Drumconner Homes Limited (Bournemouth)

Drumconner Care Home

Inspection report

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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

Overall summary

The inspection visit took place on 19 and 21 August and was unannounced.

Drumconner is a care home service with nursing. The home is registered to accommodate up to 36 people. There are two lounges, a dining room and a garden for people to enjoy.

There was a registered manager in place. 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.

At the last inspection on 9 July 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There were 35 people living in the home at the time of our inspection. People who lived at the home told us they

Summary of findings

felt safe and secure with staff to support them. People's care and support needs had been assessed before they moved into the home. Care records contained details of people's preferences, interests, likes and dislikes.

Staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. All checks that were required had been completed prior to staff commencing work.

Medicine was dispensed and administered in a safe manner. The staff member responsible for administering medication dealt with one person at a time to minimise risks associated with this process. We discussed training and found all staff responsible for administering medicines had received formal medication training to ensure they were confident and competent to give medication to people.

People were asked for their consent before care was provided. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us there were always staff available to help them when needed.

Staff were provided with relevant induction training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people. This took into account their dietary needs and preferences so that their health was promoted and choices respected.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

People participated in a range of daily activities both in and outside of the home that were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives and others had been asked their opinion via surveys, the results of these were in the process of being audited to identify any areas for improvement.

Summary of findings

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.

Risks to people were assessed and reviewed and staff understood how

to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Staff were recruited in a way that ensured people's safety.

Arrangements were in place to ensure that medicines were managed safely.

Good 

Is the service effective?
The service was effective.

Staff received training and support for their roles and were competent to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

People had access to healthcare professionals such as doctors and chiropodists.

Good 

Is the service caring?
The service was caring.

Staff were respectful and understood the importance of promoting people's privacy and dignity.

People were supported to maintain relationships with friends and family.

People were supported during the end of their lives.

Good 

Is the service responsive?
The service was responsive.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in organised activities .

The provider had a complaints procedure, which was followed.

Good 

Is the service well-led?
The service was well led.

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

Good 

Summary of findings

There were systems in place for assessing and monitoring the quality of the service provided.

Drumconner Care 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 was 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 unannounced inspection that took place on 19 and 21 August 2015. The inspection was carried out by one inspector and a specialist advisor. We spoke with and met seven people living in the home. Because some people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the notifications we had received from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at six people's care and support records, three people's care monitoring records and medication administration records and documents about how the service was managed. This included four staffing records including recruitment records for four staff, staff rotas, audits, meeting minutes, training records, maintenance records and quality assurance records.

We spoke with the registered manager, and six members of the care staff team.

Good

Is the service safe?

Our findings

People told us they felt safe. A visitor told us their relative was well cared for and they were reassured that when they left the home their relative was kept safe. One person told us, "Yes I feel safe here." Another person told us, "Yes I feel safe, I wasn't safe living at home anymore."

The registered manager had a good understanding of their safeguarding role and responsibilities. They told us they had a good rapport with the local authority and worked well with them in matters relating to any safeguarding issues. Referrals were made to the local authority in a timely way to safeguard people living in the home. We saw that the provider kept copies of all investigations and outcomes. All staff members had been trained in safeguarding adults. Staff were able to describe the signs that a person may show if they had experienced abuse and the action they would take in response. They knew how to raise their concerns with the manager and felt confident that if they did raise concerns action would be taken to keep people safe in line with the provider's safeguarding process.

The provider identified and managed risks appropriately. Each person's care plan included a personalised set of risk assessments that identified the potential hazards the person may face. For example, care plans contained clear instructions for staff about what moving and handling equipment they should use to transfer certain individuals and how it should be used. Other people's care plans detailed how conditions such as epilepsy and diabetes were managed and actions staff should take in a medical emergency. Staff had a good understanding of the risks that people living in the home faced and how these were managed.

There were arrangements in place to deal with emergencies. The provider had developed risk assessments and contingency plans for people, visitors and staff to follow in the event of an unforeseen emergency, such as a fire. We saw that the provider had a reciprocal arrangement with a neighbouring home. Records showed that staff had also received training in basic first aid. Staff demonstrated a good understanding of their fire safety roles and responsibilities. We saw that fire training and fire drills took place in the home. People living in the home had personalised emergency evacuations procedures in place (PEEPs) in place.

Staffing rotas showed that staff on duty in the morning consisted of a registered nurse and eight care staff. In the afternoon there was a registered nurse and six care staff. At night-time there were was one registered nurse on duty and three care staff. Other staff included the registered manager, domestic staff, activities co-ordinator, receptionist and chef. The registered manager explained that staffing levels were adjusted on an on-going basis depending on people's care needs. On the day of the inspection we saw there were sufficient staff on duty and most people we spoke with including staff, confirmed this. One person told us that sometimes staff were rushed which meant that attention to detail was lost.

Recruitment of staff was undertaken to promote people's safety. Application forms recorded the names of two employment referees, proof of identification, a declaration as to whether they had a criminal conviction and the person's employment history. Prior to the person commencing work at the home, checks had been undertaken to ensure that they were suitable to work as a care worker, such as references, a Disclosure and Barring Service (DBS) check. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. Thorough interviews were recorded on an interview form.

