

Doulton Court Limited

Doulton Court Care Home

Inspection report

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Date of inspection visit:
20 June 2019

Date of publication:
26 July 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Doulton Court Care Home is a residential care home which can provide personal and nursing care for up to 41 older people, some of who may live with dementia or physical illness. At the time of the inspection 35 people were living in the home.

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

There had been no registered manager in place since February 2019. The registered provider had employed a new manager, however they were not due to commence in post until after the inspection.

Quality assurance systems had, in the main, been effective at resolving any shortfalls in service provision and driving improvements. However, there were instances when the registered provider had not effectively monitored the impact of a change in service provision or managed identified shortfalls in a timely manner.

In the absence of a registered manager the deputy manager, supported by a regional manager, had effectively led the staff team in providing good quality, responsive care for people.

People and those who were important to them had been involved in planning and reviewing their care. Care plans were in place to guide staff and they were in the process of being improved to increase the level of detail and personalisation contained within them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff, who were suitably trained and supported to care for people safely.

People felt safe living at Doulton Court Care Home. Staff were aware of risks to people health, safety and welfare and followed management plans to minimise the risk of harm occurring.

People received their medicines in the ways prescribed for them and in line with good practice guidance. They were supported to maintain good health and nutrition.

Activities supported people's social and well-being needs. Staff promoted people's privacy, dignity and independence. At the end of their lives people were supported to remain comfortable and pain free.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Doulton Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

People who live in Doulton Court Care Home receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Doulton Court Care Home did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about Doulton Court Care Home since the last inspection. We sought feedback from the local authority and other professionals who worked with people who lived at the home. We used the information the provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home and three relatives about their experience of the care provided. We spoke with ten members of staff including the deputy manager, two registered nurses, care workers, a housekeeper, a maintenance person and the chef. We also spoke with the Resident Experience Support Manager (RESM) who was supporting the management of the home in the absence of a registered manager. This person will be referred to as the RESM throughout this report.

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

After the inspection

We continued to seek clarification from the home to validate evidence we found. We also looked at training and staff supervision data provided to us by the RESM.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Doulton Court Care Home. One person said, "Yes I'm safe enough here; [staff] are always checking on you." Another person told us, "I'm safer here than I was in my [previous home]."
- Staff told us and records showed they had received training about how to protect people from the risk of abuse. They knew how to identify situations in which people may be at risk of abuse and how to report any situations of this nature, both within the registered provider's organisation and externally.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and welfare had been assessed and management plans were in place to minimise the risk of harm occurring. The plans were regularly reviewed and updated when people's needs changed.
- Incidents involving people who lived in the home were recorded. The RESM and senior staff told us how they reviewed incidents to look for any trends or patterns so they could take action to minimise risk.

Staffing and recruitment

- Records showed that potential new staff were assessed for their suitability to work with people who lived at Doulton Court Care Home. The recruitment process included interviews and pre-employment checks, such as with the Disclosure and Barring Service (DBS).
- People and their relatives told us there were enough staff on duty to support people's needs. A relative said, "[Staff] are always popping in to check and give [relative] drinks." A person who lived in the home told us, "[Staff] come when I call; I don't have to wait long." Another person said, "[Staff] are very attentive; I couldn't ask for better."
- Staff told us there were usually enough staff on duty to support people effectively. They spoke about being "a bit stretched sometimes" if staff called in sick. However, all of the staff we spoke with said the team were supportive of each other and "pulled together" to ensure there was no impact on people's care.
- The RESM told us how regular assessment of people's dependency levels informed the numbers of staff who were on duty.
- Throughout the inspection we observed call bells were answered promptly and staff took time to regularly check with people who were in their own rooms whether they needed any support.

Using medicines safely

- Medicines were managed in line with good practice and national guidance.
- People told us they received their medicines as prescribed and in the ways they wanted them. One person told us, "They bring them with a drink. I like them put in my hand and they watch while I take them."

