Stonehaven (Healthcare) Ltd

Donnington House

Inspection report

47 Atlantic Way
Westward Ho
Bideford
Devon
EX39 1JD

Tel: 01237475001
Website: www.stone-haven.co.uk

Date of inspection visit:
22 June 2016
23 June 2016

Date of publication:
06 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 22 and 23 June 2016. Donnington House is registered to provide care and support, which does not include nursing, for up to 36 people. At the time of this inspection there were 27 people living at the service.

When we last inspected this service in May 2015 it was rated overall requires improvement. We issued a requirement notice cause we found there were not sufficient staff available at key times to meet people's needs. We also highlighted that their mental capacity assessments were not decision specific. Care plans did not show how people were involved in the development and review of their plans. Following the inspection, the registered manager sent us an action plan to show how she would address the requirement relating to staffing.

At this inspection we saw there had been a small increase and changes in rota patterns to ensure there were sufficient staff available at lunch times. They had also purchased a hot trolley to ensure food would be kept warm if people needed to wait for assistance with eating their meal. Improvements had also been made in respect of ensuring mental capacity assessments were decision specific. Where possible they had made sure people or their relaitves had signed to show they were involved in the review of their care plan.

A registered manager was in post. 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 2014 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, applications had been had been made to the local authority in relation to people who lived at the service. The registered manager told us these were waiting to be approved. We saw that where mental capacity assessments had been completed, these were now more decision specific.

Recruitment processes showed only staff were employed who were suitable to work with vulnerable people. Staff understood how to keep people safe following risk assessments, using the right equipment and reporting any concerns.

People's medicines were being well managed, which included written guidance to tell staff when they should consider an as needed medicine (PRN) for people who lacked capacity. The room medicines were stored in was too hot to ensure medicines were fully effective. Following our feedback the medicines were moved to a cooler room.

Staff received training in all aspects of health and safety as well as understanding the needs of older people and dementia. Staff had support and supervision to help them understand their role and do their job effectively. Staff said they felt valued and listened to.

People said they felt safe and well cared for. Staff knew people's needs and preferences. One person said ''Staff have been very kind to me. They are lovely.'' Another reported, ''I can't fault the staff who work here, all very good.'' One relative said they were always made welcome and that they believed staff were kind to their relative. They said ''I do believe (name of relative) does get good care. The staff are always caring when I visit.''

Staff knew how to protect people from potential risk of harm and who they should report any concerns to. They also understood how to ensure people's human rights were being considered and how to work in a way which respected people's diversity.

Care and support was being well planned for people's health and personal care needs. Risks were identified and actions put in place to minimise these. Daily records showed people's personal, health and emotional needs were monitored. However we found care plans did not contain detail about people's social histories or their personal preferences. Staff could describe individual's needs and wishes, but they were not always documented as part of the plan. People confirmed they were able to see their GP when needed and relatives confirmed they were kept informed of any change in the needs of their relative.

Audits were used to review the quality of care and support being provided, although these had not picked up on some care plans lacking detail about people's social histories.

We found two breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Medicines were well managed, but the storage of them needed to change.

There were adequate staff available to meet the number and needs of people who lived at the service.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon, but people's social needs were not always well documented. Some night checks had not followed the care plan instructions for individuals.

Activities were not always planned or tailored to individuals' needs and wishes.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Requires Improvement

The service was mostly well-led but improvements were needed to ensure effective systems were being used to ensure quality.

The home was well-run by the registered manager and provider who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis, but these had not picked up on some key areas of improvements needed.

Donnington House

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 23 June 2016 and was unannounced. Both days were completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met most people using the service, and spoke with four people to gain their views about the care and support they received. We also met with eight care staff and the registered manager. We spoke with three relatives during the inspection and one health care professional following the inspection.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes. We observed a staff handover between shifts.

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 due to their dementia.

Good

Is the service safe?

Our findings

At the last inspection completed in May 2015 we found there were not always enough staff to ensure people were safe and their needs were being met in a timely way. We found there had not always been sufficient staff available at key times to ensure peoples safety and their needs were being met. The registered manager sent us an action plan detailing how they would deploy staffing levels to ensure sufficient staff were available and increased at key times such as mealtimes.