The home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting, was regularly checked and serviced in accordance with the manufacturer's guidelines.

There were some processes in place to manage risk from Legionella which included the running of infrequently used taps. However a test to check for the presence of Legionella had not been conducted. This was an area for improvement. Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. The registered manager told us that they would arrange for a Legionella test to take place.

People told us they received their prescribed medicines on time. We spoke with two nurses about their understanding

Good

Is the service safe?

of people's medicines. Their knowledge was good and up to date. For example, they were able to describe the special circumstances under which some medicines should be given and at what times.

We looked at medicines management and administration at the home. The temperature of the medicines room was recorded daily in a book which also recorded the refrigerator temperatures. This book was complete and up to date. In addition, the room had a weekly cleaning rota which ensured refrigerators and cupboards were well organised and clean. The provider had an effective system of ordering new stock and generally was not over stocked for any medicine. A medicines disposals book was maintained and products for disposal were stored safely.

We looked at the provider's medicines records and storage and monitoring systems in use at the home. These met legislative and regulatory requirements. We checked the stock levels of several medicines and found the recorded details were correct. Two nurses told us they had received medicines training during the past year and both said they had been competency assessed by the manager during the previous three months. Staff were able to access information on medicines they were administering as a copy of The British National Formulary (2015) was provided. The provider's Medicines Policy was current and up to date.

We observed a nurse undertaking the medicines administration round at the home. They approached people in a professional and caring manner and they explained what the medicine was for, asking for people's consent, or their agreement before dispensing the medicine and then waited for the person to swallow the medicine. They did not rush people and seemed to have a good rapport with them.

We found that 10 people who lived at the home had been prescribed Paracetamol 'when required' (PRN). Thirteen other people had been prescribed other PRN medicine, however none of these had PRN care plans or protocols. According to NICE Guidance (The Management of Medicines in Care Homes, 2014) PRN care plans are an important part of ensuring people receive the medicine they have been prescribed as and when they need it through written guidance. We spoke with the Registered Manager about this who told us they would implement this straight away. Following our inspection the registered manager wrote to us evidencing copies of these.

Pain assessments were in place at the home, however these were not regularly used We discussed this with the registered manager who told us that they would implement pain assessments to be used for people who could not express pain. Following our inspection the registered manager wrote to us confirming that pain assessments had been implemented and staff would receive training in the use of these.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained. They said staff had the right knowledge, skills and experience to meet their needs. One person told us, "I think the staff are well trained, they certainly know what they are doing." Another person told us "I have never thought about it really, but I think they are well trained."

It was mandatory for all new staff to complete an induction, which included shadowing experienced members of staff. We spoke to one member of staff who hadn't worked in a caring role prior to working in the home. They told us that they received a full induction and training. They also shadowed an experienced member of staff before they felt comfortable enough to provide their duties on their own. Staff had regular opportunities to refresh their existing knowledge and skills.

All staff received regular supervision and an annual appraisal. These processes gave staff formal support from a senior colleague who reviewed their performance and identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the home.

People were encouraged to make decisions for themselves and options were explained to them clearly. Staff told us they encouraged people to make choices such as meals, drinks, activities and what time to get up and go to bed.

Staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for decision-specific assessments of people's capacity to make those decisions. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals. Staff knew how to support people to make decisions and were clear about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. We looked at staff training records that showed that staff had completed training in the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply care homes. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. Where appropriate, the registered manager had applied to authorise the use of DoLS. Staff had a good understanding of DoLS and how this affected a person's care.

Some people were living with dementia. We found that in parts of the home there was a lack of signage to enable people to orientate themselves. We discussed this with the registered manager who told us that they would explore this.

The home had a menu that changed on a monthly basis. There was a chef who prepared and cooked people's meals. We spoke with the chef who told us that they were looking to introduce a new summer menu. They were able to tell us about people's individual dietary needs and preferences, and allergies. For example, they were able to explain how they catered for a person with diabetes.

People had a choice where they ate their meal, for example, in the dining room, living room or their bedroom. One person said, "The food is good, I have a choice." Another person told us, "On the whole the food is good." The dining room tables were nicely set with table cloths and napkins. People were offered a choice of cold drinks and condiments with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. Staff also ate their meals with people in the home. We observed the meal service in both the living room and dining room of the home. Staff gently encouraged and supported a person to eat. This person did not eat all of their main meal and was asked if they would like an alternative. Drinks and snacks were served periodically throughout the day.

Risk assessments had been carried out to check if people were at risk of malnutrition. People's weights were checked at monthly intervals. The registered manager told us that none of the people living the home had pressure sores.

People were supported to maintain their health and had access to healthcare professionals when required. Records reflected various professionals such as the GP, chiropodist visiting people in the home. We spoke with a visiting GP who told us that they felt the home was proactive,

Good

Is the service effective?

communication was good and they had no concerns. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

The provider provided placements for student nurses. The registered manager explained that this had a positive benefit on nursing care in the home as it kept them informed of recent changes or developments in best practice. It was also beneficial to the student nurses as it gave them an opportunity to build on their skills.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person described the staff as “On the whole very nice, they are caring”. Another person said, “The staff are kind and caring, they listen to me”.

