Malcolm Victor John Burkett

The Downes Residential Care Home

Inspection report

Foundry Hill
Hayle
Cornwall
TR27 4HW
Tel: 01736 754400
Website: www.thedowneshayle@gmail.com

Date of inspection visit: 29 October 2014
Date of publication: 15/06/2015

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

Overall summary

This was an unannounced inspection which took place on 29 October 2014.

The Downes Residential Care Home provides care without nursing for up to 17 people, most living with dementia. The service has 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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe and their rights and dignity were respected.

Summary of findings

Suitable arrangements were in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

People received the support they needed because there were enough suitably qualified and experienced staff. We saw the staff on duty had time to spend socially with the people in their care and could undertake their tasks supporting people without feeling rushed.

Systems to administer and manage medicines were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

Staff were positive about working for the provider and felt well supported. They received regular training to make sure they had the skills and knowledge to meet people's needs.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to them between meals to ensure they received adequate nutrition and hydration.

People living at the home had freedom of movement both inside and outside the home. They were involved in decision making about their personal care needs. We saw no restrictions on people's liberty during our visit. However, the main stair lift was not in operation due to mechanical failure which meant some people living on the first floor of the service were unable to come down to the ground floor. The provider had taken action to address the issue and informed people to whom it affected most.

The provider had their own quality assurance and auditing processes in place to monitor the provision of care. However people's views about their experience of the service were not recorded. People told us the manager spoke with them on a regular basis both individually and in a group setting about their care and support but the home did not have a formal quality assurance system to evidence what people thought of the standards of care and treatment.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at two staff records and found all checks were taking place prior to employment to ensure staff were suitable to work with people who may be vulnerable.

People were provided with information about the home including how to raise concerns and complaints. The procedure clearly explained how a complaint should be made and reassured people these would be responded to appropriately.

The registered manager and staff members were both clear about their role and responsibilities and were committed to providing a high standard of care and support to people who lived at The Downes Residential Home. A computer based mobile care monitoring system was being used which enabled staff to register any form of care and support provided to people using a 'fob key pad'. This was centrally recorded and gave a complete audit of the care and support provided.

Summary of findings

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

People were kept safe because the provider had procedures in place to protect them from abuse and unsafe care.

People had their health and welfare needs met by sufficient numbers of appropriately trained staff.

People were protected against the risks associated with unsafe use and management of medicines.

Suitable checks were taking place prior to employment to ensure staff were safe to work with people who may be vulnerable.

Is the service effective?

Good

The service was effective. People received appropriate care which met their needs and protected their rights.

Staff had access to a range of training to meet the individual and diverse needs of the people they supported.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

Is the service caring?

Good

The service was caring. People were supported by responsive and attentive staff who showed patience and compassion to the people they were supporting. Staff respected people's privacy.

People were supported to express their views and wishes about all aspects of life in the home.

Staff knew the people they were caring for well and communicated with them sensitively.

Is the service responsive?

Good

The service was generally responsive to peoples' needs but adequate arrangements had not been made to compensate for the breakdown of a chairlift.

People participated in a wide range of activities which kept them entertained and stimulated.

People's care plans were personalised and had been developed with them to identify what support they required and how they would like this to be provided.

People knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good

The service was generally well led. However, the service had not notified the Care Quality Commission of the lift breaking down.

People that use the service said they were happy with it but the provider was not able to demonstrate formally how the views of people using the service were listened to and acted upon.

The provider had clear lines of responsibility and accountability. Staff were clear about their role and were committed to providing a high standard of support to people in their care.

The Downes 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 checked 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 of the service Under the Care Act 2014.

This inspection took place on 29 October 2014 and was unannounced.

The inspection team consisted 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. The expert by experience for the inspection of The Downes Residential Home had experience of services supporting people who required care, due to age related needs and dementia conditions.

In order to find out some of the experiences of people that could not tell us about the service we used our Short Observational Framework for Inspection (SOFI) tool for two 30 minute periods in the morning and afternoon in two lounges.

During this inspection we looked at care plans for four people, two staff files and documents in respect of the homes quality assurance systems and medicine processes. We spoke with the registered manager and the deputy manager for The Downes Residential Home. We also spoke with five staff on duty and two relatives. Prior to and following the inspection we spoke with three professionals including social workers and health professionals who provided services at The Downes Residential Home.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse and unsafe care and treatment. Staff had training in how to safeguard people from abuse. The service also had policies and procedures to manage safeguarding issues. These were designed to protect people from harm. Staff understood the process of raising safeguarding concerns and who to raise them with. They were confident the service would take action to address concerns raised. This demonstrated staff had the knowledge and understanding to recognise and report abuse to the right person when such signs were noticed.

