

Mr Roy Kent

# Driftwood House

## Inspection report

Lynn Road  
Hunstanton  
Norfolk  
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Tel: 01485532241

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### 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

About the service: Driftwood House a residential care home for older people. It is situated in Hunstanton. The accommodation is located over two floors. There were 25 people living at the service on the day of inspection.

People's experience of using this service:

People's medicines were not always managed safely. Cleaning products were not always securely stored to prevent possible injury to people.

People and their relatives were positive about the registered manager and the owners of the service. There was a positive caring culture within the service. Systems were in place to monitor the quality of the service provision and to make any necessary improvements when shortfalls were identified, however these were not effective during the registered managers absence.

People and their relatives were complimentary about the care provided at Driftwood House. The environment was clean and comfortable.

People received effective care from staff who understood how to recognise and report issues of concern and potential abuse.

People were supported by sufficient and competent staff who knew people well and cared for them according to their needs and preferences.

The registered manager and staff were encouraged to maintain and develop their knowledge and skills.

Staff respected people's privacy and dignity and interacted with people in a caring and compassionate way.

People's health was well managed and staff had positive relationships with professionals which promoted people's wellbeing.

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 service supported this practice.

People were encouraged to maintain their independence and to make their own choices about where they spent their time and how. People were offered activities which they had the opportunity to join in.

The owners of the service had a visible presence and provided good support to the registered manager.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to medicines management and unsafe storage of cleaning products.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published 28 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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 not always safe.  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# Driftwood House

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Driftwood House is a care home which is registered to provide accommodation and personal care for up to 28 people. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced and took place on 21 February 2019.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the previous inspection report. We used all this information to plan our inspection.

During the inspection, we spoke with five people using the service, two relatives and four staff. We also spoke to the registered manager and the owners of the service. We looked at records of people who used the service including three care plans and seven medicines records. We looked at records relating to recruitment, training and systems for monitoring quality.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not always managed safely. When one person received a course of medicine for seven days, staff had continued to sign that the medicine had been given for a further seven days after the medicine had run out. This had not been identified by different staff members, who continued to sign even though the medicine could not have been given.
- One staff member directly touched the medicine causing a potential risk of it becoming contaminated and absorbed through the skin of the staff member.
- Systems were not always effective to check that people received their medicines as prescribed. The stock of three medicines were not correct and the staff member did not know why. The registered manager had been on annual leave and usually completed weekly audits to check the stock of medicines. A tally was usually kept so medicines could be counted after each administration to ensure they were correct. However, this was not in place on the day of inspection.
- Where people received medicines 'as and when required', there were guidelines in place about the reason it was required, when it could be given and the potential side effects. However, where people could take a variable dose of a medicine, for example, take one or take two, it was not clear when they needed each dose. Most people could make this decision for themselves and tell the staff member how many they wanted, however for those who couldn't, clearer guidelines were needed.
- Medicine records were not always kept securely causing a potential risk that some medicines may not be given. One medicine record was loose and fell out of the folder and another could not be located although was later found in a cupboard.
- The environment and equipment within the service was checked to ensure it was safe. However, cleaning products were left unattended in some areas, accessible to people at the service and not stored securely in line with the service's policy.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend that the registered manager reviews and implements current best practice guidance on medicines management.

- The local pharmacy completed a six-monthly audit of medicines and processes.
- Staff took time with people and were respectful in how they supported people to take their medicines.
- People felt safe at Driftwood House. One person said, "I feel very safe here mainly because of the way I'm looked after."

- Risk assessments were in place covering areas such as falls to provide guidance for staff on how to safely support people.

#### Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place. People were protected from harm and abuse as staff had received training in safeguarding and knew what to do if they had any concerns. There was information displayed about how to deal with concerns about potential abuse.
- Recruitment systems continued to be effective and ensured only suitable people were employed to work at the service.

#### Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. Staff were visible, call bells were answered promptly and staff had time to spend with people. Comments included, "The response to the call bell is good, I've never had to wait for long," and, "I have no concerns because staff always come quickly. Even when they are very busy I never feel rushed when they are helping me."
- The assessment of staffing levels took place to ensure these were adequate to meet people's needs.

