

Draycombe House Care Limited







Ferncross Retirement 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?		Good	
Is the service well-led?		Good	

Overall summary

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?

The service was safe.

We found staff had a good understanding of protecting people from potential harm or abuse.

We noted staffing levels were sufficient to meet people's needs. Also safe recruitment practices were in place to ensure suitable personnel were employed.

People's medicines were managed safely and medication was stored securely.

Good



Is the service effective?

The service was effective.

Training records evidenced staff were well-trained in order to be effective in their roles and responsibilities.

Care records of people who lived at the home contained people's recorded consent to care. The management team were knowledgeable about the MCA and DoLS and we observed people were not deprived of their liberty.

The registered manager had systems in place to monitor people's health. People were protected against the risks of malnutrition.

Good



Is the service caring?

The service was caring.

We observed staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

Staff worked hard at maintaining people's dignity and used a caring, respectful approach when engaging with individuals.

Good



Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families. This was so they could act on any comments straight away before they became a complaint.

Good



Is the service well-led?

The service was well led.

There was clear leadership at the service. The registered manager understood their legal responsibilities for meeting the requirements of the regulations.

Good



Summary of findings

A range of audits was in place to monitor the health, safety and welfare of staff and people who lived at the home.

The registered manager was approachable and demonstrated knowledge of people who lived at the home.

Ferncross Retirement 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 was an unannounced inspection visit carried out on 13 October 2015.

The inspection visit was carried out by an adult social care inspector.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the support and care people received at the service. They included the deputy manager, three staff and four people who lived at the home. We also contacted the Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home. The registered manager was not available during the inspection visit.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We had a walk around the building and looked at all areas of the premises. We looked at records and documentation which contributed to the running of the service. They included three recruitment of staff, two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Is the service safe?

Our findings

We observed and talked with various people and were able to confirm people who lived at the home were receiving safe and appropriate care which was meeting their needs. Comments included, "If you are asking me if I feel safe then yes the staff are very good and always around." People we spoke with told us they felt staff were aware of their needs and the support they required.

We had a walk around the premises and found call bells were positioned in rooms close to hand so people were able to summon help when they needed to. During the day we observed staff answered call bells in a timely manner. One person who lived at the home said, "The staff are good I don't wait long for assistance."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found on the first floor window restrictors were in place where they were required. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines. As a safety check staff recorded the temperature of the water on a regular basis to ensure people were kept safe.

We looked at staffing rotas and spoke with staff and people who lived at the home about staffing levels. People we spoke with found there was sufficient numbers of staff available to meet the needs of people who lived at the home. For example a staff member said, "Yes they are fine I feel we have enough time for the residents and care for them." Also, A person who lived at the home said, "I feel safe with the amount of people both staff and management to support me." The deputy manager informed us they continued to monitor staffing levels and were looking to increase the number of staff on duty at certain times of the day as people required more support. This would ensure their safety and provide staff with sufficient numbers to deliver the care people required.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. There was an up to date safeguarding policy available for staff to follow if they witnessed any signs of abuse. One staff

member said, "We have done our safeguarding adults training. I know what to do if I felt something was not right." Records confirmed safeguarding training was in place for all staff to complete and was regularly updated.

Care records of two people who lived at the home contained an assessment of their social and health needs. These included reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. For example risks covered the environment and falls. Records were personalised and covered what actions the registered manager would take to manage risk.

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by staff following incidents that had happened. For example one record we looked at described an incident in the home. The record provided information about how the service dealt with the incident. This was then followed by the action taken and what was agreed to reduce the risk of it happening again. We also found when an accident occurred to a person living at the home the action taken and outcome was recorded in their care plan so that staff had the information should they require it.

We looked at recruitment records of staff. Staff we spoke with told us the recruitment process was thorough and they could only start working at the home when all checks had been completed. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references.

We looked at how medicines were administered and records in relation to how people's medicines were kept. We observed medicines being administered at lunchtime. We found medicines were administered at the correct time they should be. We observed a staff member ensured medicines were taken, by waiting with the person until they had done this.

The service had introduced regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only staff trained in medication procedures were allowed to administer medication. We confirmed this by talking with the deputy manager and staff.

Is the service safe?

There were no controlled drugs being administered at the time of the inspection. However there was a separate locked facility available and the staff giving out medication was aware of the process when administering controlled drugs.

Is the service effective?

Our findings

From our observations we found people who lived at the home were receiving effective and appropriate care which was meeting their needs. We also confirmed this by talking with staff and people who lived at the home. Comments included, "I have only been here a short while but the staff know what care is all about." Another person said, "You get to know one another well with it being a small home, and the staff seem well trained in this job."

