

Golfhill Limited

Three Corners

Inspection report

3 Greenway Road
Galmpton
Brixham
Devon
TQ5 0LW

Tel: 01803842349

Website: www.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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Three Corners is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Three Corners accommodates a maximum of 46 older people, including people who live with dementia or a dementia related condition, in one adapted building in its own grounds. At the time of our inspection, 37 people were living at the home.

At the last inspection on 28 and 29 October 2015, the service was rated 'Good' overall with a requires improvement in the key question, responsive. At this inspection, we found the service remained 'Good' overall and 'Good' in all key questions.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were observed to be treated with kindness and compassion by all the staff who valued them. The staff, had worked for the company for some time and built strong relationships with people who lived there. Staff respected people's privacy and treated people with dignity and respect. People, or their representatives, were involved in decisions about the care and support people received.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who lived at the home from the risk of abuse.

Recruitment checks were carried out to ensure suitable people were employed to work at the home. Our observations and discussions with staff and people confirmed sufficient staff were on duty.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. All staff had completed a range of training and new staff completed an induction. Staff were supported with regular supervision and appraisal.

Risk assessments had been put in place and were individual to the person. This was to minimise potential risk of harm to people during the delivery of their care and support. Care records were person centred and held details on how people liked their needs to be met; taking into account people's preferences and wishes. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and consent to care was sought as much as possible. We reviewed information in relation to capacity assessments and processes which needed to be in place to make decisions in a person's best interest. We made a recommendation for improvement in ensuring that people have maximum choice and control of their lives and staff understand how to assess their capacity to do this.

People's health was monitored by the staff and they had access to a variety of healthcare professionals. This helped ensure people's healthcare needs were met.

The home continued to be well led. People lived in a home where the provider's values and vision were embedded into the service, staff and culture. People, relatives and staff told us the provider and registered manager were very approachable and made themselves available.

People lived in a comfortable clean home which had been designed and adapted to meet their needs. The home was monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service has improved to Good	Good ●
Is the service well-led? The service remains Good	Good ●

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 checked whether the provider was 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 was undertaken by one adult social care inspector on 22 and 23 March 2018 and the first day was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send us. We contacted the local authority safeguarding and commissioning teams to obtain their views about the service. We also spoke with three healthcare professionals visiting the home. This helped us to gain a balanced overview of what people experienced living at Three Corners.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with a range of people about the home. This included 10 people who lived at the home, five relatives, the provider, registered manager, company secretary, office assistant, support manager, three registered nurses, two care staff, the cook, laundry assistant, housekeeper and a work placement student.

We looked at care records of six people who lived at the home and training and recruitment records of three staff members. We also looked at records relating to the management of the home. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

The home continued to provide safe care to people. Some people who lived at Three Corners were unable to fully express themselves due to their dementia. Everyone looked very relaxed and comfortable with the staff who supported them and people who could, told us they always felt safe. One person said "Of course I feel safe here. It's my home." Another person told us, "The main thing is I feel safe. They are always walking around checking on you."

Staff knew how to recognise and report potential abuse to keep people safe from harm. We saw there were safeguarding procedures in place in line with the provider's policies and the registered manager and staff, had a good understanding of these. One staff member told us, "If I saw something I was concerned with, I would report it immediately to the manager."

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with people living in a care setting. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. One person who liked to stay in their room said "There's always staff to keep you company. Staff come for a chat all the time. We have a chat when they come in with a cup of tea."

Risk was managed and people were supported to be safe. Records showed that risk was assessed, actions were put in place to manage risk and they were regularly reviewed. People had risk assessments in place to reduce the likelihood of them falling, developing skin ulcers, malnutrition and being at risk when they were being supported to move by staff. We saw that people were supported to move safely; for example when staff used a hoist they used the correct sling and gave people reassurance throughout the manoeuvre. Other risks to people's health and wellbeing were also considered; for example, people used equipment to relieve pressure on their skin to ensure they did not become sore. Equipment was maintained and serviced as required to ensure it was safe for use.

