

Coastal Care Homes Limited

Bishopsteignton House

Inspection report

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Bishopsteignton
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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

About the service: Bishopsteignton House is a care home registered to provide accommodation with personal care for up to 27 people. The service is intended for older people and does not provide nursing care. 22 people were living at the home at the time of the inspection.

People's experience of using this service:

Without exception all the people and relatives we spoke with praised the home. One person said the registered manager was "very nice" and "approachable" and a relative described the home as "excellent, first class".

People felt safe and well cared for. People's preferences were respected and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.

There were sufficient numbers of staff employed to ensure people's needs were met. Recruitment practices were safe and staff were well-trained.

Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Staff were aware of their responsibilities to safeguard people.

Some care plans required more detail about people's abilities and preferences in relation to how they wished to be supported with their personal hygiene needs.

People received their medicines safely and as prescribed. Medicine management practices were safe.

Some people and relatives said they would like to see more social activities arranged and the registered manager said they would review this.

The environment was safe and equipment regularly serviced to ensure it remained in safe working order.

Quality assurance processes undertaken by the registered manager and the provider ensured people received high quality care that met their needs and respected their preferences. People and their relatives were involved in making decisions about their care.

Rating at last inspection: Good. The last inspection report was published on 8 August 2016

Why we inspected: This was a planned inspection based on the rating at the last inspection. The home remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received 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?

Good ●

The service remains safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led.

Details are in our Well-Led findings below.

Bishopsteignton House

Detailed findings

Background to this inspection

The 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

Inspection team: One adult social care inspector, one assistant inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For this inspection, the expert by experience was experienced in the care needs of older people and those living with dementia.

Service and service type: Bishopsteignton House is a care home registered to provide accommodation with personal care for up to 27 people. The service is intended for older people and does not provide nursing care. Where nursing care is required this is provided by the local community nursing team. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: The inspection was unannounced.

What we did: Before our inspection we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the home. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. Prior to the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the home including what the home does well, and any improvements they plan to make in the future. We also gathered information from the local authority and the community nursing team.

This information was reviewed and used to assist with our inspection.

During the inspection we met all 22 people living in the home and spoke in detail with 12 people. We also spoke with four relatives, five staff, the registered manager, the provider and their area manager. We reviewed the care records for three people with complex support needs as well as how the service managed people's medicines. We also looked at records relating to the management of the service, including three staff personnel files, staff training records, complaints records and quality assurance audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People and relatives told us the home was managed in a way that protected their safety. People's comments included, "I love it here. It's a good place" and a relative told us their relation was "definitely" safe living at the home.
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns over people's safety and well-being. Where concerns had been raised these were fully recorded and had been dealt with appropriately.
- Recruitment practices remained safe with pre-employment checks, including disclosure and barring (police) checks, carried out prior to the commencement of employment.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care, choking and nutrition. Management plans guided staff to support people in a way that mitigated risks. Records showed that where necessary, specialist advice from healthcare professionals was sought.
- Equipment used to support people's care, such as hoists were regularly serviced to ensure they remained in safe working order.
- Fire safety precautions were managed well.

Using medicines safely:

- Medicines were managed safely and people received their medicines as prescribed. Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people were safe to continue to manage their own medicines this was supported.
- There were safe arrangements to receive, store and dispose of medicines.

Preventing and controlling infection:

- The home was clean, tidy and odour-free.
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Staffing levels:

- Sufficient numbers of care staff were available to meet people's needs.
- People told us the staff respond promptly when they called for assistance. One person said, "They help me straightaway" and another said, "It's a fairly quick response. If you ring in the morning when they are doing the breakfast round you have to wait a bit longer."

- Staffing levels were calculated according to people's dependencies and were kept under review.
- The home also employed housekeeping, laundry and catering staff.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The provider and registered manager used people's feedback and reviews of accidents to make improvements to the home.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care needs assessments identified people's needs and provided staff with guidance about how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition and skin care.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- Good communication between care staff meant people's needs were well known and understood within the team.

Staff support; induction, training, skills and experience:

- Staff received the training and support they required to do their job. People and relatives said they felt the staff were skilled and knowledgeable
- New staff were provided with induction training and supported to undertake the Care Certificate.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.

