Golfhill Limited

Three Corners

Inspection report

3 Greenway Road
Galmpton
Brixham
TQ5 0LW
Tel: 01803 842349
Website: threecornersch.co.uk

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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

Three Corners is registered to provide accommodation and personal and nursing care for up to 46 older people. Three Corners also provide short term support to people via the Intermediate Care scheme. This scheme enables people who have left hospital to receive support from the home and healthcare professionals before going home. People living at Three Corners had needs relating to living with dementia, mobility and general health.

A registered manager was employed by the service. 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.

The service was last inspected on 8 and 9 December 2014 when it was rated as 'requires improvement'. Improvements were needed in relation to risk assessments for the environment, decisions being made on behalf of people who lacked capacity, the care planning system, staff did not always display a caring attitude and staffing levels not being reviewed. The

Summary of findings

registered manager sent us an action plan stating all matters would be completed by 31 July 2015. This inspection took place on 28 and 29 November 2015 when we found improvements had been made. There were 44 people living at Three Corners during the time of the inspection.

People's care records were comprehensive but they did not always contain the most up to date information. We have made a recommendation in relation to this.

There were quality assurance systems in place to monitor care and plan on-going improvements. However, these systems had not identified that some records were not being completed consistently.

People told us they felt the registered manager was very open and approachable. All staff said they felt well supported to do a good job. They told us "….the management, if you have any problems you can go to them and they sit there and listen". People told us they were confident any concerns would be dealt with straight away.

The registered manager and registered provider were keen to provide a good service. They planned to install 'wet rooms' to enable people shower more easily. Specialist advice had been sought to ensure the environment was suitable for people living with dementia. Changes had been made to the nurses' station and an area had been provided where visitors could help themselves to drinks.

People had a choice at mealtimes and hot and cold drinks were available at all times. We saw people provided with an alternative when they did not want what was on the menu.

Staffing levels were sufficient to ensure people's needs were met safely at all times. Call bells were answered promptly and people told us they didn't have to wait for the help they needed.

Staff were responsive to people's needs and ensured people's needs were met in a kind and caring manner. Positive relationships had been developed between staff and people living at Three Corners. People made many positive comments about staff including "The staff are excellent and friendly – I suppose it is the extra touch, and they're willing to get you anything extra you ask for, and they don't forget. They go beyond the call of duty; they'll do anything for you". People looked clean and well cared for. Staff respected people's privacy and dignity and all personal care was provided in private.

People were supported to receive the healthcare they needed. Records showed they received regular visits from healthcare professionals such as GPs and physiotherapists. One GP told us "My overall impression is very positive. The staff and systems are very responsive". People's medicines were managed safely and people received their medicines as prescribed in order to maintain good health.

People and their relatives were supported to be involved in making decisions about their care if they wished to be. People's care plans were comprehensive and updated regularly. Visitors were welcomed at any time. People were confident that if they raised concerns they would be dealt with quickly.

People were protected from the risks of abuse as staff were aware of how to report concerns and had received training in how to keep people safe. Any staff employed were subject to robust recruitment procedures. This minimised the risks of unsuitable staff being employed by the home. People who were able to, told us they felt safe at the home, one person said the staff member who had assisted them that morning had been "excellent" and had made them feel safe. One visitor told us they felt their relative was "absolutely" safe.

People were asked for their consent before staff provided personal care. Staff told us they would always respect people's wishes if they declined personal care. Staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). This ensured people's human rights were upheld at all times.

We recommend the service explores the NHS guidance 'Benchmark for record keeping'.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff available to meet people's needs safely.

There were systems in place to safely manage people's medicines.

People were protected from the risks of abuse as staff were aware of how to report concerns.

Robust recruitment procedures ensured people were protected from the risks of unsuitable staff being employed.

Good

Is the service effective?
The service was effective.

The environment was adapted to ensure it was suitable for people living with dementia.

People were supported to receive the healthcare they needed.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

People's needs were met by kind and staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care if they wished to be.

Visitors were welcomed at any time.

Good

Is the service responsive?
The service was responsive.

People received care and support from staff who were responsive to their needs.

People's care records were comprehensive but they did not always contain the most up to date information.