- Medicine records showed how and when to administer medicines that people only required at certain times (known as prn medicines). Medicines which required special storage and recording arrangements were managed in line with national standards and guidance.
- Staff received initial training with regular updates to ensure they were competent to administer medicines. A staff member told us, "[The RESM or deputy manager] checks us regularly to make sure we're doing the medicines properly."
- The RESM told us regular audit checks were carried out for medicines arrangements. Audit records confirmed this and we saw that medicine administration records (MAR's) were completed appropriately.

Preventing and controlling infection

- On the day of the inspection the communal areas and people's own rooms were clean, tidy and smelled fresh. Housekeeping staff followed a cleaning schedule. People and their visitors commented to us that the home was always kept clean.
- Staff had received training in infection prevention and control. We saw they followed good practice guidance such as using gloves and aprons when providing personal care.
- A registered nurse took a lead role within the home for infection prevention and control. This included providing support and advice to other staff about minimising the risk of infections and carrying out training in subjects such as good hand washing techniques. They also carried out audits within the home to ensure high standards of cleanliness were maintained; for example, we saw they had carried out regular checks on bed mattresses to ensure they were clean and fit for purpose.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

- People had their needs assessed before they moved into the home. One person told us how staff had visited them and "checked out" what they needed and how they wanted their care provided. They said, for example, "I needed a ground floor room and so I got one."
- Staff told us assessments helped to identify the skills they needed to care for the person. They said further training was provided where required such as caring for people who had a specific healthcare need.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS authorisations were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected. There were no conditions on authorisations in place.
- Capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. This decision making process involved those who were important in the person's life.
- Records showed that staff had received training about the MCA and DoLS and they used the principles when supporting people. We saw examples of people being supported to make decisions about what to eat or where to spend their time. Staff used ways of communicating that the person understood so they could make an informed decision. When people could not make a decision, staff used their detailed knowledge of the person to act in their best interests, such as offering the person's favourite foods.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they had received an induction when they started work at the home. The RESM told us induction training included the Care Certificate. This is a national set of common induction standards for social care staff. One staff member told us they had "two weeks supernumerary" when they started work. This meant they were not included in the work rota and were able to get to know the people in the home and undertake induction learning.
- The registered provider had a set out a programme of on-going training for staff to complete following their induction. This included specialised training for nursing staff in the care of complex health needs. One member of staff told us, "We get loads of training, I'm up to date with mine." Another staff member said, "[Training] helps me to do my job and keep up to date."
- All of the staff we spoke with said they had regular opportunities to discuss their work and development needs with senior staff members.
- One person and the relative of another person told they thought staff were well trained. The person told us, "They know what they're doing; they look after my leg very well." A relative told us how staff regularly checked their loved one's special bed mattress to make sure it was on the right setting and working properly.

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

- People told us they liked the food that was served to them and they could choose alternative foods if they did not want what was on the main menu. One person said, "The food is good and there's plenty of it." Another person told us, "I certainly enjoy [the chef's] pies."
- Catering staff were aware of people's dietary needs and preferences. At lunchtime, for example, the chef had prepared a vegetarian option for a person who did not like meat. They were also aware of the different consistency of foods some people required to minimise the risk of choking. Catering staff told us that care staff regularly updated them about people's changing needs and they also spoke with people about the quality of meals on offer.
- Hot and cold drinks were readily available for people and we saw staff encouraged them to drink regularly.
- Staff recorded what people ate and drank so they could ensure they had enough food and fluids to maintain their health. One staff member told us, "It's really important for [people] to drink enough; they can dehydrate very quickly."

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

- The home was comfortably decorated and furnished and people had personalised their bedrooms to their own tastes. People told us they thought the home was well maintained and they liked the décor.
- There was a well maintained garden area for people to access.
- Equipment people needed to move around safely, such as hoists, were available. Bathrooms and toilets had adaptations, such as hand rails and raised seats, to ensure people could use them safely and comfortably.
- Call bells were available for people in communal and private areas to summon assistance when they needed it. One person told us how staff had been quick to respond when they noticed their call bell was not working properly. They told us, "I had a problem last night with my call bell. The staff replaced it straight away; it's all good now."

