Darbyshire Care Limited

# Drake Nursing Home

## Inspection report

4 Nelson Gardens
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | 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

Drake Nursing Home provides care and accommodation for up to 32 people. On the day of the inspection 31 people were using the service. Drake Nursing Home provides short term and long term care for older people living with dementia, mental illness and physical disability.

At the last inspection, the service was rated Good overall. At this inspection we found the service remained Good in all areas.

People remained safe at the service. Relatives said they trusted their loved ones were well cared for and kept safe. People were protected by staff who understood how to recognise and report any signs of risk or abuse. Risk assessments were completed in relation to people's needs and the environment. Plans were in place to minimise risks where they had been identified. Staff were available in sufficient numbers to meet people's needs and to keep them safe. Medicines were administered, stored and disposed of safely.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained, competent and received the support they needed to effectively carry out their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs.

People and relatives said the staff were very caring. We observed staff being patient and kind. There was a calm atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs. Care arrangements were personalised and took into account the way people preferred and wanted their support to be delivered. Information had been documented about people's backgrounds and interests and opportunities were available for people to occupy their time and to stimulate memory and discussion. An activities coordinator worked in the home five days each week and organised a range of group and individual activities. The provider and registered manager listened to people's views about the service and any complaints or concerns were addressed and used to drive improvement across the service.

The service continued to be well led. Staff told us the registered manager and management team were very approachable. The registered manager and provider sought the views of people and their relatives to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Drake Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, it took place on the 6 and 7 June 2017 and was unannounced on day one.The inspection was carried out by one inspector, a specialist advisor and an expert by experience. The specialist advisor was a nurse. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included notifications sent to us by the provider. A notification is information about important events, which the service is required to send us by law. Before the inspection the provider had also completed a Provider Information Return. (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who lived at the service. The registered manager and provider were available throughout the inspection. Some people were unable to tell us about their time at the service therefore, we observed them and how staff interacted with them. We also spoke with four relatives, two healthcare professional, and nine members of staff.

We looked at a number of records relating to people's care and the running of the home. This included five care plans, risk assessments and daily monitoring forms, four staff personnel files, records relating to medication administration and the quality monitoring of the service.

Good

# Is the service safe?

## Our findings

The service continued to provide people with care that protected them and kept them safe.

Two people we were able to speak to told us they felt safe. Relatives said their loved ones were well looked after and kept safe. Comments included, "Yes, I feel my wife is safe", and "Yes, definitely, I think they do their utmost to make sure people are happy and safe". We saw staff knew people well, and people looked comfortable and relaxed when being supported. When people showed any signs of anxiety or distress, staff provided quick and sensitive reassurance.

People were protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. A staff member said "We have lots of training on safeguarding, and we discuss safeguarding issues in team meetings and at handover". Information about what people or staff needed to do if they thought someone was at risk was posted clearly around the building. This included who they needed to speak to and relevant contact numbers. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people.

We were informed that an incident had occurred during the week of the inspection, which had required the registered manager to take action to ensure people's safety and well-being was protected. The registered manager had informed other agencies as required and taken action to safeguard all people living in the service.

People's risks of abuse were reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People had risk assessments completed to make sure people received safe care and to promote their independence. Where people had been assessed as being at high risk of falls, assessments documented the equipment provided to promote people's independence when moving around the home. A staff member said, "I feel it is safe here, if we come across anything unsafe it is addressed immediately. One lady loves to go out into the garden, the door is unlocked so she can, but it has an alarm, so staff are aware, and we can check they are safe".

Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken.

Assessments had been completed in relation to risks associated with the environment. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency such as a fire. A fire risk assessment was in place, and regular checks undertaken of fire safety equipment. A maintenance worker was employed and undertook regular checks to help ensure the environment was safe and fit for purpose.

There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs as well as having time to sit with people chatting and enjoying each other's company. Staffing levels were reviewed regularly to help ensure they remained sufficient and met people's needs. A senior staff member said, "We try to organise staff numbers to meet the needs of people. We ensure adjustments are made for more staff to be on duty when people need more support. We noticed that we were having more falls happening in the evening, so the staff rota has been adjusted to meet that need. We also have a couple of people who have particular behaviours, which could put them at risk so we now have one to one support for those people".

