

# Drumconner Homes (Bournemouth) Limited

## Drumconner Care Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Drumconner Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Drumconner Care home is registered to accommodate up to 37 people. At the time of our inspection it accommodated 32 older people in one adapted building in a residential area of Bournemouth.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good overall and had become Outstanding in response to the question "Is the Service Responsive?"

Relatives and professionals told us that the staff were exceptionally creative in the way they responded to people's changing needs, monitoring the care delivered and seeking advice and guidance to ensure the best possible outcomes for people. This meant people experienced very good outcomes and had personalised care.

People and relatives were involved in planning activities and staff had gone the extra mile to ensure people were able to fill their time in ways that worked for them.

People were supported by staff who understood the risks they faced and how to support them to reduce these. Staff understood how to identify and report abuse and advocated on people's behalf to ensure their access to appropriate support from other agencies. Staff also supported people to take medicines safely.

People were supported by skilled and caring staff who worked to ensure they lived their life the way they chose. Communication styles and methods were considered and staff supported people to understand the choices available to them.

People were enabled to have choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

People, relatives and professionals told us they could confidently raise any concerns and these were addressed appropriately.

Quality assurance systems involved people and led to a safer and better quality service.

Further information is in the detailed findings below.

## 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 Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service had improved to Outstanding.

### Is the service well-led?

Good ●

The service remains Good.

# Drumconner Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This unannounced inspection took place on the 23 and 27 March 2018. The inspection team was made up of one 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.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people. We also spoke with relatives of five further people. We spoke with 14 members of staff, and the registered manager. We gathered information from a social care professional and two health care professionals who had worked with the service. We also looked at six people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and accident and incident records.

# Is the service safe?

## Our findings

People were supported by staff who understood the risks they faced and were motivated to support them to live full lives. People told us they thought the staff were "absolutely wonderful" and that they felt safe. One person told us: "I feel safe here, especially now. ...Staff are always walking past my room keeping an eye on me." We saw that people were relaxed in the company of staff throughout our visits.

Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able to retain independence and determine the support they wanted. For example, one person had made a decision to disregard professional advice about how a risk should be managed. They were supported to make this decision by staff who respected their rights and reduced risks in other ways that met their wishes. Another person was supported and encouraged to walk at their own pace using aids.

Staff also understood their role and responsibilities to protect people from abuse. Staff and the senior management team advocated for people to promote their safety and human rights.

People had help from, safely recruited and appropriately trained, staff. People and relatives commented that staff were available when needed. One person told us: "Staffing levels are good."

People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure that this was done safely. Where issues were identified, for example omissions in the recording of cream applications, they were addressed and improvements monitored.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments.

There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals, people and relatives and advice was sought and shared amongst the staff team.

## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made, and authorised safeguards monitored, appropriately.

Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish a person wanted the support and care they were offering. Best interests decisions had been made involving professionals and people who knew the person well. The views of the person, and knowledge of their preferences, were respected throughout this process. Where people could not consent to their care regular reviews of their care plans were undertaken with people who knew them well to check that their best interests continued to underpin the care they received. One relative told us: "I am involved in (person)'s care plan. The manager sends me a meeting invite to these meetings."

The senior team kept up to date with current practice by attending local support groups and national conferences. Health professionals told us staff always sought to reflect best practice. The registered manager described how they had applied to take part in pilot work about good support for people with contractures.

People were supported by staff who understood their care and support needs and could describe these with confidence. Staff had received training to ensure they could provide this support safely. People told us this training was effective. One person told us: "Care staff are very good at what they do. They are well trained." Training was sourced and delivered in response to staff requests and provided in regular sessions to enable staff to attend easily. New staff were supported to undertake the care certificate. This is a national training programme to ensure staff who are new to care have a positive induction.

People were supported to maintain their health. One person told us: "The care staff...help me with my health needs. They are very well trained and I have gained confidence with their support." They had access to health professionals and information necessary to support them to maintain their health was detailed in their support plans. Health professionals commented positively on the confidence of staff in the home to seek input appropriately. One health professional was reviewing the treatment people received and told us they had visited the home many times and always seen safe and effective care and treatment.

People were supported to plan meals in ways that promoted their health and wellbeing. Feedback was gathered by the service which was used to develop menus. People were supported to have enough to eat and drink and the systems in place to ensure this were robust.

The environment was well maintained to a standard that reflected respect for the people living and working in the home. People living there could find their way around easily. We discussed research around dementia friendly environments and the registered manager explained they continued to review the environment to

meet everyone's needs.

## Is the service caring?

### Our findings

People were supported by staff who knew them well and cared about them. When asked about the support people needed, staff focussed immediately on the things they knew about what made people reassured and happy. They described the importance of spending time with people and explained how much they enjoyed this. This response was universal across the care staff.

