

Miss G Patton

Drakelow House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Drakelow House Residential Home is a care home providing residential care to 14 people aged 65 and over at the time of the inspection. The service can support up to 18 people.

People's experience of using this service and what we found

People felt safe. People were supported by staff who had been trained to identify and report safeguarding concerns. Staffing levels were at a minimum on the day of the inspection. However, this did not negatively impact on the standard of care. People were safely supported to take their medicines.

People's healthcare needs were monitored. People had access to appropriate support from a variety of health care professionals. People with specialist dietary needs were supported accordingly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were positive about the service. Staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. The service could provide people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

People told us they wanted more activities at Drakelow House Residential Home. People received care that was responsive to their needs. Staff understood the needs of people they were supporting. Care plans included person-centred information. People's future care needs were not always captured. We have made a recommendation about this. There was an appropriate system in place to monitor complaints.

There was a positive and open culture. Staff roles and responsibilities were clear. The service worked in partnership with a variety of agencies to ensure people received the support they needed. People were happy with how the service was managed. Staff felt well supported by the management team and held them in high regard.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 05 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Drakelow House Residential Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Drakelow House residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We also contacted Healthwatch to see if they had information to share about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with the assistant manager and two care staff. The registered manager was unavailable on the day of the inspection.

We reviewed a range of records about people's care and how the service was managed. This included looking at three care plans, safeguarding management systems, health and safety records and a range of risk assessments.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and acted to minimise these. Risk assessments were regularly reviewed.
- Staff were attentive to people's safety and wellbeing.
- Environment and equipment safety checks were routinely conducted. Actions were identified and completed to reduce risks.
- The assistant manager told us they planned to complete risk assessments for the safe storage and disposal of gloves and a carry out a general risk assessment for the garden area/steps.

Using medicines safely

- The provider had a safe system to manage medicines.
- The management team conducted regular medicines audits to ensure people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Drakelow House Residential Home. One person told us, "I lived at home before and was on my own. I feel safer here." A relative told us, "[Person] is very well cared for here. I feel assured they are safe."
- The management team understood their responsibilities and reported safeguarding concerns or allegations to the appropriate authorities.
- Staff received training on safeguarding people from abuse and demonstrated a sound knowledge of the different types of abuse, the signs they would look for to recognise possible abuse and actions they would take to report their concerns.

Staffing and recruitment

- There were two staff on duty on the day of the inspection. However, this did not appear to impact on the quality of care.
- The assistant manager told us a new member of staff would soon be joining the team pending the necessary safety checks and there would be three staff on duty.

Preventing and controlling infection

- Drakelow House residential Home was clean and free from malodours.
- Staff had access to personal protective equipment to prevent and control the spread of infection.
- The service received a five-star rating by the food's standards agency in November 2019. This gave us

assurance that the service was following appropriate food hygiene procedures.

Learning lessons when things go wrong

- Systems were in place to record accidents and incidents.
- The management team reviewed accidents and incidents. Systems and processes were in place to minimise reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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's needs had been fully assessed before they began living at the service. Assessments focused on people's emotional needs, preferences and their physical care needs.
- Family members were invited to contribute to care planning where appropriate.

Staff support: induction, training, skills and experience

- Staff received an induction to the service when they were first appointed. They received training relevant to their roles.
- Staff told us they received regular supervision and felt well supported by the management team.

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

- People were supported to eat and drink enough.
- Information about people's nutrition and hydration needs was recorded in their care plan and people's weight was monitored.
- People were offered a choice of food and received meals in line with their needs. One person told us, "I follow a specific diet. Staff cater for me and ensure I have a range of options."
- Staff were aware of people's specialist dietary requirements and supported people accordingly. Care plans recorded people's specialist needs as well as their likes and dislikes in relation to food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals such as; GP's and dieticians.
- A relative we spoke with told us, "The management team always keep me informed of anything I need to know about."
- People received support with their oral healthcare. Staff told us they had the confidence to support people with their oral care.