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

- People had access to the healthcare services they needed in order to maintain their health. Records showed, for example, where people were supported by local community nurses, speech and language therapists and hospital services. One person said, "[Staff] make sure I can keep my appointments at the hospital." Another person said, "If I'm not on top form they'll arrange a doctor for me."

- A local GP visited the home on one day each week. This meant that people did not always have to travel to the local surgery if they did not feel well and staff had regular access to medical advice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives unanimously told us they were treated well by staff. One person told us, "Everything is absolutely fine; the staff are lovely and very attentive." A relative said, "They look after [relative] very well; they're so kind. I think we were lucky to get a room here. They look after me too; they offer me drinks and meals."
- We saw staff took time to chat with people on a social level and their conversations demonstrated staff knew about people's lives before they moved into the home.
- Staff made sure people were not rushed. For example, they supported people to eat their meals and walk at their own pace. We also saw several examples where staff responded respectfully to people telling them they were not ready to receive the support offered; when we checked later we saw that staff had always returned to provide the support when the person was ready.
- Staff demonstrated a good knowledge of people's preferences and the different ways they liked to live their lives. A staff member said, "Everyone is different, they all have their own ways of doing things. We respect that here."
- We saw staff encouraged people to make decisions about, for example, where they wanted to spend their time, what time they wanted to get up in the morning and what activities they wanted to be involved in. One person told us, "No-one tells me to do anything, they always ask what I want to do."
- People chose where they wanted to eat their meals. At lunchtime we saw some people were supported to eat their meals in dining rooms and others chose to remain in their own rooms.
- Information was available for people about lay advocacy services. These services can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were attentive to their need for privacy. One person described how staff always closed the door to their room when they supported them with personal care. They also said that staff discussed their personal needs with them in private.
- We saw staff encouraged people to maintain as much independence as they were able to. Staff described, for example, how they supported one person to maintain independence with shaving. When we spoke with the person they confirmed what we had been told and said, "It's one thing I can still do."
- Staff supported people to maintain their dignity. For example, we saw staff helping people to adjust their clothing and clean their hands and faces after meals. Meals taken to people in their rooms were covered and

placed on trays that were nicely laid out with cutlery and condiments.

- Staff understood the importance of maintaining confidentiality regarding people's personal information. Care records were securely stored and computers were password protected.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and those who were important to them were involved in planning their care. People said the care they received met their needs. One person told us, "I have a care plan and it says what I want. They keep me abreast of everything." Another person told us, "My [relative] deals with all that but I tell them what I need and they do it."
- The care plans we saw reflected people's basic care needs and were reviewed regularly. However some lacked detail. This had already been identified through audits by the RESM, and we saw they were in the process of changing to a new care plan format to enable more detailed and personalised information to be recorded. We saw they had an action plan in place for completing the change over, which would be finalised by 31 July 2019. The action plan recorded who was responsible for each care plan and was regularly reviewed to monitor progress.
- We saw that care plans were supported by a document called 'My choice my care' which set out people's likes and dislikes and their life history. These documents were kept in people's bedrooms and helped staff to gain a better understanding of the person.
- The registered provider employed staff to support people to engage in meaningful activities each day. One person told us, "We have a couple of activity girls; they get acts in for us; they're really nice." An activity co-ordinator told us how they planned activities with people and said that plans often changed when people decided they wanted to do other things.
- Activity plans were displayed around the home, in words and pictures, so that everyone could see what would be taking place.
- Some people preferred not to join in group activities or were cared for in their bedroom so activity co-ordinators made time to support them individually. Group activities included indoor and outdoor games and we were told bingo was a favourite. A relationship had been developed with the local primary school. As well as the children coming into the home to sing for people, people were also invited to concerts at the school.
- People told us they enjoyed spending time with animals who were brought to visit them and outings to local shops and cafes.
- During the inspection a group of local bell ringers were performing for people. People's relatives had also been encouraged to attend. We saw there was a happy and interactive atmosphere. People sang or hummed to recognisable tunes and clapped along. One person said, "I'm enjoying this very much."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the form of photographs, pictures and clear signage was displayed around the home. This helped people to understand where they were and helped them to find their way around. We also saw staff using objects of reference and clear body language to convey information to people who may, for example, have hearing difficulties or were not able to access written or pictorial information.
- We saw there was a range of information leaflets about, for example, health issues and support agencies which could be provided in alternative languages if required.

