Miss Andrea Quirk

Drayton House Residential Care Home

Inspection report

50 West Allington
Bridport
Dorset
DT6 5BH

Tel: 01308422835

Date of inspection visit:
20 May 2016

Date of publication:
05 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Drayton House was last inspected on 13 March 2015 and we found they were meeting all requirements.

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.

Drayton House provides care and support for up to 19 older people. At the time of the inspection there were 17 people living at the home.

The leadership within the home needed to be improved. The provider did not have an effective system to check the quality of care people received at the home. Peoples individual care records were not always up to date and the systems in place to evaluate and improve the care being given were not robust.

The systems and procedures for handling medicines were not safe and improvements were required. The system in place for the auditing of medication required improvement as it had not identified areas that needed improvement.

The risks people faced were not consistently acknowledged in people's care records. When people were at risk of falling not all information available had been used to evaluate the on going risks. Care records were not always accurate and reliable.

People were able to raise concerns with the staff who took action to resolve the presenting issues. People had confidence in the staff to care for them in a professional and empathetic manner. People told us they felt safe. Relatives told us how caring and compassionate the staff were, one relative told us that staff understood it was the peoples home and they did everything to support them live a good quality of life.

People told us the staff were kind and caring and supported them in a caring way. One person told us "The staff are good to me, I have lived her for a number of years and the staff always are around to help. They help with the things I find difficult and take me to places I like to go" another said "The girls (staff) never rush me and let me take my time". A relative told us "You couldn't wish for better staff, they are patient, thoughtful and willing to help with a smile, they go the extra mile".

People and their relatives were given information about the running of the home and how they could comment on areas for improvement.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe but improvements were required. The medicines administration recording was not consistently safe at the home. The auditing of medicines could not be robustly carried out as the amount of medicines received into the home were not always recorded.

People had risk assessments and care plans to keep them safe but these records were not always kept up to date.

There were sufficient staff to meet peoples needs but more consideration could be given to the management of staff over weekend periods

People told us they felt safe, we observed positive and friendly interactions between people and staff.

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Is the service effective?

Good

The service was effective at meeting people's needs but some improvements were required. People had their legal rights protected; staff knew the principals of the Mental Capacity Act 2005.

People were supported to eat effectively and safely. Where people had specific risk assessments in relation to foods that can cause harm this was known by staff but improvements in the recording systems was required.

People could be assured that they would be cared for by suitably trained staff.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring. People were treated with care and kindness, and their privacy and dignity was respected.

People were treated with compassion. People and their relatives

were encouraged to participate in decisions about the care.

Is the service responsive?

Good

The service was responsive. People had care plans in place to reflect their current needs but these were not consistently reliable.

Activities were provided to keep people cognitively and socially active.

People's concerns were picked up early and reviewed to resolve the issues involved, a complaints policy and procedure for making a compliant was in place.

Is the service well-led?

Requires Improvement

The service was not consistently well lead. The system to ensure the quality of the service was reviewed and improvements made was not effective at driving standards up. Records were not always contemporaneous which could led to people not receiving care as planned

Staff confirmed the registered manager was approachable and they felt listened too.

People and staff said they could suggest new ideas. People were kept up to date on developments in the service and their opinion was sought and respected.

Drayton House Residential 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 inspection took place on 20 May 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about and feedback from relatives. At the time of the inspection a Provider Information Record (PIR) had not been requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our inspection. In order to gain further information about the service we spoke with six people living at the home and two visiting relatives. We also spoke with five members of staff.

We looked around the home and observed care practices throughout the inspection. We reviewed six people's care records and the care they received. We looked at people's medicines administration records, (MAR). We reviewed records relating to the running of the service such as environmental risk assessments, fire officer's reports and quality monitoring audits.

We contacted two health care professionals involved in the care of people living at the home to obtain their views on the service.

Observations, where they took place, were from general observations.

Requires Improvement

Is the service safe?

Our findings

The process of recording medication into the home was not safe. We looked at the medicine administration records (MAR's) and noted there was a system in place to ensure hand written entries were accurate, (handwritten entries were to be signed by two members of staff) but this was not consistently used. We also noted that not all quantities of medication received had been recorded which meant that an accurate and contemporaneous record had not been kept. This undermined the ability of the home to audit the MAR's accurately.

