

Dr Pepper Care Corporation Limited

Western Rise

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 took place on 9 January 2015 and was unannounced. Western Rise provides care and accommodation for up to 37 people some who are living with dementia and mental health issues. On the day of the inspection 19 people were living in the service. The reduced number was due to building work being carried out in the home where areas were closed for major refurbishment.

The service had 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.

At our inspection in June 2014 we found major breaches of legal requirements. We followed this up in August 2014 and, though we found improvements had been made, the provider was still breaching legal requirements in premises safety, risk assessments, staff training, care practices and planning and did not have a registered

Summary of findings

manager in post. The provider sent us an action plan which explained how they would address the breaches of regulations. At this inspection we found improvements had been made and all actions had been completed.

During the inspection people and staff interacted well with each other. Comments from people included; “staff are kind” and “staff look after me properly.” People said they had the freedom to go out when they wanted. Health and social care professionals spoke highly of the care and support provided by the staff.

People had access to health and social care professionals to ensure they received appropriate care and treatment to meet their mental health needs, such as GPs, community psychiatric nurses (CPNs), social workers and district nurses. Staff followed the guidance provided by professionals to ensure people received the care they needed to remain safe.

People told us they felt safe. People who were able, spoke highly about the care and support they received. One person said, “I feel safe living here, I do, yes.” Care records were personalised and reviewed regularly. Staff responded quickly to people when they became anxious or upset. People were involved in identifying their needs and how they would like to be supported. People’s preferences were sought and respected.

Risks to people’s health and welfare were monitored and managed well. People were supported to remain as independent as possible and to visit the local community. Activities reflected people’s interests and individual hobbies. People received a good choice of nutritious food.

People’s medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely.

The registered manager had sought and acted on advice where they thought people’s freedom was being restricted. This helped to ensure people’s rights were protected. All staff had undertaken training on safeguarding adults from abuse. They displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff described the registered manager as supportive and approachable. Staff talked positively about their jobs. Comments included: “Really nice team working here now” and “really, really happy here”. Health and social care professionals spoke very highly of the registered manager and in particular of the excellent job they had done in updating many areas of the environment and the records.

There were sufficient numbers of suitable staff to support people safely and to provide additional support when needed. Staff completed an induction when they started working in the home, they were appropriately trained, and had the correct skills to carry out their roles effectively. Staff confirmed supervision and staff meetings provided them with support and enabled them to update their knowledge.

There were effective quality assurance systems and complaints procedures in place. Accidents and incidents had been appropriately recorded. Learning from accidents and concerns raised was used to help drive improvements and to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback from people, friends, relatives and staff was encouraged to improve the quality of the service.

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?

This service was safe. There were sufficient numbers of suitable, skilled and experienced staff to support people.

Staff understood how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

People's medicines were managed safely. Medicines were administered as prescribed and people received them on time and understood what they were for.

Risks had been identified and managed well. People were protected and kept safe.

Good



Is the service effective?

The service was effective. People received care and support to meet their individual needs.

Staff had the knowledge and skills to carry out their role effectively.

People's consent to care was sought and acted upon in line with legislation and guidance. Staff had good knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet.

Good



Is the service caring?

The service was caring. People's independence was promoted and their privacy and dignity was respected by staff.

Staff knew people well. Positive caring relationships had been formed between people and the staff team.

People were given choices about their day to day lives and staff enabled people to express their views.

People were involved in the care they received and supported to make decisions.

Health and social care professionals were contacted when required so people received appropriate care and treatment.

Good



Is the service responsive?

The service was responsive.

People's care records were personalised and reflected their individual complex needs. Staff knew how to support people.

People were supported to take part in activities and interests they enjoyed.

People's complaints or concerns were taken seriously and addressed to their satisfaction.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was an experienced registered manager in post who was approachable and respected by all.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt able to discuss concerns with the registered manager.

