

# Surrey and Borders Partnership NHS Foundation Trust

## Derby House

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Derby House provides personal care and accommodation for up to eight females with a learning disability. At the time of our inspection there were five ladies living at Derby House.

There was a no registered manager in post however a new manager had started at the service and had submitted their application to the CQC to become registered. 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 and associated Regulations about how the service is run. The new manager assisted us with our inspection on the day.

We last inspected Derby House in December 2015 where we found breaches of regulation in relation to a lack of safe person-centre care, a lack of respect and dignity shown towards people and a lack of robust quality assurance. Following the inspection the provider submitted an action plan to us to tell us how they planned to address these concerns. We carried out this inspection to see if the provider had taken action in line with their action plan.

There was a sufficient number of staff to enable people to go out of the home supported by the level of staffing they should expect. Staffing levels within the home were appropriate.

Risks to people had been identified and action taken to reduce these risks. Accidents and incidents were recorded and action taken to prevent reoccurrence. Staff followed good medicines management processes.

People were cared for by staff who showed kindness and care and people's individualities were recognised by staff. People were supported to maintain relationships with their family members. Activities for people were varied and work was continuing on ensuring that people had access to a range of meaningful, individualised activities.

People's dietary requirements had been identified by staff and people were encouraged to be independent by making their own snacks. Where people's health needs changed they were supported to access the appropriate health care professionals.

Quality assurance monitoring took place and the new manager had made positive changes to the home. Relative's and staff felt the new manager was an asset to Derby House. People were involved in the running of the home and feedback from relatives was sought. Complaint information was available.

Support plans in relation to people had been reviewed and were more person-centred with a sufficient level of information in them for staff. Staff knew people's needs and had received training appropriate to these. Staff had access to one to one support from their line manager and received regular supervisions to help ensure they were carrying out their roles in an appropriate manner.

Staff had a good understanding of the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were also aware of their responsibilities in relation to abuse. The provider followed good recruitment processes and had an emergency contingency plan in place to help ensure people cared would not be interrupted in the event of an emergency.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There was a suitable number of staff available to support people both inside and outside of the home.

Risks to people had been identified and guidance was in place in order to keep people safe.

People received the medicines they required and good medicines processes were followed.

Staff were aware of their responsibilities in relation to abuse.

In the event of an emergency there were plans in place to help ensure continuity of care.

The provider followed safe recruitment processes.

### Is the service effective?

Good ●

The service was effective.

People were given appropriate food in relation to their dietary requirements.

Staff followed legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were provided with training in relation to their role.

People had access to healthcare services to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff.

People were encouraged to be independent and were able to have privacy when they wished it.

People lived in an environment that was homely and staff understood people.

People were supported to maintain relationship's with those close to them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans had been reviewed and were more person-centred with detailed information for staff.

Activities were available for people, this included activities within the home and outside.

Complaint information was available for people.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Quality assurance audits were carried out and actions identified addressed.

Relative's and people's views were sought on the home.

Staff felt valued and supported by the new manager and senior management.

# Derby House

## **Detailed findings**

### Background to this inspection

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

This was an unannounced inspection which took place on the 30 January 2017. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service, such as notifications, safeguardings and other information they had submitted to us. A notification is information about important events which the service is required to send us by law. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of our inspection.

As people living at Derby House were unable to tell us about their experiences, we observed the care and support being provided and talked to relatives and other people involved in their care following the inspection.

We spoke with two relatives, four staff, the manager and the provider's service manager, psychologist and Speech and Language Therapist to obtain their feedback as to the care that people received. We looked at a range of records about people's care and how the home was managed. For example, we looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. Following the inspection we received feedback from one social care professional.

We last inspected Derby House in December 2015 where we identified four breaches of regulation.

# Is the service safe?

## Our findings

Relative's told us they felt their family member was safe living at Derby House. One said, "Staff will always keep an eye on her from a distance, but let her have independence." Another told us, "She's quite safe." A social care professional told us, "I feel my client is safe."

We found that there were sufficient members of staff on duty to meet people's needs. We were told that the manager, a senior staff member, three care staff and an activities facilitator would be on duty each day and were told by staff that on the whole this level of staffing was maintained. When the service was short staffed the manager told us they offered shifts to permanent staff in the first instance and used agency to fill any shortfalls.

We saw four people went out during the morning. One lady went with a volunteer to a local day centre and three with staff to the park. People who remained in the home received an appropriate level of support from staff.

The risk of harm to people was reduced because staff followed the appropriate guidance. At our inspection in December 2015 we found that people were at risk of harm at mealtimes as staff did not always follow guidance in relation to risks associated with choking. We found at this inspection action had been taken to address this. Each person had been reviewed by the Speech and Language Therapy (SaLT) team and had guidance in place with regard to their eating. We found staff followed this guidance when people had their lunch. We observed people being provided with appropriate foods and utensils in order to reduce the risk of them choking.