#### Preventing and controlling infection

- The environment was clean and fresh. Cleaning staff were employed. One person said, "The home is very clean and my bedroom is cleaned every day."
- Staff received training in infection prevention and information about how to prevent the spread of infection was available in the service and was being followed.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager. Action was taken to prevent any future re-occurrence and to ensure continuous improvement such as updating care plans.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had assessments of their needs and abilities before they came to Driftwood House and a detailed care plan put in place to ensure these needs were met.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet.
- Staff received training in equality and diversity and understood people as individuals.
- Electronic care plans were in place and the system flagged up when these required updating. It also identified the policies and procedures that staff had read and needed to read to keep their knowledge up to date.

Staff support: induction, training, skills and experience

- On joining the service, staff received an induction, mandatory training and training specific to the needs of individuals, for example, dementia awareness.
- Staff completed the Care Certificate where they did not have care experience or had not achieved a National Vocational Qualification (NVQ). The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Competent and knowledgeable staff supported people. One person said, "They're all properly trained, even the new staff although they do have to learn the system here and to get know us."
- The registered manager was passionate about the development of the staff team and said, "I do praise my team and enjoy seeing staff develop in their key skills." Two of the senior staff had completed their team leader awards.

Supporting people to eat and drink enough to maintain a balanced diet

- People had home-cooked, which they enjoyed. Comments included, "Staff will always make me a salad or an omelette if I don't like the main course, and, "The food is excellent, I've never had anything I didn't like."
- People were offered choices of what to eat, where to sit and what to drink. One person said, "There is a choice of main course. They come around every day so we can choose what we want for the next day." Another person said, "I have my breakfast in my room but I have lunch in the dining room. I could have lunch in my room if I wanted to."
- The mealtime experience was relaxed and people were given support to eat where needed.
- The cook was knowledgeable about people's likes and dislikes and how they needed their food prepared. However, they were not aware that one person had diabetes and did not demonstrate an awareness of how to fortify foods naturally. The registered manager ensured that the cook had up to date information regarding people's dietary needs.



Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- Where additional input was required to promote people's wellbeing, referrals were made to appropriate professionals and recommendations were acted on.
- People were supported to maintain good health and medical appointments were recorded. One person said, "The chiropodist and the optician visit us in the home but we have to make our own arrangements with a dentist."

- Staff and the registered manager worked effectively with other organisations such as GP's and the district nursing team.

Adapting service, design, decoration to meet people's needs

- The service was well maintained and decorated. It was spacious with a large lounge, dining area and wide corridors.
- The service was accessible to people. There was a passenger lift to the second floor.
- Where required, technology such as sensor mats had been used to allow people the freedom to be as independent as possible. One person had a sensor mat near their bedroom door to alert staff when they left their bedroom which gave them the space to move freely around their bedroom as they chose. Some people had adapted cutlery and cups to help them to eat and drink, and maintain their independence.