Quality assurance systems and regular audits were in place and monitored to drive improvements to the service and care provided.

Western Rise

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.

The inspection was undertaken by two inspectors on 9 January 2015 and was unannounced.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people who lived at the home, one relative and one visiting friend, the provider, the registered manager and seven members of staff. We also spoke with six professionals including district nurses and court of protection staff who had all supported people within the home.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at six records related to people's individual care needs, seven records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

We inspected Western Rise in June 2014 and found major breaches of legal requirements, including staffing levels, people being locked in their bedrooms and the management of medicines. We followed this inspection up on 5 August 2014 and found improvements had been made. However some breaches of legal requirements remained about premises safety and risk assessments. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People told us they felt safe living in Western Rise. Comments included; “I feel safe living here, I do, yes.” A relative said; “yes, he’s safe here. No problems”. Health and social care professionals said people were now safe living at Western Rise. A recent survey conducted by the provider highlighted people rated their protection as a main reason they liked living at the service.

Staff had received and were up to date with safeguarding training. Staff were confident they knew how to recognise signs of abuse. They said any reported signs of suspected abuse would be taken seriously and investigated thoroughly. The registered manager confirmed, following investigation, staff dismissals had taken place as a result of staff having raised concerns about colleague’s poor care practices. Staff confirmed immediate action was taken, this included contacting the local safeguarding team for advice. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

There were enough skilled and competent staff to ensure the safety of people. Staffing numbers had increased as the occupancy of the home increased and due to the complex needs of people living in the service. Care and support was given to people in a timely manner. For example, people who became upset or confused received prompt attention from staff and this was given in a caring and compassionate manner

People who were able, told us they felt there were sufficient numbers of staff on duty to meet their needs and keep them safe. Staff said there were enough staff on duty to support people. Many new staff had been employed since the last inspection and this had a positive effect on the service.

People had risk assessments and clear protocols in place to keep them safe. These had been personalised to each individual and covered areas such as going to local shops alone. Each assessment had clear guidance for staff to follow to ensure people remained safe. Incident recordings confirmed the staff reviewed incidents and made changes to ensure they did not re-occur. The registered manager informed us they liaised with mental health services to support people who displayed behaviour that may challenge the staff to ensure people were kept safe.

People living in the home may be at risk of harm due to their individual needs. Each person’s risks were managed well and people’s behaviour was monitored to ensure they were safe. Staff told us they had received training in how to support people whose behaviour might challenge them. Staff managed each person’s behaviour differently and this was recorded into individual care plans. Clear instructions informed staff what might trigger certain behaviours and what staff could do to support the person to keep them and others safe. During our visit the registered manager and staff responded quickly to an incident and supported each other to manage the situation, which was promptly brought to a safe conclusion. Our conversations with staff confirmed that guidance had been followed.

People received their medicines as prescribed. They were managed well, stored and disposed of safely. Staff received appropriate training and confirmed they understood the importance of safe administration and management of medicines. We observed a medicines round which showed staff were knowledgeable with regard to people’s individual needs related to medicines. Medicines Administration Records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and stock control was managed well with clear records on what medicines were held in the home. Body maps were used to indicate the precise area creams should be applied and contained information to inform staff of the frequency at which they should be applied.

The provider had upgraded some areas of the service. However some areas remained unsafe and therefore currently unoccupied. The provider had secured these areas and had plans in place to upgrade them and make them safe. The occupied areas of the building had been improved and were safe. Fire safety checks including testing smoke alarms and evacuation drills were carried out to ensure people and staff knew what to do in the event

Is the service safe?

of a fire. Everyone had a personal evacuation plan in place so that staff knew what assistance each person needed to leave the building in the event of an emergency, such as fire.

The manager kept relevant agencies informed of incidents and significant events as they occurred. We observed the

registered manager contacted the local authority about the incident that occurred during our visit. This was to pass on details and request advice on the incident to help keep people safe.

Is the service effective?