We also found in December 2015 that staff did not pre-empt people's unpredictable behaviour or appear competent in how to react to people when they showed aggression. At this inspection, we found staff had a good understanding of people and were more aware of people's whereabouts and how they might react to having strangers in their home. We found risk assessments in people's support plans which related to how they might react to certain situations when out of the home.

General risks to people had been identified and guidance for staff to follow was in place. This included areas such as people making their own hot drinks, going out on trips or taking a bath.

People's medicines were stored and administered safely. Each person had their own medicines file. There was detailed information about each medicine and a picture of what the medicines looked like. Medicine Administration Records (MARs) were completed for each person and we noted no gaps in the records which showed us people received the medicines they required. There was 'as required' (PRN) guidance in place for people and for people who took their medicines with food there was detailed information on how this should be given, for example, crushed.

People were safeguarded from the risk of abuse as staff understood their responsibilities to report any concerns they had. Staff had access to safeguarding and whistleblowing information should they suspect

any abuse taking place and we found were incidents had happened these had been reported appropriately to the local safeguarding board. One staff member told us, "I would speak to the manager, but I would also speak to the team to make them all aware." Another said, "I would let the manager know and take it further if needed."

When people had accidents or incidents these were recorded and responded to. We noted staff recorded any accidents and incidents relating to people together with the action taken. All accidents/incidents were reviewed by the manager and senior management to identify trends or triggers. A staff member told us, "I would report an incident and then make a record on Datix (provider's internal reporting system)."

In the event of an emergency, or the service having to close there was a contingency plan in place. This detailed where people could stay in the short or longer term. Each person had a personal evacuation plan in place giving staff guidance on what support they may need in the event of a fire. We saw that staff had received fire training and that regular fire drills were carried out to keep staff up to date with fire procedures.

The provider followed good recruitment processes to help ensure that only suitable staff were employed to work in the home. This included obtaining references, a full employment history, evidence of identification and a right to work in the UK and a disclosure and barring check for a criminal record.



## Is the service effective?

### Our findings

People had a choice of foods and were supported to eat their preferred foods. There was a large picture menu in the dining room which reflected what we saw people being offered for lunch. Cupboards in the kitchen were labelled with pictures reflecting what was in each cupboard and we found fresh fruit and vegetables available for people.

Where people required support to eat they were provided with this. One person had adapted spoons and was being supported to eat independently by staff. They were not being rushed and were enjoying their meal. Another person made their own sandwich and choose their own preferred dessert.

People's dietary requirements were recognised by staff. Two people were at risk of choking. We found guidance in place for them and observed staff had given them a meal of an appropriate consistency.

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 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).

People were being cared for by staff who followed the legal requirements of the MCA. We noted people had decision specific mental capacity assessments carried out. These included areas such as finances, locked doors or receiving personal care. Following the mental capacity assessment best interest discussions were held in order to help ensure that any decisions made on behalf of people followed the principals of the Act and as such appropriate DoLS applications had been made.

Staff were able to describe to us the principles around MCA. One staff member said, "Everyone has capacity until proved otherwise and if they don't we have to take a best interest decision. Capacity can be permanent or temporary." Another told us, "It's the ability for people to make a decision at the time. (Name) is able to weigh up more when you show her pictures."

People were cared for by staff who had access to a sufficient amount of training to help them in their role. Staff had the opportunity to access training in a range of topics, which included safeguarding, infection control, moving and handling and health and safety. Staff also had training specific to the needs of the people they cared for. This included specific medicines that some people required. A newer member of staff told us they had received induction when they commenced in the role. They said, "The induction was a nice way to ease me in to Surrey & Borders ways." Another staff member told us, "The training is good. It's on line and face to face. It's good quality training."

Staff met with their line manager on a regular basis to discuss their job, training requirements or any concerns they had. Staff told us that these supervisions were important to them and they found them useful.

People were supported to access the support of health care professionals should they require it. We noted from people's support plans that a wide range of professionals were involved in their care. This included the GP, dentist and chiropodist. This was in addition to the provider's own health professionals who provided expertise and guidance to staff, such as the provider's psychologist. One person was found to have a sore area on their skin and staff had contacted the GP who had prescribed cream for this. A relative told us, "They (staff) are very much on the ball in relation to her health." Another said, "If she falls ill, she's straight into hospital and they (staff) make sure she's okay."

## Is the service caring?

### Our findings

Relative's told us that their family members were looked after well by staff. One relative told us, "She's always, always been looked after really, really well. She has a good quality of life." Another said, "It's the best place she's been. They (staff) really look after her well." A social care professional told us, "I have no concerns."

