

Coate Water Care Company Limited

# Downs View Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Downs View Care Centre is a residential care home providing the regulated activity of accommodation for persons who require nursing or personal care. The service is capable of supporting up to 51 people. It provides support to older people, young adults, people with physical disabilities, people living with dementia and people with mental health needs. At the time of our inspection there were 33 people using the service.

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

Assessments of people's needs had been carried out prior to people using the service. People were supported to eat and drink a balanced diet and had a choice of meals, snacks and drinks. Staff training was relevant and up to date. The provider sought healthcare advice from a multi-disciplinary team of professionals when required.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice.

People were treated with kindness and compassion and were encouraged to be as independent as possible. Care plans contained detailed information on people's life history and included information on people's memories, employment and family.

People were supported to take part in a variety of activities and hobbies both inside and outside of the service. People's communication needs were known and met by staff who knew people well. People, their relatives and staff were asked for their opinions of the service and action was taken to make improvements. Complaints were recorded and investigated.

All aspects of the service were regularly audited. There was a positive, person-centred approach to the planning and provision of people's care. People, their relatives and staff all spoke positively about the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 8 September 2022).

### Why we inspected

This inspection was prompted by a review of the information we held about this service showing the service may have improved.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Downs View Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector and an expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Downs View Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Downs View Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We reviewed the provider's last inspection report. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 4 people using the service and 3 relatives of people about their experience of the care provided. We spoke with 6 members of staff including carers, the activities co-ordinator, the deputy manager and the registered manager. We reviewed a range of records. These included care records for 4 people and a variety of records relating to the management of the service. Following our inspection, we emailed several healthcare professionals and entertainers visiting the service about their experience of the care provided and received 3 responses.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection people's needs were not fully assessed and care was not designed and delivered to meet people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care needs were fully assessed before they received support. This information was used to develop their care plans.
- The registered manager maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- Care plans detailed information about people's choices and preferences. We found care plans included guidance for staff on how to support people with their daily routines. People's daily care records evidenced staff followed this information.

Staff support: induction, training, skills and experience

- Staff underwent an induction and shadowing period prior to commencing work. They had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.
- Staff told us they felt supported in their roles. A member of staff told us, "I've always been supported by [registered manager]. We have access to regular supervision to discuss what can we improve on, if we need support or anything else."
- The provider had effective systems in place to support and supervise staff. Staff received regular supervision and regular checks of their competencies.

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

- People were supported to have a balanced diet and had access to snacks and drinks throughout the day to maintain their weight. Where people had specific dietary needs, this information was shared and known by staff.
- Staff worked together to ensure mealtimes were enjoyable, and people were provided with choice through various means which included the use of menus and show plates. The show plates were prepared to provide visual support to inform people's choice.

- People told us they enjoyed the food. One person told us, "I do enjoy the food. We get a choice and the chef will do things I like."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs. Staff had worked in partnership with other agencies and professionals to provide a flexible and effective service.
- Records included information about each person's health needs and guidance was in place for staff to show how these needs should be met.
- Guidance from external professionals was included in people's care plans for staff to follow. Staff had a good understanding of the guidance in place and we observed it was followed by staff in practice.

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

- Downs View Care Centre was free from obstacles to support people's independence. People's bedrooms had been personalised with their own mementos and possessions.
- One unit had been refurbished and new furniture purchased. The unit was equipped with dementia friendly lighting in the lounge area and dementia friendly decorations. The unit had been adapted following best practice guidance for people living with dementia.
- The registered manager told us they were planning to re-furbish and re-decorate the other unit to make it also more dementia friendly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make their own decisions and choices. Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation. The aim of the cooperation was to ensure this was lawful and that any conditions of the authorisation were being met.
- Staff had received training in MCA and understood how to support people in line with the act. People confirmed that staff were always offering them choices. One person told us, "Staff all work together to give me choices. I prefer to get up and come down to start the day."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about living at Downs View Care Centre. One person told us, "We all get on well, a nice group of people (carers and residents). You share any problems you might have. I enjoy talking to any of them. The staff are very caring, decent people. I've never seen anyone being horrible: they are kind." Another person told us, "Staff are patient and seem to have time to look after me. I can have a laugh and they joke with me."
- Staff had a good understanding of equality and diversity and had received training in this area. Care plans contained personal information about people's backgrounds, which enabled staff to gain an understanding of the people they were supporting and engage in conversations with them.
- Staff respected people's choices, and people were supported discreetly in the communal areas. Staff anticipated people's needs and provided words of support and encouragement when people were mobilising.

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

- People and, where appropriate, their relatives were involved in care planning. People were encouraged to express their views on how they wished to be supported.
- People's care plans had been developed with people where possible. Families had been involved if people were unable to. There were records of how decisions had been made if people were unable to decide for themselves..
- Staff responded appropriately to people when they observed different actions and behaviours. When people were unable to express themselves verbally, staff understood non-verbally cues.

