Drumconner Limited

Drumconner Lancing

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

The inspection took place on 10 July 2018 and was unannounced. Drumconner - Lancing is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Drumconner - Lancing is situated in Lancing, West Sussex and is one of two homes owned by the provider, Drumconner Limited. Drumconner – Lancing, accommodates 57 people over two floors. There was a range of rooms of different sizes to meet people's preferences, with most rooms having ensuite shower facilities. There were two communal lounges, a large communal dining room and a coffee bar area. There were also attractive and accessible gardens for people to enjoy, as well as a hairdressing room. The home provides accommodation for older people, those living with dementia and people who require support with their nursing needs. At the time of the inspection there were 47 people living at the home. The home had a registered manager. 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.

At the last inspection the home was rated as Requires Improvement. The provider was found to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Responsive and Well-led to at least good. This was because there were risks to people's safety as staff did not always implement external healthcare guidance. Medicines administration was not always safe. Staff had not always adhered to the legislative requirements when gaining people's consent or placing restrictions on their lives. Not all people had access to stimulation or interaction with staff. There had been ongoing changes in the leadership and management of the home. At this inspection it was evident that the provider had followed their actions plan and improvements had been made. The provider was no longer in breach of the Regulations.

People told us that staff made them feel safe. Risks were assessed and managed well. One person told us, "I feel safe as there are lots of carers who look after my health, my personal care, my food and my medicines. They help me to enjoy my day with interesting activities". I couldn't do it all on my own anymore. I don't have to worry".

People felt that there was sufficient staff, that they were well-trained and knowledgeable to meet their needs and assure their safety. People and staff were aware of the importance of raising concerns about people's wellbeing and safety. People were protected from abuse and made aware of their right to complain.

People were protected from the spread of infection. Registered nurses and external healthcare professionals

ensured that people's heath was maintained. Medicines were provided when people required them. People told us that they were confident that staff would summon assistance if their health condition deteriorated. There was a coordinated approach to people's healthcare. People received good need of life care.

People had a positive dining experience. They told us that they were happy with the food and had access to drinks and snacks throughout the day and night. One person told us, "I enjoy the food and we have a good choice. If you don't like the menu they will offer an alternative".

People were asked their consent before being supported and were involved in their care. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff demonstrated respect. People's privacy and dignity were maintained and they were supported by staff in a sensitive and dignified way. People told us that they felt well-cared for. They spoke fondly of the staff and person-centred practice was evident. One person told us, "They are wonderful, they are kind and considerate in their approach". A relative told us, "They use their heads, their hearts and their hands like natural carers, you cannot fault them".

The environment provided spaces for people to enjoy time on their own or with others. There was a fun, lively and welcoming atmosphere. People had access to a varied range of stimulation. Activities, external events and entertainment was available for people to enjoy. One person told us, "I am looking forward to strawberries and cream in the garden later in July. I love the garden". A relative told us, "I don't think they get bored like they do in some care homes. I often see a carer sitting with a resident who is alone to have a chat".

People and relatives were complimentary about the leadership and management of the home. They told us that the home was well-organised and that the registered manager listened and acted upon their ideas and suggestions. Systems were monitored to ensure they were effective. Staff were appropriately supported and involved in decisions that affected their work. Partnership working with external organisations and healthcare professionals ensured that good practice was shared. A relative told us, "Everyone seems happy here. It is a happy home".

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 home was consistently safe.

Risks had been assessed to ensure people's safety.

There were sufficient numbers of staff. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People had access to medicines when they required them. There were safe systems in place to manage, store, administer and dispose of medicines.

Is the service effective?

Good

The home was consistently effective.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who might lack capacity.

People were cared for by staff that had received training and had the skills to meet their needs.

Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care.

Is the service caring?

Good

The home was consistently caring.

People were supported by kind and caring staff who knew their preferences and needs well and who could offer both practical and emotional support.

People were treated with dignity and respect. They could make their feelings and needs known and were able to make decisions about their care and treatment.

People's privacy and dignity was maintained and their independence promoted.

Is the service responsive?

Good

The home was consistently responsive.

People received responsive and personalised care to meet their needs.

People were involved in the development of care plans. These were detailed and provided staff with personalised information about people's care.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the care people received.

Is the service well-led?

Good

The home was consistently well-led.

There was a positive culture that ensured that people were involved in decisions that affected their lives and support was tailored around their needs and preferences.

