Minster Care Management Limited

Duncote Hall Nursing Home

Inspection report

Duncote Hall
Duncote
Towcester
Northamptonshire
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Tel: 01327352277

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 10 August 2016 and was unannounced.

This was the second comprehensive inspection carried out at Duncote Hall Nursing Home.

Duncote Hall provides care and support for up to 40 older people with a wide range of needs, including dementia care. At the time of the inspection there were 35 people using the service.

The service has 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 and associated Regulations about how the service is run.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual and any potential risks to people had been identified. We saw that risk management plans had been completed to enable them to live as safely and independently as possible. There were adequate numbers of staff to meet people's needs and keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe

People had their medicines managed safely, and received their medicines in a way they chose and preferred.

Staff were well trained and aspects of training were used regularly when planning care and supporting people with their needs. People told us and records confirmed that all of the staff received regular training in mandatory subjects. In addition, we saw that specialist training specific to the needs of people using the service had been completed. This had provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

Staff sought people's consent to care and treatment which was in line with current legislation. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

People's needs were assessed and care plans gave guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care. A

wide and varied range of activities were on offer for people to participate in if they wished. The service had an effective complaints procedure in place and we saw appropriate systems for responding to any complaints the service received.

Staff enjoyed working at the service and felt well supported in their roles. They told us the registered manager was supportive of them. Quality monitoring systems and processes were to make positive changes and drive future improvement.

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.

People were protected from abuse and avoidable harm and felt safe living within the service. Staff were able to recognise signs of potential abuse and knew how to report any concerns they had.

Risk assessments were in place, which meant that people benefitted from an approach which enabled them to take positive risks. Staff supported people in a way that minimised risks to their health and safety.

Staff were recruited using a robust process. They were sufficient in numbers, skill mix and experience, so as to support people to remain safe.

Suitable arrangements were in place for the safe administration, recording and disposal of medicines.

Is the service effective?

Good

The service was effective.

Staff were provided with on-going training, support and supervision to ensure they always delivered good care.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

People were provided with a choice of meals which met their personal preferences and supported them to maintain a balanced diet and adequate hydration.

People were supported to maintain good health. The service had good working relationships with other professionals to ensure that people received the care they needed.

Is the service caring?

Good

The service was caring.

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed and provided information to staff about people's care needs, their likes, dislikes and preferences.

Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of individualised activities on offer at the service.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

There was a range of robust audit systems in place to measure the quality of care delivered.

People, their relatives and staff were positive about the way the service was managed.

There was a registered manager in post who provided effective leadership for the service.

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 checked 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 10 August 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding team.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand their experience of using the service. During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service and two relatives. In addition we spoke with eight staff members and this included the operations manager, the registered manager, the chef, three nurses and three support workers.

We reviewed the care records of six people who used the service to ensure they were reflective of people's current needs. We also examined five staff files, the medication administration record sheets for 12 people, four weeks of the staff rota and other records relating to the management of the service such as staff training records and quality auditing records.

Good

Is the service safe?

Our findings

People were protected against the risk from abuse and improper treatment. People told us they felt safe. One person said, "Yes I do feel safe. I have a wrist pendant so If I have a fall I know I can press it and the staff will come quickly." A second person told us, "Yes it's a safe place to live. I chose to come here so I would be safe." A relative told us, "Yes [relative] is in good hands and I wouldn't let him live here if I didn't think he was safe."

All of the staff we spoke with could clearly explain how they would recognise and report abuse. One staff member said, "We have our safeguarding training every year. It's very good." Another staff member commented, "I would have no worries at all about reporting any concerns I had. I feel very strongly about that. We have a duty to report abuse." Staff told us, and training records confirmed that staff received regular safeguarding training to make sure they stayed up to date with the process for reporting safety concerns.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

There were effective risk assessments in place to protect and promote people's safety. One person told us, "I know when I came here they [staff] talked with me about risk assessments."

Staff told us that possible risks to people's health and safety had been identified within their care plans. One member of staff said, "Risk assessments are important to keep us all safe." Another staff member described risk assessments in place for people who liked to go out in the garden.

Risk assessments considered the most effective ways to minimise risks and were up to date and reflective of people's needs. They helped staff to determine the support people needed if they had a sudden change of condition. Risks to people's safety were appropriately assessed, managed and reviewed. Staff demonstrated that they knew the details of these management plans and how to keep people safe. For example, one staff member spoke to us about the behaviours one person could present with. They talked us through the potential risks to staff and other people using the service and what actions had been put in place to minimise the risks to people.