People were kept safe because staffing levels had been reviewed and changed to ensure there were sufficient staff available during meal times. One care staff shift had been moved from a 2 to 10 pm shift to a 12.30 to 8.30 shift. This helped to ensure those who needed support to eat their meals, were given it in a timely way. It also meant people were not being left unsupervised for long periods. The registered manager said that they were increasing the domestic staff to ensure they had one on every day from 8am until 1pm. In addition they would be having an extra person to do laundry weekday mornings, which would free up care staff time.
People said they felt safe. For example one person told us how they had needed to move into the home because they had been falling at home. Being at the care home had helped them to feel safer. One person said ''Staff do look after us. Yes I would say I felt safe here.''

Staff said that although they were busy the whole shift, they believed they could meet people's care needs well. They said that unless staff went off sick there were the right number of staff available each shift. The staff scheduled included seven care staff up until 11 am to assist people to get up and have breakfast. Then from 11am onwards until after teatime there were six care staff on shift. The registered manager said they had recently been using a dependency tool to help them ensure they had the right staffing for the number and needs of people currently living at the service and that this would be kept under review. In addition the registered manager was available weekdays and two cooks who provided meals throughout the day. They were also looking to increase the housekeeping staff to include a laundry person.

Medicines need to be stored so they are not damaged by heat. If they are stored at temperatures more than 25°C, it is too hot and could affect the safety and effectiveness of medicines. The upstairs medicines room was too hot to ensure medicines were not being compromised by the excessive heat. Staff and the registered manager were aware of this as they kept a thermometer and recorded temperatures which regularly reached over 26 degrees. We fed back to the registered manager that urgent action was needed to ensure medicines were moved to an area where they were being stored at an appropriate temperature. Following the inspection, we received an email to confirm medicines had been moved to a room where ventilation was available. The provider was looking into having refrigerated medicine trolleys and some form of air conditioning so the medicines could safely be returned to the original medicine storage cupboard.

We recommend the storage of medicines is kept under review to ensure the correct temperature is maintained.

Medicines were being safely administered and people confirmed they received their medicines when required. We observed the lunchtime medicines being administered. The staff member followed the service policy and procedure. They ensured that only one person's medicines were administered at a time. The medicine administration records (MARs) was signed once the staff member had witnessed the person taking their medicines. MARs were kept up to date and were accurate. Where people had as required medicines (PRN), there were clear protocols in place to instruct staff about when to consider the use of these. Medicines which require extra security were checked at every handover. During handover meetings, people's pain relief was discussed. The staff member who had responsibility for administering medicines was made aware about people to consider for pain relief following staff observations that they may be experiencing some pain.

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, people at risk of developing pressure sores, their risk had been assessed and kept under review. Actions included having pressure relieving equipment in place such as cushions and air wave mattresses. Where staff had noted reddened areas on people, preventative measures were taken to apply barrier cream. They promote bed rest to give the area where pressure was being created, time to heal. One risk assessment had been signed by a relative despite the fact the person had been assessed as having capacity. This related to a risk of them going outside to smoke cigarettes. The registered manager said the relative had voiced particular concerns about this. The disclaimer had been drawn up, but they knew that the person had capacity and was making their own decisions in their daily life.

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from working with vulnerable people.

People were kept safe because staff understood the types of abuse which could occur and how to report any concerns. One staff member said ''I have reported poor practice, which was in my view a type of abuse and this was dealt with straight away.'' The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There have been two alerts raised by the service since the last inspection. These related to people within the home causing possible harm to another person within the home. The registered manager ensured people were kept safe by close supervision.

The service had personal evacuation plans for each person in the event of a fire. The provider information return stated ''All equipment is serviced regularly by contractors and the premises is regularly risk assessed to ensure safety of those using them.'' However we found clean laundry was being stored in the laundry room where dirty laundry was waiting to be washed. In the event of an outbreak of an infection illness, this would not be best practice in ensuring good infection control measures. The registered manager agreed to look at removing the clean laundry and having lidded boxes for laundry waiting to go to people's rooms.