Systems in place for care planning and support, took account of how risks were managed and the impact of those risks to people using the service. For example a person who liked to walk outside the home but was identified as at risk because of their dementia condition, was assisted to do so by staff on duty. Staff told us they felt risk management was an essential part of delivering care safely.

People had their care needs met because there were enough suitably trained and experienced staff. Staff had time to spend with people. Staffing levels were meeting the needs of people living at the home. Staff told us the stair lift had been out of service and they were making sure they spent more time checking people in their rooms. People told us staff were available to support them when they needed them. Call bells were responded to in a timely manner and people told us they did not usually have to wait long before somebody answered them.

There were records in place to monitor accidents and incidents. The registered manager audited these records monthly to see if any patterns or trends were occurring in order to help ensure people's safety was being managed.

We looked at three staff recruitment records. We saw evidence of pre-employment checks being undertaken. There was evidence of reference and Disclosure and Barring Service (DBS) checks undertaken. The records showed staff did not work in the service until satisfactory disclosures had been received. This showed staff were only employed when all checks had been verified.

We spoke with people about the management of their medicines. They told us they had provided consent for staff to administer their medication and had no concerns. One person said, "I am happy they look after my medicines for me. They make sure I receive my tablets when I need them. It's less for me to worry about".

Medicine administration records (MARs) showed people were receiving their medicines when required and in the doses prescribed. Records showed morning medicines had been signed for. We checked this against individual medicine packs confirming all administered medicine could be accounted for.

Medicines were stored safely. Some medicines which required additional secure storage and recording systems were used in the home. Storing medicines safely helps prevent mishandling and misuse.

Good

Is the service effective?

Our findings

People told us they felt well supported by staff and were able to make day to day choices. For example getting up and going to bed when they chose to. Comments included, "I can get up when I want and go to bed when I want. The carers always knock on my door. The meals are alright, I can't grumble. I do get a choice of food." Also, "I get up when I wake up and in the evening they pop in to make sure I'm OK. I go to bed when I feel like it".

There were a range of external healthcare professionals and therapists involved in individual care, treatment and support for people where a need had been identified. For example, dieticians, physiotherapists. This demonstrated the service recognised where specialist support might be required and made appropriate referrals.

Records showed people received a nutritional assessment following admission to the service and people's dietary needs were recorded including personal preferences. For example one person told us they liked the choice of meals and preferred to eat a later breakfast. This was provided to the person later in the morning. They told us, "Meals are very good; I have a choice of food. The chef is a real gentleman; he visits my room to ask what I would like the next day".

We ate lunch with people using the service. They told us it was a time they liked to get together and have a chat. They told us they had a daily choice and the chef spoke individually with them each day to ask for their choice. The atmosphere was relaxed and staff provided people with appropriate assistance. Staff were engaged in conversation with those they were assisting. People responded positively with this approach by smiling and laughing. Some people chose to eat their meal in their individual rooms. Two people who were unable to access the dining room due to the lift breakdown were provided with meals in their room. One person who was cared for in bed was discreetly observed by staff at regular periods. This was important to the person as they valued their independence. This was recorded in the person's risk assessment and review so staff understood the reasons for regular monitoring during meatimes. A choice of hot and cold drinks were available to people throughout the day, and we observed staff encouraging people to drink to reduce the risk of dehydration.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. They demonstrated an understanding and knowledge of the requirements of the legislation. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. We looked at training records for the staff team and saw all staff were registered to receive training in the MCA and DoLS. Staff told us training had helped them understand where restrictive practices meant people may be deprived of their liberty.

People who required advocacy support received it. For example where a person lacked mental capacity there was evidence of involvement of an Independent Mental Capacity Advocate (IMCA). An IMCA represents people's views when the person does not have family members or a friend to represent them. Their involvement had been clearly recorded to help protect the rights of the person who used the service.

Staff told us they felt the way they were introduced to their role was good. One person said, "I hadn't done this work before but I feel I had a really good induction and the manager and colleagues all helped me get into the role". Another staff member told us training was important to them and they had good access to it. The provider had a training plan in place. Staff had access to a structured development training programme. All staff received the homes mandatory training covering health and safety, manual handling techniques, food hygiene, challenging behaviour, safeguarding, personal care, dementia and medicine administration. Staff told us they were supported by the registered manager through supervision on a regular basis. This showed staff had the support they required to undertake their roles.