The registered manager understood the importance of the monitoring of accidents and incidents within the home. Staff knew they should always report an accident, so that correct action could be taken. We found that appropriate documentation had been completed where accidents and incidents had occurred.

People told us there were enough staff on duty. One person said, "There is enough staff." Another person commented, "I think there are enough staff. Sometimes I have to wait for them [staff] to come but that's

usually at busy times. Most of the time it's okay." A relative told us, "They are always busy but I think the staffing is okay. I have never seen any problems."

Staff told us that rotas were flexible if the needs of the person changed for any reason staffing could be increased. One staff member said, "There is usually enough of us to do what we need to do." Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. The registered manager told us they used a specific tool to assess the dependency levels of people's needs when calculating the required staffing numbers. They confirmed that staffing arrangements included two trained nurses and six support workers on duty throughout the day. We found that the staffing numbers were consistently maintained at this level and did not see any days on the rota where there was a shortage in staffing numbers.

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.

The registered manager told us that they had a recruitment policy which was always followed. We spoke with two staff who were new to the service. They told us they had been through a thorough recruitment process. One said, "I had to wait for all my checks to come back. My Disclosure and Barring (DBS) check took ages. I even phoned the police station to see where it was because I couldn't start work without it."

Staff files demonstrated that appropriate checks had been completed and received by the service before staff commenced employment. For example; two references, proof of identity and Disclosure and Barring Service (DBS) checks.

People were supported to take their medicines by staff trained to administer medicines safely. One person commented, "They [staff] give me my tablets. I wouldn't know how to do them." A relative told us, "I don't have any concerns or worries about my [relative] getting their tablets. It all seems very efficient."

Staff told us they considered the administration of medicines an important part of people's care. One staff member said, "We take it seriously, giving people their medicines. It must be done right."

We observed staff administering medicines to people throughout the day. This was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. People were given a drink to assist the swallowing of their tablets and the staff member spent time with them to ensure they were not hurried.

We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet. We checked the medicines for twelve people and found the number of medicines stored, tallied with the number recorded on the Medication Administration Records (MAR). Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given medicines to meet their needs.

We saw, from the staff training records, that staff had received up to date medicines training. Regular medicines audits also took place which helped to identify any gaps on the MAR charts or errors so they could be dealt with in a timely manner.

Good

Is the service effective?

Our findings

People confirmed they received effective care from staff with the right skills and knowledge. One person told us, "The staff are able to look after us alright." A second person said, "I came here so I could be looked after and they do that."

Staff told us that they received the right training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff said: "The training is good; helps give us the knowledge to do the job." We were also told, "I definitely think we have enough training." Another staff member commented, "The training is good and we are able to have the training we need." A new staff member talked to us about their induction training and said they had shadowed a more experienced member of staff, to support them in gaining the right skills and knowledge to meet the needs of the people using the service. The registered manager confirmed that new staff completed the Care Certificate, which was introduced in April 2015 for new health and social care workers as part of their induction. She also confirmed that new staff shadowed a more experienced member of staff before being counted as part of the rota. We observed this to be the case on the day of this inspection.

Training matrixes had been developed which provided information to enable the registered manager to review staff training and see when updates / refresher training was due. This confirmed that staff had received training that was relevant to their roles such as induction, safeguarding, dementia, moving and handling and food hygiene. Due to the numbers and skill mix of staff on duty, there was evidence that staff had sufficient knowledge and skills to meet people's needs.

Staff told us they felt well supported and received supervision from a line manager. One member of staff said: "I have supervision, we need supervisions for feedback."

Records we looked at showed some gaps in the staff supervision sessions. The registered manager told us this was currently being addressed by the recruitment of a new clinical lead who was in the process of completing supervisions for nursing staff. Records we looked at confirm this. Despite the gaps in supervision, staff we spoke with were positive about the registered manager's open door approach. During the inspection a member of staff needed to speak with the registered manager about a training query, and we saw that this was quickly facilitated.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that 18 people had authorisations to deprive them of their liberty.

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 were being met, and found that systems were in place to assess peoples' capacity. Throughout the inspection we observed that staff sought consent from people before undertaking any activity. They demonstrated a good understanding of people's needs and encouraged them to make their own choices and decisions, as far as possible. For example, giving them a choice of what activity to do, what food and drinks to have and what clothes to wear. Records also showed that decisions had been made in people's best interests where they lacked capacity; to ensure they received the right care and support to maintain their health and wellbeing. We saw that these decisions had been made involving the person's GP and / or relatives.

