Mr Roy Kent

Driftwood House

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

This inspection took place on 16 August 2016 and was unannounced.

Driftwood House provides accommodation and residential care for up to 28 older people, some of whom may be living with dementia. At the time of our inspection, the home was providing support to 22 people.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living at Driftwood House and there were enough staff to meet their needs. Effective systems were in place to help keep people safe. Staff had received appropriate support and training which enabled them to identify the possibility of abuse and take appropriate actions to report and escalate concerns. Risks to people were assessed in detail, and plans to mitigate risk were responsive to people's needs and managed appropriately. There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work. This ensured people were supported by staff that were suitable for their role.

There were systems in place to monitor the safety of the environment and equipment used within the home, minimising risks to people. Medicines were managed, stored and administered safely.

There were processes in place to ensure new staff were inducted into the home appropriately and staff received regular training, supervision and appraisals. Staff were aware of the importance of gaining consent for the support they offered people. The registered manager and staff were able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required. People received enough to eat and drink to meet their individual needs.

Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences as to how they liked to be supported. Staff spoke with and treated people in a respectful and caring manner and interactions between people, their relatives and staff were relaxed and friendly.

People received care and treatment in accordance with their identified needs and wishes. Care plans documented information about people's personal history, choices and preferences, preferred activities and ability to communicate. Staff respected people's privacy and dignity. People were supported to engage in a range of activities that met their needs and reflected their interests.

The atmosphere in the home was open, friendly and welcoming and the registered manager and staff were approachable. Visiting professionals found the registered manager and staff to be approachable and easy to work with.

There were systems and processes in place to monitor and evaluate the quality of the service provided. There was a complaints policy and procedure in place.

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 was safe.

Risks to people's safety had been assessed and actions taken to reduce the risks of them experiencing harm

Systems were in place to help protect people from the risk of abuse.

There were enough staff to meet people's needs and to keep them safe.

People received their medicines when they needed them

Is the service effective?

Good

The service was effective

Staff had received the training they needed to ensure people's needs were met. Staff were given regular supervision and support.

People received support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met.

People had a choice of food and drink, and received enough to meet their needs.

Is the service caring?

Good

The service was caring.

People we spoke with said staff were kind and caring and were very complimentary about the care and support staff provided.

People and their relatives were involved in making decisions about their care when they wanted to be.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

Is the service responsive?

Good

The service was effective

Staff had received the training they needed to ensure people's needs were met. Staff were given regular supervision and support.

People received support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met.

People had a choice of food and drink, and received enough to meet their needs.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post who promoted an open culture and was approachable to people and staff.

There were effective systems in place to monitor the quality and safety of the service provided.

Driftwood House

Detailed findings

Background to this inspection

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

This inspection took place on 16 August 2016 and was unannounced. The inspection team consisted on 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 service.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority quality assurance team.

During the inspection, we spoke to four people using the service, three members of staff as well as the registered manager of the home. We also spoke with three relatives of people living at the home and a visiting professional. We observed how care and support was provided to some people who were not able to communicate their views to us. To do this we used the 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 reviewed records associated with the care of three people, and the medicines records of ten people. We checked recruitment records for two staff and training records for the staff team. We also reviewed records associated with the safety, quality and management of the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living in the home. People told us that they felt safe because staff were kind and supportive. One person said, "I feel safe because everyone is looking after me." Another person told us, "I feel very safe here actually, they lock the doors and there's always someone about."

We looked at the provider's policies and procedures in place for the safeguarding of adults at risk of abuse. We saw that there was information displayed containing the local authority's safeguarding team contact details. This meant that the information staff needed if they wanted to raise a concern was available. The manager told us that safeguarding training was updated every year for all staff and discussed at every supervision. Records we reviewed confirmed this. When we spoke to staff about their training in safeguarding, they were able to tell us what they had learnt, and what types of abuse the people they supported were vulnerable to. We were therefore satisfied that the provider had systems in place to help protect people from the risk of abuse.

We saw that people's care plans contained assessments of risk to which each person was exposed. Levels of risk had been identified and measures to reduce these risks implemented. All the people we spoke with told us that they did not feel restricted by the management of these risks. One person said, "There are no restrictions in any way." This meant people's freedom was supported and respected whilst keeping them safe.

The records we looked at contained assessments that were completed by the registered manager, and involved people, their relatives or social worker where appropriate. This included risks in relation to falling, eating and drinking and the use of specialist equipment. There was clear information within these records providing staff with guidance on how to reduce these risks. Staff we spoke with could tell us about how they followed this guidance. Risk assessments were reviewed together with people's care plans on a six monthly basis, unless there was a change in need before this.

