

Darbyshire Care Limited

# Drake Nursing Home

## Inspection report

4 Nelson Gardens  
Plymouth  
Devon  
PL1 5RH

Tel: 01752551859

Date of inspection visit:  
07 January 2020  
10 January 2020

Date of publication:  
28 January 2020

### 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

Drake Nursing Home (hereafter referred to as Drake) is a nursing home providing personal and nursing care to 30 older people at the time of the inspection. The service can support up to 32 people and specialises in providing dementia care. The service is in a listed building in the Stoke area of Plymouth, set over three floors with lift access. There is a large accessible garden, lounge and dining area and quiet reminiscing area for people to sit and listen to music.

### People's experience of using this service and what we found

People were protected from abuse and said they felt safe living in the service. Staff understood how to support people to minimise the risks they faced.

Staff were kind and caring and spoke with fondness of people. Families told us there was a homely atmosphere in the service and they were very happy their relative lived there.

There were enough staff to meet the needs of people and support them to feel less isolated. Staff had completed training to support them to meet the complex needs of people. The service was exploring ways to further staff understanding of delivering great dementia care.

Staff felt supported by each other and the management team. Sharing of information regarding people's needs was open and prompt, and where additional support or advice was needed outside of the service this was sought in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff asked for consent from people before delivering care and gave people choices around what to wear, where to sit and what activity they would like to do.

There was a range of appropriate activities to meet the needs of people. Families were engaged with people's care and informed if their loved one became unwell. Relatives told us they would be listened to if they needed to complain.

Quality assurance systems were robust and there was a clear action plan that identified areas for development within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Drake Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector on the first day and three inspectors on the second day, one of whom was a registered nurse.

#### Service and service type

Drake is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced on the first day and announced for the second day.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, one nurse, a senior care worker, compliance and care strategy manager, care workers and the chef. We also spoke with one visiting professional. 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 also spent time in the lounge and dining area to informally observe how people were supported.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from three further staff and three professionals who regularly visit or work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative said, "I never have to worry about her."
- Staff had a good understanding of what safeguarding people meant and knew how to report any suspected abuse. Staff had all completed online training in safeguarding adults and were booked in to attend face to face training run by the local authority.
- Safeguarding referrals were made promptly, investigated and actions followed up.
- There was a provider level system to track any incidents and safeguarding concerns, and safeguarding updates were shared at staff meetings and using the electronic messaging system where appropriate.

Assessing risk, safety monitoring and management

- Staff were aware of the unique ways that people's dementia presented in their behaviour and had a positive behavioural support approach to helping alleviate distress or re-direct people's focus. Changes in behaviour and risk information regarding this was shared during handover meetings so all staff were kept informed.
- Risk assessments were in place for the individual risks that people faced. They were regularly reviewed. Risk management plans detailed in these risk assessments were put in practise by staff day to day.
- The safety of the environment was regularly monitored including electrical appliance testing, gas safety, window restrictions and general maintenance of the building and furniture. Any actions required were followed up.
- The local fire service had recently completed a visit and identified some areas for improvement in the service. Some actions were being followed up and some had already been addressed by the time we visited.

Staffing and recruitment

- Every relative we spoke with said there were enough staff around when they visited. One said, "There are always staff around and within reach of residents" and "Always seems calm here, always staff around."
- Professionals and relatives noted how consistent the staff team were. They said, "I see the same friendly faces of staff, it's a happy place to work as staff aren't going anywhere" and, "There's the consistency of staff so he can build bonds, for me too it's nice to see the same staff."
- There were enough staff to meet the needs of people. Staff were visible in communal areas and where possible, sat and talked with people.
- Staffing structure and rotas had been thoughtfully created. There were dedicated staff in to support with breakfast times, and in the evening when some people with dementia became unsettled and needed extra support.
- Recruitment processes were robust and included application, interview, police checks, induction and

probation periods. The service had taken steps to check whether staff would be safe to work with people who might be vulnerable.

#### Using medicines safely

- Medicines were safely stored, managed and administered by trained registered nurses.
- Regular clinical meetings and nurse interactions meant getting people's medicines right was a priority. The service understood the importance of balancing different medicines and worked with the local GP to optimise medicines, so people could stay well, and happier for longer.
- Medicines were regularly audited to ensure best practise guidance was followed.

#### Preventing and controlling infection

- The service was clean and smelled clean in communal areas, bathrooms and people's bedrooms we visited. Relatives said, "Always clean, tidy and nice smelling" and "You could eat your dinner off the floor!"
- There were dedicated domestic staff who had a clear schedule of where to clean and how.
- Staff used personal protective equipment such as gloves and aprons, and these were available on each floor of the building.