We looked at training records for staff members. Records showed members of staff had completed training in areas of safeguarding vulnerable adults and dementia awareness. Staff we spoke with told us they had a mandatory training programme to follow. Regular training that required updating annually included, first aid, and safeguarding adults. Records we looked at confirmed each staff member had a training programme. They identified when a particular course required updating and when training had been completed. One staff member said, "We do have regular training and learning sets. Training is not an issue here."

Staff told us they were also encouraged to further develop their skills by obtaining professional qualifications. For example one staff member told us they were keen to undertake a 'challenging behaviour' course. The deputy manager had put forward the staff to support them to complete this training.

Discussion with the staff member and observation of records confirmed they received regular supervision. These were one to one meetings held on a formal basis with the manager. The staff member told us they could discuss their development, training needs and their thoughts on improving the service. They said they felt supported by the registered manager and deputy manager who encouraged them to discuss their training needs and any other issues. A staff member said, "Yes I do have regular supervision. However you can talk to both [registered manager] and [deputy manager] anytime."

At lunch time we carried out our observations in the dining room. We saw lunch being served was relaxed and people were talking to each other and staff whilst eating their meal. All the staff made themselves available to support people who required help with their meals. Different portion sizes and choice of meals were provided as

requested. For example the main meal was Cumberland sausage and fresh vegetables. However one person had been served an omelette as she preferred that. We spoke with the person who said, "The staff are so good I am not keen on the meal and was asked what I wanted and it was no trouble." The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who required assistance with their meal were offered encouragement and supported in a sensitive manner.

People spoken with about the quality of food told us the meals were good. Comments included, "The food is better than a five star hotel." Also, "I love the homemade cakes and sweets we have." Snacks and drinks were offered to people between meals including homemade cakes. A staff member said, "Anyone can have a drink or something to eat any time they want."

Food safety, equipment and food temperature checks were up-to-date. People who worked in the kitchen had received 'food and hygiene' training. The service had been awarded a five star-rating following their last inspection by the Food Standards Agency. This graded the service as 'excellent' in relation to meeting food safety standards about cleanliness, food preparation and associated record-keeping.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the deputy manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The deputy manager demonstrated an understanding of the legislation as laid down by the MCA and the associated Deprivation of Liberty Safeguards (DoLS). The registered manager and some staff had also received training. Records we looked at confirmed that. The deputy manager told us it was the intention for all staff members to complete the training. Discussion with the deputy manager confirmed they understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection applications had been submitted to the

Is the service effective?

local authority and they were awaiting assessments to be carried out. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from

General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

People who lived at the home told us staff and the management team were caring, patient and kind. We did not receive any negative comments from people about staff being unkind or not caring. Comments included, "All the people here are so kind and willing to help."

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with respect and sensitivity. Throughout lunch we saw positive interactions between staff and people they were supporting. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the support and care they needed. One person who lived at the home said, "You have to admit all the staff and managers are so kind and caring. It is a very difficult job."

We were shown around the building. We noticed staff knocked on people's doors before entering. They would not enter until a response was given or they were aware the person was out. One person who lived at the home said, "They always knock and call out my name they are always respectful of my privacy."

Staff we spoke with had a good understanding of how people should be treated in terms of respect, supporting people who lived with dementia and dignity. One staff member said, "We have had training in dementia care and caring for elderly people." We saw examples of kindness towards people during the day. For example one person was getting anxious and moving around and verbally shouting. A staff member went over to the person and sat down with her. They gently spoke with her and calmed her

down. They then went for a little walk which the person who lived at the home seemed to enjoy. We spoke with the staff member later in the day who said, "You have to be patient, kind and willing to spend time with people."

We observed routines in all areas of the building were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the two lounges. A staff member said, "At the moment nobody stays in their room during the day they choose to be downstairs in the lounges which is nice."

We examined care records of two people who lived at the home. We found care records were comprehensive and checked people's individual preferences, likes, strengths and needs. We noted care plans were personalised to the needs of people they concerned. We saw evidence to demonstrate people's care records were reviewed with them where possible. Relatives were also contacted when people's care records required updating. Care plans were updated on a regular basis or when changes occurred. This ensured staff had up to date information about people's needs.

We spoke with people who lived at the home about visiting times and if there were any restrictions. We found friends and relatives were welcomed at any time. This was confirmed by talking with staff and the deputy manager.

The deputy manager told us people who lived at the home had access to advocacy services. Information was available that people including friends were aware of who to contact should they require the service. Although some people at the home were living with dementia at various stages the deputy manager felt, this was important. This meant it ensured people's interests were represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and had an understanding of their individual needs. By talking with staff we found most of the team had been at the home for many years. Two staff we spoke with told us they had been there for twenty years. One staff member said, "We know the residents well and how to respond to people. Many of us have lots of years experience of working here, I love it."