Our findings

We inspected Western Rise in June 2014 and found major breaches of legal requirements, including the poor condition of the premises, lack of staff training and people not consenting to their care. We followed this inspection up on 5 August 2014 and found improvements had been made. However some breaches of legal requirements remained about staff training. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People said they were supported by skilled staff who had the knowledge to effectively meet their needs. People said; “Staff look after me properly.” One person was observed being moved using a hoist. Staff reassured this person throughout the move. Health and social care professionals agreed that staffs knowledge about people they cared for had improved and was very good. They went on to say they communicated with them well and the home was very good.

The registered manager ensured all staff completed an induction programme, which included shadowing experienced staff. They ensured all staff had completed all the appropriate training courses and had the correct skills and knowledge to effectively meet people’s needs. For example staff had completed Level 1 and Level 2 Mental Health Awareness. This was a 16 week course covering the Mental Health Act, understanding schizophrenia and psychosis. The service received training and support from the local authority mental health service in managing people’s behaviour, drawing up behaviour plans and how to minimise and manage individual’s behaviour. Ongoing training was planned to support staff. Updates where required had been booked, for example dementia care. Staff confirmed one to one supervision and appraisals were completed. They stated that this, along with team meetings, provided opportunities to discuss issues of concern, highlight areas where support was needed, and encourage ideas on how the service could improve. Staff told us; “Plenty of training- really nice team working here now” and “I’m really, really happy here.”

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain

time. 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, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

The registered manager had a good knowledge of their responsibilities with regards to DoLS and confirmed that, where some people were restricted from leaving the home to keep them safe, a DoLS application was either in place or in progress. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Applications recorded the people involved in the decision making. Staff were aware of people’s legal status.

Some people had their finances managed by the local authority. During our inspection the local authority’s Court of Protection team visited the home to discuss people’s finances and check how people’s money was spent. Records showed the staff recorded expenditure with receipts held. We spoke to the Court of Protection team who were happy with the way the staff managed people’s finances.

Staff had received training in MCA and DoLS and had a good understanding of the main principles and the importance of gaining people’s consent to the care and treatment they received. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes highlighted where people had been given choice and encouraged to make decisions for themselves and evidenced where people had given their consent. A staff member told us how they gave people time and encouraged them to make simple day to day decisions. For example, what a person would like to drink. The registered manager knew when to involve others who had the legal responsibility to make decisions on people’s behalf. However, when it came to more complex decisions such as people’s finances, they explained a professional body would be consulted. This helped to ensure actions were carried out in line with legislation and in the person’s best interests.

People were provided with a choice of nutritious food. They told us they could ask for what they wanted at any time. Drinks and snacks were available at any time. We saw

Is the service effective?

people had breakfast at their leisure. People were involved as much as possible in decisions about what they would like to eat and drink. The cook said menus were planned after discussions with people on the food they enjoyed.

Records detailed people's likes and dislikes and staff encouraged people to eat a healthy balanced diet. We observed one person requesting and receiving a different main course from what was served. We observed staff assisting people during lunch. There was a relaxed atmosphere and people who needed assistance were given support and nobody was rushed to eat or finish their meal.

People who required nursing care were supported and visited by the local district nurse team. For example, people

who required a regular injection or required a wound to be dressed. The district nurse who visited during our inspection made many positive comments about the staff. This included how the staff and registered manager contacted them promptly in response to people's changing health care needs.

We saw people's placements were reviewed with the involvement of health and social care professionals. For example, the local mental health team. Health and social care professionals visited the service frequently and confirmed the registered manager and staff sought and followed their advice when they had concerns about people.

Is the service caring?

