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: 19 September 2013

Date of Publication: October 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

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
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

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 19 September 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 and talked with staff.

What people told us and what we found

We looked closely at the care of four people who used the service and also spoke to one visiting family. We observed staff providing care and support to people. We spoke to staff.

People told us, "They look after me very well"; "Good staff here. Well organised" and "It's lovely; when you ring the bell the carer will answer it."

Work towards ensuring people consented to their care and treatment had not adequately led to consistent or properly documented evidence that their consent was always sought and recorded. This meant that people might not always be at the centre of their care arrangements.

People's care and welfare needs were being met by competent, knowledgeable, kind and thoughtful staff.

People benefitted from staff whose training needs were being better organised and completed. We were told, "The staff are excellent. They really look after you" and "The staff are nice."

Service improvements were evident, such as risk better managed, an example being accident monitoring. People confirmed that any concern would be dealt with promptly by the registered manager. One person told us, "(The Matron) is very good. Any ideas you have got - they listen."

Two staff said that record keeping had improved and we saw that care and medication records were detailed, complete and available to inform staff and monitor people's care.

Improved record keeping protected people from unsafe or unsuitable care.

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 19 October 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 suitable arrangements in place for obtaining and acting in accordance with the consent of people who use the service.

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

Our inspection of 15 April 2013 found that the provider did not have consistent arrangements in place to assess people's capacity to give consent, or to obtain and record their consent. The provider wrote to us and told us how the home's arrangements for obtaining consent would be improved.

People told us that they were not obliged to do anything they did not wish to do but that they were happy to take staff advice. They also felt their views were listened to.

We confirmed through looking at records and talking to staff that staff had received training in the Mental Capacity Act 2005 and deprivation of liberty safeguards. We found that the home always took people's opinion into account and had given their right to consent to treatment much thought.

We looked at four people's care records and saw the newly devised documentation was in place. People signed consent to give consent to aspects of their care, such as medication administration and tests and treatment they might need. However, records showed that the home did not always follow up the information they received by putting the person at the centre of their care. For example, one person's capacity assessment stated that they had the capacity to consent to their care plan. However, we found that staff had only consulted the person's family and not the person themselves about their care arrangements. Although, having spoken to the person we believe they would be likely to delegate that task to their family, there was no record of this.

We also found that the home had no records that people recently admitted to the home had consented to that admission. The registered manager told us how she always visited people who might move into the home and asked them if they wanted to be admitted but their response/consent was not documented.

We found that, should it be decided that a person did not have capacity to make decisions about their welfare there was no documentation as to how that decision had been arrived at. The home may have followed the five statutory principles - the values that underpin the legal requirements of the Mental Capacity Act 2005 – but there was no documentation to show that they had. However, senior staff were able to describe the importance of using practical steps to help a person understand any decisions that were needed, such as considering the best time of the day for the discussion when the person was likely to feel well enough to be involved.

We found that there was some conflicting documentation. Records produced by the home reflected what we were told the person wanted, such as resuscitation in the event of collapse, but some records signed by medical practitioners were different and/or incomplete. This had the potential to put the person using the service at risk of care which had not been consented to. The registered manager explained how this was a recognised problem which the home was trying to address with GPs.

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.

Care and treatment was planned and delivered to ensure people's safety and welfare.

Reasons for our judgement

We looked at this outcome because there had been an unexpected death at the home. We looked at the person's care file and spoke to staff. We found that risks relating to the person's condition were well understood and there had been frequent GP involvement and discussion around risks to the person's health. Staff had followed professional advice.

We spoke to four people about their experience of living at Donness Nursing Home and each spoke favourably about it. We were told, "They deal with any health concerns promptly"; "They were marvellous when Xxxx was very ill", "The staff are excellent. They really look after you" and "The staff are nice".

We saw that people were supported to maintain their individuality with a good standard of personal care. People knew the day they had a bath or shower and they said they did not mind that arrangement. They confirmed that they were supported to receive eye, foot and dental care. We saw from the home's diary and four people's records that GPs, consultants, and other external health care advice, was sought and arranged as required.

We saw from staff records and talking to staff that training in conditions associated with people's needs was provided. This included pressure damage prevention and epilepsy awareness. Staff told us that they had the equipment they required to keep people safe from risks, such as pressure sores and cross-infection, and keep them comfortable.

We heard and observed staff working with people. They were polite, took their time with people and appeared caring and friendly.

We looked at four people's care files. Care plans described people's needs and how those needs were to be met, in detail. Staff said that the care plan records had been improved and the information was now more readily available for them to find. This meant that people were more likely to receive the correct care in a timely way.

People were unsure whether they were involved in their care planning but they said that all the care they received they were happy and in agreement with. We saw that some people had signed to say they agreed with their care plan where they were able to do so.