Improving care quality in response to complaints or concerns

- The registered provider's complaints policy was displayed within the home.
- People, and their relatives told us they knew how to make a complaint or raise a concern. One person said, "If I've got a problem I just tell the staff, they always sort it out."
- One complaint had been received about the home since the last inspection. Records showed the issues had been managed and resolved in line with the registered provider's complaints policy.

End of life care and support

- People's wishes for care at the end of their life had been recorded in care plans.
- Staff worked with local health care professionals and followed best practice guidance to ensure people had a comfortable, dignified and pain free end to their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant that management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no manager in post since the previously registered manager had left in February 2019. The registered provider had followed recruitment processes and employed a new manager but they were not due to commence in post until after the inspection.
- In the absence of a registered manager the deputy manager had led the staff team, supported by the RESM. Staff members were unanimously positive about the day to day leadership in the absence of a registered manager. One member of staff commented, "There's brilliant team working; a relaxed and caring approach. [The deputy manager] is fantastic; I'm comfortable going to [deputy manager and RESM] if I have any issues." Another said, "[The deputy manager] is lovely; he will sort things out if we go to him."
- There was a programme of audits in place which were carried out regularly. In most instances audits had been effective in highlighting any shortfalls and action plans had been put in place to improve the services provided. An example of this was audits of care plans as noted earlier in the Effective key question. However, audits of infection prevention and control arrangements had failed to identify two shortfalls we found during the inspection. We saw that clinical waste bins did not have locks fitted to them and, although stored in a fenced area, they were easily accessible from the front of the property. We also saw a bath tub on the first floor had small, black, rough marks that would make it difficult to clean effectively. The RESM and maintenance person took immediate actions to resolve these issues during the inspection.
- Environmental audits had identified the area behind laundry washing and drying machines could not be effectively cleaned and increased the risk of cross infection. There were also broken floor tiles next to the machines. We saw staff made every effort to mitigate the risk of cross infection but this was hampered by the layout of the laundry room. We did not find any negative impact for people using the service during the inspection. Following the inspection we were told that the registered provider was in the process of seeking quotes for works to be carry out to improve the laundry area but there was no action plan to set out the time frame for completion of the work. This meant people were not assured timely action was being taken.
- During the inspection we saw senior staff were aware of what was happening in the home and monitored that care was provided in line with care plans. A handover meeting between shifts was comprehensive and staff knew what was required of them. Where necessary, senior staff delegated work tasks effectively, ensuring people's needs were always the priority.
- Staff were aware of the registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.

- The registered provider had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People told us they had opportunities to share their views about the way the home was run. They told us they were regularly consulted by way of surveys and we saw the results of surveys were displayed for people to see. People and visitors to the home could also leave their comments and express their views whenever they wished to by using computer based technology which was in the main reception area of the home.
- The registered provider employed an external company to provide catering services in the home. However, they had not effectively monitored the impact this had for people by seeking their views. Some people told us the external company had made changes to the provision of sauces and condiments without consulting them. Sachets were being provided instead of sauce bottles and salt and pepper pots and people said they were difficult to open and they required help from staff to use them. Some people told us they also did not like the brand of sauces. Staff confirmed this when we spoke with them and we saw they had taken some actions to overcome this. We raised the issue with the RESM who took immediate action to ensure sauces and condiments were available in the ways people preferred and said they would raise the issue with the registered provider.
- The home had developed partnership working with external agencies such as local GP's, specialist healthcare services and local authority commissioners. This meant that people had access the right support when they needed it.
- The RESM had begun to establish lead roles for staff. The lead staff member was responsible for ensuring the staff team were kept up to date with good practice and implemented changes in practice when they occurred.
- The deputy manager and the RESM kept up to date with changes in best practice and legislation and passed their knowledge on to the staff team. The registered provider held regular meetings to ensure managers updated their knowledge and shared good practice. Staff also attended regular meetings and training events provided by the local authority regarding current good practice.