

Doneraile Residential Care Home Ltd

Doneraile Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Doneraile Residential Care Home is a care home in Newton Abbot that provides personal care for up to 25 older people and is operated by Doneraile Residential Care Home Ltd. There were 22 people living there at the time of our inspection.

One of the registered providers also held the position of the home's registered manager. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

This inspection took place on 13 July 2015 and was unannounced. This was the home's first inspection since change of ownership to Doneraile Residential Care Home Ltd.

People told us they felt safe at Doneraile: one person said, "of course I feel safe - I wouldn't be here otherwise" and another person said "yes, I couldn't think of anywhere better."

Staff had received training in safeguarding adults and there was clear information available on what to do in case of a concern. Staff understood about people's rights to make decisions and felt confident that if they had any concerns these would be acted upon.

People said there were enough staff on duty to meet their needs and spoke highly of the care they received. The staff were described as "excellent" and "brilliant." At the time of the inspection, there were five care staff on duty, one cook, two housekeeping staff and both registered providers. Staff confirmed this was usual and that staffing levels had been increased in response to people's changing care needs. This gave staff the time they needed to meet people's needs in an unhurried manner. The registered providers told us they did not wish to see the quality of the care or the safety of people compromised due to people's changing care needs. Staff said they enjoyed working at the home, saying it felt like an extended family. Robust recruitment procedures were in place to ensure suitable staff were employed.

Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Where risks were identified there were detailed measures in place to reduce these where possible. Where necessary staff had consulted with healthcare professionals for guidance on how to support people safely. Care files included a summary of people's care needs and more detailed information where specific care needs had been identified.

People told us they liked the food and had a good choice available to them. Comments included, "the food is very good" and "the food is lovely with lots of choice." People confirmed they were able to continue with their interests and hobbies and were free to come and go from the home as they pleased. The registered providers told us they encouraged people to try new activities and to have a fulfilling life.

We observed medicines being administered and this was done safely and unhurriedly. Medicines were stored safely and only senior staff and the registered providers had responsibility for checking stocks, reordering and returning medicines to the pharmacy.

Staff had received training in, and had a good understanding of, the Mental Capacity Act 2005 and the presumption that people could make decisions about their care and treatment. Staff also received training in topics relating to people's care needs such as skin care and pressure ulcer prevention, diabetes and dementia care and were knowledgeable about people's care needs.

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to, to get the help and support they required. They described themselves as a "happy" team. They said they had a very good relationship with the registered providers who were always available if needed.

Doneraile had been voted the third best care home in the South West for 2015 by www.carehome.co.uk as a result of the comments received from people's relatives. Prior to this inspection, we had received information from a relative about the quality of the care provided at the home. They told us their relative "loved the service and the carers that worked there". They said registered providers "ran the service beautifully" and they "could not be happier with the care, food and entertainment."

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered providers if they had any concerns or make a complaint but they had not needed to as they were happy with the care and support they received.

The registered providers were committed to providing a high quality service to people and there were thorough systems in place for managing information relating to the running of the home. The registered providers undertook regular health and safety audits to ensure people's safety and that of the environment was well maintained and suited to the people living in the home

The home was found to be clean and well maintained with no unpleasant odours in any of the communal areas. Two rooms were currently vacant and these were in the process of being redecorated to a high standard with new carpets laid. A passenger lift and a stair lift provided

Summary of findings

access to the first floor; however the passenger lift was not working on the day of the inspection. Following the inspection the home confirmed the lift had been repaired and was working.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The home was safe.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

Staff were knowledgeable about their responsibilities in regard to safeguarding people.

People were supported by sufficient numbers of safely recruited and well trained staff.

Medicine practices were safe.

Good



Is the service effective?

The home was effective.

Staff received training in care topics, as well as The Mental Capacity Act 2005, and were knowledgeable about people's care needs. People told us they had confidence in the staff to support them, and spoke positively about the care they received.

Care plans provided clear descriptions of, and guidance for staff to meet people's care needs.

People had prompt access to healthcare professionals, such as GPs and community nurses.

People told us they liked the food and had a good choice available to them.

The registered providers and senior staff regularly attended the local care forum meetings which provided training and advice on good practice recommendations for caring for people with complex care needs.

Good



Is the service caring?

The home was caring.

People spoke highly of the care they received. They told us the staff respected them and were always caring and friendly.

The staff worked very effectively with other healthcare professionals to care for people well at the end of their life.

Staff said they enjoyed working at the home, saying it felt like an extended family.

Good



Is the service responsive?

The home was responsive.