#### Learning lessons when things go wrong

- There was a robust reporting system for incidents, accidents and safeguarding concerns. The registered manager, provider and compliance and care strategy manager were all made aware of alerts when staff logged an incident.
- Learning from incidents, changes in medicines or a change in support approach were discussed at handover meetings and clinical meetings and recorded.
- The management team were reflective during the inspection and showed they wanted to foster an ethos of continuously learning. There was an open culture where mistakes made were discussed, and how all staff could learn from them to provide a better service.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed holistically and comprehensively before moving in to the service. This ensured that staff could meet their needs and any equipment that was needed or staff training refreshers organised before people moved in.
- Best practise guidance was on display for staff to refer to, and any changes in guidance were discussed in clinical meetings and shared with the rest of the staff.
- A healthcare professional said, "Drake again are very good and preventing hospital admission but also supporting with any discharges."
- We saw where people had been supported to achieve positive outcomes that improved their wellbeing. One person had been supported to gain weight to a healthy weight. People who had fragile skin received effective skincare and there were very low levels of pressure ulcers in the service.
- The service made referrals when needed to external services. One professional said, "The care home will contact the [name of service] only when absolutely necessarily for instance, they will generally have already explored other areas which may be contributing to the service users change in presentation such as: infection, environment etc. This has ensured timely and effective intervention."

Staff support: induction, training, skills and experience

- Staff were supported with an induction that covered basic mandatory training, shadowing and competency assessing.
- Staff told us they were equipped with enough training to meet people's needs and felt supported by managers through a supervision process.
- The service was developing training to ensure staff had completed bespoke training to meet the specific needs of people. For example, the service was developing a relationship with Plymouth Dementia Action Alliance to enhance the dementia support staff provided to people and had plans to involve people and families in training.
- There was a mixture of staffing skill in the service including experienced registered mental health and general nurses, senior support staff and those newer to the care industry.

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

- People told us they liked the food. One person said, "They know what I like...i don't like batter on my fish...I now don't get it."
- People were regularly offered warm or cool drinks, and these were in reach and in adapted cups where required so people could drink without spilling the contents of their cup.

- People's weights were monitored, and healthy options encouraged. People with diabetes had low sugar options.
- People who required adapted diets were supported in line with assessments from dieticians or speech and language therapists.
- There was a new chef employed by the service and they were getting to know people's dietary needs and references. There were plans to extend the range of options on the menu as some people and staff fed back they were sometimes limited.

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

- The service was in a listed building and there were limits to what adaptations could be made.
- The provider and registered manager acknowledged there were improvements to be made to the building and had a rolling programme of renovations planned. For example, an upstairs bathroom was going to be converted in to a more accessible wet room in the months after the inspection, so more people could access the shower on their floor.
- There was a large accessible garden for people to use and staff had created a quieter area away from the main lounge with vintage furniture and music player.

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

- The service had a GP visit weekly to visit people who were unwell or were being monitored. Good communication between nurses and the GP ensured health concerns were addressed promptly.
- People were supported to access health services such as the dentist, chiropodist, and optician as needed. Assessments included support required around sight, oral healthcare and any specialist health needs.
- Professionals fed back, "Their knowledge of pharmaceutical and non-pharmaceutical interventions is good." And the service was, "One of the best dementia nursing care homes in Plymouth."
- The service had identified particular staff to lead on areas of care such as end of life, wellbeing, continence and nutrition. These staff attended specialist training, kept up to date with best practise guidance and shared information with other staff to ensure the team knew how to best meet the healthcare needs of people.

#### 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 when this is in their best interests and legally authorised under the MCA.

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.

- Where required applications had been made for DoLS and followed up.
- Records regarding mental capacity assessments and best interest decision meetings were in place and reviewed regularly.

- Professionals fed back staff had a good understanding of the MCA and consent. One professional said, "There is evidence of a sound understanding and knowledge base of the MCA and DoLS."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives gave overwhelmingly positive feedback regarding the caring nature of staff. They said, "She is so genuinely cared for and loved...I can't ask for anymore" and "Brilliant, you cannot beat it. It's absolutely brilliant care."
- Staff were kind and caring, spoke of people with fondness and were patient when supporting people that expressed their frustrations or showed signs of distress. One professional said, "There is a 'family feel' to the care home."
- People were affectionately regarded by staff and we observed staff holding people's hands, sitting with them and giving them hugs where needed. One relative said, "They give her big cuddles which she loves and needs."
- The service was aware of people's equality characteristics and assessed their needs in this area. Equality and diversity training was offered as part of staff induction to raise awareness of people's diverse needs.
- One professional said, "They deal with some quite challenging behaviours relating to severe dementia etc and (from what I have seen) respond patiently and respectfully towards those in their care."

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

- People were given choices about aspects of their day such as what to have for breakfast or what they wanted to wear, or when they got out of bed.
- Some people were unable to verbalise how they wanted their care provided so staff had learned over time, to read their body language and interpret their behaviours to work out what they liked and did not. Care plans were updated according to this.
- Relatives told us they were involved as much as they wanted to be and were invited to formal review meetings. Relatives also talked with staff on an ongoing basis when they met to make suggestions or express their views on how their loved one should be cared for. One relative said they felt supported and encouraged to continue to support with their loved one's care, they came in daily to support them with meals.

Respecting and promoting people's privacy, dignity and independence

- People who wished to walk with purpose around the service were supported to do so rather than encouraged to remain seated.
- Staff spoke of people with respect and used language that was considerate when describing people's needs. We fed back to the provider and registered manager a small number of care plans needed updating with regards to language that might be considered out of date when describing care needs. They were

already aware of this.

