

Malcolm Victor John Burkett

The Downes Residential Care Home

Inspection report

The Downes
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Date of inspection visit:
03 December 2019
04 December 2019

Date of publication:
01 January 2020

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

About the service

The Downes Residential Care Home is a care home providing personal care to 28 people, some of whom are living with dementia. Some older people with a learning disability were also supported. People are primarily aged over 65 years. At the time of the inspection 26 people lived at the service. The home was on three floors with a range of communal areas. These included dining spaces and lounges.

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

The service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Risk assessment procedures were satisfactory so any risks to people were minimised.

The medicines system was managed effectively. The system was well organised, we did not find any errors, recording was to a good standard and people said they received their medicines on time. Staff received suitable training about medicines.

Staff were recruited appropriately. For example suitable references were obtained when new staff had previously worked in a caring capacity. Checks from the Disclosure and Barring Service were obtained.

Staffing levels were satisfactory. We observed people receiving prompt support from care staff when required. People said they were happy with the support they received and they did not have to wait too long.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The service had suitable assessment systems to assist the registered provider to check they could meet people's wishes and needs before admission was arranged.

People received enough to eat and drink. Some people said the quality of meals was good and they received a choice about the meals they received.

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

Care planning systems were satisfactory. Care plans outlined people's needs and were reviewed when people's needs changed.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities. Activities were seen as a high priority and were organised to a very high standard. People had the opportunity to regularly go out on trips and for walks.

People felt confident raising any concerns or complaints. The service had an effective complaints procedure.

Staff induction procedures were satisfactory. For example there was suitable information to show staff had received a comprehensive induction. Staff received suitable training to carry out their roles. Suitable records were available to demonstrate staff received regular one to one supervision with a senior member of staff.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

The service was managed effectively. People, relatives and staff had confidence in the management of the service.

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 15 June 2017). As a consequence of this inspection the rating has remained as Good.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Downes Residential 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

The inspection was completed by one inspector.

Service and service type

The Downes Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was asked and returned a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with 13 people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care workers and one of the owners of the service. We also spoke with one external professional.

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

Is the service safe?

Our findings

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

At this inspection this key question was rated as Good. This meant people were safe and were not at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff received safeguarding training when they commenced employment, and then annual updates of this.
- The provider was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern. Where necessary the service had made safeguarding referrals to ensure people were protected.
- People said that they felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem. People told us, "Not once has anyone been unpleasant or unkind."
- Information about what to do if someone had a safeguarding concern were displayed within the care home.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- We observed staff working with people in a safe manner, for example when assisting people to walk or transfer from a chair, while maximising people's opportunities to be independent.
- Staff had access to relevant and up to date information. Risk assessments were in place to reduce the risks to people. Risk assessments were regularly reviewed.
- People had suitable equipment to help ensure their health needs were met. For example raised toilet seats and specialist mattresses.
- The environment and equipment were safe and well maintained. Risk assessments were completed to ensure any health and safety risks were minimised. There were suitable records in place to demonstrate equipment was regularly checked, maintained, and where necessary serviced.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work in the care sector. For example, there were no unaccounted for gaps in employment histories which the registered provider had not investigated. References were always sought from previous employers for example when staff had previously worked with vulnerable adults. There was evidence the registered provider had obtained a Disclosure and Barring check for all staff. A staff member told us, "They have very good recruitment standards."

- The registered manager said each day five care staff were on duty in the morning, four staff in the afternoon and evening, and three staff on waking night duty. Activity, maintenance, catering and cleaning staff were employed.
- People and staff told us that they felt there was enough staff. People also said if they used the call bell it was responded to quickly.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- The service had a medicine audit system. Records showed audits were completed on a weekly basis. The system assisted in ensuring the medicines' system worked effectively.
- Medicines were kept securely in locked trolleys and cupboards, within a dedicated locked medicines' room. The medicines room was clean and tidy, and medicines were well organised. Stock levels were appropriate.
- Medicine records were fully completed and were tidy. We did not find any errors how the system operated.
- When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- Where necessary there were body maps to indicate to staff where to apply creams and lotions.
- Where medicines needed to be stored with additional security, suitable storage facilities were in place, and appropriate records were kept.
- Staff received appropriate training and had to complete regular competency checks to ensure they were able to administer medicines appropriately.