Respecting and promoting people's privacy, dignity and independence

- We observed staff supporting people with care and kindness throughout our inspection. Staff respected people's dignity by knocking on the doors prior to entering people's rooms and spent time listening and speaking with people.
- People were encouraged to be as independent as possible, and both people and their relatives confirmed this. One person told us, "I can be independent and choose what I do." Another person told us, "I can do mostly what I want to. I can stay in my room or go to the lounge, join in with things, all things like that."
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection people's needs were not fully assessed and care was not designed and delivered to meet people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were detailed, reviewed regularly, and were person-centred, containing people's likes, dislikes and preferences.
- People's needs were regularly reviewed, and support was adjusted as required. The management team evaluated people's care plans on a regular basis or immediately if a change in a person's need was identified.
- People were in control of how they received their care and who was involved in meeting wide range of their needs including social needs. We saw that a person was supported to go out with their friends to a local pub. The person's friends brought their dog with them. We were told that when there was an event, they brought the dog in for the person.
- The service recognised some people were vulnerable regardless being vaccinated for COVID-19. Staff and visitors were required using face masks at all times as a precaution even though this was not a national requirement.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans provided detailed information to inform staff on how a person communicated.
- Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them.
- Some documents, such as the provider's complaints policy, were available in an easy-to-read format. An easy-to-read copy of the complaints policy was available for people and visitors in the communal area close to the entrance to the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities both inside the home and in the community. The activities were based on people's individual needs and preferences. They included arts and crafts, fitness, knitting, playing dominos, and outings. For example, a person who had not been out for years, was keen to go to the shops, so the coordinator arranged a wheelchair taxi to the nearby town.
- People told us they felt involved in and enjoyed activities organised by the service. One person told us, "I am bit of a gardener, always planting things outside; I always had a garden when I was a kid. I can put in my own bulbs and plants here. We have a club to grow your own garden." We saw that there were planters raised at an appropriate height for interested residents to grow plants in.
- People were regularly visited by external entertainers such as singers or a mobile farm. One of the external entertainers told us, "It is great that the care home is keen to provide activities such as this to their residents."
- The activities co-ordinators spent time with people in their rooms if they were unable to join activities in communal lounge. During our inspection we observed the activities co-ordinator in a person's room describing to them what was happening on TV as the person was unable to see but was able to hear their favourite tv series.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The registered manager had recorded any complaints received including verbal complaints. These had been investigated and people had been told the outcome within the timeframe specified in the complaints policy. The registered manager had apologised when things had gone wrong.
- People and their relatives told us they knew how to complain. They were comfortable raising concerns with the registered manager and were confident relevant action would be taken. One person told us, "There is nothing as far as I am concerned to complain about." Another person told us, "I've nothing to complain about."

End of life care and support

- People had been asked about their end of life wishes and these had been recorded. Some people had decided to have a Do Not Attempt Resuscitation order put in place. Where appropriate people had ReSPECT forms in place. The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.
- None of the people receiving care at the moment was receiving end of life care. However, there was one person receiving palliative care. We saw that appropriate arrangements were in place to meet the person's needs. The service liaised with the local hospice to ensure they were able to provide high level of care to the person.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff were confident in the registered manager and their leadership of the service. One person's relative told us, "They (registered manager and deputy manager) are brilliant, if anything happens, I get a phone call straight away. I can phone anytime and they are always friendly at the other end. If they have just come on duty, they will go and find out how he is, and I get a full report. He had a fall, wasn't bad and he got himself up, but they still let us know."
- There was a positive culture focused on people and the achievement of good outcomes for them. Staff had received many compliments about the standard of care provided. We saw staff at all levels of the service were committed and passionate about their work.
- People, their relatives and staff told us the registered manager was approachable. People felt they were able to receive good quality, inclusive and person-centred care. One person's relative told us, "The service is very friendly, grandkids come in and chat to all the other residents, [person] loves it when the children come in. They let the dogs in, this makes things normal and makes a good atmosphere."

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

- The registered manager understood the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records confirmed people and their relatives had been informed of any notifiable incidents.
- The registered manager understood when statutory notifications needed to be submitted to CQC and had ensured they were submitted.

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

- The service had a clear management structure in place consisting of the registered manager, the deputy manager and staff, including waking night staff. The registered manager was knowledgeable about regulatory requirements and issues relating to the quality of the service.
- The provider's systems produced regular reports on training compliance, accidents, incidents and falls. This information was analysed by the registered manager and used to drive improvements where required.
- Staff were encouraged to report concerns, accidents or incidents to the registered manager and be honest when things had gone wrong.

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

- The provider encouraged regular feedback both formally and informally through a range of surveys, meetings, phone calls and email updates. The registered manager told us this provided people and their relatives with different opportunities to be involved in the service.
- The results from the 2022 residents survey indicated menu planning and laundry were areas where further improvements could be made. The service had improved the menu planning and involved the chef in regular baking sessions with people. A coloured button system was introduced to address the issue of clothes being mixed up in a laundry.
- Staff consistently told us they felt supported in their roles, and they attended regular meetings with the management team as a group and on an individual basis. Staff told us they contributed new ideas and felt valued by the registered manager and the provider.

Continuous learning and improving care; Working in partnership with others

- The registered manager was knowledgeable about the quality issues and priorities for the service. There was a culture of learning and development within the service.
- The service worked openly and collaboratively with stakeholders and agencies to ensure people received co-ordinated care. They had forged good working relationships with key professionals who provided positive feedback about their communications with the home and the quality of care provided by staff. One of external healthcare professionals told us, "[Registered manager] was professional, responsive, and proactive with processes during new placement. Family/customer were given the opportunity to view property, at a time convenient to themselves, prior to placement of loved one and fully informed of choices available. During time of review, all information was readily available, concise information communicated and views of family/customer shared. Family had contacted me regarding a concern prior to review, which on review had already been addressed by Downsview resulting in a positive outcome for customer in question."