Some people had a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form in their care plan. The DNACPR forms we saw demonstrated involvement from the person concerned or their representative and clearly recorded the reason for it being in place. Information about people's advanced decisions about their care had also been included within their care plans.

People told us they had enough to eat and drink and that they enjoyed the food provided. They complimented the chef and the quality of the food provided. One person said, "The food is lovely. There is nothing you can't have." Everyone we spoke with told us that they always had a choice of what to eat at every meal time." One person commented, "There is always a choice. If you don't like what is on offer you can have something else." A relative told us, "I am happy with the food [relative] receives. It always looks well-presented and tasty. There are lots of snacks available as well and they are always coming round with drinks.

We spoke with the chef on duty in the afternoon. They told us that menus were completed on a four weekly programme and took into account people's preferences and choices. They also said they were trying new approaches to ensure people's dietary needs were met. They told us that they had recently made a display with seasonal fruit where people could choose what fruits they enjoyed. When cultural diets or condition specific diets were required we found that systems were in place to ensure the kitchen staff were aware of these, for example, soft options or diabetic diets. Records showed that people's nutritional needs had been assessed, with any specific requirements such as soft options or assistance with eating outlined. Menu options were also displayed on each dining table and on notice boards throughout the service.

We observed that throughout the day a choice of food and drinks were readily available. When someone in their room requested a cold drink because they had run out, this was arranged quickly by staff. During lunch time we saw that people were given time to eat and drink and the pace was not rushed. Assistance was provided in a discreet and helpful manner to people who required help with eating and drinking. We noted that dining tables were laid appropriately; providing a visual clue for people living with dementia that it was time to eat.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us, "They look after my diabetes and they look after me." Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support. Records demonstrated that referrals were made to relevant health services when people's needs changed, and a log of visits to and from external health care professionals was being maintained in people's care records.

Good

Is the service caring?

Our findings

People confirmed that they were treated with kindness and compassion. They spoke positively about the care and support they received. One person told us, "Yes, its okay here, I'm happy and they look after me well." Another person said, "They are very helpful. They always have a smile for me." A third person added, "I've been here for quite a long time. If I wasn't cared for I wouldn't continue to live here." A relative commented, "The staff provide good support to [relative] and us as a family."

We observed many positive interactions between staff and the people using the service throughout the inspection. Staff demonstrated a good understanding of the needs of the people they were supporting and their approach was personalised. For example we observed one staff member interacting with people during breakfast giving them choices and talking with them about their day. We also saw that one person was upset and we saw staff comforting this person, by giving them one to one support. We also observed and overheard lots of laughter and chatter between staff and people. It was clear from the conversations we heard that staff were knowledgeable about the people they were speaking with and knew how best to engage them.

People confirmed they felt involved in making decisions about their care and day to day routines. One person commented, "I have my care my way. I am listened to by the staff." We noted that staff listened to people and provided information in a way that was appropriate for each person. We also heard them taking the time to check people were okay with the support and care provided. For example we heard comments such as, "Is that better?" and "How's that, are you comfortable?"

A relative told us, "My [relative] isn't able to comment about their care but I'm always asked and kept informed if there are decisions to be made." Regular formal reviews encouraged people and their family members to express their views about their care and be fully involved in how their support was delivered. Where people who did not have relatives or family involvement we saw that advocates could be involved to ensure their views, choices and decisions were heard. This meant that people felt listened to, respected and had their views acted upon.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. A staff member told us, "It does make a difference having the same staff. We get to really know people."

People told us that staff were always respectful towards them and took every step to promote their privacy and dignity. One person told us, "They do manage to make sure everything is covered up and respect my dignity." Another person said, "The staff show me courtesy and respect me." A relative commented, "They always knock on people's doors and they treat people with respect."

Staff told us they respected people's privacy and dignity. One staff member said, "I treat people with manners. I'm never rude." A second member of staff told us, "We treat people with respect. It's just what you

do." Staff told us that people received personal care in private; and chose what clothes they wished to wear and how they preferred to be addressed.

We saw that people were able to exercise their right to privacy by staying in their room if they wished. Our observations on the day of the inspection showed that people were smartly dressed and many were wearing chosen items of jewellery, nail polish and other accessories. We also observed that if someone spilt food or drink on their clothes they were gently supported to change into clean clothes. This meant that people's personal choices were respected and their dignity maintained.