Preventing and controlling infection

- The service was clean and risks of infection were minimised. One person said, "It is very hygienic."
- Suitable measures were taken to minimise the risk of infection. The building, carpets and furnishings were all very clean. The home smelled fresh. Cleaning staff were employed and suitable routines were in place to ensure cleaning and infection control standards were maintained to a high standard.
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures. For example, where necessary, wearing aprons and washing hands.

Learning lessons when things go wrong

- The registered manager said when surveys to check people were happy with the service were completed, results were always assessed to ensure improvements were made so people's expectations of the service were always met. The registered manager said she did not think that anything significantly had gone wrong since she had been in post.

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 this inspection this key question was rated as Good. This meant the service was effective at meeting people's needs.

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

- Assessments of people's needs were detailed and expected outcomes were identified.
- The registered manager met the person to complete an assessment before the person agreed to move to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The person and their representatives had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs.

Staff support: induction, training, skills and experience

- Staff records demonstrated new staff had received a comprehensive induction. All induction records inspected were completed appropriately. The registered provider was aware of the Care Certificate (a set of industry approved induction standards, recommended for use by the Care Quality Commission.) Staff who had not previously worked in health or social care completed this and records were available to verify this. Staff said the induction process was thorough and when they commenced employment they had shadowed an experienced member of staff and had felt supported.
- Records demonstrated staff had received training required according to legal and industry standards. Records inspected had suitable evidence of appropriate training. Staff were positive about the training they had received. For example staff said, "There is as much training as you want to do if you want to develop," and "I have completed all my training, and you always receive regular updates when they are needed."
- The service had a training room where staff could complete any training uninterrupted.
- There was documentary evidence staff received one to one supervision, where they had sat down with a supervisor to discuss their work, and any training and development needs. Staff said they felt supported by colleagues and the registered manager. Staff also received an annual appraisal.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary, arrangements could be made to change the texture of foods to reduce the risk of choking.
- People and their relatives said food was to a good standard and enjoyable. Comments included "food is pretty good," and "It is 'family food' very nice. There is plenty of it. It is food just like you would have at home." People were provided with a choice of meal. For example the cook went around each morning to let people know what was for the main meal and offer an alternative if people wanted something different.
- Where necessary, arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration.
- Where necessary people could receive suitable support to eat. For example, to have food cut up, or one to

one support with eating. People who needed special diets for example food pureed or softened or if they were diabetic were all catered for appropriately.

- During the inspection we observed people had their meals in the dining room or in their rooms. Support which was provided was appropriate and the meal was not rushed.

Staff working with other agencies to provide consistent, effective, timely care

- The service had good links with the GP surgery, district nurse team, local authority and other professionals. The registered manager was aware of the process to refer people to other services such as the speech and language therapy service and dietician.

- Records showed that people had received health care support from professionals such as GP's, district nurses, chiropodists, opticians and dentists. People told us staff called their doctor if they felt unwell.

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

- The building was suitably adapted to meet people's needs. For example, there was a bath hoist and a walk in shower.

- Since the last inspection the provider has registered an additional eleven bedrooms. The extension was finished to a good standard to provide spacious en suite single bedrooms for people, and a shaft lift to assist people to get from each of the three floors. The rest of the building was decorated and furnished to a good standard, accommodation was over two floors connected by a staircase with a stair lift.

- The building was well maintained, comfortable and homely. Carpets and furnishings were all of good quality and were clean. Any maintenance tasks were promptly attended to. The service had sizable grounds which people were able to use.

- People said they liked the accommodation and thought it was suitable for their needs. People told us, "My bedroom is lovely."

- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions. People were happy with the facilities provided. One person said, "They let my daughter decorate it. It is lovely. It is 'a little bit of home'"

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets. Food was home cooked.

- People could either contact health professionals independently or received suitable support to do so.

- Exercise sessions occurred regularly at the service. People also were able to walk around the large grounds if they wished.

- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.

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

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

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.