We found some leather reclining arm chairs in the downstairs lounge which were cracked and would be difficult to ensure they could be thoroughly cleaned to ensure safe infection control. The registered manager said they were in the process of replacing worn furniture and carpets, but agreed the two chairs identified during the inspection would be removed immediately.

In order to ensure the premises are safe and well maintained, the service employed a maintenance person. They completed weekly and monthly audits to ensure equipment and premises were safe and maintained.

This included water temperature checks, fire safety checks and window restrictor checks. In addition, external contractors were used to check for risk of Legionella, gas and electrical inspections.

Good

Is the service effective?

Our findings

People and relatives were positive about their needs being met by an effective staff team. Comments included ''Staff are all lovely, they know what we like and they know how to care for us.'' One relative said ''Staff have got to know my (name of person), they know how to get her to feel comfortable with them helping her to wash and dress.''

Staff were able to demonstrate they understood people's needs, wishes and preferences. In the handover, staff described how they had supported people in their daily lives ensuring their wishes were being met. For example one person had asked to stay in bed and then have a later breakfast. Staff were able to describe what people enjoyed doing and how they preferred to be supported in their personal care.

Staff said they were given training and support to do their job effectively. This included training in health and safety as well as more specialised areas such as dementia care, end of life care and specific health conditions such as diabetes, pressure care, bowel care and hydration. Staff said they had regular opportunities to meet with the registered manager to discuss their role and any training needs they had. One staff member said ''We have lots of training, some of it is done on line (on the internet) and other topics are via learning in small groups. I am really enjoying learning more about my work.'' The provider information return described how the service wanted to further learning by ''trying to introduce a Champions system whereby a member of staff will attend extra external training on a particular subject e.g. Diabetes, dementia and relay information back to the team. We are currently looking for available courses.'' Staff supervisions were recorded and showed staff had opportunities to discuss how their role was going and any training needs they or the registered manager had identified.

New staff were required to complete an induction programme which included the nationally recognised care certificate. This ensures new staff have a comprehensive induction covering all aspects of care. One newer member of staff confirmed they were just about to start work on this. Another member of staff said although they were new to this home, they had previous experience and national vocational training in care. This staff member did confirm they had several induction days ''to learn the working ways of this service.'' Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff so they had an opportunity to get to know people's needs and the operational ways of working in the service.

The service acted in a way which ensured people's human rights were upheld. This included ensuring they worked in a way which encompassed the principles of the Mental Capacity Act 2005(MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberties Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. Mental capacity assessments were completed for people and these were decision specific. There were some

old documents in some people's care files which related to decisions about whether the person should be resuscitated. These had been signed by the relatives, but were now superseded by treatment escalation plans which the GP completed. The registered manager said the old documents should no longer be in the files and would be removed.

The registered manager advised DoLS applications had been submitted to the authorising body and were awaiting review. Care staff confirmed they had completed training in this area, but not all could say who may be subject to such a safeguard. Staff did understand the principles of ensuring people were given choices and where possible consent gained. The deputy manager said that with the introduction of the electronic care planning system, this information would be much easier to see and identify for staff.

Care records showed how health care needs were closely monitored and where needed healthcare professionals were called for advice and support. For example when staff were concerned about someone being at risk of choking the speech and language therapist had been consulted about the right diet to reduce the risk. Community nurse teams were called when staff were concerned about people being at risk of developing pressure damage. A visiting healthcare professional said the service did refer to them in a timely way.

People were supported to eat and drink to maintain good health. People were offered a choice of two main meals at lunch time. People reported the food being served was tasty and to their liking. One person said ''I can't remember what I have just eaten, but it is always very good. No worries there I can assure you.'' Another person said they did not want to have their main meal at lunchtime and staff reassured them they could have it later and offered them an alternative. The cook was aware of who needed modified diets to maintain weight and to reduce the risk of choking. They cooked most meals from scratch but we heard how they were about to trial pre-prepared frozen meals. Mealtimes were relaxed and people were offered assistance to eat their meal in a kind and respectful way. A table was set up for a visiting family member to eat their lunch with their relative.

