Drake Court Healthcare Limited

Drake Court Residential Home

Inspection report

Drake Close
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Walsall
West Midlands
WS3 3LW

Tel: 01922476060

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16 May 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This focused inspection took place on 16 May 2017 and was unannounced. We carried out an unannounced comprehensive inspection of this service on 11 and 12 October 2016 and provided a rating for the service of 'requires improvement'. Breaches of legal requirements were found regarding the need for consent and the effective management of the service. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Drake Court Residential Home on our website at www.cqc.org.uk.

Drake Court Residential Home is a care home that provides accommodation and personal care for up to 29 people. At the time of our inspection there were 29 older people living at the service, most of whom were living with dementia.

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.

People were cared for by a staff team who were receiving the training and support required to support them effectively. People were enabled to consent to the care they received wherever possible. The staff and manager's knowledge around the Mental Capacity Act 2005 (MCA) had improved although not all relevant decisions were being considered under the Act.

People were happy with the food and drink they received. Special dietary requirements were understood by care staff and met appropriately. People were supported to maintain their day to day health.

People felt the service was well managed, they felt able to raise concerns and felt they would be listened to and heard. People were supported by a staff team who felt well supported and motivated in their roles. People were protected by a developing quality assurance system that had begun to identify areas of risk and improvement required within the service. Further development was still required to ensure that all issues were identified and records were maintained accurately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement

We found that action had been taken to improve the effectiveness of the service.

People were cared for by a staff team with the skills to support them effectively. People were enabled to consent to the care they received wherever possible. The MCA had not always been consistently applied for some decisions made on behalf of people.

People were happy with the food and drink they received. People were supported to maintain their day to day health.

We could not improve the rating for effective from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

We found that action had been taken to improve quality assurance systems and the effective management of the service.

People were happy with the management team and felt listened to and involved in the service. People were supported by a staff team who felt well supported and motivated in their roles.

Further development of quality assurance systems was still required to ensure that all issues were identified and records were maintained accurately.

We could not improve the rating for well-led from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Drake Court Residential 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 was planned to check 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.

We undertook an unannounced focused inspection on 16 May 2017. This inspection was done to check that the improvements to meet legal requirements planned by the provider after our comprehensive inspection on 11 and 12 October 2016 had been made. The team inspected the service against two of the key questions we ask about service: is the service effective and well led? This is because the service was not meeting some legal requirements.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

We spoke with eight people who lived at the service and three visitors who were friends or relatives. We spoke with the registered manager, the deputy manager and three members of staff including the cook and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed records relating to two people's medicines, two people's care records and records relating to the management of the service; including audits and quality assurance records. We carried out observations across the service regarding the

quality of care people received.

Requires Improvement

Is the service effective?

Our findings

At the last inspection completed in October 2016 we found the provider was not meeting the regulation around the need for consent. The provider had submitted an action plan to us outlining how they intended to make the required improvements. At this inspection we found improvements had been made. The provider was now meeting the basic requirements of the law although further improvements were still needed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

At the last inspection we found staff had a basic knowledge of the MCA but were not certain how they should implement the requirements in practice. We found appropriate action was not being taken when people lacked capacity to make decisions about or consent to their own care. For example; one person had lost weight, was refusing a nutritional supplement and no action had been taken. We found further concerns around the administration of covert (medicines given disguised in food or drink) and antipsychotic medicines where people did not have the capacity to provide consent. At this inspection we found improvements had been made.

People told us staff always sought their consent before providing support. One person said, "You are asked". We saw during the inspection staff were proactively offering people choices and seeking their permission while they provided care. Staff we spoke with understood that people may have fluctuating capacity and that they may be able to consent to specific aspects of their care but not others. One staff member explained how they tried to enable people to make their own decisions wherever possible. They told us they didn't simply assume someone didn't have capacity but would try other ways to help them make choices. For example, show them items or write something down. We saw decisions about people's nutritional requirements and medicines were now being made in line with the principles of the MCA. However, the recording of assessments of capacity and best interest decisions were not always kept in line with the requirements of the Act.

We found that some aspects of people's capacity were not being considered and this resulted in them being exposed to the risk of harm. For example; one person was unable to remember that they needed to alert staff if they wanted to move so that they could be supported to do so safely. The staff and registered manager were aware that the person would not be able to remember but had not yet considered what actions they would take in the person's best interests to keep them safe. We also saw that consent was

sometimes sought from relatives who did not have the legal status to consent on behalf of people. The registered manager was however able to demonstrate they had completed further training around the implementation of the MCA prior to the inspection. They recognised that further improvement was required and were able to describe some of the steps that were planning to take to ensure the required standards were met.