- The registered manager was aware of the requirements of the Act and the service's responsibilities under it. The registered manager had applied for DoLS on behalf of people where this was necessary. A record was kept of applications and authorisations.
- Where people had limited capacity to make decisions, we observed them being appropriately supported to have maximum choice and control of their lives. For example staff supported them in the least restrictive way possible, and the service's policies and systems supported this practice.
- Staff records assessed had evidence staff members had received training in the MCA.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and they were positive about staff attitudes. We observed staff spending time sitting with people and talking with them. Staff worked with people in a sensitive manner and with patience. People told us, "Staff are very kind," and, "They are excellent." Relatives told us: "It is fantastic. The home is clean, the food is very good, people are very well looked after." Staff told us, "People are very well looked after. We will do anything we can for them," and "People are very happy. Care is very person centred and tailored to individual needs." None of the people, their relatives, or staff who we spoke with, expressed any concerns or complaints.
- We observed positive interactions between staff and people who used the service. Staff, when they assisted people, always asked them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner. One person told us, "We are looked after very well."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.
- Each person was allocated a keyworker. This member of staff assisted in co-ordinating the person's care needs. Information about the person's individual key worker was displayed in their bedroom.

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

- People told us they felt listened to about their day to day care for example what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine. People told us they could get up and go to bed when they wished. This was evident from our observations.
- Where people wanted and it was possible, people and, if appropriate, their legal representative, had some involvement in the care planning process. People were asked about their needs and wishes, and if there were changes in their care plan these were discussed.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

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

At this inspection this key question was rated as Good. This meant people's needs were met through good organisation and delivery of care.

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

- Staff were knowledgeable about people and their needs. Staff appeared committed and caring.
- Each person had a care plan. This was an electronic system which could be accessed through a smart phone application or on a laptop computer. A paper summary of the care plan was also available and could also be given to people and / or their legal representatives. Care plans provided good information to enable staff to provide a holistic picture of people's needs, and what assistance the person required.
- Care plans inspected were fully completed, regularly reviewed, and accessible to staff. Staff spent time with people to go through their care plans, and explain any changes.
- Daily records were well maintained and outlined what support people had received.

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.

- Some people were cognitively impaired due to dementia and/ or because they had a learning disability. Some people had sensory impairments such as sight or hearing loss.

We were told staff would read out, or verbally inform people, of relevant information if necessary (for example personal correspondence, menus, service information).

- The service used some assisted technology to help people to communicate. For example 'Skype' was available to help people speak to relatives. The service had an 'Alexa' (A virtual assistant device) which some people used to provide various forms of assistance.
- If people had sight loss, audio books could be offered to people. As part of one person's activity plan a staff member read a book with them as the person had a sight impairment.
- People received appropriate help to receive specialist support through referrals to audiology, speech and language therapy, and other relevant professional services.

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.

- The service provided an very good range of activities for people, and excellent opportunities for people to participate in the community. Planned activities were displayed in the hallway by the main entrance. On the day of the inspection we saw people playing a game of skittles, and on another occasion making Christmas decorations. Some people went out with staff on trips with staff members. Two people attended day centres where they participated in arts and crafts and gardening work.

- The service employed three activities staff; one who was full time and two who were part time. This ensured there was an activities worker each day at the service. The service had two vehicles; a three and a six seater to enable people to go out. These resources enabled people to maintain an active life if they wished to.
- People had the opportunity to go out on a wide range of trips either one to one with a staff member or in small groups. Recent trips had included visiting the seal sanctuary, St Michael's Mount, and visiting the Christmas lights. People also regularly went to the local farmers market, cinema, pub and to church. Some people also went on holiday for example recently to Paignton for three days.
- Activities inside the home included quizzes, arts and crafts, sing a longs, baking and visits from musicians and entertainers. Good records were maintained of activities which had occurred, and what individuals had participated in.
- People said they liked the activities provided. Comments included, "There are different things to do. I am decorating my bedroom (for Christmas), and "We go out places. Recently we went to the farm."
- Birthdays and seasonal festivals were celebrated. For example when it was someone's birthday if the person wanted they always had a day out one to one with a staff member.
- People were involved in some fundraising through fetes and raffles. For example people had made some Christmas cards which were available by the entrance for visitors to buy.
- The service had two pet dogs. Some of the people who used the service were involved in their care including taking the dogs for walks.
- People could receive or go out with visitors at any time, and visitors said they always felt welcome.
- A hairdresser regularly visited the service.
- The service had developed a sensory room which also functioned as an arts and crafts room for people to use.
- Some people had a Christian faith (in either the Church of England, or Methodist traditions). Where people wanted to they were supported to go to local churches and chapels. At the time of the inspection people were not interested in observing other religious traditions although the registered manager said people would be assisted to practice whatever faith they wished.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, and if complaints were received these would be investigated and a record kept.
- People, and relatives said they felt confident that if they did make a complaint it would be dealt with quickly.