We spoke with the registered manager and the owner of the home regarding how they ensured they could safely meet the needs of people wishing to move into the home. They told us that they were clear as to the level of need they could meet for people and completed assessments to identify the level of support required.

Accidents and incidents involving people's safety and for staff were recorded and responded to in a timely way. We looked at those recorded and saw that where staff had identified concerns they had taken action to address them to minimise the reoccurrence of risks. This is important as it reduces the risk of a reoccurrence of the incident.

People had detailed individual evacuation plans in place, which detailed the support they needed to evacuate the building in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. We saw from the records that regular fire alarm tests and evacuation drills were included.

The registered manager completed a fire risk assessment for the home. We were satisfied that the manager had taken the necessary precautions in relation to fire safety at the home.

The home did not have a formal contingency plan to be implemented in the event of an emergency, for example if the building had to be vacated for any length of time. The registered manager agreed that this should be completed.

There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw certificated evidence that showed equipment was routinely serviced and maintenance checks were carried out. Hoists, gas appliances, electrical appliances, legionella testing and fire equipment tests and maintenance were routinely maintained and serviced.

Together with the registered manager, we inspected the premises and we found it was very clean and all the facilities and equipment was appropriately maintained. The home had recently had an infection control audit undertaken by the local authority. This audit highlighted a number of actions to be implemented. We checked to see if these had been actioned and saw that they had.

There were safe staff recruitment practices in place and we saw appropriate recruitment checks were conducted before staff started work. This helped to ensure that people were supported by staff that were deemed as being suitable by the provider for their role. Staff we spoke with confirmed this had taken place when they commenced employment.

Staff we spoke to felt that staffing levels were appropriate to meet people's needs. We looked at staffing rotas, which evidenced this. During our observations, we saw that there were staffing levels that enabled people's needs to be met in a timely way. People we spoke with told us that they were happy with the number of staff available to support them. One person told us, "There are enough staff, I feel safe with them with me."

We spoke to people about the medicines they received. They told us that they received their medicines on time, and that they were supported to take them when needed. One person told us that they needed minimal support and that staff respected this, only providing the help that they needed, which promoted their independence.

We saw that medicines were managed and administered safely. We observed a member of staff administering medicines correctly and safely to people. Staff told us that they had received training for this. We looked at medicines management training, competency and supervision records for staff. These confirmed what staff had told us and showed that they had received training on a regular basis.

We looked at people's medication administration records (MAR). We noted that on two occasions a staff member had not initialled to confirm that the medicines had been taken. Staff made entries on the MAR at two stages. Firstly, they marked the record with a dot to show the medicines had been dispensed, then entered their initials to confirm it had been taken. On both the occasions where saw that initials had not been entered, we saw that a dot had been entered. This meant that although the medicine had likely been administered, it could not be confirmed that they had been taken or refused. The registered manager agreed that this should have been noticed in the checks carried out by the next member of staff administering medication. They agreed that they would speak with the staff involved and review to see if there procedures should be changed.

People had an individual medicines profile that detailed allergies. Staff were able to tell us what each

medicine was for and any risks or special requirements for administering it, for example people who took Alendronic Acid needing to have this one hour before eating.

The home completed an audit of medicine administration and stock levels every month, unused medicines were returned to the pharmacy at the end of each cycle. Temperatures of the medicines cabinet and fridge were recorded on a daily basis.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills required to enable them to carry out their roles., All of the people and their relatives we spoke with felt that staff were well trained.

From our discussions with staff and our review of the records, we found that staff had the knowledge and skills required to meet the needs of people living in the home. Training records evidenced that all the staff had completed an induction and training programme that the provider considered essential. The training programme included food hygiene, fire safety, manual handling, first aid, administration of medicines, safeguarding adults, health and safety and infection control. This training was refreshed annually.

A recently recruited member of staff told us that they were completing an induction programme and was spending their first week shadowing experienced staff members. The home had a detailed and planned induction programme for staff to complete. This included familiarisation of the home and introduction to the people living there. Also covered was the understanding of policies and procedures, standards expected of staff and the daily routines of people living there. The staff member told us that they felt very supported by the registered manager and their more experienced colleagues. The registered manager told us that the new staff member would commence completion of the 'Care Certificate', which is a nationally recognised qualification for the induction of staff new to social care.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a good understanding of the MCA and DoLS. They told us that currently nobody living at the home had required for an application for a DoLS authorisation to be made on their behalf. They also told us that they had spoken to the local authority DoLS team in order to determine this and seek advice when required. Staff we spoke with confirmed that they had completed training in this area, and were able to tell us about the importance of seeking people's consent and ensuring that they worked in their best interests.