The registered manager encouraged people and their families to be fully involved in their care. This was confirmed by talking with people who lived at home. We noted in people's bedrooms, staff had access to information about their preferences and how they wished to be cared for. This meant the service ensured staff were informed of people's wishes and how best to support people living with dementia.

There was a list of activities displayed on a notice board in the reception area. Staff told us these could change if people requested other activities they would like. The deputy manager said, "With this being a small home activities can change daily. We ask people what they would like to do as the day goes on." On the day of our visit staff had cooked home-made cakes and people were going to decorate them in the afternoon. One person who lived at the home said "They asked me if I would like to put icing on the cake and I am looking forward to doing that and eating them."

Staff had recently taken people out for a day trip to Arnside for afternoon ice cream and a 'fish and chip' tea. People we spoke with told us they enjoyed the day. One person who lived at the home when asked about the trip said, "Yes I remember that it was a lovely day out."

There was a variety of items around the lounges to entertain people living with dementia. For example items

reminding people of the past such as kitchen equipment and books from the 1940's. One person who lived at the home said, "I love rooting through the old items on the table it reminds me of my younger days." Another said, "I enjoy playing 'skittles' with the staff I used to play when I was younger."

Care records of people who lived at the home were person centred. This meant they involved the person in planning their care. The details demonstrated an appreciation of people living with dementia. One staff member said, "We get as much information as we can from friends and family if possible. It is difficult when people suffer with dementia to obtain personal information but we try as best we can."

We found the service was responsive to people living with dementia for example signage around the home to support people living with dementia was evident. Pictures of activity events and pictures of the person outside their individual room were seen to remind people of events. This would help people be more familiar with their surroundings.

The service had a complaints policy in place which was given to all people who lived at the home, their relatives and advocates. This was to ensure people were aware of the process to make a complaint. We noted no complaints had been received over a long period of time. We spoke with the deputy manager who told us they had no complaints raised with them. However any issues that were brought to their attention would be fully investigated and responded to in line with their policy.

People we spoke with told us they would not hesitate to complain if they felt they needed to. One person said, "I have never had any reason to complain or shout about something. However, would if I had to. I would speak with the manager."

Is the service well-led?

Our findings

People who lived at the home we spoke with told us how supportive the registered manager and deputy manager was. Comments from people included, “[Deputy manager] is really nice and always has time for people. I think she is going to be the manager soon”. Also, “The home runs well The manager looks after everyone.”

People told us the atmosphere was relaxed around the home. We observed staff were not rushing around and saw the management team supporting carers in their role. One staff member said, “The manager is around and helps out all the time.”

We observed during the inspection visit the deputy manager was part of the staff team providing the care and support people required. One staff member said, “The manager is very supportive we all do the cleaning, cooking and care. The manager is part of our small team.” Although we had difficulty communicating with some people because of their living with dementia, people we spoke with knew who the registered manager and her deputy was. They told us they were always around and part of the staff team.

The registered manager who was also the provider had employed a deputy manager and she informed us they were looking to apply to register the new manager with CQC. We discussed the implications with the deputy manager who had previous experience of managing care services.

The service was well led and staff told us people were clear about their responsibilities and what the registered manager’s role was. Both the registered manager and deputy manager were spoken well of. One staff member said, “They are both hands on people and help out all the

time.” “Another said, “We are all like a family the manager is approachable and always available when you need her.” All staff members we spoke with confirmed they were supported well by the registered manager and deputy manager.

This is a small home run as a family environment, therefore, the views of people who lived at the home were sought by informal methods. For example staff told us daily they speak with people about the service and what they feel can improve. Relatives and friends were consulted for people who had difficulty communicating because they were living with dementia. One person who lived at the home said, “Every day they ask if everything is alright. If I want to change things the staff do listen.”

Staff meetings were held twice yearly and minutes kept of the meetings. One staff member said, “We do have meetings but only a few. We discuss any issues as they crop up. Mind you the manager is always willing to talk to us anytime”.

We found there were a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. The audits the management team were undertaking included the environment, medication and training for staff. Audits were taking place approximately every month. We looked at records of completed audits that ranged from, catering, medication, care plans of people who lived at the home and the building. We found for example when care plans had been audited their ‘life histories’ had not all been completed. The action plan was to ensure each person had a life history attached in their care plan. This was to be checked at the following audit. The deputy manager informed us how useful the audits had been to ensure the service continued to be monitored and improvements made where necessary.