End of life care and support

- None of the people who lived at the service currently required end of life care. The registered manager said people regarded the service as their home and if any person had a terminal illness, where possible, they would receive suitable support from the service and external professionals to remain at the service. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives. Any known preferences were recorded in care files.

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 this inspection this key question was rated as Good. This meant the service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager said she ensured the service was, "Outward looking to the community," and provided an, "Individualised and person centred," service so people had, "a lot of say how they lived their lives." She "Encouraged staff to come up with ideas to ensure they were involved and had ownership," in how the service was run. This was evident in what we saw and experienced during the inspection. The staff we spoke with, and observed were highly committed to the service, worked with people with great respect and were enthusiastic in their approach to their work.
 - Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "Staff give everything. They work very hard. They are very professional," and "Everyone works well together. Problems get resolved. Everyone is pretty open."
 - Records showed regular staff meetings, of different groups of staff throughout 2019 had occurred. The last full staff meeting occurred in November 2019
 - Residents' meetings occurred every three months. Records were kept of meetings which had occurred.
 - Relatives said they always felt welcome when they visited, and staff were helpful when updating them about people's needs. Relatives were positive about the service, and the care that people had received. For example we were told, "Standards are very high."
 - The service published a monthly newsletter to inform people of developments and news in the home. An audio version of the newsletter was available for those who had a sight impairment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider is Malcolm Victor John Burkett. The service had a registered manager who had been registered with CQC since January 2019. The registered manager was supported by a deputy manager and a head of care. A senior care worker or team leader was always on duty during the waking day. The service had a 24 hour call system. The nominated individual visited the service at least on a monthly basis.
 - In the last year the building had been extended and a service is now provided for an additional 11 people. The development had been well managed and there remained a calm and pleasant atmosphere at the service where people received personalised support.
 - Staff, people and their representatives were positive about the registered manager. Staff said they were able to raise any concerns to the registered manager. Staff told us, "Management are very nurturing," and, "Management are very organised." The registered manager completed some shifts to check quality standards and to maintain her awareness of people's needs.
 - The registered manager was aware of what matters were required to report to the commission and had a

satisfactory working knowledge of regulatory requirements. The previous inspection report, displaying the rating, was on the notice board.

- Staff had handovers between shifts. Good handovers helped ensure good communication between the team and consistency of care.

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

- The registered manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong. The registered manager said since she had been registered there had fortunately not been any incidents where it was necessary to apply the duty of candour policy.

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

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- The registered manager and the team regularly consulted with people and relatives on an informal basis. Surveys were completed on an annual basis and informed us that a survey was currently being undertaken. The survey results for 2018 were very positive.

Continuous learning and improving care

- Quality assurance procedures were good and systems were effective in identifying concerns with the quality and safety of care. The registered manager informed us of audits which were in place. These included systems to check standards about care planning, maintenance, accidents and incidents, cleanliness, staff training and medicines and infection control.
- The registered manager was open to feedback and felt this was important so the service could develop and improve. People, their relatives, professionals and staff who we spoke with were all positive about their experiences of the service. People told us, "I would thoroughly recommend it."
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had positive links with statutory bodies such as health service teams.
- People had opportunities to maintain positive links with their community, families and friends. People's relatives said they always felt welcome to visit and were able to visit or telephone at any time.
- Some of the people were due to visit the local primary school shortly to see the school's pantomime.