Medicines were managed, stored given to people as prescribed and disposed of safely. People's care records had information regarding their medicines and how they needed and preferred them to be administered. Each resident had a photo attached to their prescription to ensure they were identifiable to agency nurses or anyone unfamiliar with the person.

We observed safe practices during the morning medicines round. The registered nurse wore a tabard, which identified to other staff and visitors that they should not be distracted. We saw good interactions, which demonstrated staff knew people well, and understood their needs. For example, during the medicines round the registered nurse described how sometimes they would stagger certain medicines which helped stop the resident from feeling overwhelmed by having to take lots of pills. They stated this was part of knowing the resident and their likes, and ensured prescribed treatment was received with minimal distress and administered in a way the resident preferred.

Medicines were stored and disposed of safely. A separate treatment room was available, with lockable storage space and a medicines fridge. It was noted that some of the medicines boxes in the fridge were wet and there was water at the bottom of the fridge. This was reported to the registered manager at the time of the inspection. The day after the inspection the registered manager informed us that action had been taken to address this issue. An out of date homely medicine was found in the homely medicines cabinet and this was also reported and disposed of at the time of the visit.

Medicine administration records (MARS) were completed as required with a coding system to explain any medicines missed or refused.

All nursing staff undertook an advanced medicines training course and this training and competency was regularly updated and assessed. The registered manager and head of care undertook a weekly medicines audit, and any concerns were highlighted and necessary action taken. The lead nurses were the main point of contact for staff regarding medicines issues, and had responsibility for checking monthly medicines orders, stock checks and liaison with the local pharmacist.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Good

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. All the staff said the training provided was relevant to their role and regularly updated. Comments included, "The training is excellent. We have lots of training on how to diffuse situations and forge meaningful relationships with people" All new staff undertook a through induction, which included shadowing experienced staff and time to read important information about the service and people being supported. A new staff member said, "I am shadowing staff currently, just getting to know people, the induction has been good so far".

Staff said they felt well supported by their colleagues, management and the provider. A senior nurse was available on each shift to support staff and to oversee all nursing care in the home. Staff attended formal supervision sessions with the registered manager, which allowed them time to discuss their practice as well as training and other areas of development.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions or authorisations to deprive a person of their liberty were being managed appropriately. The MCA provides a legal framework for making decisions on behalf of people who lack capacity to do so for themselves. The act requires as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision any made on their behalf must be in their best interest and least restrictive.

Mental Capacity Act training was included in the homes training plan and staff demonstrated a good understanding of this topic. Capacity assessments had been completed in relation to people making decisions such as moving into the home and having medicines administered to them. Where people lacked capacity to consent to these arrangements family and other significant people had been involved in the decision making process. Staff had a good understanding of the people they supported and were able to use this knowledge to help them make day- to- day decisions about their care and lifestyle. For example, one person needed support to dress, but staff put a choice of outfits on a hanger to help them decide what they wanted to wear.

People can only be deprived of their liberty in order to receive care and treatment, which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We saw applications had been made when the provider had assessed a person could be deprived of their liberty. A list was held of any authorised applications as well as the date when the authorisation required review. This helped ensure any authorisations and practice, which could a person of their liberty, remained appropriate and up to date.

People's needs for a balanced diet and to be hydrated were met. People had a range of needs in relation to

their meals, mealtimes and diet and this information was documented and understood by staff. Some people were able to eat independently and others required assistance from staff. We saw most people ate their meals supported by staff in the communal lounge, and although this was a busy time of the day the atmosphere was calm and relaxed. Staff sat alongside people, providing assistance in an unrushed and appropriate manner. We saw some very positive interactions as people were being supported with their lunch. One member of staff was supporting a person with a thickened juice. The staff member was patient and spoke softly and kindly. It appeared the person was unable to communicate verbally, however the staff member knew them well and was able to read the person's expressions and body language to know if they were comfortable and happy with their meal.

Menu plans were available in the dining area and kitchen staff were very familiar with people's likes and dislikes. Risks in relation to people's diet and eating were documented and guidelines were in place to help ensure people were supported appropriately. Where there were concerns about a person's hydration or nutrition needs, people had food and fluid charts completed.