People told us they were supported to live their lives the way they chose, and their preferences and choices were respected.

Care files included a summary of people's care needs and more detailed information where specific care needs had been identified.

People were able to continue with their interests and hobbies and were free to come and go from the home as they pleased.

Good



Summary of findings

People and staff were confident the registered providers would welcome comments and deal with concerns promptly and effectively.

Is the service well-led?

The home was well-led.

Doneraile had been voted the third best care home in the South West for 2015 by www.carehome.co.uk as a result of the comments received from people's relatives.

There was a very positive atmosphere and people were very much at the heart of the service. High quality care and support was consistently provided.

Effective systems were in place that regularly assessed, monitored and improved the quality of care. People's views on the running of the home and the quality of the services provided were sought both formally and informally.

Good



Doneraile Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 July 2015 and was unannounced. One social care inspector undertook the inspection.

Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is

required to send us by law. We also spoke with the community nursing team who provided support to the home to gain their views of the quality of the service provided.

We spoke with 19 people who lived at the home, both registered providers, five care staff, the cook, two housekeepers and one visitor.

We looked around the premises, spent time with people in the communal areas and observed how staff interacted with people throughout the day. We also looked at three sets of records related to people's individual care needs; two staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We spent time with people over the lunchtime meal and observed the staff handover meeting between the morning and afternoon staff. We looked at the way in which medicines were recorded, stored and administered to people.

Is the service safe?

Our findings

The home was safe.

People told us they felt safe at Doneraile. One person said, “Of course I feel safe I wouldn’t be here otherwise” and another person said “Yes, I couldn’t think of anywhere better.”

Staff had received training in safeguarding adults and there was clear information available on the action they should take if they had a concern over someone’s safety and welfare. Staff understood how and to whom concerns should be reported, including what action to take when the registered providers were not at the home: a list of emergency telephone numbers was provided including those of the Care Quality Commission and the local authority’s safeguarding team. Staff understood about people’s rights to make decisions about their care and treatment and respected these.

Care plans showed each person had been assessed before they moved into the home and any potential risks to their safety were identified. Assessments included the risk of falls, skin damage and poor nutritional and hydration, as well as those associated with physical and mental healthcare conditions such as diabetes and dementia. Where risks were identified there were detailed measures in place to reduce these where possible. Staff had consulted with healthcare professionals for guidance on how to safely support people. For example, one person was identified as being at risk from choking due to swallowing difficulties and staff had sought advice from the community Speech and Language Team. The person’s care plan identified all liquids were to be thickened to a syrup consistency and all food must be soft and moist. Another person’s care plan identified they required a hoist to assist them with moving from their bed to a chair. The care plan clearly described how many staff should support the person, the size of sling to be used and where the loops of the sling should be attached to the hoist.

People said there were enough staff on duty to meet their needs. One person said “the call bells are answered quickly, I never have to wait.” Staff were described as “excellent” and “brilliant.” At the time of the inspection, there were five care staff on duty, one cook, two housekeeping staff and both registered providers. Staff confirmed this was usual and that staffing levels had been

increased in response to people’s changing care needs. This gave staff the time they needed to meet people’s needs in an unhurried manner. We saw staff were relaxed and confident in their work. They said they had time to meet people’s needs properly and to spend time in conversation with them. The registered providers told us they did not wish to see the quality of the care nor the safety of people compromised due to people’s changing care needs. They said they did not use agency staff to cover shortfalls in staffing as they would not know people well, but preferred to resolve this from within the staff team as well as providing support themselves.

Robust recruitment procedures were in place to ensure suitable staff were employed. The registered providers said they looked for staff with the right sense of caring rather than just staff who had experience. Each prospective member of staff underwent a number of checks including a police check, and obtaining references from previous employers. At the time of the inspection one newly appointed member of staff, yet to commence work, confirmed they were visiting the home to complete their pre-employment checks now that their references had been returned.

We observed medicines being administered and this was done safely and unhurriedly. The senior member of staff responsible for administering the medicines wore a tabard identifying they were not to be disturbed while administering medicines to reduce the risk of errors occurring. Medicine administration records were clearly signed with no gaps in the recordings. Medicines were stored safely and only senior staff and the registered providers had responsibility for checking stocks, reordering and returning medicines to the pharmacy. Records showed the local pharmacist responsible for providing medicines to the home had recently reviewed each person’s medicines as well as the home’s practices and found no issues of concern. The pharmacy had provided staff with training in safe medicine practices in April 2015. The registered providers confirmed they observed staff to ensure they remained competent and safe to administer medicines.