People told us they felt care staff had the skills required to support them effectively. One person told us, "I've not heard a bad word said about them". They also said, "They're [staff] very good, marvellous". Staff we spoke with told us they were happy with the training they received. One staff member told us, "We're training constantly now." They told us about training they had completed and also told us about new training they were due to commence. One staff member told us, "We've got challenging behaviour training starting on Thursday". They told us how they felt their knowledge was increasing and this was having a positive impact on the care they provided to people. We looked at training records kept by the registered manager and saw that extensive training had been completed by staff members. Where staff had not completed specific areas of training the registered manager was able to describe their ongoing plans for continuing staff development. Staff told us they had regular one to one meetings with their line manager and could seek support whenever they needed it.

People told us they enjoyed the food they ate. One person told us, "I'm very pleased with the food". Another person said, "I like the food". They told us they were given choices about the food they ate and we saw this during our inspection. We observed the cook proactively assisting care staff with breakfast time and saw some positive examples around the promotion of choice. Details such as whether people liked crusts on their toast and marmalade or the type of cup they liked were considered and respected. We also saw some positive examples of staff encouraging people to eat in a way that was friendly, caring. We found people's individual needs were identified and met. For example, where they required a specialist diet or were identified as being at high risk of malnutrition. There were a number of people within the service losing weight. This had been identified and the cook and registered manager were working together to identify solutions. They were reviewing support provided during mealtimes, equipment made available to assist people with eating, people's food preferences and increased snacks. The cook played a proactively role in assisting with meeting people's nutritional needs and was also aware of issues with people's capacity. For example, where people may not recall whether or not they had already eaten. Steps were being taken to ensure people's nutritional needs were met.

People were supported to maintain their day to day health. We saw care staff recognising when people did not feel well during the inspection and taking action to provide support. We saw from people's care records they received regular intervention from healthcare professionals such as the doctor, chiropodist, optician and dentists. Where people had special requirements in relation to their health these were known to and understood by care staff.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection completed in October 2016 we found the provider was not meeting the regulation around the effective management of the service. The provider had submitted an action plan to us outlining how they intended to make the required improvements. At this inspection, we found improvements had been made. The provider was now meeting the basic requirements of the law although further improvements were still needed.

At the previous inspection we found quality assurance systems had been introduced, however, these were not always effective in identifying the areas of improvement required within the service. At this inspection we found further improvements had been made to the quality assurance and audit systems. The registered manager was now completing additional checks across the service including care plans, laundry, infection control, health and safety, environment, maintenance, finance and training. We saw the checks had resulted in improvements being identified and actioned such as care plan updates and new mattresses being required. We saw where feedback had been sought from people and their relatives the results were considered and analysed and improvements were made as appropriate. For example; we saw changes had been made such as redecorating a bedroom and increasing the car parking available to people visiting the service. We also saw systems around medicines management and audits had been improved significantly so that medicines management was now safe and effective for people.

We did however see further improvements were still required to the auditing systems. For example, the registered manager told us they were completing a range of checks including daily care records and staff competency checks. However, there was not yet a record of these checks and any resulting improvements required. We found systems to ensure that people's food intake was recorded accurately were not always effective. We observed one person eat a small amount of porridge and nearly all of their toast at breakfast. The record stated the person had eaten all of their porridge and did not note they had eaten any toast. The registered manager acknowledged that the inaccurate food recordings could be a barrier to identifying issues with people's weight loss. They began to improve the system during the inspection to ensure greater accuracy of records. We also found record keeping around people's capacity and decisions made on their behalf were not always accurate and in line with the requirements of the Mental Capacity Act 2005 (MCA). Some care plans were still not being updated in a timely manner. This resulted in some risk management plans to keep people safe not always being accurately documented and updated.

People told us they were happy with the management of the service. They felt they were able to approach managers and could raise their concerns and opinions if required. This reflected what we saw during the inspection. We saw people interacting with the registered manager and senior care staff with ease. We saw people were free to access the manager's office when they wanted and they [registered manager] took time to speak with people living at the service. We saw people were consulted about changes within the service. We also saw the registered manager was trying to develop ways in which they could involve relatives more in sharing feedback in order to drive further improvements.

Staff told us they were happy with the management of the service. They told us they could see the

improvements and felt the culture was more open and transparent. One member of staff told us, "I can see the improvement now. We don't all feel like we're in limbo". They said, "I like [the registered manager], she's really good. We just get it off our chest about things that need to be improved". We saw the registered manager was developing the support provided to staff and had offered significant training to them. There was an induction programme in place, however, the registered manager was in the process of implementing the Care Certificate which is a nationally recognised standard for new care staff. Staff told us they felt motivated and committed in their roles and were more positive about the work they did. One staff member told us this had positively impacted on the people in the service. They said, "If we're positive then our residents are positive".

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary. The management team were committed to improving the quality of service provided to people living at the service.