Staff needed clear guidance on the dispensing of medication on a 'required needs' basis. We looked at the MAR's of seven people, three of these needed medication on a required needs basis. We found that the guidance and safeguards needed to be clearer to ensure people were given medication appropriately. An example of this was that one person was recorded as needed medication for 'pain' on a required needs basis but it did not state where the pain was to ensure that the prescriber's intentions were being followed consistently. We spoke with one staff member who was responsible for administering who was able to tell us about how the person experienced pain and what the medication had been prescribed for but this was not recorded. A further example was a medication was prescribed to administer for 'anxiety' but there was no record of how this person's anxiety displayed itself. There was no recorded guidance to staff in relation to other forms of support which could be tried before giving the medication. Again the staff knew the person well enough to describe the anxiety the person presented. However in both case's this staff members knowledge was not recorded which meant that other staff may not be consistent in administering the medication as required, due to insufficient guidance.

The risks people faced had been recorded but the records had not been updated to reflect people's current position. In most cases the care records described some of the risks such as falling through limited mobility or eating foods that would cause them harm. However we noted that one person's care records informed that at a recent review of their risk of falling it stated 'no falls this month, so move to three monthly monitoring'. We looked at the accident reports that evidenced that the person had fallen within the preceding month. This meant that the risk of falling had not been thoroughly evaluated. A further example of this was we observed one person eating their breakfast without any staff support. We looked at their care records that told us the person was at risk of choking if they were not supported during meal times. We spoke to senior staff who told us the person no longer needed support and they were able to produce a dietician's assessment from the office which had yet to be filed. We spoke with senior staff who agreed to make the necessary amendments without delay. This meant that the care records in relation to risk were not kept up to date which may have put people at risk of harm.

The above illustrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was clean in all but one area. We looked around the home and in a sample of people's own rooms, with permission. We found that that they were clean and homely, many people had brought in smaller items to personalise their own room. We noted the one communal toilet area could not be

effectively cleaned due to wear and tear. We spoke with the staff who told us that this area was due to be renovated. They also told us that the main communal bathroom on the ground floor was due to be replaced with a shower in line with people's needs, the registered manager confirmed this.

There were sufficient staff to meet people's needs safely most of the time. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. Following the inspection the registered manager provided a staffing rota which evidenced this to be the case with the exception of weekend. We noted that between 3pm and 9pm there was no management or care supervisors on duty. Whilst in staff minutes it stated that management were "on call" over the weekend it also stated that they should only be called in "an emergency". This meant that care assistants were without senior staff support to help guide and support them in their decision making during this period.
Staff were recruited safely. The registered manager ensured staff had the necessary checks in place to work with vulnerable people before they started in their role. All prospective staff completed an application and interview. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role. The registered manager ensured their checks were up to date and in place before agreeing they could work at Drayton house.

People told us that they felt safe living at Drayton house. One person told us "I feel safer here than I did at home; the staff are always around to keep an eye on me". Another person told us "I am safe, I have no worries about my safety, the staff always look after me well". We observed that the people and the staff were relaxed in each other's company and the staff showed empathy towards the people they cared for. We spoke with staff who could tell us some of the signs of abuse and what they would do if they suspected anything. We looked at the staffs training records which evidenced staff had received training in safeguarding.

Good

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The registered manager understood their responsibilities under the MCA. Whilst some staff could tell us about capacity issues such as people's right to make choices their knowledge was limited to these issues. The staff we spoke with understood that all people were assumed to have capacity first and foremost. Whilst staff could tell us about capacity issues the training records did not evidence that they had attended training in the MCA and associated Deprivation of Liberty Safeguards (DoLS).

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager advised they currently did not require anyone to have a DoLS assessment.

The people we spoke with told us there is always enough to eat and spoke about the choices they have at mealtimes. One person told us "I just ask the chef what I want and they generally get it for me". Another told us about how they choose what to eat for breakfast and said "sometimes I like toast, sometimes its cereals or a full English, they (staff) get me what I like". We looked at the planned menu's for a two week period that evidenced there was always a choice of food. We spoke with the chef who told us about people's likes and dislikes and identified people should avoid certain foods due to health associated risks. Whilst it was clear that they had a good knowledge of the risk people faced they did not have this documented in the kitchen area. However they told us that the risks associated with people's food and drink were contained within people's care records and demonstrated to us where to find them. This may have been an effective system if the care records had been kept up to date.