The provider had ensured that lessons were learned and improvements made when things had gone wrong. Records showed accidents and near misses were analysed so they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals such as their GP or health professionals who focus on helping people to avoid falls. The home also employed their own physiotherapist one day a week to assess and support people at risk of falling.

Medicines were managed safely. We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and medicines were stored

securely. We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked. Some people had been prescribed additional medicines on an as required (PRN) basis. However, there was no information to guide staff on when and why people might need these. We discussed this with the registered manager during the inspection and they said they would address this immediately.

People were protected by the prevention and control of infection. Staff had received training and there was personal protective equipment available such as gloves and aprons. The building smelt clean and fresh and was visibly clean. Cleaning checks and monthly infection control audits were undertaken to identify any areas for improvement. The provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food. One person said "The home is so clean. They do a wonderful job of keeping it clean and fresh."

Records confirmed that gas appliances and electrical equipment complied with statutory requirements. Other audits and checks completed included fire safety and prevention, water temperatures and Lifting Operations Lifting Equipment Regulation checks (LOLER). People living at the home also had their own Personal Emergency Evacuation Plan in place (PEEP). This meant that each person could be safely evacuated from the building in the event of an emergency.

Is the service effective?

Our findings

The home continued to provide people with effective care and support. Many of the people living at Three Corners were living with dementia or frail health and were not always able to make decisions about their care and how they were supported. People continued to have freedom of choice and were supported with their dietary and health needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us, and we observed that staff assisted them to make their own decisions. One person said, "The staff are always asking me is it okay before they do anything. The staff are all very respectful." We saw that when people did not have capacity to make decisions for themselves this had been assessed. However, mental capacity assessments had been made on their ability to make decisions in general rather than on their ability to make a specific decision at the time it needed to be made. For example, one person had equipment in place to prevent falls such as, a sensor alarm mat. A mental capacity assessment about their ability to consent to this specific decision was not in place or included in the DoLS application and the best interests decision making process had not been documented. This meant that the provider was not fully meeting their obligations under the MCA. Immediately following the inspection the registered manager sent us completed mental capacity assessments in respect of this.

We did see examples where the registered manager had appropriately identified other situations which may amount to a deprivation of someone's liberty and submitted authorisations to the supervisory body.

We recommend that the provider ensures that all assessments and best interest decisions are made in compliance with the Mental Capacity Act 2005.

Staff were competent in their roles and had an excellent knowledge of the individuals they supported which meant they could effectively meet their needs. Records showed staff received the training they required to keep people safe and to meet people's individual needs. Where people had specific needs specialist training was arranged such as wound management, dementia care and catheter care.

Staff received regular supervisions and annual appraisals. Supervision and appraisal enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Staff told us they felt fully supported by the management team and were supported with training and development opportunities. One staff member said, "There is always training and support is there when we need it. If you want to do anything in particular they get it in for you."

People told us they were happy with the standard and quality of food which was prepared for them.

Comments we received included "There's always an alternative", "It's very good, there is always plenty of it. It's my favourite today, fish and chips!" and "It's lovely." A relative told us, "The food is very nice and looks fresh and appetising."

People were provided with a varied diet and there was a choice of food and drink. The meal time was a pleasant experience and people could sit with people they enjoyed spending time with. Drinks and snacks were freely available throughout the day. We observed people being assisted with their meal. The staff member sat at eye level and supported the person in a patient and encouraging way. Staff encouraged people to eat as much as possible. This demonstrated staff were attentive throughout lunch and aware of people's needs.

Care records contained information in relation to nutrition and hydration and any specialist dietary needs. Some people were at risk of losing weight due to their poor appetite or of choking due to swallowing difficulties and their meals had been modified to meet their needs. The cook told us, "I add cream to the potatoes to increase the nutritional value and some people have milky drinks that have been fortified to improve their calorie intake." When required, specialist support and advice was sought.

Staff worked closely with other healthcare services in maintaining people's continuity of care. They recorded visits from or appointments with, for example, GPs, and opticians. The records included action taken and outcomes from health visits. A visiting healthcare professional told us, "I am absolutely delighted with the care staff give to people living here. They are extremely proactive." They went on to tell us about the care staff had given to a person who had recently fallen who they had come to review, "As soon as the person had the fall, staff instigated neurological observations which is the absolute 'Gold Standard'. I am extremely happy with the care here."

