

Coastal Care Homes Limited

St Benets Court

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

St Benets Court is one of a group of five care homes in the South Devon area owned by Coastal Care Homes Ltd. It provides personal care for up to 32 older people who require care and support due to a physical or sensory disability or due to living with dementia. Nursing care is provided by the local community nursing team. Accommodation is provided over two floors and a passenger lift provides access to the first floor. At the time of this inspection, 27 people were living at the home.

At the last inspection in August 2015, the home was rated Good.
At this inspection we found the service remained Good.

Why the service is rated Good.

The care and support provided at St Benets Court continues to meet all relevant fundamental standards.

People received safe care and support. One person told us, "Of course, I feel safe here, well protected." The home employed sufficient numbers of safely recruited and well-trained staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and which guided staff to support them in a way that minimised risks.

People's healthcare needs were monitored and people received their medicines safely. When necessary people were referred to healthcare professionals such as the GP and community nursing team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People told us, and we observed, that staff were kind, caring and patient. A relative told us that they "couldn't be happier" with the home and the staff. Individualised care plans provided staff with clear guidance and information about people's care needs and their preferences. People told us the management team were open and approachable. The registered manager encouraged feedback about the quality of care and support provided at the home. Complaints were fully investigated and responded to.

There were effective monitoring systems in place to ensure the home provided person centred care in a safe environment.

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?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Benets Court

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 checked whether the provider was 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 comprehensive inspection was undertaken on 16 October 2017 by one social care 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. The expert-by-experience supporting this inspection had experience in the care needs of older people including those living with dementia or with a physical disability and/or sensory impairment.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection, we spoke in detail with 11 people living at St Benets Court and two relatives. We also spoke with one visiting healthcare professional, the registered manager, area manager and provider as well as seven members of staff, including care, housekeeping and catering staff. We looked around the premises and spent time with people in the communal areas. We observed how staff interacted with people throughout the day, including during lunch. We reviewed a number of records relating to individual care and the running of the home. These included four care and support plans, three staff recruitment files as well as records relating to staff training, medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

People told us that they felt safe living at St Benets Court. One person said, "Of course, I feel safe here, well protected" and another said, "I'd say so". Relatives also told us they felt people were safe: one said, "I'm very confident mum is safe".

People were supported by staff who knew how to recognise and report abuse. Information on safeguarding people from abuse was displayed in the office. The registered manager had reported any concerns over people's safety and welfare appropriately.

Risks to people's health and safety, including those associated with healthcare conditions, were assessed and management plans in place to reduce these. Staff were aware of how to support people safely. We observed staff supporting people who had limited mobility and this was done safely and at each person's pace. Accidents and incidents were recorded and reviewed by the registered manager and the provider. This helped the management team ensure that action to mitigate further risks was taken and to help identify people's changing needs.

People were supported by sufficient numbers of staff both during the day and at night. At the time of the inspection, there were six care staff on duty in addition to the registered manager. Overnight the home employed two waking care staff. The home also employed catering, housekeeping and laundry staff who were on duty each day of the week. One person told us, "They [staff] always come when I need them." Staff and relatives also told us there were enough staff on duty. Throughout our observations, we saw call bells were answered promptly and staff spent time with people in the communal areas. This indicated there were enough staff on duty to meet people's needs.

Staff were recruited safely. Staff files showed the registered manager had undertaken the necessary pre-employment checks to ensure staff were suitable to work at the home. These included disclosure and barring (police) checks, references and proof of identity.

During the inspection, we observed some people receiving their medicines: people received these safely and as prescribed. Only staff who had received training in the administration of medicines and had been assessed as competent by the registered manager gave people their medicines. Records relating to the receipt, administration and disposal of medicines were well maintained.

The environment was clean, tidy, and well maintained. Equipment used to support people's care, such as hoists, was serviced regularly to ensure it remained safe to use. Fire safety checks and personal evacuation plans were completed. Staff received regular fire safety training. Protective clothing such as aprons and gloves were available throughout the home for staff use. At our inspection in August 2015, the registered manager told us there were plans to improve the laundry and food storage areas. At this inspection, we saw the alterations had been completed. The food storage area was enclosed and separate from the laundry area.

Is the service effective?

Our findings

People were supported by staff who were appropriately trained and supervised for their roles. People and relatives said they thought the staff were well-trained. Staff told us and records showed staff had received training in topics relating to people's care needs, such as dementia care and end of life care, as well as health and safety topics including moving and handling and infection control. All staff had recently received training in relation to equality, diversity and human rights. The training included scenarios which considered people's diverse needs including those related to disability, gender, ethnicity, faith and sexual orientation. Staff told us they felt very well supported in their role. One said, "I love my job" and another said, "I love it here."

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 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).

We checked the service was working in accordance with the principles of the MCA and found that they were. People living in the home were able to consent to their day-to-day care and support. However, the registered manager told us there were some people who would be unable to consent to more complex decisions such as medical intervention. Where this was the case, appropriate assessments had been completed and best interest decisions were documented. DoLS applications had been submitted where needed for those people who would be unsafe to leave the home without supervision. Due to the high number of applications received by the local authority, these applications were awaiting authorisation.

People told us they enjoyed the meals provided. One person told us, "The food is excellent. We have plenty of choice, you pre-order and if you don't want it they will change it. I am happy with what is offered." Another person said, "We always get cake or biscuits in the morning and afternoon." We observed people having their lunchtime meal. Staff checked with people what they would like and the food was well presented. One person had changed their mind about what they would like to eat and they were provided with an alternative. One relative told us their relative liked to have ice cream every day and that staff always made sure they had this. We saw in this person's care records that this was included with the information about their food preferences. People who were at risk of not eating or drinking sufficient amounts had their intake monitored. A 'nutritional champion', (a member of staff identified to undertake this specific role) ensured people's nutritional needs were kept under close review and when necessary liaised with relevant health professionals, such as dietitians.

