

Monarch KM Ltd

Downsvale Nursing Home

Inspection report

6-8 Pixham Lane
Dorking
Surrey
RH4 1PT

Tel: 01306887652

Website: www.downsvale.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Downsvale Nursing Home is a residential care home providing personal and nursing care for up to 35 older people and people living with dementia. The service was supporting 30 people on the day of the inspection, some of whom were living with dementia. The service accommodates people across two connected buildings.

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

Staff did not always follow national infection and prevention control guidelines in the use of face masks whilst in close proximity to people using the service.

There were systems in place to monitor the quality of care provided, however audits were not always robust enough to ensure compliance of staff wearing masks in accordance with government guidance. Following the inspection, the provider sent us an action plan outlining the steps they have taken so far and are planning to take in response to our findings.

People told us they felt safe and staff were kind and caring towards them. People using the service and relatives told us they were supported with their care needs. People received their medicines on time and were supported to administer medication independently if they wished to do so.

There were sufficient staff to support people with their care needs. Staff were aware of the risks associated with people's care and ensured people were supported appropriately. Care records including those relating to identified risks were in place. Safety checks of the premises and equipment were undertaken in line with requirements.

Staff had regular supervisions and told us they felt supported in their role. Staff were clear on the governance structure within the service and knew their roles and responsibilities.

People using the service and relatives told us they knew how to complain and felt confident that complaints would be addressed. Staff told us they could approach the provider with any suggestions on improving the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 May 2018).

Why we inspected

We received concerns in relation to staffing, the culture at the service, training, the management of medicines and recruitment practices. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed and remains Good. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Downsvale Nursing Home on our website at www.cqc.org.uk.

Follow up

We have received an action plan from the provider detailing the actions they have taken and are planning to take and we will review this at the next inspection. We will share our findings with the local authority. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Downsvale Nursing Home

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Downsvale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 other professionals. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, the registered nurse on duty, senior care workers, care workers and the maintenance person. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people using the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We observed several members of staff who were not wearing masks in accordance with guidelines. We raised this with the provider who sent us an action plan immediately following the inspection outlining the training and further quality assurance processes they plan to implement in response to our observations. We will review this during our next inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safely supported by staff. One person told us, "I always feel safe with them [staff]." A relative told us, "They have all worked very hard to keep the residents safe."
- Staff understood what constituted abuse and the actions they would take if they suspected abuse. One member of staff said, "If I saw any bruises, I would have to report them because we do not know how they happened." Another member of staff said, "I would go to [CQC] or the local authority, or the police if [it is] something very concerning."
- Staff had received safeguarding training and meetings had been held to discuss safeguarding incidents and ways to reduce risks.
- We saw that when the service identified concerns, these were reported to the local authority and other relevant agencies and investigated by the provider.

Assessing risk, safety monitoring and management

- Staff had completed risk assessments to identify and manage risks. Risks were assessed and there was information on the steps staff should follow. In relation to managing people's risk of developing pressure areas, a member of staff told us, "People have pressure cushions to sit on and we do regular turnings for

whoever is bed bound [cared for in bed] and apply barrier creams."

- We reviewed records including for the risk of choking, the risk of falls and developing pressure areas. One person who was identified as being at risk of choking had a care plan in place informing kitchen and care staff about the involvement of healthcare professionals and what steps to take when preparing meals and beverages.
- People had personal emergency evacuation plans in place and the provider had a fire emergency plan for the premises. Fire exits were labelled clearly and were free from obstruction. Staff told us they knew what to do in the event of a fire. One member of staff told us, "There is a fire plan and a meeting area outside."
- Equipment had been serviced in line with requirements. We reviewed hoists and other electrical equipment and saw evidence this had been inspected to ensure it was functioning safely.

Staffing and recruitment

- People and relatives told us there were enough staff to meet people's needs. One person said, "Staff usually come quickly." A relative said, "[Person] gets good care. Seem to be enough [staff]." Another relative told us, "They've got staff who are excellent and the nurses are very good indeed." A member of staff told us, "It was very difficult before because we only had four, now we have six [care staff]."
- We observed there were sufficient staff to support people during meal times and we observed call bells being answered quickly.
- The provider had followed safe recruitment practices. This included seeking references from previous employers and checks with the disclosure and barring service (DBS). A DBS check is a record of a prospective employee's criminal convictions and cautions. This included checks for up to date registration with the Nursing and Midwifery Council (NMC) where necessary.

Using medicines safely

- People's medicines were managed in a safe way. Medicines were recorded on a medication administration record (MAR) chart with a photo of the person, allergies and guidance for 'when required' (PRN) medication.
- Where topical medicines had been applied there were body maps in place informing staff where to apply these.
- Medicine competency checks had been carried out to ensure staff had the appropriate skills required to administer medication.
- Where people wished to, staff supported them to self-administer medicines.