Good quality assurance processes ensured the delivery of care and drove improvement. The management team maintained links with other external organisations to share good practice and maintain their knowledge and skills.

People, relatives, staff and external healthcare professionals were consistently complimentary about the leadership and management of the home.

Drumconner Lancing

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.

The inspection took place on 10 July 2018 and was unannounced. The inspection team consisted of two inspectors and one 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.

Prior to the inspection we looked at information we held, as well as feedback we had received. We used information the registered manager sent us in the Provider Information Return. This is information we require registered persons 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 looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people, eight relatives, seven members of staff, two visiting healthcare professionals, the deputy manager, the registered manager and the provider. We reviewed a range of records about people's care and how the service was managed. These included the individual care records and electronic medicine administration records (MAR) for ten people, staff records, quality assurance audits, incident reports and records relating to the management of the home. We observed people in the communal lounges, their experiences during lunchtime and the administration of medicines.

Good

Is the service safe?

Our findings

At the previous inspection on 27 March 2017, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good. This was because there were concerns with regards to one person who was not receiving their prescribed medicines. People that administered their own medicines had not been provided with safe and appropriate storage to ensure the safety of others. Staff had not been provided with guidance for administering 'as and when required' medicines. This lack of guidance had led to an inconsistent approach to the amount and frequency of medicines that people were given. One person, who needed to have fluids thickened to minimise the risk of choking, had not had their fluids thickened. In addition, thickener that was used had been left within a person's reach and had the potential to cause a risk to the person's safety if ingested. At this inspection it was evident that significant improvements had been made and the provider was no longer in breach of the Regulation.

People were provided with medicines to maintain their health. Medicines were administered by registered nurses who had their competence regularly assessed. There were safe systems in place to store, dispense, administer and dispose of people's medicines. People told us that they were happy with the support provided and received their medicines on time. Staff were provided with clear and appropriate guidance to inform their practice. People had received medicines according to prescribing guidelines and when they required them. This included the use of thickener in fluids when people were at risk of choking.

People told us that they felt safe and secure. One person told us, "I feel safe, there are lots of carers who look after my health, my personal care, my food and my medicines. They help me to enjoy my day with interesting activities. I couldn't do all that on my own anymore. I don't have to worry". A relative told us, "I have no concerns about my relative's safety because they monitor everything. They even check on them in the middle of the night". When people required assistance with their mobility, staff supported people safely. A relative told us, "Carers work in twos when they hoist. I have watched them and they are very considerate and make sure my relative is comfortable and not in any pain".

People were safeguarded from abuse. Robust pre-employment checks ensured that staff employed were suitable to work in the health and social care sector. Registered nurses all had current registrations with the Nursing and Midwifery Council (NMC). Staff understood their responsibilities to safeguard people from harm. Appropriate referrals had been made to the local authority when incidents had occurred. Advice and guidance provided by the local authority had been listened to and complied with. Staff were mindful of potential situations when people displayed behaviours that challenged others. They used distraction techniques and monitored people to assure their safety. People were made aware of their personal responsibility to ensure their safety. Posters were displayed and were provided to people in their welcome packs, informing them of their right to raise concerns about their care.

There was sufficient staff to meet people's needs. People told us that staff were always around to help. One person told us, "I feel safe because there is always someone around and if I needed to I could press my bell

and they would come at once". Consideration was made to staff's skills and levels of experience. Less experienced staff worked alongside the more-experienced to develop their skills and receive support and guidance.

Risks to people's safety had been assessed and managed well. Lessons had been learned when incidents or accidents had occurred. People were protected from infection. Staff responsible for handling food had received appropriate food handling training. The home was clean and staff were provided with appropriate personal protective equipment to minimise the spread of infection. Staff disposed of waste appropriately to minimise cross-contamination.

Good

Is the service effective?

Our findings

At the previous inspection on 27 March 2017, the provider was found to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good. This was because some people had a condition that had the potential to affect their decision-making abilities. The provider had not always considered that applications to the local authority, to deprive people of their liberty, should be made. Decisions that had been made on people's behalves had been made by a member of staff, without consulting others that were involved in their care. When people had a Lasting Power of Attorney (LPoA), to make decisions on their behalf, the provider had not always obtained copies of the documentation for these to assure themselves that people had the legal right to make decisions. At this inspection, improvements had been made and the provider was no longer in breach of the Regulation.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care home and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's consent was gained before staff offered support. Staff had a good understanding of MCA and DoLS and had worked in accordance with them. The registered manager had made appropriate DoLS applications. Those that had been authorised by the local authority sometimes had conditions associated to them. The registered manager had worked in accordance with these to ensure that people's needs were met and they were not being deprived of their liberty unlawfully.