The people we spoke with said that they liked to stay in their rooms but they were aware of

activities and entertainment arranged within the home. The registered manager told us of twice weekly activities including music and movement and quizzes. We saw that entertainers visited the home and people talked about visits to the sea, which could be viewed from many people's bedrooms. People's bedrooms were very personal and individual to them. This showed that people's individuality was supported.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

so that they could do their work safely and effectively. The provider wrote to us and told us the arrangements for improvement.

We spoke to eight care workers who were attending a staff meeting. The provider might find it useful to note that previous meetings were not recorded and so staff that had not attended did not have a record of those meetings. Staff told us that they were receiving regular training and supervision. They thought that they received "enough" training. Two recently recruited care workers confirmed that they had been able to shadow an experienced worker for two weeks before working alone. They said their induction had equipped them for their work and they felt very supported and able to ask for advice.

We spoke to a senior care worker who organised training at the home. Following our previous inspection they had organised a training file for each staff member. We looked at those files and saw certificates relating to the staff's recent training. They had also arranged for all existing staff, who did not have qualifications in care, to complete a nationally recognised induction training so that core knowledge in their work would be refreshed. We were told that six of the 15 care workers at the home were currently taking recognised qualifications in care.

We asked the registered manager what arrangements they had for ensuring that staff training would not be missed and was effective. They told us that each January a list was completed of the mandatory training required for the year. Those training arrangements were then made; we saw the dates listed for the training. We saw that staff signed to confirm when they had attended such training so the registered manager would know who had not attended. We were also told of training associated with conditions relating to people's individual health needs, such as dementia awareness and wound care, so that those staff could be more effective and safe when providing care.

We saw records of staff supervision, with the staff's line manager and observing staff working, to check their competence and meeting with them individually to give feedback on their performance and discuss training needs. People told us that they thought staff knew what they were doing. One said, "The staff are nice." Another said, "The staff are excellent. They really look after you."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Our inspection of 14 February 2013 found that people were not protected against the risks of inappropriate or unsafe care because risks to their safety and welfare were not effectively identified or managed. The provider wrote to us and told us the improvements they intended to make.

When we visited most areas of the home we saw that unevenness in floor areas was now identified with hazard tape and we found no environmental risks that were unmanaged. We looked at the home's records of incidents and accidents. These were kept within each person's file but an additional log was used for the registered manager to review and look for any trends, so that identified risks could be reduced. We saw that each accident logged was signed when this review had taken place. We had not received any notifications of serious injury since March 2013. We confirmed that our records were correct through the home's records and from talking to the registered manager and senior staff. This showed that people were being protected.

We saw that previously poor record keeping had been addressed and that care plans had been revised and improved. We found that the home had worked hard to improve the standard of service, which staff told us, "had slipped."

We asked people what they would do if they had any concerns or complaints. They told us that they had every confidence in the registered manager that concerns would be addressed to their satisfaction. One person gave an example of having done so. One person told us, "I like the Matron" and another said "(The Matron) is very good. Any ideas you have got - they listen."

We saw that people were involved in their care planning which gave them the opportunity to raise any issues. We saw that relatives had completed some feedback questionnaires about the home. Questions included: 'How do you rate the care?' The majority of the responses were positive and we saw that people were happy to suggest improvement which showed an open and friendly culture at the home.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Our inspection of 14 February 2013 found that people were not protected by the way the home managed records. The provider wrote to us and told us how their record keeping would be improved.

People did not tell us anything about record keeping at the home when we spoke with them but they did say that staff discussed their care with them. We looked at four people's care files and saw that they were well organised so that information was readily available for staff use. This meant that care arrangements were more likely to be well organised. We saw examples of where people using the service, or their family representative, had signed to say that they had agreed the person's plan of care. We also saw that a staff record of people's daily care was detailed, signed and dated and therefore available to inform staff of the person's current well-being.

We saw from a notice displayed in the staff office that staff had been informed that record keeping must be improved and how this was to be achieved. We asked staff if they had seen improvement or changes at the home since our last visit and two said that record keeping was an improvement they had noted.

We looked at medicine administration records because during our visit February 2013 gaps and incorrect recording had the potential to put people at risk. We found during this visit that the records had been completed correctly, with no gaps in information and codes, which should be used to record additional information, were being used correctly.

We asked to see some records relating to a person now deceased. The registered manager was able to find that information without difficulty. This showed that storage arrangements for archived files were in place. We also saw that people's care files were kept securely in the staff office so that only people with a right to view them could do so.

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 suitable arrangements in place for obtaining and acting in accordance with the consent of people who use the service. Regulation 18

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 19 October 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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