Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Donness Nursing Home

42 Atlantic Way, Westward Ho, Bideford, EX39 1JD

Tel: 01237474459

Date of Inspection: 15 April 2013

Date of Publication: May 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✔ Met this standard
Management of medicines	✔ Met this standard
Supporting workers	✖ Action needed

Details about this location

Registered Provider	Mr & Mrs P Newton
Registered Manager	Mrs. Yvonne Newton
Overview of the service	Donness Nursing Home provides personal and nursing care for up to 34 older people who may have a dementia, learning disabilities, physical disabilities and sensory impairments.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Donness Nursing Home had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Supporting workers

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We were accompanied by a pharmacist.

What people told us and what we found

We met two people living in the home who were able to speak with us and were able to observe 12 others. We also met with two people who visited the home regularly.

At our last inspection in February 2013 we found that people were not protected against the risks associated with medicines. We issued a warning notice. The provider sent us an action plan to show how they would address this. During this inspection we saw that action had been taken to address the issues raised in the warning notice.

We looked at people's care plans and found that they had been re-written recently with good guidance for staff in how people liked their care to be provided. We saw good practice with respect to people's care and welfare. One person told us the family had chosen this home for their relative because it was smaller than others in the area and offered the quality of life that suited them.

We found that staff were not always clear about how decisions should be made when a person was not able to decide for themselves. However, we found that staff offered choice and asked people what they wanted.

Some staff training had been delivered recently but there were significant gaps in training provision, management support and supervision for staff which meant that we could not be confident that people would always have their care provided by staff who were competent to meet their needs

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 07 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

The provider did not have consistent arrangements in place to assess people's capacity to give consent, or to obtain and record their consent.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We asked the registered manager how she could be sure that people moving into Donness had given their consent or were protected under the Mental Capacity Act 2005 (MCA) to be sure that this move was in their best interest. She told us that most people had their care needs assessed by health and social care professionals who were responsible for assessing their capacity for making this decision and taking any appropriate action and that when people were self funding she always visited them herself. The registered manager also told us she had declined to offer accommodation to a person who was ready to leave hospital in February of this year as they said they did not want to come to Donness. This demonstrated that she gave the person an opportunity to consider their decision.

The registered manager had recently introduced a form to help her and her staff consider people's capacity to make decisions in different areas of their life, with differing levels of complexity. We saw how this had been completed on behalf of one person. The registered manager had completed the assessment on 12/04/2013 recording that this person had capacity for making decisions about their personal care, and were sometimes capable of making decisions about their own treatment, safety/risk and care planning. However, the registered manager said to us that the doctor would make the decision if this person needed treatment. This showed a lack of clarity about the person's ability to contribute to decision making. Their care plan showed confusion. "Xx is reliant on staff to make decisions in her best interest to ensure a good quality of life." "Xx is able to make some choices and can display behaviours and emotions that can give an indicator to (their) wishes."
We did not see any record that they had consented to receiving care, or had agreed to the care plan. We asked staff how they offered this person choices and they said it depended on how they found them each day, their mood and how sleepy they were. Advice about

gaining consent had not been clear about how best to involve the person and support them to be involved in decision making on their own behalf.

We did not see in any care record that any person had the opportunity to sign to give their consent to care including medication, the use of moving and handling equipment, or bed safety rails although new assessments had been written recently. We did see that guidelines were in place for staff dealing with a person who sometimes became distressed particularly during personal care. The plan stated that "No procedure should be carried out without Xx's full co-operation." It pointed out that this person sometimes agreed to a bath and then became "extremely distressed." Staff were told, "Physical restraint should not be attempted." They were advised to listen to the person and take actions to reduce their distress.

We did not see any records of people's decisions about end of life care or whether they wished to be resuscitated in the event of cardiac arrest. Staff told us that with respect to decisions about avoiding resuscitation, "Some daughters have said, 'That's what Mum wants'." We did not see any such agreement recorded, which may lead to people's wishes not being complied with in the event of an emergency.

We saw that staff had been given new guidance on writing care notes, which started with "Is the person happy to receive care?". We noted that in some care records that staff had written, "Yy was happy to receive personal care this morning," which showed that some staff were putting this into practice in their daily routine.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw that people's care needs had been re-assessed recently and clear guidance written for staff. For example, we saw a care plan written for one person that included plans for personal care, dementia, sleep pattern and skin integrity with good guidance for staff on details of care to provide for this person. Another person's care plan included a file specifically relating to their needs associated with epilepsy. This included a record of their seizure activity and clear guidelines for staff supporting them.

Signature sheets had been attached for staff to sign to care plans to demonstrate that they had read any updates. These were so new that few staff had as yet signed but a staff member told us they took responsibility for checking these and advising staff to make time to do this.

We spoke with one person whose relative had recently received end of life care in the home. They told us, "They looked after him beautifully. Turned him, did his (skin) cream – talked to him, made him smile." A regular visitor to the home told us that they had chosen Donness for their relative because it was not as large as their previous care home. "We wanted a better quality of life for him. The staff are smashing, the manager is lovely. He doesn't ask to come home – that is a blessing."

A staff member was recalculating Malnutrition Universal Screening Tool (MUST) scores for everybody based on recent body weights to make sure they were accurate. This was to highlight any person's need for further assessment with respect to their health and nutrition.

We saw staff using equipment appropriately to help people move from their easy chair to a wheelchair. We saw in one person's care plan that staff had been advised, "Do not assume that abilities remain the same – assess each time." We saw staff talking to people while helping them to move, involving them in the actions.

We saw that staff responded to observations of changing need. For example, during our visit a request was made for assessment and support from the Speech and Language Team (SALT) on behalf of a person who was experiencing swallowing difficulties.