We observed the staffs interactions with people during the lunch time. Conversations during this meal time were cheerful and friendly and staff were seen encouraging people to eat their meals when required.

People had their healthcare needs met. All decisions about people's health and treatment was discussed with them, or people important to them, to ensure they understood what was being planned. People said they could see their GP and other healthcare staff as needed. Peoples care records evidenced that they saw their GP, specialist nurses, optician and dentist as necessary. Health professionals recorded their visit in people's records which meant any advice was first hand. Any advice from professionals was generally linked to their care plan to ensure continuity, but not always in a timely fashion. We spoke with staff about our observations relating to this who agreed that they needed to ensure the records were kept up to date. A visiting relative told us "They arrange for the GP to visit as soon as they become concerned. The girls (staff)

pick up little things that I miss and I am here most days, I am grateful for that".

Staff told us they felt sufficiently trained to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by them as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service such as dementia care. The staff records evidenced that staff had received training.

Staff were also being supported to gain qualifications in health and social care. Staff told us and records confirmed that they had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role.

New staff underwent an induction when they started to work at the service. New staff shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. The progress was reviewed with new staff to offer any support and advice as required. The service had introduced the Care Certificate. The Care Certificate had been introduced to train all staff new to care to nationally agreed level.

Good

Is the service caring?

Our findings

The service was caring. We spoke with six people living at the home who told us about the care and support they received. One person told us that "The staff are good to me, I have lived her for a number of years and the staff always are around to help. They help with the things I find difficult and take me to places I like to go". Another person told us " I am going home for the weekend, the staff will help me get ready and make sure I have everything I need, the staff are kind here".

People were cared for by staff who showed compassion and kindness. People told us that staff treated them with respect. One person said, "The girls (staff) never rush me and let me take my time". A relative told us "You couldn't wish for better staff, they are patient, thoughtful and willing to help with a smile, they go the extra mile". Other comments included "the sympathy the staff show is outstanding" and" Staff treat people with respect, they know it's their (residents) home and their role is to support them live here as comfortable as possible".

People's relatives told us they felt confident that staff at the service provided good quality care. One relative said, "I don't think mum would be as well both mentally and physically without the support and encouragement from the staff". Another relative said, "Relatives are welcomed, I come in at any time and am always welcome".

People told us that staff were responsive to calls for assistance and made sure that people's care was delivered professionally and with dignity and privacy. Staff told us how they respected people's privacy such as waiting for a response before entering people's rooms after knocking on their doors. Everyone we spoke with including people and their families commented on the good standard of care people received. We observed staff attentive to people's individual requests.

People's needs were met by staff who demonstrated a caring manner. Staff spoke with people expressing a warm and friendly manner. Staff spoke with people respectfully and addressed them by their preferred name. Throughout the inspection we observed that people were relaxed in the company of the staff.

Staff understood the need to treat people with respect and that people's information was confidential. One staff member told us that respecting people's personal information was important. They said, "We don't discuss residents outside of our work, anything we hear or learn about a resident is not repeated, this is considered confidential."

People and those important to them were consulted about how their care needs were to be met. One relative said "The staff have reviews of mums care, I can come to these and often do but not always" They told us about being consulted about future plans for their relatives care. The people we spoke with were not as clear as the relatives about their plans of care, some knew they existed some did not. However there was sufficient evidence contained within the care records to suggest that people important to them had been consulted when they could not participate.

Good

Is the service responsive?

Our findings

People's care was planned and delivered in a way that was intended to support their individual needs and preferences. The registered manager told us they carry out a comprehensive pre assessment before someone moves into the home. This gave them the opportunity to find out about the person's individual needs, likes and dislikes as well as assessing if the home was an appropriate environment for them. Once a person moved in, the staff produced a care plan in line with what the person's needs were. This was carried out over a period of two to four weeks in which information was gathered through talking with the person, their families, and health care professionals and through observations. The person and people important to them were involved in the process and reviews were conducted either six monthly (or sooner if required) with people and their families. The care records evidenced that initial assessments of needs were comprehensive but some of the reviews failed to take into account significant events that had occurred.