Good

Is the service caring?

Our findings

People and relatives we spoke with were complimentary about the caring nature of staff. People were confident staff were kind and upheld their dignity. Comments included ''Staff have been very kind to me. They are lovely.'' ''I can't fault the staff who work here, all very good.'' One relative said they were always made welcome and that they believed staff were kind to their relative. They said ''I do believe (name of relative) does get good care. The staff are always caring when I visit.'' Another told us ''They are very caring, even towards me, they are always telling me to take it easier.''

The service had received many compliment and thank you cards. These included ''To everyone at Donnington, please accept my most grateful thanks to you all for the kindness shown to (name of person) over the last six years, especially for the tender loving care you gave her in the last few weeks of her life, it was truly outstanding.'' Another said ''Thank you for all your wonderful care and kindness.....just wanted to tell you how helpful your girls were.''

Staff were able to describe ways in which they ensured people's privacy and dignity was upheld. For example always ensuring personal care was delivered in private. Staff said they always knocked on people's doors and bathroom doors before entering. One staff member said ''Just because the door isn't locked, you can never assume the bathroom is empty. We always just give a quick knock and call out to make sure people have the privacy they need.'' We saw examples of staff working with people in a kind and respectful way. Staff ensured people were offered choice throughout their day. Staff asked people what they wished to eat and drink, where they wished to spend their time and whether they wished to join in an activity.

The service recognised the importance of people's relationships. People said visiting times were flexible. Visitors were offered refreshments and meals to enable them to spend sociable time with their loved ones. One family member said they ate lunch with their relative once or twice a week which they enjoyed. Visitors said they visited regularly at various times and were always made to feel welcome.

Staff addressed people in their preferred name or nickname. It was clear staff had developed strong bonds with people and showed compassion and kindness. We saw many examples of staff being kind and caring towards people. During handover staff spoke about people's emotional well-being and what had been done to improve their mood, such as offered to go out for a walk, spent time chatting in their room.

The registered manager said they worked with the local hospice to provide end of life care following best practice. They had three monthly meetings with the hospice to keep up to date with good practice and hoped to have a staff member become the end of life care champion at the home.

Requires Improvement

Is the service responsive?

Our findings

Each person had a plan of care and daily records about how staff provided that care. However the two did not always marry up. For example we saw two plans where people had been asked for their specific requests about how they wished to be supported throughout the night. This included people being asked if they wished to be checked on by night staff and if so how often. Two files showed two people had requested either not to be checked or to only be checked infrequently. When we looked at the records relating to the night checks completed by staff, they had been completed consistently to say both these people were being checked two hourly throughout the night.

Care plans described people's physical and personal care needs and what staff should do to support these needs. However all four of the care plans we reviewed lacked detail about what the individual valued as social activities or hobbies. They also lacked detail about past histories and who were important to them. Plans did not record if and how they had been shared with people or their relatives. The deputy manager showed us the new care plan system which they are currently working on to input all care plan details. These did have clear sections about people's social and emotional needs, as well as their personal history and people who are important to them. She assured us this deficit in the current care plans would be rectified.

There was a calendar with some planned activities and a bi-monthly newsletter which detailed activities which had been done and forthcoming activities planned. Our observations however showed that for long periods people were not engaged in their environment and there was little to stimulate their senses. Some efforts had been made to decorate corridors and communal spaces with photos from the 40's, 50's and 60's to help promote reminiscence. In the communal lounge where people with complex dementia care needs spent most of their time there was few items for them to engage with. There was music playing and in the upstairs lounge we saw three people playing a game with a staff member, but six other people were staring into space or asleep.

Staff said they tried hard to fit in activities when they had completed the personal care tasks for everyone, but there wasn't always time to plan this well. One senior said it was their responsibility to ensure staff were allocated to do activities. They said on that day they had been so busy dealing with GP calls and community nurse visits, they hadn't had time to check if an activity had been planned or done with people. The registered manager said they did have some paid entertainers come in to sing and play music. They also had a therapy dog visit on a regular basis. The registered manager said they had recently had a fete to raise money for the 'resident's fund.'