Learning lessons when things go wrong

- The provider had monitored accidents and incidents to identify trends and lessons that could be learnt. For example, falls had been analysed for lessons learnt and where a person using the service had fallen, staff worked with healthcare professionals, relatives and the local authority to implement a sensor mat taking into account considerations around the person's freedoms.
- The provider had taken action to reduce the risks of accidents and incidents, and appropriate management plans were in place. For example, one person's legs were swollen which was contributing to their risk of falls. The provider implemented a plan to elevate the person's legs and set reminders for staff in the electronic daily record system. As a result, the person's swelling reduced.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not always ensured staff were following national guidelines in relation to personal protective equipment (PPE). Audits were not robust enough to ensure staff were always wearing face masks in line with guidelines. Following the inspection, the provider sent us an action plan with immediate and longer-term steps they would be taking to ensure staff are always following the guidelines. The action plan included increased PPE checks, 'Train the Trainer' Infection Prevention and Control (IPC) training delivered by the local clinical commissioning group (CCG). The provider has informed us that two designated IPC leads have completed the training and are currently in the process of delivering the CCG IPC training to all staff. We will review this at the next inspection.
- There was a clear structure in place for staff to follow and staff had received regular supervisions. One member of staff told us, "If I had a problem, I would go to the team leader or management." Another member of staff told us, "My last supervision was two weeks back. [Registered Manager] is easily approachable."
- Staff told us the communication in the service and leadership structure was clear on what was expected. One member of staff said, "I know my job. I tell them if I think something is wrong and not good for the residents." Another member of staff told us, "The communication is good. We know what each other is doing. I know my responsibilities here and I can ask [the registered manager] if I'm not sure."
- Where we identified areas of concern during the inspection, the provider communicated with us to inform us when these had been addressed. For example, where an issue around the administration of medication was identified, the leadership team took the concerns seriously and engaged with healthcare professionals immediately to address this.
- Daily handover meetings took place to discuss people's needs and important events.
- The provider had undertaken audits of care. This included audits for medication, falls, and catheter care. Where an audit identified that actions needed to be taken, these had been completed.

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

- People using the service and relatives were complimentary about the provider and the registered manager. One person told us, "They're very friendly. I can go to them." A relative told us, "They've always got the answers if I have questions. They're on top of the job." Another relative commented, "Management

understand her [person using service]. [The registered manager] manages well."

- Staff spoke positively about the management of the service. One member of staff told us, "They are very supportive. I feel valued and supported. That's why I'm still here." Another member of staff said, "They [Management] look after us. We are all catered for." A third member of staff commented, "They helped me a lot and they support their staff. Any training I want to do, they will find me a trainer."

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

- Due to the COVID-19 pandemic, in-person meetings to seek feedback with people using the service and relatives had been paused. We were told by the provider that these will re-commence when restrictions are lifted. People using the service and relatives had the opportunity to feedback on the service using surveys and telephone calls. A person using the service told us, "I tell the manager if I want something." A relative told us, "We are happy with the home but they ask [via telephone calls] and we can give feedback [in writing]. They listen to feedback. Absolutely."
- Staff told us they felt engaged in the day-to-day running of the service. A member of staff said, "They want me to share my knowledge of the residents to improve the quality of the care and the dignity of the residents even the food. [It's] always the residents first." Another member of staff told us, "Every time I request something for the residents, they respond quickly."

Continuous learning and improving care; Working in partnership with others

- People using the service and relatives told us they felt confident management would listen if they identified areas for improving the care in the service. A relative commented, "They have been in touch with me and I have filled in a few forms and I can mention anything. To tell you the truth, she's in the best place." Another relative said, "I'm confident they [management] would listen to feedback. I have a good relationship with them. They're very sympathetic and they listen."
- Staff told us they discussed accidents and incidents in handovers and team meetings to find ways to reduce the risk of them happening again. For example, where staff identified they needed further support, the number of staff on duty was increased by the provider.
- We saw from care records staff had worked with visiting healthcare professionals to achieve good outcomes for people. This included speech and language therapists for a person at risk of choking and a heart failure specialist nurse who reviewed a person's medication. Where a recommendation had been made by healthcare professionals, staff ensured this was incorporated into the person's care.

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

- Relatives had been informed of changes in healthcare needs and other incidents. A relative told us, "The nurse phones me if something changes or if they've called the doctor or if [person] had a fall."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed CQC of significant events including significant incidents and safeguarding concerns.