Good

Is the service caring?

Our findings

People told us they thought the staff team were patient, listened to them and responded in a kind and caring way. "Yes the staff are kind to me, they treat me with respect, they talk and listen to me, they are very understanding." Also, "The staff are kind me and I have a laugh with them, they do show respect". One person told us they felt staff did not always have time to speak with them. We did not find people were being ignored or that there were not enough staff on duty to spend time with people. We did inform the registered manager of this comment so that they were aware of this issue and could take steps to inform staff.

People living at The Downes Residential Home had a range of care needs. Staff recognised this and responded appropriately in a caring and sensitive way. Where staff were assisting people to move from wheelchairs to lounge chairs we saw they took time to explain to the person what was happening. They were patient and spoke with them personally throughout the process to put them at ease. They completed tasks like this in a caring and compassionate way. Some people were independent and went out to a day care centre or spent time with other people in lounge areas around the home. Other people required more support from staff. For example staff responded to a person with communication issues by spending time with them at regular intervals throughout the day. Another person who demonstrated behaviour associated with dementia engaged positively with staff by smiling and giggling. One person said, "Yes the staff are kind to me, they treat me with respect, they talk and listen to me, they are very understanding."

People were treated them with dignity and their privacy was respected. One person said, "Staff always knock on my door and I tell them to come in. They are very good." People said when staff were providing personal care, doors were closed and staff asked if it was alright for the curtains to be drawn. We observed that this was routine on the day of the inspection. As we were shown around the home staff knocked on people's doors and introduced us. They told people why we were visiting the home and asked if they would like to speak with us.

The registered manager was able to describe the end of life care arrangements in place to ensure people had a comfortable and dignified death. This included consultation with other professionals and relatives. We looked at care plan documentation and saw evidence that plans called 'priorities in care' were in place. This is a record of a persons' needs and wishes and those close to them to plan for end of life support. Staff and management recognised the importance of people receiving good end of life care and that their families' needs were recognised as well.

We observed staff providing care to people in two lounge areas. Interactions between staff and people were positive with no negative interactions. People were spoken with in a caring and respectful way. People responded positively to this approach from staff. Staff sat down with people and engaged with them, taking time to listen to what the person was saying. People were encouraged to talk about topics they knew they liked. For example, "If the weather was nice today we could have gone around the garden because I know you like doing that". The staff member then followed this by talking about days when they had been in the garden. The person responded by smiling and laughing. Staff told us they liked to engage with people about personal interests and what was important to people. Staff knew about peoples life histories which helped them understand the person more and engage with people.

Staff asked people their choice around daily living, such as if they wanted to go outside. We observed staff talking with people in a light hearted and jovial way which people responded to positively by laughing and smiling. Staff knew what people liked. For example, one person said, "That cuppa is just how I like it, lots of milk and sweet". Staff were calm and patient with people and explained things well.

People said they were receiving safe and appropriate care which was meeting their needs. One person told us, "Yes, I feel safe in case I have a fall. Staff are marvellous, I am able to have a shower three times a week. Staff are quick to respond to my call bell, it doesn't take them long to get to me".

Good

Is the service responsive?

Our findings

A stair lift to the first floor was not operational due to mechanical problems. Two people were unable to access the ground floor because of this. The registered manager told us the lift was taking longer than expected to be repaired. It had been out of service for five days. We were informed the following day that the lift had been repaired and installed. One person told us "Since the stair lift broke, I have been confined to my room. I like to go out and to sit in the lounge. I enjoy joining in with the activities that are organised but I'm not able to do that now". Another person told us, Having my own land line phone is a great help. At the moment I am not able to join in with the activities as the stair lift is broken and I cannot use the stairs. My friends can visit when they want, at the moment they are not visiting as the stair lift is broken and they are unable to use the stairs".

People were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. Two people told us they enjoyed going to a local day centre and another person attended a weekly memory clinic. One person told us, "I look forward to going to the day centre I've met lots of new friends". There were large garden areas around the home. One person liked to go into the garden area and they told us, "I like it any time of year but in spring it's beautiful".

During the morning a game of skittles was taking place. People taking part were seen to be enjoying the game and it had generated a range of conversations between people taking part. The activity coordinator told us it was a popular exercise and generated a lot of conversation and interaction between people. Other people were engaging in crafts and painting. One person told us, "I have always liked painting and colouring and (a staff member) encourages me to carry on with this hobby".

People who wanted to maintain their religious practice were supported to do so. Clergy visited the home to provide communion for some denominations and some people were assisted to go to church. A relative told us, "My Mum has been taken to church the last few weeks by the manager."