People's needs were assessed prior to them moving into the home and on an on-going basis. Care plans were specific to people's assessed needs and provided staff with advice and guidance about how to support people appropriately. People's risk of malnutrition was assessed on an ongoing basis and appropriate action taken. For example, for people who were at risk of losing weight and becoming malnourished, they had access to fortified food and drinks which were monitored daily. In addition, the frequency in which they were weighed had increased and advice had been sought from external healthcare professionals when there were concerns.

People had access to sufficient quantities of food and drink. People had access to snacks and drinks throughout the day and night. One person told us, "I enjoy the food and we have a good choice. If you don't like the menu they will offer an alternative". Care plans identified people's cultural and religious needs and support was adapted to ensure that people's beliefs were respected. For example, people's cultural needs and preferences were respected when providing food. People had a pleasant and sociable dining experience. People could choose to eat their meals in the communal dining room or in their own rooms and

told us that their wishes were respected.

People and relatives told us that they had confidence in staff's abilities, that they were skilled and experienced. Staff received a comprehensive induction and had access to on-going learning and development to ensure that they could meet people's needs. Links were maintained with the local authority, external healthcare professionals and local colleges to promote and share best practice. The registered and deputy manager were supportive and approachable and ensured that good practice was shared amongst the team. Registered nurses had access to courses to enable them to retain and develop their skills. Safety alerts and updated information were shared with staff to ensure that people received the most up-to-date and appropriate treatment.

People received a coordinated approach to healthcare to ensure their healthcare needs were met. Registered nurses provided nursing support to people. The provider funded access to a private physiotherapist twice weekly for people that needed support with their mobility. People told us how much they valued this. One person told us, "The physiotherapist has been to see me today. I walked for the longest-time today". In addition, other external healthcare professionals such as GPs, chiropodists, opticians and dentists were accessed to support people to maintain their health and well-being. People told us that they had faith in staff's abilities to recognise when they were not well. Regular routine visits from GPs and healthcare professionals enabled people to discuss their health. When people required the assistance of external healthcare professionals, referrals had been made in a timely manner. Complementary therapists such as reflexology and support to take part in exercise were also provided. Healthcare professionals were complimentary about staff's abilities to support people's health needs. One healthcare professional told us, "They work well with me as a team and I feel part of that team. They're always happy to help".

People's needs were met by the design, layout and adaptation of the home. The home had undergone extensive renovation to create rooms of different sizes that people could choose dependent on their needs and preferences. Consideration had been made to the aesthetics of the building as well as the practicalities. People had their own rooms that they could use if they wanted to have their own space. People could choose to enjoy one of the activities or events, receive visitors and enjoy the communal gardens in warmer weather. People were supported to independently mobilise around the home and technology, such as call bells, were available for people to use if they required assistance from staff.

Good

Is the service caring?

Our findings

People told us that staff were caring, kind and compassionate. One person told us, "They are all wonderful". A relative told us, "They use their heads, their hearts and their hands like natural carers. You cannot fault them".

People were cared for in a sensitive and thoughtful way. People were treated with kindness and staff anticipated people's needs. The registered manager had introduced and encouraged all staff to stop what they were doing during lunchtime and take time to sit and enjoy conversations with people. People enjoyed this and interactions between people and staff took place. This demonstrated that the registered manager and staff cared about people's experiences. When asked why they thought staff were caring, one person told us "I know they care. Sometimes I cannot sleep and they make me a cup of tea in the middle of the night. I often drop-off then". Another person told us, "They are kind and considerate in their approach". Relatives were equally positive, one told us, "Everyone cares for my relative. Even the cleaner chats to her whilst she works. They are fantastic".

People and their relatives could express their needs and wishes. People were involved in their care. People's life history, their hobbies, interests and preferences had been gathered and recorded in people's care plans. Staff were provided with guidance as to how to support people according to their expressed needs and wishes. People were asked if they felt cared for, if they had a favourite carer and what would make them feel special. Regular resident and relative meetings, as well as surveys, enabled people and their relatives to make suggestions and have an input into their care. People were made aware of advocacy services when they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

Within the provider's PIR, the registered manager had informed us that consideration of people's personalities and characteristics was taken into account before they moved into the home. They explained that once an initial assessment of people's needs had taken place, these were considered alongside the needs of others already residing in the home. It was felt that this helped to ensure that people would be compatible and content living together.