Requires improvement

Summary of findings

People were confident that if they raised concerns they would be dealt with quickly.

Is the service well-led?

Good

The service was well led.

The registered manager was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Three Corners

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 28 and 29 October 2015 and the first day was unannounced.

The inspection team consisted of two adult social care inspectors on the first day and a social care inspector and specialist nursing advisor on the second day.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

We met, spoke with or spent time with 21 people using the service, two visiting relatives and 11 staff. The registered manager, registered provider and the office manager were available throughout the inspection. We also spoke with a visiting healthcare professional. Following the inspection we received emails from two GPs, two relatives and staff from the local authority who had commissioned some placements for people living at the home.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

Good

Is the service safe?

Our findings

At our inspection in December 2014 we identified the need for staffing levels to be continually monitored. We also required that any falls be reviewed so that any trends could be identified and risks minimised. Systems were put in place following that inspection and at this inspection in October 2015 we found these improvements had been continued.

People living at Three Corners had varying levels of needs. Some people had relatively low needs and were at the home for a short period until they were able to manage at home alone. Other people were much less able and many people were living with some level of dementia.

People were protected from the risks of abuse. Not everyone was able to tell us if they felt safe at the home. However, we saw interactions between people and staff that indicated people felt safe. For example, people smiled when staff approached them and there was laughter and chatter between them. People who were able to, told us they felt safe at the home, one person said the staff member who had assisted them that morning had been "excellent" and had made them feel safe. One visitor told us they felt their relative was "absolutely" safe.

Staff demonstrated a good knowledge of different types of abuse and had received training in keeping people safe. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. They said they would tell the registered manager and had every confidence any concerns would be dealt with swiftly.

Recruitment practices ensured, as far as possible, only suitable staff were employed at the home. Three staff files contained the required pre-employment documentation including police checks, photo identity and application forms.

People's needs and risks were assessed before admission to the home. Risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. Other risks, such as falls were closely monitored and a report was produced each month that highlighted how many falls had occurred, as well as where and how the falls had occurred. The report was looked at to see if any adjustments were needed in order to keep people safe.

At our inspection in December 2014, we found that staffing levels were not based on the dependency levels of people living at the home. At this inspection in October 2015, we found that people's dependency levels were being monitored and staffing levels were based on their needs.

At the time of the inspection there were 44 people living at the home. There were two registered nurses and seven care staff on duty. The registered manager and ancillary staff such as domestics and kitchen staff were also on duty. Night time staffing levels were usually one registered nurse and two care staff. At the time of the inspection this had been increased to three care staff in order to provide individual care to one person throughout the night.

Staff told us there was enough staff at the home. Some said it would be nice if there was an additional person on duty to give them more time to chat with people, but all agreed that there were enough staff to keep people safe. One member of staff said "It all depends on what you've got here, doesn't it. Some days, like today, it's busy and some days you can talk to people a bit more". The activities co-ordinator said they were never asked to assist with care. This meant they were able to concentrate on providing stimulation to people. Throughout the inspection we heard call bells being answered promptly. At lunch time we accidentally pulled a call bell and two members of staff responded within a few seconds.

Medicines were stored safely and records were kept for medicines received and disposed of. People's rooms had been fitted with lockable medicine storage cupboards and their individual medicines were stored in these. Other medicines were stored in a locked cupboard in the nurses' room. Medicines that required refrigeration were stored appropriately and fridge temperatures were recorded and checked.

Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Regular audits ensured any errors would be picked up and action taken to prevent it happening again. There had been no medicine errors since the last inspection. There were clear directions

Good

Is the service safe?

for staff relating to the administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times or with a variable dose.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home.

Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire.

The environment was safe and secure. There were arrangements in place to manage the premises and equipment and ensure the environment was well maintained.

Good

Is the service effective?

Our findings

At our inspection in December 2014 we found that staff did not always ask people for their consent before providing care. We also found that people's capacity to consent to care and treatment was not always assessed. At this inspection in October 2015 we found some improvements had been made.

The 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.