Staff told us that they received supervisions every three months. We looked at records that confirmed this. The provider has an annual appraisal system in place which staff are required to contribute to. The supervision and appraisal of staff is an important aspect of their development as a care worker, and an opportunity to review their performance.

We saw that people's dietary needs had been assessed and they were supported to have a heathy and balanced diet. All the people we spoke with told us that the food was good or very good. People said that there was always a choice, but if they did not want what was on offer, then they could ask for an alternative. One person told us that they received an alternative that was easier for them to eat because they used dentures. Another person told us, "The food is quite varied, I was pleasantly surprised." During our observation, we saw two people having a discussion after their meal reflecting how much they had enjoyed it.

We spoke with the cook who told us that they attended the residents' meetings and asked if people would like to make any alterations to the menu. The cook knew which people required a specific diet or had intolerances to certain foods.

We saw that choices of hot and cold drinks were offered throughout the day. We saw that people who chose to remain in their rooms had drinks provided to them. People who were at risk of not drinking enough were encouraged politely and reminded that they needed to drink. Records of people's intake of fluids were maintained, however we noted that on two occasions recently this had not been recorded fully. We spoke to the registered manager about this who agreed that they would speak to the staff about this and increase the daily checks of records that they undertake. We concluded that people had enough to eat and drink and that people were satisfied with the choice and quality of food provided.

People's records showed that advice had been sought from other healthcare professionals where this was needed to ensure people's health and welfare. We found that people were referred to their doctor promptly when they became unwell. People told us that they were able to see a doctor whenever they wanted. One person said they ask the staff and that the staff made the arrangements. The home arranged regular visits from an optician and a chiropodist. We were therefore satisfied that people were supported with their healthcare needs.

Good

Is the service caring?

Our findings

At this inspection, we observed staff speaking with and treating people in a respectful and dignified manner. Staff were friendly and warm to people, and paid them compliments. For example, one person living at the home had dressed very smartly for dinner, and staff told them how glamorous and fantastic they looked.

One person said, "I honestly really can't fault them. They're all very friendly and they'll always come and sit and chat with me." Another person told us, "They are very caring and we have a laugh together, you couldn't do better in your own home."

People told us that their requests for support were met in a timely way and that this made them feel cared for. A relative told us, "Staff are always very friendly and very caring. I'm confident that they are taking good care of [relative]. When she has had problems, they have acted efficiently."

There was a homely and relaxed atmosphere in the home and we observed that interactions between people, their relatives and staff were positive. People and their relatives told us that visitors were made welcome to the home and there were no restrictions to visiting. People's rooms were personalised with pieces of furniture brought from their previous home and photographs of family. We concluded that people were treated with kindness and received compassionate care.

We saw that people had a care plan in place that was regularly reviewed and which included historical information about the person. This meant that staff could get to know about a person's background and what was important to them. We saw from the records that people had been involved in planning their own care and were able to choose whether they wanted to be involved in group activities at the home. For example one person had stated during the planning of their care that they enjoyed spending time completing jigsaws but did not want to be isolated when doing them. We saw that a number of jigsaws were provided in a quiet area of one of the communal rooms with a desk and a lamp. This was so the person could sit and do this for lengths of time, but still be around their friends.

We observed that staff were patient and supportive with people when they became confused or found it difficult to communicate. People told us that they felt staff knew them as individuals, knew their likes and dislikes and felt that they could discuss their problems with them. One person said, "They most certainly know me as a person, what I like and what I don't like." This meant that people received the care they wanted from staff who understood their needs.

We saw that people were able to choose whether they ate as part of a group in the dining room or in their own bedroom. We saw that people received assistance to eat their meal if required, and that this was provided in a way which promoted independence. For example, people had their meal cut into smaller pieces for them, or were provided with specialist equipment and cutlery so they could use one hand to eat.

People told us they could make decisions about how they wanted to be cared for on a daily basis, and where they wanted to spend time within the home. We observed that staff respected this and offered people

choice regularly, such as where they wanted to sit in a communal area or if they wanted to return to their room. We saw staff gave people time and space to do the things they wanted to do such as activities. They respected where people wanted privacy, and people told us that they were treated well by staff and with respect. We observed that staff knocked on people's doors before entering their rooms and that people's information was kept confidential and secure.

Good

Is the service responsive?

Our findings

People received care that took into account their individual needs and preferences. Staff we spoke to were able to tell us about people's backgrounds and histories. Care plans we reviewed recorded this information in detail. This contributed to staff understanding what was important to each person and tailoring the care people received as a result.