Staff spoke with respect and kindness about people and their discussions were full of references to shared experiences. People and relatives told us they liked the staff; making comments such as: "I cannot praise the staff enough for their thoughtful, responsive kindness." And: "The attitudes of staff are very caring, friendly and kind."

Care plans focussed on people's strengths and their independence and autonomy. This ensured that dignity was promoted at all times. For example one person was regaining their independence and their care plan contained detail that ensured their dignity through this process. Care plans detailed communication needs and staff used this information to ensure that people were able to make as many decisions as they could about their own day to day lives and to contribute to group decisions.



## Is the service responsive?

### Our findings

Without exception people and relatives told us that staff were extremely responsive to their needs and preferences. They described care that was personalised to their own individual needs and when staff described people's care they focussed on the time and interaction they enjoyed before they described the detail of how people were supported. We received comments from people and relatives such as: "They (the staff) know all the people and us very well."; "I have a high level of needs and they could not do more."; "The staff genuinely care and are so perceptive. They understand (person) and their needs."

A central aim of the service was to ensure people's quality of life by providing compassionate and person centred care. Strong emphasis was placed on people overcoming any obstacles to living the way they chose to. For example, one person had been very unwell when they moved into the home and been nursed in bed requiring staff to attend to all their needs. Staff had liaised with professionals to get them equipment they needed and monitored them closely so that they could take the steps involved in regaining independence. Ongoing support focussed on maintaining and promoting dignity as they regained strength. This person was now able to join in with communal events, go outside and eat semi independently.

Staff worked innovatively with people to find solutions to challenges they faced. One person had experienced a high number of falls. Detailed and robust monitoring was used to identify key times when the person was at most risk of falls. In response, staff spent time with the person during the highest risk periods. This included sitting with the person wherever they chose to be and engaging them with discussion and activity they enjoyed such as looking at photos and reading stories. This had resulted in a significant reduction in falls and had reduced risks whilst improving the person's daily experience and quality of life.

Another person had begun to move themselves around in a way that put them at some risk. This had been discussed with professionals and family and staff had determined that they were safer using this way of moving than seeking to restrict them. Staff had reviewed how they provided support to this person to meet their changing needs. Staff explained how they sat on the ground with the person and moved with them to promote communication and shared experience whilst working to reduce the risks the person faced. Staff told us the person liked it when they did this. They knew this because of their facial expressions.

A professional commented on how responsive the staff team were saying they always researched and implemented appropriate support and yet would always ask: "Have we missed anything?". The professional explained this showed that they sought advice to ensure people had the most person centred care possible.

Staff had a clear understanding of how people communicated best and used this to support them. For example, when people couldn't see well we saw staff used touch and identified themselves.

Responsive care was provided each day because staff attended effective handovers between each shift change. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Daily notes were consistently completed and enabled staff to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to ensure

staff would be quickly aware if there was any change that might necessitate an alteration in how their care was planned and delivered. Any deterioration in a person's condition was communicated verbally between relevant staff appropriately, and action was taken promptly to ensure health needs were met at all times. We saw, for example, that changes in skin condition and fluid intake were quickly highlighted and staff were able to tell us about this and the action they took. Staff told us they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

As a result of the personalised care and support people received their health and general well-being improved. Health care professionals and families told us how people had been identified as needing end of life care when they first moved into Drumconner. However due to the care and treatment they were provided with they had gained strength and had no longer needed this support. We also saw examples of people improving their mobility and wounds healing quickly.

People were actively encouraged and supported to maintain and develop interests which were important to them and this contributed to people living meaningful lives. The staff team were highly motivated and constantly looked for creative ways to embrace people's individual needs and choices. This meant people lived their lives how they wished to. People were able to take part in a range of activities facilitated by staff and external entertainers. Activities were arranged every day. People, and relatives, were involved in creating the activity programme. These included developing a safe garden for people to enjoy, a book club and developing a mobile shop overseen by one of the people living in the home. Relatives told us how much people enjoyed activities. One relative told us: "It is lovely when we all go outside." Another relative told us how welcome they were to join in. The person who over saw the shop spoke with the activities coordinator about it in our company. They spoke with confidence and pride about the tasks involved.

People were supported to enjoy activities that suited them. Staff had found out about what was important to people in the past and supported people to continue these activities where possible. One person attended all their football team's home games with a member of staff. We saw how much this mattered to them reflected in records of their trips. Activities were provided in a way that met people's individual needs and choices. Another person was supported to join in bingo and quizzes held in communal rooms from their own room via a walkie talkie. This suited their preference to avoid large groups whilst encouraging them to take part in meaningful activities. Festivals and important calendar events were celebrated with friends and relatives invited into the home to celebrate with people and staff alike.