Many people living at Three Corners were living with dementia and this could affect their ability to make decisions about their care and treatment. People's consent to care and treatment had been obtained on a document that had been signed either by them or a representative. Where it was thought people did not have capacity to consent to care and treatment an assessment had been made. For example, an assessment of a person's ability to consent to live at Three Corners had been made. It was deemed they did not have the mental capacity to agree to live at the home. A 'best interest' meeting was held between representatives and healthcare professionals which determined it was in the person's 'best interest' to live at Three Corners.

Throughout the inspection we heard staff asking people for their consent before providing personal care. Staff told us they always asked people if they were happy for them to provide care. They said they would not continue if the person refused.

Although not all staff had received formal training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS) people were supported by staff who had an understanding of the legislation. The registered manager showed us cards that had been given to all staff that outlined the basic principles of the MCA. One staff member also told us they were about to undertake training to enable them to deliver training in this area to other staff in the home.

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 and hospitals are 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 were being met. People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. A lock on the front door was used to prevent people leaving the home. This was because it was unsafe for most people to leave the home without someone with them. Applications had been made to the local authority's DoLS team to authorise these restrictions. Two DoLS applications had already been authorised. Not all staff were fully aware of all the restrictions the authorisations placed on people. However, they said should anyone wish to leave the home they would seek advice from the registered manager or registered nurses.

People living at Three Corners had needs relating to living with dementia, mobility and general health. Staff had received a variety of training including moving and transferring, safeguarding people, infection control and dementia care. Training was provided to staff either 'in-house', by visiting specialists or by staff attending external courses. In order to ensure they maintained their knowledge to keep their registration, the nurses told us they had attended many specialist training courses.

New staff with no care experience would have to complete the full care certificate induction. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

Not all staff received regular individual supervision or annual appraisals. The registered manager told us they were behind with these, but held regular staff meetings where staff could discuss any issues. Staff told us they felt well supported and could speak with senior members of staff at any time. The registered manager and deputy manager told us they worked with other staff so they could supervise their work.

People were supported to have enough to eat and drink. Hot and cold drinks were available throughout the day.

Good

Is the service effective?

Lunchtime in the dining area was unhurried and sociable and staff had time to chat with people. People who needed support with their food were encouraged to eat in a relaxed manner. There was always a choice for each meal. Kitchen staff were aware of who required special diets and of people's personal tastes. One visitor told us "[relative] is not good at eating and he can have whatever he wants as much as he wants, they are good at encouraging him to eat". We were speaking with one person, who was in bed, when lunch was served. They did not like the food that they were given so called a passing staff member who took the plate away and brought an alternative.

Staff ensured they contacted healthcare services when people needed them. However, the registered nurses told us that sometimes there were difficulties in getting GPs to visit and that they had to 'push' to get them to visit.

Records showed people had seen their GPs and other health and social care professionals as needed. We spoke with two visiting GPs neither of whom had any concerns. One told us "My overall impression is very positive. The staff and systems are very responsive", and "I feel Three Corners has improved year on year and I would be happy for any relative of mine to be resident there". One healthcare professional told us "Staff within the home work well with our team to support patients both with short term illness and complex health problems to rehabilitate and return home ".

The home had recently been redecorated in consultation with a dementia expert. Careful consideration had been given to the colour scheme, and the use of contrasting colours for items such as toilet doors to ensure the environment was more suitable for people living with dementia. There had been some minor refurbishment to improve the nurses' station, and create a' help-your-self' communal tea and coffee area which was much appreciated by visitors.

Good

Is the service caring?

Our findings

At our inspection in December 2014 we found that people were not always treated with dignity and respect and that some staff shouted at people. At this inspection in October 2015 we found improvements had been made.

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. Staff were seen supporting people with an easy, unrushed manner and a pleasant demeanour. It was clear that all the staff the Three Corners treated people with dignity, respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. Staff knocked on bedroom doors before entering and let people know who was entering, this was done in a very friendly manner and allowed people time to respond. There were some shared rooms at the home. The registered manager told us they ensured staff always closed the privacy curtains when providing personal care for people in these rooms. One visitor told us "When the care staff come to (provide personal care), you have to leave the room for his dignity even being his wife. They will find you when they are finished".

However, reminders about people's personal care needs could be easily read from the corridor. The registered manager explained this was to remind both staff and people's visitors about essential care needs. They recognised that in terms of privacy and dignity the signs should not be positioned where everyone could see them and agreed to find an alternative place to put them.