We observed ten people sitting in the dining room over lunch time. Plated meals were delivered but some people had a long wait while others on their table had received their food. The provider may like to note that staff were present but did not ease the frustration of this wait for people by social conversation.

We saw that the registered manager had recognised staff need for guidance with providing care for people with dementia. Detailed instructions had been included in one person's care plan to advise staff on how to provide their personal care. Staff told us they had received support and advice from Community Psychiatric Nurses (CPNs) with respect to keeping behavioural charts in such a way as to contribute to understanding behaviour and with respect to caring for a person who would at times refuse to take their medication as prescribed. This showed a commitment to providing appropriate care for people with complex care needs.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At our last inspection in February 2013 we found that people were not protected against the risks associated with medicines. We issued a warning notice. The provider sent us an action plan to show how they would address this.

During this inspection we saw that action had been taken to address the issues raised in the warning notice. However we saw that the method used to give medicines to some people did not follow recommended good practice or the home's own medicine policy. This was addressed following our inspection.

Appropriate arrangements were in place in relation to ordering medicines. People's medicines were available for them.

We saw people being given their morning medicines in a respectful way. Three people we spoke to told us that their medicines were well looked after. One person told us they were not always given their night time medicines in the way they would like. We discussed this with the nurse on duty.

We saw that the method used for giving one group of people their medicines did not follow good practice guidance or the home's own medicines policy. These people's medicines were put out into labelled medicine pots on a tray. The nurse took people their medicines and then signed the records when they had all been given. This increased the risk of mistakes being made and of medicines being left insecurely if the nurse was interrupted. We discussed this with staff. After the inspection we spoke to the provider who told us that the method used to give these people their medicines had already been changed. This meant that people would be better protected from the risks associated with medicines administration.

Appropriate arrangements were in place for the recording of medicines. Printed medicines administration records were provided by the pharmacy each month for staff to complete when they had given people their medicines. We looked at the records in current use. These showed that people had taken their medicines as prescribed for them. Once a week, staff checked a sample of people's records and their medicines to make sure those

medicines had been given correctly. This helped to ensure that people were given their medicines as prescribed for them.

Some medicines had been prescribed to be given 'when required'. When these medicines were given staff had recorded the reason for this. Since our last inspection some of these medicines had been reviewed by the doctor to make sure that people were prescribed the correct dose for their needs.

Supporting workers ✖ Action needed

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

The registered person did not have suitable arrangements in place to ensure that staff received appropriate training, supervision and appraisal or professional development to ensure that people using the service were always safe and had their health and welfare needs met by competent staff.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We met two staff who had started work at Donness during the previous week. One told us they had previous experience in providing care, and were working alone providing personal care for people. "It's really good," they said. A staff member showed us the induction checklist used at Donness to make sure they informed all new staff about arrangements for working in the home. She told us that staff were also given health and safety policies and the Donness code of practice to read. The Skills for Care common induction standards had not been introduced for new staff in the home.

Another new member of staff was working with an established carer, including transfers of a person using the hoist. The staff member they were working with had recently attended training in moving and handling which they said had been "helpful." We saw certificates showing that training in 'Safer moving and handling' had been provided to 16 staff in the home by a trainer accredited by the Chartered Institute of Environmental Health. A three hour training session had been provided in Fire Awareness by an external trainer who came to the home.

We saw certificates which showed that trained staff had attended training in safe handling of medication. The registered manager had recorded observations of their competence in carrying out these tasks.
A group of staff had attended a study day on care of the dying, to support their work in providing end of life care. The registered manager told us that she had booked a training session in 'Medication in end of life care' and nutrition training including percutaneous endoscopic gastrostomy (PEG) feeding to support staff competence in these areas.

Staff showed us a work book which was a training resource for writing care records. They said they had used it as a basis for discussion but had sufficient copies for each staff member to have one to work on.

A training session had been provided recently on the Mental Capacity Act to help staff understand their responsibilities, assess people's capacity and support decision making. The person delivering this training had recently been trained, though they were not a qualified trainer. This may impact on staff understanding.

The registered manager had lead learning sets with some staff including work on medication, palliative care and professionalism.

Significant gaps remained in the training needed to be delivered to enable staff to provide a safe service. For example, first aid updates had not been provided so it was not possible to have a qualified first aider on duty at all times. There had not been recent training in safeguarding vulnerable adults, infection control or food hygiene. Further training was needed in the care of people with dementia including good management of challenging behaviour to ensure that all staff were confident in providing appropriate and positive care for people with complex care needs. Further training was needed to enhance staff's ability to engage people with cognitive deficit in social activities and to make the environment more enabling for them.

Care staff had not had one to one meetings with their manager to receive feedback on their performance and discuss their training needs. Trained staff told us that they had received clinical supervision from the registered manager, but "not recently." On-line training resources had been used for up-dating staff's continual professional development (CPD). The registered manager told us that she had maintained her professional registration but had not received clinical supervision. We saw a proforma that had been prepared for individual supervisions. Staff told us it was for practical observation and assessment of care tasks. We found that staff did not receive sufficient consideration of their training needs and the training plan provided by the registered manager did not cover all identified training needs.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: The provider did not have consistent arrangements in place to assess people's capacity to give consent, or to obtain and record their consent. This is a breach of regulation 18 of the Health and Social care Act 2008.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: The registered person did not have suitable arrangements in place to ensure that staff received appropriate training, supervision and appraisal or professional development to ensure that people using the service were always safe and had their health and welfare needs met by competent staff. This is a breach of regulation 23(1)a of the Health and Social

This section is primarily information for the provider

	Care Act 2008.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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