Our findings

We inspected Western Rise in June 2014 and found major breaches of legal requirements including people's well-being not being monitored and acted upon. For example people looked unkempt and people were not referred to GPs when it was noted they were unwell. We followed this inspection up on 5 August 2014 and found improvements had been made. However some breaches of legal requirements remained about involving people. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People were supported by staff who were kind and caring. We observed staff speaking with people in a nice and appropriate manner. The health and social care professionals who visited during our inspection told us they were pleased with the care their clients received. They told us they felt staff were caring and commented about the welcome they received. These professionals went on to say how much the care had improved and they had seen staff being kind to people.

People were supported to express their views and be involved in making decisions about their care, treatment and support. Staff said they were able to spend time with people and involved them in their care planning for example by asking them how they liked their care needs met. Care plans were personalised and reflected people's wishes. Staff said they got to know people through reading their care plans and were given the time to do this. Staff knew what was important to the people they supported such as their personal care needs and about people that mattered to them. Staff knew the people they cared for and they were able to tell us about people's likes and dislikes. The information received matched what was recorded in people's care plans. Staff commented; "We get the chance to sit and talk to people to learn all about them."

Throughout the inspection we saw staff interacted with people in a friendly professional manner. We saw staff were patient in their interactions and took time to listen and observe people's verbal and non-verbal communication. We saw a person guide a staff member to the kitchen door by their hand. The staff member told us this meant the person would like something to eat and or drink. The person was given various options of food and drink. The person happily made their choice and indicated what they wanted.

People looked comfortable and relaxed with plenty of positive interaction between people and staff. We saw people talking with staff and some laughing and joking with staff.

Staff took time to speak with people, showed compassion, kindness and were thoughtful. For example, when people became upset or distressed time was taken to reassure people of their anxieties, and after these conversations people became less anxious.

People were able to decide what time they got up and how they spent their day. Staff respected people's preferences and responded to any requests people made for example, assistance with personal care.

People's privacy and dignity were respected and personal care was provided in the privacy of people's rooms. For example people were able to lock their own bedroom door. People spent time in both communal areas and the privacy of their own bedrooms. One person said; "When I want peace and quiet I go to my room."

Relatives and friends were free to visit without unnecessary restriction. A relative told us they were always made to feel welcome and could visit at any time. Health and social care professionals stated they always received a lovely welcome when they arrived. The registered manager told us that friends, professionals and family could visit at any time.

Is the service responsive?

Our findings

We inspected Western Rise in June 2014 and found major breaches of legal requirements, including lack of care planning, reviews and concerns about people being isolated. We followed this inspection up on 5 August 2014 and found improvements had been made. However some breaches of legal requirements remained about people's care planning. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

People received care and support that was personalised and responsive to their individual and often complex mental health needs. Many improvements had been made since our last inspection. There was now appropriate documentation in place to provide the staff with information on how best to support people in the way they wished.

People's individual needs had been assessed prior to admission and comprehensive care plans developed as people settled into the home and their needs changed. Records showed people, their relatives and friends, and health and social care professionals were involved in this process to help ensure the staff could meet people's complex needs.

People's records were well organised and were regularly reviewed and updated. Records detailed people's needs in relation to personal care, activities they enjoyed and any restriction on their movements. Individual preferences were documented. For example, people's preferred names, their faith, allergies and any health and social care professionals involved in their care. A visitor confirmed their friend had a visit from members of the local church. Staff confirmed, where possible, care plans had been put together with the person concerned and with staff, who knew the person well. For example, people's designated care worker.

People were supported by staff who responded appropriately to any changes in their needs. For example, one person who was living with dementia displayed behaviour that had become more challenging to staff. Staff had taken advice from health and social care professionals to assist this person. Their condition was monitored and

regular updates were discussed with their GP. People's care plans were updated to reflect people's change in needs to ensure staff knew how to respond appropriately. A visitor commented how their friend had been moved to a ground floor room due to their changing needs.

People were encouraged to take part in activities and records detailed which activities people enjoyed. Staff said they provided activities that people either asked for or they knew from experience they enjoyed. People who were more independent enjoyed participating with household tasks such as laying the table and told us this helped them feel like they were at home. We saw people used different ways to relax. This included chatting to visiting family, going out either by themselves or with visitors, and undertaking tasks with staff support.