People's health needs were monitored and prompt action taken to address any concerns or changes. To help ensure individual needs were shared with other professionals, a diary of residents health needs was kept, which listed individual needs and requirements in respect of healthcare and each week a GP attended the home and discussed these with staff. This was then recorded in a log for staff to read and action any changes.

We saw prompt action was taken when people became unwell, and when staff raised any concerns about people's health. For example, staff had noted one person had received very low fluid and food intake during a mornings shift, and was refusing to eat any food when supported. This was reported to senior staff and a GP visit arranged.

People lived in a service that continued to be well maintained.

Good

# Is the service caring?

## Our findings

The home continued to provide a caring service for people.

People who could talk to us said they felt well cared for, comments included, "The staff are so good to me. I am making friends here and the staff chat to me, they know where I used to work and talk to me about it. I like watching Emmerdale, so they make sure I get to see it" and another person who had recently been in hospital said, "I couldn't wait to get back here, the staff are so good and friendly to me. I love being here and I missed the guinea pigs on Saturday. I love them sitting on my lap".

Relatives told us their loved ones were well cared for, comments included, "The staff are lovely, always kind. Helpful and caring. [….] tells me staff are nice to them and they are able to have whatever they want" and "I have never heard any of the staff say they can't help".

Staff said, "The ethos of the home is to make it as homely as possible for people. There is a very open culture, we are all responsible for a certain number of people, but we get to know the needs, likes and dislikes of everyone".

We saw many examples of support being delivered with compassion by staff who knew people well and understood their needs. Some people due to living with dementia showed signs of being confused and disorientated. We saw staff were attentive to people's needs and responded promptly and sensitively when people became agitated or distressed. For example, one staff member comforted a person who was asking where her husband was and why they couldn't go home. Although the person asked the same question a number of times the staff member remained gentle and sensitive in their responses. Another person was concerned about their son and a member of staff provided reassurance and reorientation which appeared to make the resident feel better.

All the staff we spoke to said they loved working in the home. This was evident in the way they went about their work. We saw staff acknowledge people as they worked with comments such as, "Good morning", "How are you today", "You look lovely". Staff smiled as they worked and went about their tasks in a calm and unrushed manner. Despite the number of people in the home, and the layout, which meant people were mainly supported in one area, these staff interactions and behaviors helped create a warm, relaxed and friendly environment.

Staff got to know people and supported them in a way that made them feel they mattered. For example, we heard one member of staff reminiscing with a person about their job as a shoemaker. The staff member listened in a way that showed they were really interested and in turn the person was responsive and able to contribute to the conversation.

People's privacy and dignity was promoted and respected. We saw staff knocking on people's bedroom doors and waited before entering. Privacy screens were available in shared bedrooms as well as outside some communal bathrooms to help ensure people's privacy when personal care was being provided.

Visiting healthcare professionals said staff ensured they were able to meet with people and deliver any care and treatment in private.

People were supported to express their views and were involved whenever possible in decisions about their care and support. People had their needs reviewed monthly or more often if their care needs changed, and relatives and other significant people were involved in this process. The electronic care planning system allowed relatives to add information about their loved ones as and when they wanted. The registered manager said this was a particularly useful way of relatives sharing important information as people's memory declined.

Staff undertook training to ensure they had the skills required to provide appropriate and dignified end of life care. Some senior staff had completed further specialised training in this area of care, and held the role of 'End of Life' champions' providing advice and guidance to staff when required.

Good

# Is the service responsive?

## Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs.

When people considered moving into the home, a pre-admission assessment was completed. This helped people, their relatives and the provider make an informed decision about the appropriateness of the placement. Once people had moved in a full assessment was undertaken and a care plan developed for the person and the service. Care plans are a tool used to inform and direct staff about people's health and social care needs.

People's care records were held electronically and covered a range of information relating to people's health and social care needs. At the time of the inspection the electronic system was new and had replaced paper records. Therefore, some of the information was still being updated and transferred. All the staff we spoke to were familiar with people's needs and said information and guidelines were clear and easy to access. Care plans were personalised and included information about how people chose and preferred to be supported.