People had their needs met by staff who treated them as individuals. One person said, "The staff are always around to check if I am ok. They ask whether I need anything, I don't have to wait to discuss any concerns I may have". Another visiting relative told us person said, "Staff listen to me and keep me informed, they have supported me and mum through difficult periods, In the early days, at my request, the staff would call me if mum was upset, I am still available but it's not necessary anymore ".

When people asked staff a question or wanted their attention the staff responded promptly, listened carefully and took action or gave the information requested. An example of this was we observed one person who had difficulty forming their words and spoke slowly. The staff took time to listen to the person, reflecting back to them what they thought had been said to ensure they understood what they were being told.

People were provided with a range of activities. These were planned in advance but there were also ad hoc sessions to respond to what people wanted to do. The service employed a staff member to co-ordinate activity sessions. Some people told us they enjoyed doing jigsaw puzzles others told us about knitting and making 'collages'. Some people liked to stay in their rooms. We spoke with one of these people who told us "I prefer my own company, I have a daily paper delivered, I watch the TV, there are things going on sometimes I join in but that's my choice". We spoke with staff who were aware of peoples routines and how they like to spend their day. One member of staff told us "we keep an eye on those who prefer their own company to ensure they don't become isolated, we stop and chat when we have the time".

We spoke with people about how they resolved individual concerns. One person told us "I just speak with the staff and things are sorted out". The people we spoke with all responded in a similar fashion which meant that people were confident that they would be listened too and that staff would act upon their concerns. The relatives that we spoke with told us that they were confident that staff would address concerns. One stated "I would speak to the manager if I had serious concerns but I don't have any".

The provider had a complaints policy which gave information about how to make a compliant. The policy gave time scales for resolution to complaints and other agencies that could be contacted if dissatisfied with

the outcome.

Requires Improvement

Is the service well-led?

Our findings

Care records had not been audited to provide an overview of the support people received to ensure the care provided was as stated. We asked the registered manager when people's care records were audited to ensure people's needs were met in a consistent manner and to ensure good quality care. The registered manager told us that people's care records were reviewed monthly by senior staff and felt this was sufficient. There was evidence that this system was not effective such as not using all the information available to guide and inform the review process putting people at risk of harm.

The systems in place to audit medicines were not robust. Medicines audits were unreliable due to medicines administration records (MAR) not having sufficient information on them to carry out an audit reliably. We looked at five MAR, two of which demonstrated that when medicines were received into the home the staff were not recording the amount received. This made the system for auditing the medicines management ineffective.

Records showed that staff had recorded accidents and incidents. Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, the injuries and the actions or treatment that had been delivered. The registered manager told us they checked these records but no recording of these checks. There was no evidence to suggest they were fully assessed to determine whether an investigation was required and who needed to be notified. This may put people at risk of further falls that may have been preventable.

We spoke with the registered manager about the improvements they would be making in the service. Whilst they could tell us in broad terms some of the environmental improvements intended, such as the communal toilet areas, they had not recorded these by way of an improvement plan. This meant it was not possible to check the progress made in relation to any improvement plan at Drayton House. The registered manager did not have an action plan to improve the recording of contemporaneous care records at the home which may led to people not receiving their care as planned.

The above illustrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a management structure in place at the home. The registered manager was supported by a deputy and head of care. These staff were responsible for organising the staff on each shift. The deputy and head of care also had senior carers to support them in this role. Staff were aware of the roles of the registered manager and they told us they were approachable and available to discuss issues most of the time.

People had opportunities to comment on the service and things they would like.The provider had a system of asking people how they felt about the service , mainly through the care reviewing process. The registered manager informed us that following a bequest the people living at the home had been consulted about how to spend the money. Following consultations it was decided that the home would purchase and install a

fishpond which was seen to be in place. One person confirmed that people had been consulted and this was what had been decided upon. They also told us about a pet rabbit that lived in the garden and how much they liked to stroke it.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1) (2) (c) Care records were not accurate putting people at risk of receiving inappropriate care 17(1) (2) (c)(f) The systems in place to improve and evaluate the care practices were not being fully used