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

- People had choice and access to sufficient food and drink throughout the day.
- People told us they enjoyed the food. One person said, "The food is very nice. There's a couple of choices at lunchtime." A relative told us, "She loves cheese, and the chef makes things specially. They acknowledge what she likes, there are choices of food."
- Support was provided for people to be as independent as possible with eating and drinking. For example, some people used adaptive crockery and cutlery.
- People at risk of not eating and drinking enough to maintain their health, were provided with nutritionally enhanced food and drinks. Their intake was monitored and professional guidance sought if necessary.

Supporting people to live healthier lives, access healthcare services and support:

- People's healthcare needs were being met. Records showed referrals were made to the GP and community nursing services when required. People had opportunities to see a dentist or optician regularly or when needed.
- The community nurses told us staff kept them up to date with people's care needs. They said staff provided a good level of care for people at risk of skin breakdown and always followed the guidance they were given.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for.

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

- The home was spacious and well maintained. The lounge room and a dining room were on the ground floor and had views over the pleasant gardens. Patio doors provided access to the garden.
- Toilets and bathrooms were adapted to the needs of people with reduced mobility.
- A passenger lift, as well as stair lifts, provided access to the upper floor.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported: equality and diversity:

- People were happy in the home and treated with kindness and compassion by the staff. One person said, "They're wonderful" and another said, "The helpers are jolly nice, they are lovely."
- Relatives were also positive about their relationship with the staff: one described them as "tremendous".
- Our observations showed staff were kind, caring, friendly and attentive.

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

- People were encouraged to express their views about their care and support and this was listened to and acted upon by the registered manager and staff.
- People told us they were involved in making decisions about their care and this was reflected in the care records we reviewed.
- The home guided people to advocacy services where they could receive independent advice.
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed and people told us staff knocked and wait for an answer before entering. One person said, "They always knock before they come into my room."
- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality.
- People were supported to maintain and develop relationships with those close to them. Relatives were invited to spend as long as they wished with people and were able to have meals with them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care and support in a way that was flexible and responsive to their needs.
- Staff knew people well and were able to describe their likes, dislikes and preferences.
- Staff were aware of people's past history and used this information to tailor their support for people.
- Care plans provided staff with descriptions of people's care needs, however some required more information about people's abilities and how they wished to be supported with their personal hygiene needs. The registered manager said they would ensure these were more fully completed.
- Care needs were regularly reviewed with people and their relatives. Good communication systems ensured staff were informed of any changes in people's care needs and the support they required.
- People's communication needs were identified and staff were guided to ensure people had their hearing aids and glasses to support their communication. Where people's verbal communication was limited, staff were guided about people's non-verbal behaviour and what this meant.
- The home was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
- Some people and relatives said they would like to see more activities in the home. One person said, "I enjoy the quiz on a Monday and there's a lady who plays music on a Thursday morning. I would like to see more." A relative said, "Staff are good, but they have no time, no luxury of time, more activities would be the icing on the cake." Other people told us they preferred their own company and did not wish to participate in group activities. The registered manager said they would review people's preferences and the activities provided in the home.

Improving care quality in response to complaints or concerns:

- People and relatives had no complaints and felt confident they would be listened to if they did. One relative said, "We have had no complaints. We are all happy with the level of care she is getting and the staff work very hard."
- Records of complaints were maintained and actions identified to resolve issues. The registered manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements.

End of life care and support:

- People's care wishes at the end of their lives were recorded in their care files.
- Staff were supported through training and guidance from the community nursing team regarding caring for people at the end of their lives.
- Recent 'thank you' cards demonstrated the care and kindness shown to people and their families at this time. One relative commented, "Thank you again for all the wonderful care and attention you gave Mum in her time with you. It meant so much knowing she was in safe hands."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Working in partnership with others:

- People, relatives and staff told us the home was well managed. One person said the registered manager was "very nice" and "approachable" and a relative described the home as "excellent, first class".
- The healthcare professionals we spoke with also spoke positively about how the home was managed.
- The registered manager said their priority was to provide good-quality care for people in an environment where people could feel at home. This ethos was shared by staff who told us they enjoyed working at the home.
- Effective quality assurance systems were in place to monitor and review performance and ensure risks were managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- Management structures within the home were clear and senior staff were aware of their responsibilities.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and the provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.
- The registered manager said all feedback they received was an opportunity to learn and improve.
- The registered manager was aware of their responsibilities to provided CQC with important information and had done so in a timely way.

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

- The provider and registered manager welcomed people's feedback to enable them to monitor the quality of the care and support provided. Questionnaires, as well as meetings provided people, relatives and staff with the opportunity to share their views.