People said they would like more to do and keep them occupied. One person was constantly asking if they could go out. Due to building work there was very limited external garden for people to use safely. One staff member said they tried to get people out to the local town for a walk and an ice cream but this usually occurred in the afternoons if they were not busy. We concluded that people's social needs were not being fully considered or planned for.

This is a beach of regulation 9 Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CQC had received a concern about one bedroom which looked out onto a blank wall. This room had a view of a courtyard, which essentially did give the view of a blank wall. We fed this back to the registered manager who agreed to look at including some features such as hanging baskets and objects of interest so the view would be more attractive.

Staff were able to demonstrate ways in which they were responsive to people's changing needs in health. For example where someone had become increasingly resistant to being supported to have their personal care needs met; help was sought from healthcare professionals. This included contacting the community psychiatric nurse for support and guidance on how best to manage new behaviours. Where people's physical health showed signs of deterioration, records showed GP's and community nurses were called for advice and support. One relative said the service had been very responsive to their relative's changing healthcare needs and had kept them fully informed.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives as part of their information pack. Complaints were dealt with effectively and the registered manager kept a log of what complaints had been received and how they had been resolved. The registered manager responded to any complaint in writing as well as having a discussion with the person. The letters set out what would change as a result of the complaint being raised. One relative confirmed they felt confident their views were listened to and should they raise a complaint, it would be dealt with.

Requires Improvement

Is the service well-led?

Our findings

Although there were systems to audit the quality of care, environment and records, the provider and registered manager had failed to pick up or action some of the issues identified during this inspection. In particular the failure to do something about the fact the medicine store was too hot for the safe storage of medicines. Despite the temperature of this storage area being checked and recorded daily, the provider failed to take action until we said they needed to. Audits were completed on care plans, but had failed to pick up all four plans we reviewed lacked detail about people's social and emotional needs, wishes and preferences. During this inspection we identified two arm chairs which were not fit for purpose and one room where the person's view looked out onto a blank wall. The provider acted on these areas once we identified them, but their own systems and checks had failed to identify these areas.

This is a breach of regulation 17 Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

.

Staff confirmed the management approach was open and inclusive. They considered their views and suggestions were listened to and actioned. For example discussing how best to work with someone during handover. Staff said they were offered opportunities to discuss their role and ideas via one to one supervision and in staff meetings.

The provider information return stated ''A quality assurance system is in place based on seeking views of people, their relatives and other health and social care professionals. Weekly and monthly audits including fire systems and maintenance are kept up to date. A Director visits the home every two months to complete an audit. Care Plans are audited by the company every two months.''

The provider had introduced some innovative ways of quality assurance checking. They had introduced a monthly 'mystery shopper'. Someone would call or turn up to view the home for their relative and if staff showed good practice in showing them round, all the staff team received a £25 bonus. The provider used surveys to gain people's views. Where issues or suggestions were identified, actions were taken. For example in a recent survey about food being offered some people had asked for particular items to be included on the teatime menu. These included crumpets and sardines, which had as a result been included as a regular choice on the menu.

The registered manager had included as part of the PIR information how they kept up to date with best practice. This included how they had made good use of NHS nurse educators to provide further training in key areas of health issues and said they also attended external courses. The PIR did not include any details about the ethos of the service but their mission and vision statements on the provider's website included 'to care the most', which encompass the values of quality, equality, teamwork and strength. Staff said they believed the core ethos of the service was to provide a homely and caring environment. They were able to describe a number of ways in which they achieved this. This included ensuring people had choice in their life and working in a way which promoted their respect and dignity.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. They used a safety cross to show where accidents and falls were occurring to help see if there were trends. Accident and incident forms were reviewed by the registered manager who checked to see if actions could be taken to reduce the risk of such an event reoccurring. She said that for one person they had spoken with their GP about a medicine review as they were unclear what was causing them to fall.

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 9 HSCA RA Regulations 2014 Person-centred care People who use services did not have their needs met which was appropriate and reflected their preferences in relation to social needs and activities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were placed at risk because the provider had failed to act on information completed during audits of the room temperature of the medicine storage, care plans not being updated and worn furniture not being removed.