The home was found to be clean and well maintained with no unpleasant odours in any of the communal areas. One of the bedrooms had an unpleasant smell and the registered provider confirmed they had identified this that

Is the service safe?

morning and the carpet required cleaning which they planned to do. Two rooms were currently vacant and these were in the process of being redecorated to a high standard with new carpets laid.

A passenger lift and a stair lift provided access to the first floor; however the passenger lift was not working on the day of the inspection. The registered providers confirmed the part required was due to be delivered that day, and we

saw that it was, and the engineer was booked to repair the lift the following day. Following the inspection the home confirmed this had been completed and the lift was working. People told us they had not been restricted by the breakdown of the lift as they had either been able to use the stairs or the stair lift. One visitor told us their relative had not been affected as they chose not to come downstairs but to remain in their room.

Is the service effective?

Our findings

The home was effective.

Staff were knowledgeable about people's care needs and had the skills and knowledge to support them. People told us they had confidence in the staff and spoke positively about the care they received. One person said "I'm being very well looked after" and another said the staff "are very good."

Care plans reminded staff to seek people's consent before giving assistance and contained a statement outlining the "essential principles of care": privacy and dignity, independence, choice, rights, fulfilment and security. The care plans said people should be provided with "a safe, risk free environment, without infringement on their rights to independence and choice" and staff should "recognise residents being worthy regardless of their circumstances by respecting their uniqueness and personal needs. Staff should empower people to recognise their rights as citizens." Staff told us they involved people in decisions about their care and how they wished to be supported every day. They told us some people weren't able to make big decisions about their care, but said "we always offer people choices and respect their wishes about the decisions they can make, such as what clothes to wear, where they would like to spend their time and what they would like to eat and drink."

The registered providers and senior staff regularly attended the local care forum meetings. These meetings provided training and advice on good practice recommendations for caring for people with complex care needs. This information was shared amongst the staff team during both formal meetings and informal discussions to ensure all staff were aware of current good practice in areas such as supporting people living with dementia, pressure ulcer prevention and nutrition and hydration.

Staff received regular training in issues relating to people's care needs such as skin care and pressure area care, continence care, diabetes, and caring for people with dementia. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control, and certificates were seen in staff files. In addition, staff could refer to training DVDs. Staff confirmed their knowledge in these topics was tested by the registered providers and further support provided if

necessary. One newly employed member of staff confirmed they had watched the DVDs before starting to work unsupervised. Newly employed staff were provided with an individually planned induction dependent upon their previous experience. Two staff told us they had worked alongside experienced staff and undertaken training prior to be assessed by the registered providers as competent to work unsupervised. Newly employed staff were also enrolled to undertake the Care Certificate, a training and development course designed to provide staff with information necessary to care for people well and for which staff were required to provide evidence of their knowledge, skills and competences.

Staff had received training in, and had a good understanding of, the Mental Capacity Act 2005 and the presumption that people could make decisions about their care and treatment. Mental capacity assessments had been undertaken for people where their ability to consent or make decisions was impaired. These involved relevant people such as family and clinical professionals. For example, one person needed to take a specific medicine to maintain their health, however they were reluctant to take medicines and their capacity assessment had indicated they were unable to understand the consequences of not taking this. A best interest meeting had been held with the person's family and their doctor where it was agreed giving the medicine covertly was in the person's best interests. The care plan clearly stated only this medicine was to be given covertly and described how this was to be done. All other medicines were to be offered to the person who could choose whether they wished to take these or not. We saw this decision had been kept under review to ensure it remained in the person's best interest.

Where people had made decisions about whether they wished to receive emergency treatment such as cardio-pulmonary resuscitation, or had made advanced directives, these were clearly recorded in their care files.

The registered providers confirmed that no one was subject to having their liberty restricted to maintain their safety. However, should this change they were aware of their responsibilities to assess people's capacity to consent to these restrictions and, if necessary, to apply to the local authority's Deprivation of Liberty Safeguards Team for authorisation.

Staff received one to one supervision every two months. Senior care staff, once they had received training,

Is the service effective?

supervised care staff and the registered providers supervised the senior care staff as well as the catering and housekeeping staff. Staff were encouraged at these meetings to share their views on the running of the home and their personal development and training needs. For example, one staff member wished to become more involved in providing end of life care and another to enhance their skills in caring for people with dementia. The registered providers confirmed specific training events and involvement with specialist services had been arranged for these staff. Staff also received an annual appraisal where their work performance was formally assessed. Staff said they found these meetings useful and felt listened to.