People told us they were supported to maintain relationships with family and friends. For example, one person had a friend who visited most days and had a meal with this person at the service. Relatives and professionals confirmed they felt welcomed at the home and were kept informed of the well-being of the person they were visiting.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in the home. People knew who to contact if they needed to raise a concern or make a complaint and were confident any concerns or complaints would be listened to and acted upon. For example by the registered manager or provider. Health care professionals felt the staff would deal with any concerns they raised promptly.

The registered manager told us people were encouraged to raise concerns at any time either verbally or during meetings. Any concerns raised would be thoroughly investigated and then fed back to staff so learning could be achieved and improvements made. The registered manager told us "We deal with a lot of every day concerns - it is often due to people's current mental health need - but we always will take it seriously and look into it." One visiting professional told us the last time they visited someone, the person had complained their room was cold. They went on to confirm that, when this was raised with the staff, a blow heater was provided for the person's bedroom.

Is the service well-led?

Our findings

We inspected Western Rise in June 2014 and found major breaches of legal requirements including no updated policies and procedures, no audits including maintenance of the building or repair planning. We followed this inspection up on 5 August 2014 and found improvements had been made. However some breaches of legal requirements remained about involving people and no registered manager in post. The provider sent us an action plan detailing how they would make improvements and these actions have been completed.

The service was managed effectively and had clear values including personalised and individual care and enabling people to be as independent as possible. These values were incorporated into staff training and induction. The registered manager told us, “We pride ourselves on the individual care we give people.”

The service now had a suitably qualified and experienced registered manager in post who was in day to day control of the service. The provider and the registered manager took an active role within the running of the home and had a good knowledge of people and the staff. There were clear lines of responsibility and accountability within the management structure. For example the service had employed new staff and senior staff had been appointed to work alongside care staff to monitor their work practices. The registered manager had notified us of significant events which had occurred in line with their legal obligations. Comments from staff included; “Good feedback from the management about my work” and “She (the registered manager) is very approachable - I can go to her with anything and at any time.”

They registered manager told us about the improvements they had made to the service since the last inspection. However, she stated there was still some work in progress, in particular to the environment. The registered manager, with staff support, had achieved the “Dignity Challenge” award. This was awarded to services that displayed a “high quality service that respects people’s dignity”. The registered manager was proud of achieving the “Purple Angel Award”. This was awarded by the Torbay Dementia Alliance for commitment and engagement with a Dementia Project which is recognised locally and nationally.

Health and social care professionals confirmed that communication was excellent with the registered manager and the staff team. They told us the registered manager and staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

A health and social care professional remarked about the major improvements within the home including the way the home was managed. They discussed with the registered manager about admitting additional people to their care as they were so pleased with the all-round improvements. All visiting health and social care professionals spoke very highly of the registered manager and the work they had put in, to bring the home up to a good standard.

Information was used to support learning and improve the quality of the service. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice and gave the staff an opportunity to discuss any issues, for example training. The home had a whistle-blowers policy to support and protect staff.

The registered manager undertook audits to check the quality of service provision. This included checking the quality of care records and completing regular audits including environmental checks.

There was a quality assurance system in place to drive continuous improvement within the service. For example health and safety reviews looked at significant events and incidents that affected the well-being of people. Audits were carried out in line with policies and procedures. Surveys were sent to people, relatives, staff and health and social care professionals. These covered all aspects of the service provided. For example suggestions had been made on ways to improve the environment. We saw people now had access to an outside area to enjoy. A professional recorded; “The home has changed a lot since my last visit over six months ago - the atmosphere is happy and very calm.”

Staff were aware of the importance of recording accidents and incidents. They knew the reporting processes and escalated concerns to the registered manager. For example the major incident occurrence was well documented and recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.