# Random inspection report

## Care homes for older people

| | |
|---|---|
| Name: | Donness Nursing Home |
| Address: | 42 Atlantic Way<br>Westward Ho !<br>Bideford<br>Devon<br>EX39 1JD |

| | |
|---|---|
| The quality rating for this care home is: | one star adequate service |
| The rating was made on: | |

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

| **Lead inspector:** | **Date:** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Susan Taylor | 1 | 7 | 0 | 6 | 2 | 0 | 1 | 0 |

## Information about the care home

| | |
|---|---|
| Name of care home: | Donness Nursing Home |
| Address: | 42 Atlantic Way<br>Westward Ho !<br>Bideford<br>Devon<br>EX39 1JD |
| Telephone number: | 01237474459 |
| Fax number: | 01237479349 |
| Email address: | pydon@supanet.com |
| Provider web address: | |

| | |
|---|---|
| Name of registered provider(s): | Mr Paul Christopher Newton,Mrs Yvonne Lesley Thelma Newton,Mrs Esther Waldron |
| Name of registered manager (if applicable) | |
| Mrs Yvonne Lesley Thelma Newton | |
| Type of registration: | care home |
| Number of places registered: | 34 |

| Conditions of registration: | | |
|---|---|---|
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| old age, not falling within any other category | 0 | 34 |

| Conditions of registration: |
|---|
| The maximum number of service users who can be accommodated is 34 |
| The registered person may provide the following category of service only: Care home with nursing - Code N to service users of either gender whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (Code OP) |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Date of last inspection | | | | | | | | |

| Brief description of the care home |
| --- |
| Donness is a detached, three storey property situated in the Westward Ho! area of Bideford which has been extended in recent years. It provides services for 34 people over the age of 65 years, with either personal or nursing care needs. It occupies an elevated position and offers far ranging views to the nearby coastline. There is a selection of communal areas on different floors of the building - this includes two dining rooms, three sitting rooms and a visitors loungequiet room. Private rooms comprise of four double rooms and twenty-six single rooms, many of which have en-suite facilities. All areas of the home can be accessed by one of the two passenger lifts. There is a large sun balcony with lovely sea views. This provides the outdoor space for people to sit. Some private rooms also have a small balcony. A direct bus route to and from Bideford is available. The current fees can be obtained by contacting the provider direct. Chiropody, toiletries, newspapers, magazines, personal items, clothing and hairdressing are additional costs which are not included in the fees. The provider is moving towards all inclusive fees, which would include most of these items. This is negotiated during the assessment process. The latest CQC report is in the front entrance of the home. |

## What we found:

This was an unannounced routine inspection in which we followed up 3 requirements made as the last inspection. These covered the management of medicines, supervision of staff and health and safety matters - manual handling training for staff. We focused on some records in relation to the assessment and on-going changing care needs, and risk assessment of 2 individuals. We looked how medication is managed, the skills staff have developed and overall management of the home. We looked at records, policies and procedures in the office. We met 2 people that live at Donness Nursing Home and observed in detail how staff looked after them. We met 4 staff and the registered manager/provider.

We case tracked the experiences of 2 people that live at Donness. One of the people had a long standing history of skin problems due to poor health. A hospital discharge letter recorded that at the point of moving into the home the individual had left hospital with significant pressure damage to both heels. We looked at the individual's care plan about this. It had been regularly reviewed with the person and provided detailed guidance about managing the known risks for this person. We saw that a regime of wound dressings had been prescribed and was being applied by nursing staff as planned. We spoke to the nursing staff who explained that the dressings being used had been reviewed because initially they saw no wound healing for the person. Daily records highlighted that there had been discussion with the tissue viability nurse specialist and treatment changed as a result. More recent entries in the person's daily notes recorded that the individual's GP was 'impressed with healing' and the person's health had improved. We met this person and saw that they were being cared for in bed as they were feeling unwell that day. The person told us that they were "comfortable", and we observed that they were clean shaven, in clean clothing and bedlinen and had an airwave mattress on their bed that was working correctly. We spoke to staff involved in caring for this person who told us that the individual's position should be changed regularly and that pressure relieving equipment should always be checked to ensure that it is working correctly. Additionally, they told us that people's nutritional state can affect their wellbeing and health and what impact this might have on a person's skin integrity.

The same person has insulin dependent diabetes, which is well managed. We checked that the insulin was being stored safely at the correct temperature as this had been a requirement at the last inspection. We found that the insulin was stored in a locked refrigerator and that daily temperatures were being taken to ensure that the medicines were stored at the correct temperature. The individual's care plan highlights that they are susceptible to having hypoglycaemic/hyperglycaemic crises. Records demonstrated that nursing staff had quickly recognised when the individual was deteriorating and there was an audit trail that backed up their decisions, firstly to alert the GP and then to call out the emergency services.

We case tracked another person whose mobility is poor. We observed how they are transferred from place to place using a wheelchair and whether their position is changed regularly as their care plan stated. Risk assessments told us that whilst being transferred a lapstrap should be used to prevent the person falling out of the wheelchair. Assessments also discussed the potential for this to be a deprivation of the person's liberty and the discussions and agreement that had taken place with the individual and

their advocate. Whilst being moved the individual had a lapstrap in situ and we observed that staff followed best practice when moving the person from the wheelchair to an armchair. This was done safely and staff carefully explained to the individual each stage of the manoevre so that they were kept fully informed. We spoke to 2 staff about this and they verified that manual handling training had taken place in October 2009 and that "everyone's done it". They went on to tell us that and there are sessions booked for October 2010 for staff to attend. Therefore, the requirement we made at our last key inspection for all staff to complete manual handling training has been met. Our observations demonstrated that staff understand the concepts of mental capacity, deprivation of liberty safeguards and safe practices when moving people.

This same person's assessment tells staff that the person is at risk of choking due to a debilitating illness and states that they have particular preferences with regard to meals ie they prefer vegetarian food but sometimes likes to have chicken. We observed the experiences of this person during lunch. They were served a meal that was mainly vegetarian, with a portion of chicken as per their care plan. A carer sat with the person throughout the meal, gently encouraging the individual to retain as much independence as possible. We observed that they used a variety of techniques, all of which are based on best practice as highlighted by the speech and language therapist. The person ate a substantial proportion of the meal and we did not observe any choking. We spoke to the staff about their skills and they told us that they had had training from the Speech and Language therapist and knew the importance of using a variety of approaches depending on the individual's abilities that day. We looked at how the meal had been recorded because the care plan stated that the individual was also at risk of weight loss. The carer had written a brief comment stating that the person had eaten a 'good' amount of food. We saw that the person's weight was being monitored monthly and that they had lost weight. Records demonstrated that staff had requested several times that the person be reviewed by the Speech and Language Therapist and GP, although despite regular contact, one of the healthcare professionals had not yet visited the individual. The manager told us that they would be contacting the professional again. The person was, however, undergoing numerous tests and being closely monitored so that they did not become malnourished. Therefore, risk management systems are consistently applied which means that the health and welfare of people is well met. We recommended that a more detailed record of what the person had eaten be kept, denoting the actual meal and quantities eaten, for example half a plate. The carer immediately put this system into place and was supported to do this by the manager.

In a survey of people living in the home, 3 out of 15 were returned, in addition to 6 returned by relatives. These tell us that people always like the meals served at the home and that they are 'served good food'. Relatives made positive comments that tell us that their relations are 'well cared for and always clean and tidy' and that staff are 'considerate towards the patients'. There were few areas highlighted for improvement. A relative commented that 'staff could spend more time to chat and XXX is left alone much too long'. Staff in surveys (5 out of 10 responded) commented that 'duties are not rushed and there's plenty of time to spend with all the residents'. We observed that the atmosphere was calm and that staff did spend time with people and ensured that everyone was acknowledged and valued as an individual.

We observed that staff are respectful and caring towards people. Where people need it, staff are careful to set acceptable boundaries to maintain safety. We saw that people openly asked staff for advice and support and are therefore comfortable asking for help

when they need it. At the same time, we observed that staff are intuitive and observant if an individual is withdrawn or distressed and are very skilled at engaging people so that they feel part of the community. For example, one of the people we case tracked has communication difficulties and the team have been working closely with the Speech and language therapist to engage with this person better. We saw staff doing this, which the individual positively responded to and enabled the person to decide how to spend their time. Therefore, people have choice and control in their lives.

People's health and well being is well met at Donness.

We looked at communal rooms and a selection of bedrooms, focussing on the accommodation of the 2 people who we case tracked. The home was exceptionally clean and provides good wide spaces for wheelchair users, both indoor and outside in the grounds. Rooms were personalised and people were able to move freely around the home to socialise with other people. There is a large balcony with spectacular sea views, which most people enjoying sitting on talking to friends and family.

We looked at the records for the newest members of staff. All of the necessary checks had been completed and there was a clear audit trail that related to decisions made about the applicant appointment. The person's contract of employment demonstrated that staff do not start working with people who live at the home until all of the checks and and health and safety induction course is completed. Therefore, the recruitment practice is robust and ensures that people are cared for by staff that have the right qualities, experience and qualifications.

Staff tell us there are "Very good training opportunities" at Donness and "XXX is approachable and very supportive to work for, we all get on and work well as a team". The person also said they "enjoys working" with people that live in the home and finds it "very rewarding". We asked the member of staff what kind of life people have and they told us "they are at the centre of everything we do" and "they come first".

Our surveys to staff asked if their induction covered everything they needed to know to do the job when they started. The surveys gives staff four possible answers, 'very well', 'mostly', 'partly' and 'not at all'. All 5 staff that responded verified that their induction covered this 'very well'. Therefore, the induction for staff at Donness is in line with national guidance.

Staff told us that communication processes within the home are "very good". For example, all of the staff attend handover at the change of a shift. This means that consistent messages are given with regard to personal care needs of people living in the home.

We looked at accident and incident records and saw that reporting was appropriately logged. We have been appropriately notified of significant events in the home via the required reporting process.

We checked equipment that is used by one of the two people who we case tracked. The hoist that is used to move the individual had been examined by an external contractor within the last six months and was deemed safe to use. And we observed safe moving and handling practices taking place. This demonstrated that the legal requirement we had made at the last key inspection had been met. Therefore, people's health and safety is

maintained by procedures in the home.

## What the care home does well:

The AQQA (Annual Quality Assurance Assessment) document was detailed and enabled us to know what to focus on during the inspection. Additionally, it was clear that the provider fully embraces quality assurance and put the people living in the home at the centre of everything they do. In the last 12 months they have taken part in a Palliative Care Project and have developed their skills and knowledge about end of life and person centred planning. Staff are dedicated and knowledgeable about the roles they are employed to perform.

People that live at Donness benefit from a management approach that has improved since we last inspected. Good internal processes have been developed, now providing audit trails of evidence when assessing outcomes for people and robust management of known risks. People are valued and staff have a better understanding of them as individuals. Relatives and people living in the home value the provider and rate care and support delivered by staff as high - telling us they are "comfortable" and "can't find fault". Survey responses from 3 people living in the home and 6 relatives tell us that they know how to raise concerns and who to speak to if they are unhappy about something. They have confidence that their voice will be heard and their views acted upon.

Overall, people are experiencing a good quality of life at Donness.

## What they could do better:

All of the legal requirements that we set at the last key and random inspections have been met. We made a recommendation during the inspection about keeping more detailed records of food intake that are measurable, and a system was immediately put in place. Therefore, we have not made any further recommendations or requirements.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

| Are there any outstanding requirements from the last inspection? | | | | |
|---|---|---|---|---|
| | Yes | ☐ | No | ☑ |

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|---|---|---|---|---|
| | | | | |

# Requirements and recommendations from this inspection:

**Immediate requirements:**

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

| No. | Standard | Regulation | Requirement | Timescale for action |
|---|---|---|---|---|
| | | | | |

**Statutory requirements**

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement | Timescale for action |
|---|---|---|---|---|
| | | | | |

**Recommendations**

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

| No | Refer to Standard | Good Practice Recommendations |
|---|---|---|
| | | |

## Reader Information

| | |
|---|---|
| Document Purpose: | Inspection Report |
| Author: | Care Quality Commission |
| Audience: | General Public |
| Further copies from: | 0870 240 7535 (telephone order line) |

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

## Helpline:

**Telephone:** 03000 616161

**Email:** enquiries@cqc.org.uk

**Web:** www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.