People were able to see health and social care professionals when needed. People were seen regularly by the GP, district nurse, and other relevant professionals such as a dietician as needed. Prior to the inspection, we received positive feedback from two health and social care professionals about the quality of care

provided to people at St Benets Court. During the inspection, we spoke with one health care professional. They said they were confident in the staffs' ability to meet people's health care needs and staff reported promptly any concerns over people's health.

Is the service caring?

Our findings

At our previous inspection in August 2015, people spoke very highly of the staff. At this inspection, they continued to praise the staff's kindness. They described staff as caring and compassionate. One person said, "They [staff] are very caring" and another said, "The staff are very compassionate, when I first came in they came in to check on me during the night and offered me a hot drink." A relative told us that they "couldn't be happier" with the home and the staff.

Throughout our inspection, we observed staff interacting with people in a friendly and respectful manner. Staff were seen in conversation with people and there was lots of laughter between them. Staff were patient when supporting people and they did so in a way that promoted their independence, choice and dignity.

Staff knew people well and were able to tell us about people's preferences, interests and the people who were important to them. The registered manager said they always asked people about their important relationships before they moved into the home and they encouraged people to maintain these after they moved in.

People were supported to be involved in planning and reviewing their care. Records showed care plans were reviewed monthly and people had signed their plans to demonstrate their involvement and agreement. Relatives were also involved where this was appropriate.

Privacy and dignity was respected. We saw that doors were closed during personal care and staff knocked before entering a person's room.

Staff were respectful of people's cultural and spiritual needs. During the inspection a religious service was held in the home and people received individual visits from the Chaplain and church representatives.

St Benets Court was able to support people to receive care at the end of their lives. People were asked about their wishes at this time and we saw these had been recorded in people's care plans. The home had recently received a letter of praise from a family member whose relative had received end of life care. The family praised the staff and described the care their relative received as "absolutely wonderful".

The home worked closely with the local hospice for training, guidance and support for people receiving palliative (end of life) care. Care plans were developed specifically about people's wishes and care needs. The registered manager had been involved in a palliative care consultancy initiative involving a London university hospital and a consultant in anaesthetic and critical care. This looked at how people's wishes are discussed with the person, their families and healthcare professionals should they become critically ill.

Is the service responsive?

Our findings

People received care that was responsive to their needs and respected their choices and preferences. Each person had a care plan that described their individual needs and guided staff about how to promote people's independence and when and how to offer support. We looked at the care plans for four people with a variety of care needs. In addition to describing people's care needs and the support they require, the plans identified people's communication abilities and guided staff about how they should support people to communicate their needs and preferences. The registered manager and provider said they were giving consideration to improving the home's communication with people who had a sensory impairment by providing people with information in different formats.

The home had a timetable of daily activities. One member of staff co-ordinated social events and discussed with people their interests and hobbies and organised events around these. People told us they enjoyed the activities saying, "They encourage us to do things." During our inspection we spent time with people in the lounge room while they were participating in a quiz. Staff sat with people and used the quiz questions to promote conversation about people's experiences. At other times, we saw staff engaged with people doing crossword puzzles and painting some people's nails. A pictorial record was kept of people's involvement with activities. Fund raising events took place throughout the year to raise funds for social activities. Records showed people were consulted about how they wished to spend this money and on planning forthcoming events, which included trips to local places of interest.

People and relatives said they knew how to make a complaint. They said they could talk to any member of staff or the registered manager who they described as being "easy to talk to." The complaints procedure and policy were accessible for people in the main entrance. When complaints had been received, these were recorded and addressed in line with the policy. People told us minor issues were dealt with informally and with a good response. One person told us, "I have no complaints whatsoever." One relative said they had raised a concern when their relative had first moved into the home. They said the matter had been dealt with promptly and had not reoccurred.

Is the service well-led?

Our findings

The home had a registered manager who had worked at the home for many years. 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, relatives and staff said the home was managed well. The registered manager was described as "approachable" and "very nice". A deputy manager and a number of senior care staff supported the registered manager in running the home. During the inspection we saw the registered manager engaging with people and it was clear they knew people well and their relatives well. The registered manager had a vision for the home which the staff described as providing people with high quality care in a homely environment.

An area manager, responsible for supporting the five homes, and the provider visited the home regularly to meet with people and staff and to undertake quality monitoring audits. These audits were undertaken to review whether the home was managing people's medicines safely; that care plans were accurate and up to date; whether there had been any accidents and whether the home had received any compliments or complaints. Health and safety checks of the environment and equipment were also made.

Regular meetings between the registered manager and staff as well as for people and their relatives were held every two months. We saw these meetings communicated updates in the home and asked for feedback. An annual survey was used to formally gain the views of people, their relatives and staff regarding the quality of the services and support provided by the home. The results of the recent survey undertaken in September 2017 showed a very high level of satisfaction. The providers also used care home review website to review feedback from people and their relatives. Between January 2017 and the time of the inspection the home had received six reviews, all of them were favourable.

The registered manager met regularly with the other registered managers within Coastal Care Homes Ltd to discuss care and management issues, including learning from others' experiences, reviewing professional guidance and celebrating good practice. They understood their responsibilities in relation to notifying Care Quality Commission (CQC) of important events or incidents in the home. The registered manager kept their knowledge and skills up to date by attending training courses, local care forums with other care providers and health and social care professionals.