The environment was designed to meet people's needs. There were comfortable communal areas where people could choose to spend time. There were also signs in the home to help people to find their way around and these included pictures for some people who may need information shared in that format. There was a refurbishment programme in place and we saw several areas of the home had recently benefitted from redecoration. The provider informed us on-going work to improve the surroundings was in place.

Is the service caring?

Our findings

People told us staff were very caring. Their comments included, "Yes they are very kind, they look after me very well", "Staff are very pleasant, they are very kind" and "It's lovely living here." A relative commented, "It's very nice and she is very happy living here. There is always plenty of staff and they always pop into see her. She's treated very well." Another relative told us "All staff are polite, caring and look after her needs very well."

Staff worked hard to make people and their relatives feel cared for. One staff member told us, "It's a nice home, people are happy and they are well looked after. It's all about them and we need to make them feel safe and feel they are 'at home'." Staff were able to tell us about each individual, for example their likes and dislikes, backgrounds and family. One person told us, "The staff made me feel welcome and feel part of the home straight away. We have a laugh and we get to know about their lives and they get to know us. It's a proper friendship, a good rapport."

During the inspection we spent time in the communal areas of the home. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks. Throughout the inspection people were comfortable in their surroundings with no signs of anxiety or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the home.

People's privacy and dignity was respected, for example being spoken to appropriately and when being assisted with meals or care. Staff had an understanding of privacy and dignity. One staff member said, "We make sure the doors are shut, we close the curtains and ensure people are always covered with a towel." One person told us, "They [staff] knock on the door. I never have to remind them."

As much as they were able, people were supported to express their views and make choices and decisions about their care. People were asked by staff where they would like to sit and whether they wanted to join in with the activities on offer. People were supported to maintain their appearance, by choosing clothing that met their preferences and personal style.

People were supported to keep in contact and maintain relationships with their family and people who were important to them. One visitor told us, "I visit regularly and am always made welcome. I am always offered a cup of tea. It's lovely." The home had access to the internet and some people had used Skype and Face Time to keep in contact with their relatives and friends.

People living at the home had a similar ethnic background and religious beliefs and there was nobody with an obviously diverse need. People were asked about their cultural, spiritual and sexuality needs during the care planning process. For people who were unable to attend church, the provider had trained as a Eucharistic Minister so people could receive communion at the home. A church service was also held once a month for people to attend. Staff received equality and diversity training to help them provide for people's individual needs.

People's bedrooms were comfortably decorated and people were encouraged to have things which were particularly important to them and to have things around them which were reminiscent of their past.

Is the service responsive?

Our findings

At the last inspection in October 2015 we rated this key question as 'Requires Improvement' because people's care records did not always contain the most up to date information. During this inspection in March 2018 we found that records were person centred, comprehensive and contained up to date information. This means that the rating for this key question has improved to 'Good'.

People received care and support which was responsive to their needs and respected their individuality.

Three Corners had recently introduced an electronic mobile care monitoring system and staff were in the process of transferring paper care plans on to the electronic system. Staff had individual hand held devices to record all aspects of care. This allowed staff to record care as it was given and alerted the registered manager and staff of any care needs that were required, such as a person requiring their position changing during the day.

The provider told us in their Provider Information Return (PIR) everyone had their needs assessed before they moved to the home and from these assessments they created person centred care plans. Care plans were tailored to the individual and provided staff with detailed information about the person's health and support needs. People who were receiving specialist care for specific health conditions had the relevant risk assessments and clinical tools in place. For example, we saw evidence of risk assessments and care plans for the management of health conditions such as diabetes and epilepsy. This meant that people received a good level of responsive care and support based on their individual support needs. Care plans were regularly reviewed and updated accordingly.

There were systems to ensure staff shared information about people's welfare. A staff handover procedure was in place. Information about people's health, well-being, appetite and the activities they had been engaged in were shared. Care plans were confidentially stored and well maintained and staff recorded daily communication notes. These contained a summary of support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported.