People told us they liked the food and had a good choice available to them. Comments included, “the food is very good” and “the food is lovely with lots of choice.” They told us they could have their meals at the times they preferred and could take meals in their rooms if they wished. The cook confirmed menus were planned around people’s likes, dislikes and dietary needs. We saw people enjoying their lunchtime meal: people were offered choices and the mealtime was pleasant and unhurried. People were seen

laughing together and in pleasant conversations with staff and each other. A record of how well each person had eaten at every mealtime was included in their daily records for ease of access and review. Care plans included nutritional risk assessments and monthly recording of weights to monitor any changes in care needs. Where someone had been identified as being at risk of not eating or drinking enough to maintain their health, we saw they had been referred to their GP for further assessment by a dietician.

People told us they saw their GP or the community nurse promptly if they needed to do so. Care files contained records of referrals to GPs, community nurses and physiotherapists and the outcomes of these were documented and any changes to care needs as a result were transferred to the care plans. Prior to the inspection we spoke with the community nursing team, who confirmed they had a good relationship with the staff and were contacted promptly for support and advice. Where possible, people were encouraged to visit the dentists and opticians in the town to maintain contact with the local community rather than receive these services in the home.

Is the service caring?

Our findings

The home was caring.

People spoke highly of the care they received. They told us the staff were always caring and friendly: comments included “the staff are excellent”, “I have a great rapport with the girls” and “I have a lovely relationship with the staff.” One person said they knew this was where they wanted to live when the time came to move into a home. Another person told us they came to the home for respite care and enjoyed it so much they decided to stay on a more permanent basis. The atmosphere in the home was warm, welcoming and caring and there we saw pleasant conversations and laughter between people and staff.

Staff said they enjoyed working at the home, saying it felt like an extended family. They told us their caring role was about “treating people as you would want to be treated”, “respecting and protecting people” and “to make sure people are happy”. One staff member said “little things are important to people and we mustn’t forget that”, and gave us an example of ensuring people received their newspapers as soon as they were delivered as they knew people liked to sit with a coffee and read the paper in the mornings.

We saw one member of staff talk quietly and gently to one person who had not been feeling well. They held their hand and asked them if there was anything they could get for them or if they wanted to freshen up. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

People’s wishes regarding how and where they wished to be cared for at the end of their lives was described in the care plans. Staff worked with the local GP service to ensure advanced decisions were well documented and understood. Anticipatory medicines were requested when a person was identified as nearing the end of their life. Anticipatory drugs are medicines that are used to manage people’s symptoms during their end of life. These medicines help people to experience a pain free and dignified death. The provision of anticipatory drugs ensured that medicines and pain relief were available to people at the right time to enable them to receive their end of life care in their preferred place. Staff had received training from the local hospice in caring for people at the end of their lives. They told us they worked closely with the local community nursing team to ensure people had the right equipment, care and treatment. Staff said they supported family members, if appropriate, to be involved in people’s care to ensure they felt involved in the care of their loved one at this time. One staff member said, “I am proud of the care we give, particularly at the end of people’s lives.” The registered providers told us “we feel it is a privilege to be able to care for our residents at the end of their life, avoiding hospital admission.”

People’s privacy was respected and all personal care was provided in private. When people received care in their rooms, doors were closed to respect their privacy: this was particularly important as some rooms were accessible from the dining room. We saw staff knocking on people’s doors and waiting for a reply before entering.

Is the service responsive?

Our findings

The home was responsive.

People told us they were supported to live their lives the way they chose, and their preferences and choices were respected. One person said “I couldn’t wish for a better home. I can do whatever I wish.” Staff were knowledgeable about people’s preferences and respected these.

People were able to discuss their care needs with staff each day and decide how they wished to be supported. One person told us they had asked for a little more time in bed before being assisted with their personal hygiene. People told us they were involved and consulted about their care plans and this was recorded in their care files. Care plans described what people could do for themselves and how staff should offer support: Staff said they supported people to remain as independent as possible.

Care files included a summary of people’s care needs and more detailed information where specific care needs had been identified. Staff were able to describe these needs to us. For example, one person’s care plan described how they often became anxious and may at these times be reluctant to accept assistance with their personal care. Their care plan guided staff on how to offer assistance, “approach with a smile and a cheerful voice” and to provide clear information about what was happening as the person was fearful of falling.