Systems were in place to help ensure information about people's needs remained accurate and up to date. Daily handover meetings took place which allowed any new information to be shared between the staff team. Support plans were regularly reviewed and updated as needs changed.

Information had been documented about people's backgrounds and interests and opportunities were available for people to occupy their time and to stimulate memory and discussion. An activities coordinator worked in the home five days each week, and was responsible for planning and delivering group and individual activities and events. We saw much thought had been given to creating a stimulating and interesting environment. Local schools had provided art work and these were displayed around the communal parts of the homes. Different colours and wall designs had been used to separate communal areas and to create either a relaxing or more stimulating area for people to sit. A 1950's area had been created in part of the communal hallway, with old fashioned seating, décor and furnishings to help people reminisce.

We saw the activities co-ordinator sat with one person showing them the contents of an old suitcase. The case contained objects the person may recognise such as a spinning top, a crocheted mat and an old fashioned toy car. We heard another staff member talk to a person about their memories of dolly pegs and how they used to turn them into miniature dolls. These interactions clearly pleased people as they smiled and looked to the staff member for more objects and friendly chat.

The activities coordinator told us about a range of group and individual activities provided to people, "We provide music, and sing a longs as well as people bringing in pets. Guinea pigs are a big favourite with most people as they curl up on their laps and it is very calming and relaxing for people. We also get visits from other petting organisations including Greyhounds, Donkeys and Owls. Once I get to know people I can tailor activities to their likes wherever possible. As people's condition deteriorates those needs change as well. I do

a lot more one to one activities now. One lady used to love bingo, but now on a one to one I play picture bingo with her". During the afternoon of the second inspection day a man bought in a specially trained Greyhound for people to pet. Several people allowed the dog to rest its head on their lap and visibly relaxed, whilst they stroked and commented on their canine visitor.

A complaints procedure was available and a copy was posted on the notice board within the main entrance. The registered manager said they hadn't received any formal complaints since the last inspection, but always documented even minor concerns to demonstrate they have listened and dealt with issues before they escalated. Relatives said they had never really had to complain, but trusted any issues would be dealt with promptly by the staff and management. A complaints and compliments box was also available in the entrance area, which provided people with an additional facility to raise any issues.

Good

# Is the service well-led?

## Our findings

The service continued to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider and registered manager were present in the home throughout the inspection. People and staff clearly knew the management team well, and were happy to chat with them as they worked and walked around the home.

Staff were committed to wanting to provide a good quality service that met people's needs and enhanced their well-being and independence. Staff were clear about their roles and responsibilities, and said they were listened to and felt valued members of a team. Tasks and responsibilities were delegated amongst the staff team. The registered manager said this was an effective way of running the service well, and further ensuring skills and information was shared across the service. For example, individual staff members had responsibilities and specific skills in relation to tissue viability, oral health, continence and dementia care.

Staff said the manager and provider were very supportive, approachable and open to ideas about practice and improving the quality of the service. Comments included, "The culture here is open and we can raise issues and know they will be taken seriously", "I have made suggestions about improvements and they have been taken seriously" and "I think we are really lucky here. We can approach the supervisors, managers and owner about anything. They build excellent relationships with the people, their families and staff. They lead by example and really care about people and their well-being".

We found records were mainly well organised and easy to access. However, the service was in the process of transferring paper documents onto an electronic system, therefore we were unable to see the new system fully embedded and operating. It was noted that some of the homes policies and procedures relating to medicines were disorganised and difficult to access. We spoke to the registered manager about this and they told us they would address this as a matter of priority. The day after the inspection the provider sent written confirmation that policies and procedures had been organised to ensure they could be understood and accessed when required.

The provider and registered manager updated their own professional practice by attending relevant training and local care home forums. The registered manager had recently given a presentation at Plymouth University to undergraduates about the care sector. The service had been awarded a The Dementia Quality Mark in 2016, and the award was displayed in the entrance to the home. This aims to reassure people choosing services that the care being given meets the needs of people with Dementia. The Dementia Quality Mark also sets standards, which those providing services can aspire to.

The quality of the service continued to be monitored. A range of audits were undertaken, as well as spot

checks by the registered manager and provider.