Staff had a good understanding of people’s needs, their personal preferences and the way they liked to be cared for. For example, staff knew how one person liked to dress and activities they enjoyed. People’s life histories and personal preferences were recorded in their care plans.

All staff knocked on people’s bedroom doors, announced themselves and waited before entering. People’s privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. Staff we spoke with were able to give us examples of how they promoted people’s privacy and dignity, for example, closing doors and ensuring towels were used to cover people when assisting them with personal care.

People were encouraged them to maintain relationships with their friends and family. The atmosphere within the home was calm throughout the time we spent in there. Staff were courteous to people.

Staff were respectful and caring in their approach to supporting people. Where people needed assistance staff sought their permission before assisting them, explained what they were doing and offered reassurance throughout the task. Staff did not rush people and responded when people asked for assistance as quickly as they could.

We observed one person who was distressed being reassured by staff. They sat and talked with the person. Staff supported people to move around the home and this was done at the person’s pace. Staff chatted with people as they assisted them.

When people were nearing the end of their life they received care that was compassionate and supportive. People, those who are important to them and appropriate health and social care professionals contributed to their plan of care so that staff knew their wishes and made sure

the person had dignity, comfort and respect at the end of their life. We spoke with one visiting GP who told us that the home was proactive and contacted them for assessments when required. Pastoral visits were also made by the local vicar.

Good

Is the service responsive?

Our findings

People had their needs assessed by the registered manager or a senior member of staff before they moved into the service, to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that a full picture of the person was provided.

People had individual assessments of needs and care plans in place and the service responded to people's changing needs. For example, if a person was assessed as being at risk of pressure sores and needed a special bed or a specialist item of equipment then the provider promptly supplied this.

Each person's plan of care had been reviewed monthly or as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. Staff knew about the changes straight away because the management informed them verbally as well as updating the records. One member of staff told us, "We have regular hand overs and get time to read the care plans." This enabled the staff to adapt to how they supported people to make sure they provided the most appropriate care.

People had a range of activities to participate in. The home employed a dedicated activities coordinator. There was a weekly list of activities on display in the home. Activities included, music and games. During the inspection we observed people having hand massages, playing a group game and a presentation about the Bournemouth Air show which was taking place at the time. We saw people were supported to watch the Red Arrows in the front garden of the home. To prevent social isolation, the activity co-ordinator spent one to one time with people who preferred to stay in

their room. They would spend time together, engaged in various activities. Each person had a life story book which was started by families and then continued by staff and people themselves. Staff told us this helped to promote meaningful communication with people and would stimulate conversation about their life history. Additional activities were planned according to the time of year and included special events, for example Birthdays, Easter and Christmas and summer garden parties. When people went out staff supported them as needed. The activities coordinator told us that the home had a minibus and they would regularly take people out into the community.

The service had a complaints procedure. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. They explained that they used complaints as an opportunity to learn and improve the service. They showed us a recent complaint that was received, the investigation, response and learning from it. Three people we spoke with told us that they had no complaints and if they wished to complain they would speak with the home manager. The service kept copies of compliments received. One relative wrote, 'To Hannah and all the staff at Drumconner. Thank you very much for the lovely birthday setting you provided for [person] on Sunday. It was a big surprise for all of us especially mum. She was quite overcome by all the cake, singing and presents'.

Good

Is the service well-led?

Our findings

The home has 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.

People, relatives and visiting professionals told us the registered manager was visible in the service and we saw her speaking with people and relatives regularly throughout the inspection. One person said, "Things have definitely improved here since Hannah has been manager." A visiting professional told us, "I have been coming to the home for many years. The home is well run, I wouldn't come here if there were any issues."

Staff had positive comments to say about the way the home was managed and the support they received. There was an open door policy and staff felt the management were approachable if they had concerns or suggestions on improving the service. Staff told us that there was an employee of the month scheme operating in the home which provided recognition for the work that they undertook.

Resident/relative's meetings took place on a regular basis. This enabled people to be kept involved in the running of the service. The last meeting took place on 12 June 2015. Topics included a new summer menu, summer party, communication and activities programme.

There were systems in place to monitor the quality of service. An annual survey had recently been completed in June 2015. It included feedback from people, relatives, staff and professionals. We saw that the questionnaires were then analysed and action plans were introduced to address any lower scoring areas. We also noted that updates and actions taken in response to the surveys were discussed at various meetings held following the survey. We reviewed some of the responses that the provider had received. These were mostly positive.

Staff meetings were held to enable staff to discuss issues relevant to their role. The last staff meeting was held on 15 July 2015 and included topics such as training, activities and a key worker system. Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that well-managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of medicines management, care records, health and safety, infection control and food hygiene. These checks were regularly completed and monitored to ensure the effectiveness and quality of the care.

Accidents and incidents were recorded, and a six monthly analysis was undertaken to identify trends or triggers. The registered manager told us about changes that had been made as a result of some of the accidents that happened.

The manager submitted statutory notifications to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies.