Inspection Report

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

Danescourt

1 Rectory Gardens, Thorne Road, Doncaster, DN1 2JU

Tel: 01302328455

Date of Inspection: 25 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Rotherham Doncaster and South Humber NHS Foundation Trust
Registered Manager	Mrs. Carol Hayes
Overview of the service	Danescourt is a care home for people with a learning disability situated in Doncaster which is registered to take eight people. The service is provided by Rotherham Doncaster and South Humber NHS Foundation Trust.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Meeting nutritional needs	7
Cleanliness and infection control	9
Staffing	10
Complaints	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 25 November 2013, talked with people who use the service and talked with staff.

What people told us and what we found

When we visited the home there were three people who used the service present. We spoke with one of the people who used the service.

A person who used the service told us staff asked what they liked and listened to what they said. We found that where people had the capacity to do so they were asked for their consent. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

A person who used the service told us they were happy with the food and refreshment they received. We saw evidence of people being given choices as to what they wished to eat. A nutritious and balanced diet was made available.

A person who used the service told us they were happy with the standard of cleanliness of the home. We found there were systems in place to manage the prevention and control of infection.

A person who used the service told us there were enough staff on duty. We found there were sufficient staff on duty to meet people's needs.

A person who used the service told us they had no concerns about the service offered. We found there was a complaints procedure in place and staff were aware of their responsibilities to report complaints made to them so they could be formally investigated.

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

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 ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We found that the provider, Rotherham Doncaster and South Humber NHS Foundation Trust had a policy for consent to examination or treatment. We reviewed this policy and found it covered all relevant areas.

We spoke with the care home's manager who told us that not all the people who used the service were always able to consent to their care. In such cases staff assessed people's needs and provided care when it was in their best interests. We found that the appropriate forms had been completed under the Mental Capacity Act 2005. The Act is designed to protect people who can't make decisions for themselves. Independent advocates were used at all stages of this process. This showed that the provider acted in accordance with legal requirements when people did not have the capacity to consent.

We were told that other people could consent if they were communicated to in a manner which they understood. We reviewed people's care records and found in one case that a personal hygiene care plan, a planning sheet for social activities, and a health action plan had been signed by the person who used the service. We also found that another person who used the service had also signed to agree their care plans. This showed that people consented to their care when they had the capacity to do so.

We spoke with a care worker who told us they would always ensure they obtained the consent of the person who used the service before offering care. They also gave a knowledgeable explanation of when they would use the Mental Capacity Act, in the case of people who did not have the capacity to consent for themselves.

We spoke with a person who used the service who told us staff asked what they liked and listened to what they said.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People who used the service were provided with a choice of suitable and nutritious food and drink. We reviewed menus which contained well balanced and nutritious meals which offered people variety and choice.

The care home's manager told us that people who used the service were involved in the choice of menus. The menus were provided in the form of a rolling monthly menu. We saw that snacks including fruit were also available. We reviewed the menus, which were in a pictographic format to help people recognise the food being offered.

We also reviewed the notes of meetings held with people who used the service in October and November 2013. The notes, which were in a pictographic format, recorded that people said they were happy with the menus. The notes for the November meeting also showed a discussion about the Christmas menu. This showed that a choice of suitable and nutritious food was available for people who used the service.

We were shown a fridge with a drink dispenser which contained soft drinks that people could help themselves to. We also found that tea and coffee were available to people when they wanted them. This showed that sufficient hydration was available for people who used the service.

We reviewed a care plan for a person who had diabetes that had been prepared by a diabetic specialist nurse. This described their nutritional requirements. We also reviewed a care plan for a person who needed a special diet. This had been produced be a speech and language therapist. There was also a pictorial care plan and leaflet which was designed to help the person who used the service understand the special diet and the need for it. This showed that special diets were provided to people with specific medical conditions.

We found that people were weighed regularly and their diet was reviewed to ensure they maintained a healthy weight. We also reviewed a fluid chart which had been used to monitor a person who had recently been discharged from hospital. This showed that checks were made to ensure people had sufficient food and hydration to meet their needs.

We spoke with a care worker who told us they would check to ensure people were getting

enough to drink during the day. They also told us that meetings were held where people who used the service chose the food they wanted to have on the menu.

We spoke with a person who used the service who told us they like the food and refreshments they were offered in the home. They also told us they helped out in the kitchen.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The provider had an infection control policy which covered all relevant areas.

In an inspection of the home we found all areas to be clean and free from offensive smells. We also found that cleaning schedules were in place and that cleaning was undertaken during the day and at night.

We found there were effective systems in place to reduce the risk and spread of infection. We found that cleanliness was checked as part of a monthly health and safety audit. The care home manager also undertook checks on the cleanliness of the home.

We reviewed the information provided to staff, people who used the service and visitors to the home. There were signs which asked people to wash their hands and explained why they should do so. There were hand washing soaps and gels in the bathrooms and toilets. We reviewed the minutes of staff meetings which showed that infection control was a standing item for discussion. We also spoke with a care worker who had received training in infection control.

Information on infection control was not provided to people who used the service in a pictographic format. However, the nurse on duty told us they were in the process of producing a leaflet for people in a pictographic format.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day we visited Danescourt there were five people who used the service resident in the home. We reviewed staffing rotas and spoke with staff who told us there was one qualified nurse and a senior support worker on duty in the morning and afternoon. At night there was one senior support worker on duty, who could be assisted by a qualified nurse who slept over in the home.

We discussed with the nurse on duty how they assured themselves these numbers were sufficient to meet the needs of the people who used the service. They told us that they assessed the individual needs of the people who used the service. This was then discussed with senior managers before they arrived at the number of staff required.

They told us that when people's dependency levels became more acute they would review the staffing levels. They said they would also do this if the number of people who used the service increased. If more staff were required they would contact the health and social care authorities who commissioned people's care.

This showed that the provider had systems in place to ensure there were sufficient staff on duty to meet people's needs.

We spoke with a care worker who felt there were sufficient staff on duty to allow them to care for people safely.

We spoke with a person who used the service who told us there were enough staff on duty.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints' policy which covered all relevant areas. This included explaining that complaints were seen as part of a learning process. Mediation services were offered as was a right of appeal.

The care home's manager told us that there had been no formal complaints made by people who used the service or their relatives. We found that information on complaints was available to people who used the service in an easy to read pictographic format. Independent advocates were available to assist people if they had any concerns or to take them through the complaints' process.

People were able to raise any concerns at meetings attended by people who use the service, advocates and staff. We reviewed the minutes of a meeting which took place in November 2013. At this meeting people who used the service said that information should be provided in a format they could all understand. In response to this staff ordered a large notice board to be used to hold information in an easy read format.

We also saw the results of a survey which had been used to gather any concerns which people who used the service might have. These results were collated into an action plan with actions taken and the date when these actions were completed. The actions taken included informing staff through supervision and team meetings to always speak to people in a correct way, and tell people who used the service if they were going to be late.

We spoke with a care worker who told us that if a person had any complaints or concerns they would bring them to the attention of the person in charge.

We also spoke with a person who used the service who told us they had no concerns and liked the service that was provided. However, they did say they knew who to talk to if they had any concerns.

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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