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

- All areas of the home were accessible by people including the garden and outdoor spaces.
- Appropriate signs were visible throughout the home to enable people to find their way around and locate their bedrooms and toilet facilities.
- People had decorated their bedrooms according to their preferences. People could bring in furniture from their previous home so that a familiar surrounding could be created for their comfort.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff understood the importance of seeking peoples' consent and supporting them in the least restrictive ways. Decisions had been captured in people's best interests.
- Staff were due to have training in MCA and we observed staff asking people's consent before providing care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives said staff were kind and caring. Comments included; "The staff treat me very well", "Staff are kind and caring," and, "The staff are lovely people."
- People were cared for by compassionate staff and who responded to them as unique individuals. Staff were aware of people's life stories and used these to engage with people.
- There was a relaxed and caring atmosphere and we saw people were comfortable and happy around staff. The staff encouraged people to express their views and listened with interest and patience. We saw staff sat next to people so that they were on eye level which helped with communication.

Respecting and promoting people's privacy, dignity and independence

- Staff chatted with people who appeared to enjoy their company. Staff said that it was a positive place to work and that all the staff were caring and were able to meet the needs of people.
- We saw staff making sure people's privacy and dignity needs were understood and always respected. Staff knocked on people's doors and asked for permission to enter.
- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights.
- Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.

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

- Staff understood people's communication needs; they used this knowledge to support people with making choices.
- People were offered choices thought out the day. For example, they were able to decide when they got up and went to bed, in what they wanted to wear and where they chose to spend their time.
- Relatives advocated on behalf of some people; whilst others had independent advocates. These individuals had been involved in making decisions about people's care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Future wishes and spirituality care plans were not routinely completed to help guide staff about people's preferences.

We recommend the provider consider current guidance and create opportunities for people to develop advanced care plans should they wish to do so.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Five people told us they wanted more activities and events to enjoy within the home. The management team said they hoped to do more activities when staffing levels increased.
- Staff recognised the importance of personal relationships and people were encouraged maintain relationships with friends and family.
- People told us they were looking forward to visiting a local school to see a festive performance.
- People had opportunity to go out shopping or take part in local activities. One person said, "I often visit the local shops or go out on the bus."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were kept up to date and reflected people's needs accurately. They were regularly reviewed as people's needs changed.
- People and their relatives had been involved in planning their care.
- Some care files contained people's life histories. The assistant manager said they were prioritising work on life histories for people who wanted to share this information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The assistant manager was aware of the specific requirements of the AIS and recorded the communication needs of people in a way that met the criteria of the standard.
- People's communication needs were identified, recorded and highlighted in their care plans. These needs were shared appropriately with other health and social care professionals.
- Information could be made available in different formats to suit people's needs.

Improving care quality in response to complaints or concerns

- People felt concerns raised were addressed by staff without delay.
- People were confident to raise any concerns with the management team or staff. One relative told us, "The management team are very approachable and welcoming."

Is the service well-led?

Our findings

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems ensured care and support was provided as intended. The management team had developed quality audits which checked records and procedures had been maintained and followed.
- The management team understood the responsibilities of their registration with us. They reported significant events to us in accordance with the requirements of their registration.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had a clear vision about being a respected and responsive care provider, which was focused on promoting good care and compassion.
- Relatives confirmed they were kept up to date about anything significant that happened to their relative.
- The management team was aware of their duty of candour responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff worked in an open and friendly culture. Staff were approachable and keen to talk about their work. Staff said the management team was accessible and dealt effectively with any concerns they raised.

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

- People, relatives and staff had opportunities to give feedback about the home. Regular meetings were held.
- The provider sought feedback from people and staff through questionnaires. People confirmed they had been consulted about the quality of service provision. The assistant manager confirmed that, where any concerns were identified, this was discussed with people who used the service and improvements were made.

Continuous learning and improving care; Working in partnership with others

- Accident and incident forms were completed. These were checked by the management team who analysed them for trends and patterns.
- The assistant manager said relationships with other agencies were positive. Where appropriate the

management team ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.