People were treated with respect, their privacy and dignity maintained. Staff took time to explain their actions before offering support and fully involved people in their care. People could choose the gender of the staff that supported them and confirmed that this was listened to and respected. Staff were discreet and sensitive when assisting people with their personal care needs. One person told us, "I cannot fault anyone, we are all treated with dignity and respect". Attention was paid to people's individuality. For example, people wore clothes of their choice, wore jewellery or had their nails painted in a preferred colour. People's privacy, with regards to information that was held about them, was maintained. Records were stored in locked cabinets and offices and conversations about people's care were held in private rooms.

Independence and the retaining of skills was valued and promoted. People were encouraged and able to continue to do as much as they could do for themselves. Staff were mindful of the importance of

encouraging independence and the retaining of skills. For example, some people could prepare their own drinks whilst others were provided with mobility equipment to enable them to remain as independent as possible. One person told us, "I can go into the garden on my own. I know they have thought about the risks because they always keep an eye on me. I just like to keep my independence".

People could maintain relationships with those that were important to them. A coffee bar area had been installed to enable people and their relatives to help themselves to drinks and snacks of their choice. Friendships had developed between people as well as with staff. One person told us, "I made a friend here three years ago and we still do activities together". People and their relatives told us that they could visit at any time and were made to feel welcome and our observations confirmed this. People had access to telephones to enable them to stay in touch with their family and friends.

Good

Is the service responsive?

Our findings

At the previous inspection on 27 March 2017, the provider was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good. This was because there were concerns with regards to people's access to stimulation and interaction. At this inspection it was evident that improvements had been made and the provider was no longer in breach of the Regulations.

At the previous inspection on 27 Match 2017, people who were dependent on their care needs from staff, did not always have access to stimulation or interaction to occupy their time. At this inspection it was apparent that all people had access to activities or stimulation to meet their social needs. Dedicated activities staff ensured that they and other staff, took time to interact with people. They ensured that when people could not participate in planned, group activities, they were provided with an activity or interaction that best met their needs and records and people confirmed this. A relative told us, "I don't think they get bored like they do in some care homes. I often see a carer sitting with a resident who is alone to have a chat". People told us that they were happy with the access to activities, events and stimulation to occupy their time. Activities were interesting and meaningful.

People enjoyed taking part in an activity where they were asked to guess the current price of certain items and then compare these to the price the item would have been in the 1950s. People appeared to enjoy this activity, they were engaged and observed to be smiling and laughing whilst taking part. For people who preferred to spend time in their rooms, more sedate activities were provided, such as reading, listening to music or talking with staff. There was a wide-range of activities to meet people's different preferences and interests. People could choose what activities and clubs they participated in. There was a 'Knit and Natter' club that people enjoyed as well as a gardening club where people had been involved in planting flowers in the garden outside. One person told us, "I grow tomatoes in the garden outside my door". People were encouraged and able to maintain relationships and links with the local community. A minibus and car were available to enable people to visit local areas of interest. An old-style shop front housed a selection of toiletries and items that people could independently purchase to enable them to continue to enjoy shopping for themselves. The competence and success of one of the activities coordinators had been recognised by a local activity group, they had won 'Activity co-ordinator of the year' due to their efforts.

People's right to have information provided in an accessible manner was respected. The registered manager ensured people's communication needs had been identified and met. People's care plans contained information on the most appropriate way of communicating with people. People were cared for in a way that was specific to them. Staff were patient and adapted their approach to meet people's needs. Information for people and their relatives, if required, could be created in such a way to meet their needs, for example, in accessible formats to help them understand the care available to them.

Care plans contained specific photographs and pictures of places of interest and hobbies that were important to people. These provided people with another form of communication and staff told us that the

information helped them to start conversations with people and provide personalised care. One member of staff told us, "We get to know the person, what they did before they got here. Then I have something to talk to them about. One resident used to do painting, I have been talking to them about that. Knowing about them can calm them down in certain situations".

People were aware of the complaints procedure and were supported by staff if they needed assistance to make their feelings known. An accessible, pictorial poster ensured that people, who had difficulties understanding written text, were made aware of how to raise a concern. Complaints that had been raised had been dealt with appropriately and in accordance with the provider's policy. Concerns had been used as opportunities to learn. People and relatives told us that the providers and the management team were responsive to any concerns raised. One person told us, "With all the building work going on I complained about a staircase on the scaffolding overlooking the glass doors. It was removed at once".