One person was being visited by a number of friends from the church whilst we were at the service. They called weekly with various types of music and local information. Staff told us this meant a lot to the person.

Observations we made throughout the day showed staff were responding to people's needs. For example one person followed a staff member around for over 30 minutes. The staff member responded by engaging in conversation and encouraging them to assist with small tasks in the dining room. The person responded positively to this smiling and laughing.

Care plans we looked at were structured, individualised and took into account information about the person's interests and preferences as well as their health needs. There was evidence of people's life histories which staff told us had helped them to identify people's individual likes and dislikes. Staff told us they had been amazed by some of life stories provided by families. People told us they had been involved in the planning of their care and support plans. Comments included, "(the staff member) keeps me updated about what the doctor and nurse has to say because I can't always catch what they are saying. (The staff member) tells me in a way I understand things". Care plans showed evidence of good communication between staff and people using the service. For example, a staff member on duty was able to describe the individual needs and support for three people they were supporting as reflected in their care plans.

Care plans included information about people's specific health and social care needs. This included as necessary their dietary needs, healthcare, mental health and learning disability support. Care plans had been reviewed regularly; they were up to date and reflected the person's current needs.

The service used an assistive technology care monitoring system to record interaction with individual people by staff members. By using the mobile care monitoring system the registered manager was able to register times when care and support was being provided. This assistive technology system enabled staff to register any form of care and support provided to people using a 'key fob pad'. This was centrally recorded and gave a complete audit of the time, what care and support was provided and by whom. For example additional observations had been put in place for a person whose health had deteriorated. Additional support for the person had been recorded following review.

Good

Is the service responsive?

Staff told us they thought it was a good system because it helped to make sure peoples care and support was being reported accurately. However some said it was only accurate if staff used the reporting tool immediately after delivering support. The registered manager regularly reviewed times of response on a daily basis and shared any issues with staff so people's needs were being responded to when it was required.

People were provided with information about the home including how to raise concerns and complaints. The procedure clearly explained how a complaint should be made and reassured people these would be responded to appropriately. Most people we spoke with told us they were aware of the procedure. Comments included, "I think I would get help if I asked. I have not had any complaints". Contact details for external organisations including the Care Quality Commission had been provided should people wish to inform the organisation of their concerns.

Good

Is the service well-led?

Our findings

There was a clear management structure at the home. The staff were aware of the roles of the management team and they told us that the registered manager and deputy manager were approachable and had a regular presence in the home. The registered manager knew people well and understood their care needs. They had regular contact with the staff and the people who used the service. One person told us, "The manager is always here to talk to. We have a regular chat about things". Staff told us they felt supported and were always being provided with information and updates about people's needs.

Regular care audits were taking place using the assistive care monitoring system. The registered manager used this to update people's daily care and support needs as well as reviewing staffing levels based upon dependency levels. Audit reviews of procedure relating to care, treatment and safety were carried out by the management team. Procedures including safeguarding and medication were based upon current good practice guidance and legislative requirements.

People told us the registered manager spoke with them regularly. One person told us, "He is out here every day talking with me. It's good to see him take such an interest". Other people told us they were frequently asked about what they liked about living at the home as well as what could improve. One person told us, "We have been having a chat about Christmas and what we might like to do about having a sing along and what we want to eat. It can get very heated at times but we all get on in the end". It was evident the registered manager and staff regularly engaged with people and sought their individual and collective views.

Staff told had regular meetings about delivering care and support and they could speak with the registered manager whenever they felt necessary. They told us they had the opportunity to feedback their views of the service at formal meetings and informally as the registered manager encouraged staff to engage in discussion whenever they wanted. One staff member told us, "It's an open door and I feel confident to say what I feel if I need to. I feel supported to do that".

Staff told us they were encouraged to share concerns about care and any other issues with the registered manager. They discussed the services whistleblowing policy and told us they felt confident to use it to report any concerns.

Incidents and accidents were recorded and reviewed to ensure action was taken if any trends or patterns began to occur. Staff told us they recognised the importance of reporting accidents and incidents so that changes could be made. One staff member told us, "We always share information about accidents. It's important so that we know how to reduce the risk".

There were regular meetings taking place between the provider and registered manager to discuss quality assurance, governance and business planning. The manager told us they were provided with the resources they needed to develop the service. Whilst not inclusive this included flexible budgets for staffing, training, food and maintenance of the building. It was evident the management team were committed to developing the service for the benefit of people living and working at The Downes Residential Home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.