- People were supported to retain their independence by staff encouraging daily living skills. For example, people were encouraged to eat without staff assistance where possible or to wash their face if they were able to, rather than staff do it for them.
- Where bedrooms were shared there was a dignity curtain in place for when people were being supported to dress or needed care in bed. We observed staff knocking on bedroom doors before entering.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew in detail how people liked their care provided and relatives told us care was personalised. For example, one person who preferred dressing a particular way continued to have their preferences met after they could not verbalise them and continued to be dressed in the manner they had before living in the service.
- One staff member said, "We have the time to listen and hear people, we don't take for granted what people need or assume what they need as its different every day."
- Care plans were in the process of being reviewed and re-written to include the rich detail staff knew about people. Those that had been reviewed were detailed and reflected people's preferences. The service was aware of those care plans which required further development.
- People were offered choice and control in their day, we saw staff offering choices and responding quickly to people when they needed assistance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living in the service had their communication needs assessed.
- The service was developing accessible resources in line with the accessible information standard and had some pictorial and easy read information on display.
- Where people needed specific support to communicate staff understood how to meet these needs. For example, for one person who used sign language to communicate one staff member was teaching other staff how to sign.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests where they expressed a desire to do so, for example one person was supported to make models, and staff went to another person's room to dance with them because they loved to dance.
- The service had two dedicated activities staff who supported people to engage in activities throughout the day such as colouring, reading newspapers, doing puzzles. We observed one activity where a musician played the guitar and people had instruments to play and were given books with lyrics, so they could sing along. This meant people at different stages of their dementia journey could join in according to their wishes

and capabilities.

- Families were encouraged to visit and welcome at any time, including to sit and eat with their loved one.

Improving care quality in response to complaints or concerns

- The complaints policy was on clear display
- Relatives told us they felt comfortable approaching staff and the registered manager and would complain if they needed to.
- Complaints were investigated, and actions and outcomes recorded.

End of life care and support

- No person living in the service was receiving end of life care at the time of our inspection. However, the service did support people who may need palliative care in the future.
- Staff had been supported to attend training to help them understand in further depth what good end of life care looked like. The service followed a six steps programme which is a programme aimed at improving end of life care in the care home setting.
- Some people had details of their advanced wishes recorded. This included important information about how they wanted to plan their passing, including what music they wanted, their favourite flowers and who they would like to be there.
- The service was aware where people and relatives needed to be further consulted on end of life wishes. They had recently completed an audit of care plans in this regard and were in the process of contacting relatives and talking with people.
- Compliments had been received by relatives whose loved ones had passed away and been cared for in the service. Feedback was staff were caring and compassionate and people's relatives were also cared for, such as meals being provided.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was open and positive, staff felt supported and said the provider and managers were approachable and honest. One staff member said, "They have given me the opportunity to better myself, even on a hard day it's still a good day as we look after each other, we pick each other up."
- The focus of the service was on people and their experience of living in the service. Care provided was person centred. Staff showed how much they cared for people and reflected in their care the values the management team told us about.
- We saw several examples where people who had struggled to settle in to other services had found Drake the right fit for them and were calmer and expressed happiness in the way they were supported.
- Information sharing at all levels of staffing was excellent. Staff respected one another and worked together as a team to make sure each person's day was a good one.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they were always contacted promptly if their loved one had experienced a fall, had become unwell or were not their usual selves.
- The registered manager understood their duty of candour and staff embedded openness into their practise and kept relatives involved where they wanted to be.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been recent staffing changes with the introduction of a compliance and care strategy manager. Responsibilities within the management team were clearly defined and each staff member knew what was expected of them on each shift and in a wider sense.
- There was a clear understanding of what the regulatory requirements were of the service. We saw where steps had been taken recently to ensure the service was in keeping with legal requirements and best practise guidance for some aspects of care.
- Quality assurance systems were robust, covering building safety, care practices, equipment, and records quality checking. There was a thorough improvement plan that had already identified any areas for improvement we saw on inspection. This included what actions would be completed and by when.
- Risks in the service were assessed and mitigated. Managers and staff were aware of the restrictions the listed building placed on the running of the home and had adapted their practise around this. Where recent



fire actions had been identified by the fire service, action had been taken as necessary to meet requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The equality characteristics of staff and people living in the service were assessed and considered.
- The service and registered manager were respected by professionals and had a good reputation regarding joint working. Professionals said, "Good knowledge and understanding of dementia. Friendly and approachable."
- The views of people, staff and relatives were regularly sought, on both a formal and informal basis so they could feed into and help design the running of the service.
- The service was exploring strengthening relationships beyond the key health and social care organisations.
- The service had links with members of the community that could offer spiritual and pastoral support to people. Additionally, they had recently signed up to a community pledge to offer work experience to young people leaving care.

Continuous learning and improving care

- The service was open to learning and improving practise.
- Staff were encouraged to reflect on their practise and given the tools to improve care, including training opportunities.
- The management team were part of key local networks used for information sharing and learning about best and innovative practise.