Staff were responsive to people's preferences. People had access to technology to summon assistance from staff. Call bells and sensor mats alerted staff to people's need for assistance. People told us that staff responded to their needs promptly. Staff were mindful of supporting people appropriately and pre-empting their needs. One person told us, "They have more people living with dementia, some stay in bed and it can be difficult. The staff keep them calm and divert their energy into more activities. They are exceptionally kind".

People received personalised care. Their diversity was acknowledged and respected and support was adapted. People and their relatives had been involved in devising care plans. Information had been shared and care plans documented people's likes and dislikes and contained information on their health. Regular reviews ensured that information provided to staff was up-to-date and reflected people's current needs. Relatives told us that they were kept informed of changes to their loves one's care. A relative told us, "I recently sat down with them to review my relative's plan".

People were provided with good end of life care. People and their relatives, if they wished, had been able to plan for the end of their lives. Records showed that people's expressed wishes and health needs had been met and people had passed away in accordance with their wishes. There were links with local hospices and community matrons to ensure staff were provided with appropriate advice and guidance. The registered manager subscribed to the End of Life care hub (Echo). Echo is an NHS service that provides advice and support and access to specialists and equipment. Measures had been taken to ensure that the necessary equipment and medicines were available in anticipation of people's health deteriorating. People's comfort was maintained.

Good

Is the service well-led?

Our findings

At the first comprehensive inspection on 18 November 2015, there was a deputy, registered and operations manager in post. At the second comprehensive inspection on 27 March 2017, they had left and the day-to-day management of the home was being overseen by a clinical lead, who was the registered manager from the provider's other home. A new manager had also started and they were going to apply to become the registered manager. However, following that inspection, we were informed that both the manager and clinical lead had left. There were concerns with regards to the ongoing management of the home. At this inspection improvements had been made. People, relatives, healthcare professionals and staff considered the home to be well-ed. A healthcare professional told us, "Absolutely fantastic, one of the best homes I've seen, they are very much a team and they know the residents well. They are very well-organised and they think about things holistically".

The home had a registered manager. A registered manager is a '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 home is run. There was a management hierarchy which enabled staff to be supported and supervised by either registered nurses, the deputy or the registered manager. The management team were experienced and held appropriate management and nursing qualifications. The providers had a visible presence within the home and people spoke fondly of their approachable and proactive natures. There was consistent, complimentary feedback about the management of the home by all. A relative told us, "I think the manager is a very caring person. When I come in she takes time to speak to me and her deputy is the same. Both are kind and very pleasant". A healthcare professional told us, "I think they are in a better place now than they have been".

The home is owned by family-run providers who also own another care home with nursing in the south west of England. The providers' aim was to ensure that high-quality care was provided, to improve and sustain the overall quality of life for people. They aimed to provide a happy environment where people felt at home. These aims were shared by the management team and staff who worked hard to ensure that they were embedded in their practice. A relative told us, "Everyone seems happy here. It is a happy home". There was an open and transparent culture. People and their relatives told us that they were kept informed about people's care and the running of the home. Regular meetings provided people and their relatives with updated information and informed them of events and activities that were to be held at the home. Regular surveys enabled people and their relatives to provide feedback and share their views. One relative told us, "They invite me to meetings where you can mention anything and make suggestions".

Staff told us that they were well-supported by the registered and deputy managers and could approach them at any time. Staff told us that the improvements that had been made provided them with useful information to guide their practice. They told us that they felt valued and appreciated, that they could share their ideas and suggestions. There was an emphasis on continuous improvement and learning. One member of staff told us, "When [managers] came the care plans were re-written, it has changed a lot. It's more clear now. There's a good assessment, anyone who comes will have everything in one place". Another member of staff told us "Management are on the floor and can see what's going on. It's improved in the last

year".

Quality assurance processes ensured a good oversight of systems and processes. Regular audits were conducted by the registered manager and action plans devised when improvements were required. Records showed that when issues that needed to improve had been identified, appropriate action had been taken in a timely manner. The provider and registered manager were aware of their responsibilities to comply with registration requirements. They had notified us of certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. There was good partnership working to ensure staff learned from other sources of expertise and people received coordinated care. This enabled the sharing of good practice.