Positive relationships had been developed between staff and people living at Three Corners.

People made many positive comments about staff including "The staff are excellent and friendly – I suppose it is the extra touch, and they're willing to get you anything extra you ask for, and they don't forget. They go beyond the call of duty; they'll do anything for you." "This one's (Thee Corners) being run all right, I've no complaints – actually I think it's excellent, even though I would prefer to be home with my sister." "The staff are all right. They are friendly and they tell jokes sometimes." "They'll do anything, they're very good. In general I've got no complaints; they've been very good to me all the time I've been here. I've been here quite a while now and they're very good, very very good."

One visitor told us "the care is very good, it's very nice here and I feel comfortable as a visitor". Another relative told us "The staff appear to have a genuine interest in the welfare of people and mum is in a much better state mentally than she was when she first arrived", and "The regular staff that go in each day such as those who deal with the washing, and cleaning the rooms are kind and thoughtful and do a good job".

A member of staff told us that they had been particularly upset by the death of one person. They had cried with the registered manager, who had reassured them that it was alright to be upset, as it meant that they had the right sort of attitude for the role.

People were supported by staff that knew them well. They were able to tell us about people's preferences and personal histories. For example, staff knew what people liked to eat and when they liked to get up and go to bed. People looked clean, well-cared for and well dressed.

Regular meetings were held to enable people discuss any aspect of living at the home. Not everyone living at the home wanted to be involved in planning their care and were happy for staff or their representatives to do that. Some care plans contained signatures of the person or their representative indicating they were happy with the care provided. Relatives told us they were involved in developing and planning their relative's care. One relative said "I've been spoken with about how to care for him".

People were encouraged and supported to maintain contact with their relatives and others who were important to them. Relatives and friends were welcome at any time and were visiting throughout our inspection.

Requires improvement

Is the service responsive?

Our findings

At our inspection in December 2014 we found the service was not responsive to people's needs. People's needs were not fully assessed and care plans did not give staff directions on how to meet people's needs. People also told us they felt they had to fit into the routine of the home. At this inspection in October 2015 we found some improvements had been made to care plans, and staff were responsive to people's needs.

Care plans were designed to contain comprehensive assessments of the person's needs and detailed instructions for staff on how to meet personal care needs. However, not all areas of all care plans we looked at had been fully completed. For example, one person's care plan gave detailed instructions on how their behaviour should be managed, but no detail of how staff were to assist with their personal care. People's main care plans were kept in the nurses' station. A folder was kept in the person's room that contained a 'summary of needs' and any charts that were needed to be completed. The 'summary of needs' was designed to provide care staff with a shortened version of the care plan that would be useful as a quick guide to the person's needs. However, not everyone had a completed summary in their room and when they did, the detail did not always correspond with information on the main care plan. This meant staff may not always have the most up to date information on how to meet people's needs.

We also identified that food and fluid charts, repositioning charts for people with sensitive pressure areas and forms relating to the application of creams were not consistently recorded. 'Wound assessment' charts that were used for recording when people had pressure sores were not easy to follow. We discussed this with the registered nurse and they agreed with us and decided to change the charts to make them easier to use.

However, staff were aware of people's needs and how they wished their needs to be met. This meant people received individualised personal care and support delivered in the way they wished. The registered manager told us that when agency staff were used, they tried to use the same staff and made sure they worked with permanent staff who knew people well.

Many people spent their time in their bedrooms. For some people this was their choice and for others it was because they were not able to leave their beds. Staff and visitors told us and records indicated that staff spent individual time with people in their own rooms in order to minimise the risk of social isolation.

Staff were attentive to people's needs and identified when people were becoming agitated. They took action to prevent the agitation increasing by offering support and speaking with the person about what they may want to do.

There was an activities co-ordinator employed by the home. During the first day of our inspection they were putting up Halloween decorations. They told us people enjoyed the decorations and we heard them chatting with people about them. There was a friendly and relaxed atmosphere in the lounge with other staff choosing to take their break in the room.