People also became involved in charity events and had recently held a baking competition to raise money for a national charity. People, relatives and staff baked and brought in cakes that were judged and sold to the local community.

People and staff were able to benefit from the skills and knowledge of a therapist who visited once a week and spent time with people individually. This was arranged and funded by the provider and people were able to spend time with them based on their needs and wishes. People told us how much they valued this time. One person described how this had helped them with on going pain and made them feel more positive.

Activities were continuing to be developed as the activities team embedded their work. Throughout our inspection they liaised with care staff to ensure that everyone had access to activity that was meaningful to them.

Staff helped people to practice their faith. Local churches visited people individually at their request and other people attended their church of choice.

People were supported by staff to maintain their personal relationships. This was based on staff understanding the person, who was important to them, their life history and cultural background. This promotion of individuality also extended to supporting people appropriately to retain autonomy and dignity whilst expressing their sexuality. This had been achieved through discreet and respectful support from staff who understood the importance of this aspect of people's lives and felt enabled to provide appropriate support.

Visitors were always made welcome and were able to visit at any time. Staff greeted visitors throughout the inspection and chatted about their relatives and recent events with familiarity, respect and care. Relatives were able to join their family members for meals if they wished and we saw that this was encouraged by staff. When people were unwell or relatives were facing difficult times staff were kind and compassionate. Relatives told us how much they appreciated this. One relative said, "Some of the staff here are truly amazing. It really is like a family."

The service had a complaints procedure which was given to people and their relatives when they moved into the service. People and their relatives said if they had any concerns or complaints, they felt they could discuss these with the staff, senior staff and registered manager. They felt any concerns and complaints would be responded to appropriately. The service had a record of any complaints made and how these had been responded to in the past. The people we spoke with did not think they would be subject to any disadvantage if they made a complaint.

The service was not, at the time of inspection providing end of life care to anyone in the home. However we noted staff were aware of and had been trained in how to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The service was working towards achieving the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The registered manager told us how they made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free.

Staff understood the impact on people living in the home of losing a person they lived with. When one person had passed away, they told us how people were offered support to attend the funeral. Relatives often chose to hold the wake for people at the home and letters of appreciation about the high standard of end of life care had been received. Comments in the letters included: "We would like to thank you all for your kindness and care you showed not only to (person) but us all. I know that they had the best care possible in their last few months and can't thank you enough for the comfort and support you gave to (relatives) during those last few days." A friend commented: "All of you have been wonderful – patient, respectful, endlessly kind and genuinely loving to your residents. Your tenderness to (person) was moving to see." Another relative summarised: "The peace, painlessness and tranquillity of (person)'s final days, I owe to the kindness and expertise of everyone at Drumconner."

## Is the service well-led?

### Our findings

Staff were proud of their work and felt engaged in improving the service alongside people, relatives and senior management. All the staff we spoke with were proud of their work and made comments such as: "We are a very strong team. I am proud to work at Drumconner." When asked to explain this, they were able to identify feeling listened to and supported by the registered manager and other senior staff. They were clear in their understanding of the value of their work and how this underpinned the team. They told us they felt part of a family or community that aimed to achieve the highest quality of care they could. Staff gave examples of how their sense of being a community manifested: they covered each other's shifts, took part in activities with people and relatives, valued discussion and guidance and were motivated by the outcomes that people achieved.

Staff were all clear about their roles and responsibilities and understood who they could seek guidance from. There was a registered manager who knew the staff and people using the service well. 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, staff, relatives and professionals all commented on the skills of the registered manager and other senior staff in ensuring a smooth running service where people could be open with their views. One relative commented: "I have never seen agency staff here... very positive staff... very good team spirit."

People and relatives were asked about their view of the service and this contributed to plans to improve the service. They also had opportunities to decide how to make improvements through their forum. This was a regular group attended by people and relatives and supported by a member of staff. Surveys were completed regularly by people, staff and other stakeholder. The results were taken to the forum for their comments and ideas. Survey results showed improvements in satisfaction between June and December 2017.

Quality assurance processes were effective in identifying areas for development and in reinforcing values. The results of monitoring were shared with the staff team and this enabled staff to better understand their roles and responsibilities and contribute to quality improvement. Robust and thoughtfully developed monitoring led to improved outcomes for people and staff. For example staff deployment reflected people's dependency levels and staff skills. This ensured staff were all allocated work fairly. People benefited from detailed analysis of risks and people's experiences were used to inform care plan reviews and staff development.