used information from adverse events to improve the service. This contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- The governance arrangements in place in the service had not been effective in identifying the concerns highlighted during the inspection. Where improvements had been identified, prompt action had not been taken to improve the care people received. For example, the registered manager told us they had identified the need for two nurses on the day shift and had recruited a new nurse. However, whilst they waited for the nurse to start, shifts were regularly planned with only one nurse working.
- The provider had no clear system for overseeing the quality of the records in the service or checking people received their care in line with their care plan. They told us they did not feel confident monitoring the content of care records or medicines practices. A clinical lead who worked for the provider, reviewed the medicines practices in the home, but the provider was not clear about what they reviewed and whether they recorded it.
- Audits were not always clearly defined and did not always identify areas for improvement. Audits of care plans did not contain information about what needed to be checked and what was actually checked. Audits of some people's records stated all required care plans and risk assessments were in place, when this was not the case. A call bell audit had been used to identify average response times but had not reviewed response times to identify any individual calls that had taken a long time to respond to.
- Following the last inspection, the provider was asked to complete an action plan detailing the required improvements would be made. The provider stated an audit had been completed to identify any gaps in records such as risk assessments. The provider stated that a new electronic care planning system would make identifying gaps in records easier. However, during this inspection, we found gaps in records still remained.

The provider had not effectively monitored the quality and safety of the care being provided in the service, or ensured suitable records were kept. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they had a new auditing system they were planning to implement which incorporated mock inspections.
- The registered manager regularly held managers meetings to discuss improvements to the service.

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

- People told us they service was well managed and did not feel any improvements were needed. One family member had fed back to the service, "I am relieved to know my relative is in good hands."
- The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at the service
- Staff told us they were inspired to provide a quality service and understood
- The registered manager had introduced roles for staff to become 'champions' of various aspects of the care they provided. Some of the roles had now been implemented and there were plans to add more to help ensure staff were meeting best practice.

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

- People and staff had opportunities to share their views and ideas about the service. Feedback was sought from people and their relatives about the service. The feedback received was positive and the registered manager had identified where improvements could be made.
- Resident's meetings were used to empower people to become more involved in future plans for the service. People were able to give feedback about the activities and food available and were also encouraged to share any ideas they had to improve the service.
- The registered manager had plans to increase opportunities for people and staff to be involved in the service. For example, they were planning to involve people in staff recruitment in the future and were in the process of developing the levels of responsibility of different staff members.
- The registered manager was keen to promote diversity within the home. Meeting minutes reflected their drive to ensure people's and staff's equality characteristics were understood and respected. Meetings were also used to remind staff of the service's zero tolerance policy towards any form of discrimination.
- Staff gave positive feedback about the registered manager. One staff member told us, "The registered manager is brilliant."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision.
- Social care professionals who had involvement with the home confirmed to us that communication was good.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's risks were not always managed safely. People's medicines were not always administered as prescribed. Staff did not practice correct infection control techniques.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured the governance arrangements of the service had resulted in good quality, safe care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were not always enough nursing staff on duty.