The service had systems in place to ensure that people's confidentiality and independence was upheld. We saw that staff were provided with training on confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected. Handovers took place in private and staff spoke about people in a respectful manner.

Good

Is the service responsive?

Our findings

People confirmed that they, or those acting on their behalf, were able to contribute to the assessment and planning of their care. One person said, "I get the care I need. Everything is okay." Another person explained, "I like things a certain way. The staff respect my choices." Relatives we spoke with echoed these sentiments and one relative said, "It's the little things that make the difference. [Relative] has all he needs."

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from assessments was used to ensure people received the care and support they needed, to enhance their independence and to make them feel valued. One staff member told us, "We do an assessment and try to get as much information as we can."

We reviewed care records and found that people had been asked for information prior to moving in. We looked at the care records for someone who was new to the service. We saw that they and their family members had provided information about their needs before they moved into the service. Care plans we looked at had been reviewed regularly; to ensure the care and support being provided to people was still appropriate for them. We also noted that updates had been added as people's needs changed, indicating that these were used as working documents.

People talked to us about their hobbies and social interests. It was clear from the facilities provided and the activities team in place, that the provider recognised this as an important part of people's lives. One person told us, "We have a hairdresser here, she's good." A relative commented, "There is a good range of activities here. The activities co-ordinator is very good."

We observed activities taking place throughout the day - some planned and some not. These included a quiz which people were supported to join in and individual activities such as nail painting." We spoke with one of the activity coordinators who told us about activities that were provided. They also explained that they visited people in their own bedrooms if they did not wish to join in with the group activities provided, so they did not miss out.

We also saw that people were provided with newspapers in the morning and saw that a weekly activity schedule was available for people which included a variety of activities for them to choose from for example, word games, arm chair exercises, quizzes, arts and crafts and board games. We also saw evidence to suggest that the service had organised themed events to celebrate key dates and holidays such as Christmas and the Queen's birthday. Photographs were seen on display of people smiling, as they participated in some of the activities that had been provided.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. People told us they felt the staff team were approachable and that they would feel comfortable speaking with a member of staff if the need arose. One person told us, "I have no complaints at all." Another person added, "I have no complaints about anything." Staff we spoke with were clear that they would report any complaints they received to a senior member of staff.

We saw clear information had been developed for people outlining the process they should follow if they had any concerns. We spoke with the registered manager who showed us that a record of complaints and compliments was being maintained. We noted from this that concerns were taken seriously, and people were kept updated on the actions taken in response. This showed that people were listened to and lessons learnt from their experiences, concerns and complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in post and management had been stable. We received positive feedback from people we spoke with about the management of the service. People, relatives and staff expressed confidence in how the service was run. One person told us, "She [manager] has been very helpful to me." Another person commented, "[Manager] comes up to my room and talks to me." A relative commented, "The manager is available to talk with if I need to."

Staff told us the registered manager provided good leadership at the service. One staff member told us, "The manager is visible. She does care about the residents." Another member of staff said, "She has an open door policy. I would feel very comfortable going to her to discuss something."

Staff felt they were well trained and supported and were committed to the care and development of the people the service supported. There was a clear relationship between people and the staff that cared for them. This meant that communication between people, staff and the service was effective and concerns or issues were identified and rectified. Staff felt that the registered manager was supportive of them and worked with them to ensure people received the care that they needed.

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be more than happy raising any concerns." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Clear information had been developed for prospective users of the service, setting out what they could expect from the service, their rights and also information about fees and the cost of any extra services. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people.

The registered manager talked to us about the monitoring systems in place to check the quality of service provided. Records showed that internal audits and checks took place on a regular basis; to ensure the service was providing safe, good quality care. We saw that information was analysed on a regular basis, for example in terms of the number of falls occurring; as a way of identifying patterns and understanding when to request external support, to meet people's needs. We reviewed some of the quality audit information from the medication, training, staffing and care plan audits. This showed that arrangements were in place to monitor the quality of service provided to people, in order to drive continuous improvement.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The registered manager told us that satisfaction surveys took place on a regular basis. Records we looked at confirmed this. In addition we saw evidence that there were systems in place to monitor other areas of performance, such as staff supervision and complaints. Areas were identified where improvements could be made so the service met the needs and preferences of people better. Action plans were then devised so improvements could be made in service provision.