Ensuring consent to care and treatment in line with law and guidance

- 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. Staff had a good understanding of the MCA and understood the importance of gaining consent before providing support.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people did not have capacity to make decisions, they 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 service supported this practice.
- Mental capacity assessments were completed. Where people did not have capacity to make a decision, this was made in their best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People felt well cared for at Driftwood House. Comments included, "The staff are pretty good, they are kind and caring and they look after me pretty well," and, "They [staff] really make a fuss of people. It's nice here, this is more like a hotel. So relaxed and it's lovely."
- In the Provider Information Return (PIR), the registered manager said, 'We pride ourselves in delivering person centred care in an organised team, giving them the care they need and ensuring they are listened to and have their rights and diverse circumstances respected at all times.'
- Staff had developed meaningful relationships with those living at Driftwood House and had a good awareness of people's individual needs and preferences.
- Staff showed caring attitudes and spoke with people about subjects they were interested in. There was lots of laughter and the atmosphere was relaxed.
- People could have visitors when they wished, who were made to feel welcome.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their care plans. One person said, "I know there is a care plan because I saw mine when I first came in but I'm not particularly interested in seeing it." One relative commented, "I am involved in the care plan. If it changes it is discussed and I know what is going in it."
- People were given choices about what they wanted to do and where they wanted to be within the service and the staff respected their choices.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "Staff have to do everything for me and they always treat me with dignity and we do have a laugh at times." and, "They [staff] always treat me with respect and they always maintain my dignity."
- People's independence was encouraged. Care plans included what people could do for themselves and what they needed help with. One person said, "I wipe and lay the tables ready for the meals."
- People's confidentiality and privacy was protected and records were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans included information about people's specific needs, routines and how staff should support them in a way they preferred.
- An activities co-ordinator was in post and activities included quizzes, crafts and gentle exercises. People were asked what they wanted to do and were happy with the activities on offer.
- There were connections with the local school and school children visited once a week and played games with people. This provided added fun and stimulation. Important events were remembered such as Valentine's day and Halloween.
- People were engaged and stimulated as staff spent time with them. One relative said, "The staff talk to [person] about photographs in their room and they play their record player and have a sing with them."
- People could express their spiritual needs. One person said, "I am a regular church goer and the people from the church collect me every week to take me bible study and to services."
- Staff found accessible ways to communicate with people by getting down to their level, speaking slowly and keeping eye contact to aid people's understanding.
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. Care plans identified people's basic information and communication needs to meet the Accessible Information Standard. However, plans could have more detail and the registered manager could further develop their knowledge in this area.

We recommend that the registered manager reviews the Accessible Information Standard to develop their knowledge and further develops the implementation of the standard within the service.

Improving care quality in response to complaints or concerns

- People felt confident in raising any issues or concerns they had directly with the registered manager or staff. One person said, "I have never had cause to complain but if I did I would complain direct to the manager and I would have no concerns in doing so."
- There were systems in place to respond to any complaints. The complaints procedure was on display for people to refer to.
- Any concerns were dealt with straight away so that they did not become formal complaints.

End of life care and support

- People were supported with end of life care planning to ensure a dignified pain free death.
- People's end of life needs had been met, as the registered manager worked closely with external health professionals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The latest CQC inspection report was available for people in the service but the rating was not clearly displayed. The registered provider's website did not display the rating or include a link to the report. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements. The registered manager took action to rectify this immediately.
- The registered manager completed audits on areas such as the environment, medicines and care plans. However, the auditing and management of medicines needed review to ensure that monitoring continued to be effective in the absence of the registered manager.
- Staff were kept up to date with any changes to people's needs through effective communication systems such as handovers and a senior's communication book.
- Staff were aware of the whistle-blowing processes. Although they felt well supported by the registered manager, staff told us they felt confident in escalating any issues they may have with the local authority and CQC if they felt they were not being listened to.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider continued to employ an established registered manager at the service.
- Staff were complimentary about the service. One staff member said, "The atmosphere is nice and everyone that works here are positive people."
- The registered manager was well respected. We received positive feedback from people and relatives about the way the service was being led. Comments included, "[Registered manager] is definitely approachable and I think they manage the service well,"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and the staff team knew people and their families well which enabled positive relationships and a good quality of life for people using the service.
- The service sought the views of people living at the service informally and through meetings. Improvements were made based on people's suggestions, for example, more pasta on the menu.
- Staff meetings were held and staff felt supported. Comments included, "I feel well supported and we have staff meetings to discuss how to resolve any issues."

#### Continuous learning and improving care

- Information gathered from audits and from the review of incidents and accidents was used to develop the service and make improvements.
- The registered manager had an open and positive approach to feedback and to developing the service.
- The registered manager was committed to developing their skills and knowledge and had recently completed a Level 5 Diploma in Management in Health and Social Care.

#### Working in partnership with others

- The registered manager and staff team worked closely with community health professionals to ensure the best outcomes for people.
- The registered manager attended networking meetings to keep their knowledge up to date and to share best practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected against the risks associated with the unsafe management of medicines Regulation 12 (2) (g)  People were not protected against the risks associated with the unsafe storage of cleaning products Regulation 12 (2) (d)