There were second-hand books and jigsaws for sale, the money raised from this was combined with money raised at an annual summer fair and used towards the costs of trips out. A variety of activities were provided for people in the home. They were mostly provided by the activities co-ordinator, but we saw other staff spending time chatting with people individually. The local 'Owl home' was due to visit and people told us how much they had enjoyed previous visits from them.

A monthly newsletter was produced by the activity co-ordinator which contained details of forthcoming activities. Activities that took place were recorded. Records showed that external entertainers visited weekly, and activities such as quizzes were provided by the activities co-ordinator. The activity co-ordinator told us they sometimes took chocolate around so that people got something nice from staff. They also told us they occasionally took people out for a local walk or did their nails at the nail bar in the corner of the lounge. One healthcare professional told us "There is a wide range of activities taking place which residents are encouraged to participate in". We heard the activities organiser chatting with a newly admitted person about what sort of things they would like to do. They tried to encourage the person to learn to use the home's computer so they could keep in touch with family and friends.

The home's complaints procedure was displayed in the hallway and people's rooms. People told us they knew how

Requires improvement

Is the service responsive?

to raise concerns or complaints. Without exception they told us that they would speak with the registered manager, but told us they had not needed to. The registered manager kept a record of all complaints that showed the outcome of the investigation. Three complaints had been received and successfully resolved within the last year.

We recommend the service explores the NHS guidance 'Benchmark for record keeping'.

Good

Is the service well-led?

Our findings

Three Corners in owned and run by Golfhill Ltd. There was a staff management structure in place to maintain the running of the home. This included deputy managers and a registered nurse in charge on each shift. There was an office manager employed to handle finances, contracts and initial contact with the home. The registered provider had regular involvement with the home and was present during the inspection.

At our inspection in December 2014 we identified that there was no effective quality monitoring system in place. This had meant some issues we identified with records had not been picked up by the home. Also the registered manager had not always notified the Care Quality Commission (CQC) of accidents that needed to be reported. At this inspection in October 2015, we found there were quality assurance procedures in place for identifying areas for improvement, but these were not always followed through in a timely way. This meant the fact some records were not being fully completed had not been identified.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

There was a series of audits in place. For example, accidents and incidents, care plans and medicines were audited regularly. A physiotherapist had been employed to work with people to minimise the risks from falling.

Questionnaires had been sent out to visitors to gather their opinion on the quality of care being provided. Issues raised through these questionnaires included the quality of food, and there was a request for a map of the home to help people find their way to rooms. Better quality food was now purchased. A hotel type system was being sourced to indicate where rooms were and help people find their way about the home.

One staff member coming on duty mid-shift did not receive a formal hand-over or "report" and was not aware of any changes to people's needs. We discussed this with the registered manager and they told us it was rare that staff started work at that time. They arranged for the staff member to speak with the registered nurse and said they would formalise a proper handover in case this happened again.

Staff, relatives and health and social care professionals all spoke positively about the registered manager. The registered manager took an active role within the running of the home and had good knowledge of the people living at the home and the staff who worked there. One staff member said "(the RM) is approachable and she responds. But I have never really had any problems or issues". Another staff member said "….the management, if you have any problems you can go to them and they sit there and listen".

A member of the care team told us "it's all very hand on, everyone works together really it's a good team we all get on really well, we know how each other works. The general team has been here for years that's what attracted me to the job; the staff have been here for such a long time, that says a lot in my eyes…."

During the inspection the registered provider was keen to stress how important each member of the team was to the smooth-running of the home. This was later confirmed by a staff member who said "We all muck in together." And they went on to explain "We have little meetings once every three months saying what we can do better".

We saw evidence of an open and transparent culture. Staff and people living at the home felt able to raise concerns and feel assured they would be dealt with. There was a relaxed, positive and welcoming atmosphere at the home. Staff told us they enjoyed working at the home and comments received included "I wouldn't want to work anywhere else", "I think that's what makes it so good here, the team all support each other" and "It's very nice, I love being here. It's a friendly atmosphere, people are lovely to work with it's like a family everybody helps one another".

The registered manager and registered provider were keen to develop and improve the service. There were plans to improve the environment and provide 'wet rooms' to provide easier access to showers. They told us they were always striving to be 'Best in Class'.