People confirmed they were able to continue with their interests and hobbies and were free to come and go from the home as they pleased. They said their friends and family were able to visit at any time and were always offered refreshments. People told us they had enjoyed trips out from the home to local places of interest such as The Living Coast and Decoy Lake. The registered providers told

us they encouraged people to try new activities and to have a fulfilling life. For example, one person was supported to have a boat trip around the lake: the person said it was “one of the best days of my life.”

The home provided transport for these trips and made no charge to people. Staff confirmed they raised funds through raffles to be able to provide the trips. Prizes for bingo and quizzes etc. are provided by the home. Planned activities were provided daily by staff and various outside entertainers coming into the home, and included games, reminiscence, musicians, magician and animal petting. A timetable for events was on the notice board in the hallway by the dining room. On the day of the inspection we saw people enjoying a game of bingo and a “sing-a-long” in the afternoon. People told us they met in the lounge every Sunday afternoon to watch “Songs of Praise” and to sing along to the hymns. They said staff made events special such as having strawberries and Pimms while watching the tennis the day before the inspection.

People were able to bring furniture and personal effects to make their rooms feel homely. People said they were very happy with their bedrooms: one person said they had “the best room in the home” as they had a large bay window overlooking the garden.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered providers if they had any concerns or make a complaint but they had not needed to as they were happy with the care and support they received. The home had received one concern from a family member and this had been recorded and acted upon appropriately and promptly. Feedback was given to the person who had raised the concern about the actions that had been taken and they were satisfied with the outcome.

Is the service well-led?

Our findings

The home was well-led.

Although this was the first inspection since the ownership of the home had changed to a Limited company, the registered providers remain unchanged and had owned the home for many years and as such, knew people well. They said “we are dedicated to providing a safe, compassionate and excellent service and we are very proud of what we do” and “we work in a culture of openness and inclusion: our residents always come first.” This was supported by the information we received from the people living in the home and staff.

People told us the home was well managed and they had confidence in the registered providers. They said they saw them each day and were able to discuss issues relating to their care as well as make suggestions for meals, leisure activities or trips out of the home. The registered providers told us they saw people individually rather than having regular resident meetings to enable people to talk privately and with more confidence their views would be listened to. One person said the home was “an excellent care home” and another said “I couldn’t wish for better.” One person who had lived at the home for many years said “I can’t find fault.”

Prior to this inspection, we had received information from a relative about the quality of the care provided at the home. They told us their relative “loved the service and the carers that worked there”. They said registered providers “ran the service beautifully” and they “could not be happier with the care, food and entertainment”.

Doneraile had been voted the third best care home in the South West for 2015 by www.carehome.co.uk as a result of the comments received from people’s relatives. Comments reflected favourable upon the kindness of staff and the quality of the services provide and the management of the home. For example, one recent entry from May 2015 said their relative was “very happy at Doneraile, the care was excellent. He always enjoyed his food and would always say how lucky he was to be in such a nice home. At the end of (their relative’s) life the staff could not do enough to help. The standard was higher than I would of expected”. All of the reviews from 2015 described the management of the home as excellent.

We observed a handover meeting between the morning and afternoon staff. Staff reported on people they had assisted that morning, identifying any issues they wished to bring to the attention of the afternoon staff. Staff were involved in discussions over people’s care and asked their opinions: they spoke respectfully and with compassion about people.

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to, to get the help and support they required. They described themselves as a “happy” team and confirmed they had a very good relationship with the registered providers who were always available if needed. They felt the home was well managed and they were confident people received the best care possible.

The registered providers said people were “at the heart of the service”. People’s views on the running of the home and the quality of the services provided were sought both formally, through the use of questionnaires and at care plan reviews and informally through conversations. People told us they could approach the registered providers about anything of concern, to make any suggestions or just to have a conversation. People told us they were always being asked about the home and if there was anything they would like.

The registered providers were committed to providing a high quality service to people and there were thorough systems in place for managing information relating to the running of the home. The registered providers undertook regular health and safety audits to ensure people’s safety and that of the environment was well maintained and suited to the people living in the home. These audits included reviews of any accidents to identify patterns or whether someone’s health was deteriorating, safe management of medicines and regular testing of the hot water to reduce the risk of scalding. These systems were well organised and supported the registered providers to run the home efficiently. We saw that the service had a five rating for hygiene from the Food Standards Agency (FSA). Five is the highest rating awarded by the FSA and shows that the service has demonstrated very good hygiene standards. Records were kept securely to protect confidentiality.

Is the service well-led?

Equipment such as the passenger lift, stair lift and hoists were serviced regularly and a maintenance contract was in place so that any issues could be remedied quickly. Clinical waste arrangements were managed by an external contractor.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal obligations.