People told us they enjoyed the activities provided. One person said, "I like coming to listen to the music. There's plenty going on." A variety of activities were available at the home based on people's individual wishes and needs. The home employed an activities co-ordinator to provide support with activities. Activities were organised by staff and external entertainers also visited the home. Activities on offer were displayed for people to see and included games, arts and crafts, films, music and chair exercises. The activities co-ordinator and staff supported group activities as well as spending time with people one to one, for example, people who were cared for in their room or who chose not to use the communal areas. One staff member told us they would sit and chat with people in their rooms. The home subscribed to the 'Daily Sparkle', a reminiscence newspaper, to help staff talk to people, bond, share experiences and rich memories.

During the inspection we saw people enjoying a visit by pre-school children singing Easter songs. We saw that people really enjoyed the visit, people were very animated, happy, smiling and some enthusiastically joined in with the singing. Other activities during our inspection included a music session and visiting furry and exotic animals. One person told us how much they enjoyed the animal visits, "I don't often go downstairs, but staff brought a rabbit up to me so that I could stroke it. They brought an owl up the day before!"

The home celebrated calendar events such as; Easter, Christmas, Mother's Day and Father's Day by decorating the home for each occasion. People's birthdays were celebrated. We saw this happening at the time of the inspection. Staff presented the person with a home made cake and sang happy birthday to them. The person told us they were delighted with this and felt extremely loved. The home also bought people Easter eggs and Christmas presents each year.

The provider also hired transport so that people had the opportunity to go out on day trips. Recent trips had included minibus trips to the Steam Railway, outings to garden centres and local attractions.

People were encouraged to decide in advance what they wanted to happen at the end of their life. People had pain relief provided and the home worked closely with the GP and a local hospice when appropriate, when the time came. Staff received end of life training to enable them to provide the best end of life care. Staff told us family could stay in the home and no one would be left to die alone.

A family member wrote to the home after their loved one had passed away to express their gratitude in respect of how the staff had looked after their needs. They wrote, "You gave us peace of mind knowing that she was safe and happy in her final weeks."

People and their families knew how to make complaints. Nobody we spoke with had made a complaint but they all felt confident that they would be listened to if they did. We reviewed the recorded complaints and saw that they were all responded to quickly, resolution noted and apology given where required.

Is the service well-led?

Our findings

A registered manager was employed to manage 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. They were supported in this role by the management team and fully supported by the provider who visited the home frequently to make sure high standards of care were maintained.

The registered manager had worked at the home for a number of years before their appointment as manager. They were well respected by staff and people. They were open and approachable and keen to make improvements where necessary. People were extremely comfortable and relaxed with them. One person told us, "The manager listens and you can talk to her, she's very good."

People benefitted from a staffing structure which made sure all staff were aware of their roles and responsibilities. The management team had an excellent knowledge of the people who lived at the home and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described the management team as approachable. People also told us how much they valued their relationship with the provider. Comments included, "He's a lovely man", "He comes in and we have a chat" and "[provider's name] pops in and helps me play scrabble with my friend. He cares about the people here."

The registered manager promoted an open and transparent culture where staff told us they felt valued, listened to and supported. Staff told us they enjoyed working at the home. One said, "I absolutely love it. We all work as a team and the management are really supportive. I can go to them about anything."

There were systems in place to support staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

The registered provider had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring medication administration and staff training. Accident and incidents were recorded, monitored and trends were identified and risks were managed. Regular checks were also made to the building and fire procedures and equipment. This helped to ensure people were living in a safe environment.

The provider used annual questionnaires to gather people's views. Where comments had been made the provider had responded to them and the actions taken had been recorded. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice.

The home worked closely with local services to enable people to participate in the local community. The

home sponsored the local 'gazette' to help raise the profile of the home so that Three Corners would be considered very much part of village community. The home encouraged children and young adults from local schools to come in to the home and spend time with people. One student plays the guitar and sings to people. Other students considering careers in medicines and care get valuable work experience. We saw there were visitors to the home during the day who told us they felt welcomed by the service.