People told us that they were given the care and support they needed. They said that staff were responsive to them and asked how they wanted their care to be provided for them. People said that they felt that they were listened to and got what they needed. People told us that they were involved in planning their care, and those who they wanted to support them with this were included too. People said that there were free to make choices about their care, for example what time they went to bed. One person said, "I usually go to bed about 9.30pm, but I can go earlier or later, I just ring my bell when I'm ready."

Staff that we spoke to were able to tell us about people's individual preferences as they knew these in detail. The care plans for people was saw provided guidance for staff about people's needs and how best to support them whilst promoting choice and independence. Choices were also clearly indicated in care plans such as people's preferred bed times and morning preferences.

Care plans showed people's needs were regularly assessed and reviewed in line with the provider's policy. We saw that where people had decided that they did not want to partake in activities offered, or eat in the dining room, this was documented in their care plan. People living at the home had an 'about me file' using the guidance provided by the Alzheimer's Society detailed in their care plan. This helped staff to know information about a person's life history.

People and their relatives told us that they were supported to engage with activities that they enjoyed. We saw that people were able to do crosswords, puzzles, knitting or reading, as well as watching television. The home had recently employed an activities co-ordinator who arranged more structured activities that took place in groups.

The registered manager told us that arrangements were made for a hairdresser, optician and chiropodist to visit as and when required as most people living at the home found accessing resources in the community difficult due to mobility restrictions. One person told us that their spiritual needs were met, as the home arranged for a local minister to visit.

People had access to appropriate equipment that met their needs and which enabled greater independence. As an example, we saw hoists, slings and wheelchairs provided in the home as well as adapted bathing equipment so people could take a bath with minimal support. We saw that people were encouraged to personalise their bedrooms and had brought along personal items and furniture.

We saw that there was a complaints policy and procedure in place. People told us that they knew how to make a complaint if they had any concerns. One person told us, "I would complain to the manager and

would feel quite comfortable in doing so." Staff told us that they knew what to do if they or anyone else had a complaint, and would talk to the registered manager about it. The registered manager told us that they had not received any complaints since our last inspection.

Good

Is the service well-led?

Our findings

An open and person centred culture based on treating people as individuals had been established within the home. One person told us, "They look after you very well here." Another person told us, "I can't think of anything to improve, they do everything for you." A relative told us, "I would recommend this place to anyone."

The registered manager said that they had full team meetings twice a year, as well as senior staff meetings, also twice a year. We saw minutes from the last four team meetings, we could see that these were well attended, and saw that the agenda covered standing items, for example safeguarding and health and safety. We reviewed staffing rota's and shift patterns for the home, we saw that working times included 15 minutes of handover time led by the registered manager at the beginning and end of each shift to ensure key information was shared.

The registered manager showed us records that demonstrated regular audits of the homes services, policies and procedures were being carried out. This included infection control, finance, health and safety, staff training, medicines administration, fire safety and care plans. The registered manager showed us the accidents and incidents book, occurrences were clearly detailed and action. We could see that any shortfalls that were identified were actioned. This meant that there were effective systems in place to monitor all aspects of the care and support people received.

The registered manager told us that they promoted succession planning and development for staff, and had recently started completing the level 5 diploma in leadership for health and social care themselves. All staff were required to achieve the level 2 diploma, and were encouraged to undertake the level 3 diploma following this. This meant that the registered manager valued staff development and the provider was supportive of this and invested in their staff team.

The registered manager told us that they attended training and development events that were provided by the local authority to update their skills and knowledge, as well as meet with other registered managers. They said that this enabled them to keep their own practice up to date as well as network with other professionals and build relationships in the area.

Staff told us that they had confidence in the management and leadership of the home and that the registered manager operated "An open door policy." All of the staff we spoke with told us that their morale was good. They described the team as working well across different staff roles. One staff member told us that the registered manager was very supportive, and that since they had left a previous job in social care, was now much happier working at this home. They told us, "I love it here." A member of staff said, The staff here are fantastic, I really feel part of a team."

We observed that the registered manager had a good relationship with the people living at the home who responded to them very positively. A visiting professional told us that they had always experienced a very positive attitude from the homes manager and staff and had not encountered any problems. They told us

that the home was very family orientated and that the registered manager was always very approachable. The manager arranged for resident and family meetings to take place twice a year. This enabled them and the owners of the home to engage with people and their families to seek their views.

The home had a whistle blowing policy, staff told us that they knew how to whistle blow and that they had received training in the importance of this. They also told us that they felt that if they did raise a concern, then the registered manager would take this seriously. Supervision records from staff induction periods detailed how staff could raise concerns to the Care Quality Commission. This showed us that the registered manager promoted an open culture at the home and staff were confident to raise concerns.