At our inspection in December 2015 we found that staff did not always treat people with respect or speak to them in a caring way. We found at this inspection improvements had been made as people were given the respect they should expect. We heard staff speak with people in a respectful manner, addressing them regularly by their first name. Staff had ensured people were appropriately dressed and people looked well presented. A staff member told us, "If I saw someone come out of the bathroom not covered up I would wrap a towel around them."

People lived in a clean and spacious environment and individual's bedrooms were personalised with people's own belongings and items. We had found at our previous inspection that the home could have been made to feel more homely and saw at this inspection that work had started and the environment was much more pleasant. The manager had put pictures on the walls, hung new curtains in the lounge areas and the dining area had table cloths and plants on the tables.

People's individual ways of communicating was recognised by staff. Staff told us about one person who would bang their bedroom door when they wished attention from staff. We heard this person do this several times throughout the day and saw that staff responded to this to assist this person with their requests. A relative said, "The staff seem to understand her."

People's individual preferences were recognised by staff. One person had a fondness for cardigans and it was important for them to wear one each day. The person showed us their wardrobe where we saw a wide range of cardigans which they could choose from and we observed that they changed their cardigan throughout the day. It was also very important for this person to have makeup applied each day and we found that staff had purchased a dressing table with lights in order that this person's wishes could be met.

People were encouraged to be independent. We saw one person who had been out all morning return to Derby House and make their own lunch. Another person made their own sandwich and a staff member asked them, "Can I help cut the crusts for you?"

People could have privacy when they wished it. People were able to spend time in the two communal lounge areas or the conservatory as well as return to their rooms if they wished. We saw people accessing all areas of the home throughout the day and staff respected this. Two people had keys to their bedrooms doors which allowed them to keep their own space private, but allowing them to go into their rooms when they wished to without having to ask staff.

We saw some examples of kind caring interaction from staff. For example, we heard a staff member ask if

people were enjoying their meal. Another asked one person, "Is that yummy (name)?" To which the person replied, "Yes." A third staff member said to one person, "Don't you look lovely in red." When people returned from their activities they were greeted by all of the staff and it was evident that people felt comfortable in staffs company. A relative told us, "I couldn't say anything else other than the staff are kind and caring. They think the world of her (family member)."

People were supported to maintain relationships important to them. One relative said, "The staff have talked about bringing her over to us at some point and we've agreed to that." Another relative told us, "We take her (family member) out a lot but she's always happy to go back."

# Is the service responsive?

## Our findings

At our inspection in December 2015 we found that whilst support plans were comprehensive and detailed people's care needs were written in terms of what could be provided in the home, rather than what people wished for. We saw at this inspection the support plans had improved. They continued to be very detailed but were written in a more person-centred way and focussed on people's wishes. A relative told us they were kept informed and involved in their family member's support plan and invited to review meetings.

Support plans contained information such as how a person may communicate, their likes and dislikes and how they liked to spend their time. One person's support plan recorded, 'I like to go out as much as I can' and we saw that this person was out most of the day. Their relative told us, "She loves going out. She always has done and the staff take her out."

People received responsive care. One person would not normally wear a coat when going outside but we heard and read how through staff working closely with this person they were now happy to wear a coat. Another person had poor mobility and a referral had been made to the wheelchair service and physiotherapy more suitable seating. One person's care plan noted, "I don't like it too hot" and we saw that they had air conditioning in their room. A relative told us, "She (family member) gets the care she requires."

Where people had behaviours that may cause themselves or others harm guidance was in place for staff. We read a description of how the person may react to a situation and what may trigger their behaviours. In turn there was information for staff on how to respond. One person liked to remove their clothes in public and rather than staff not taking them out, we read that staff held a spare set of clothes and a blanket in the mini-bus in the event of such an incident. Staff confirmed this was the case. People who had epilepsy had separate care plans in place with a record of any seizures they had. Each person's weight was recorded and we noted no concerns in relation to weight gain or loss for people.

Relative's told us they felt their family member had access to a range of activities. One relative said, "She has a good social life. She's always doing something."

At our inspection in December 2015 we found that people were not always given the opportunity to attend individualised activities. We had made a recommendation to the provider. We found at this inspection things had improved. An activities facilitator had been recruited and they worked full time throughout the week. They told us their role was to facilitate, rather than 'do' which would encourage staff to start thinking spontaneously about meaningful activities and stimulation for people. People's timetables were made flexible in order to respond to people's particular likes and dislikes. For example, one person enjoyed bowling but did not like crowds or noise. Staff had reorganised their timetable so they could go bowling during the day when it was quieter.

The facilitator told us they had introduced some new pasttimes for people, such as cycling and more frequent swimming. This was based on their knowledge of people, together with watching how people reacted to certain activities. For example, one person had a tricycle at the home and the facilitator had

encouraged them to go to external cycling sessions to continue that interest. There was a plan to start a gardening project and this had commenced with staff planting spring bulbs in the front garden. One person had been asked to go on the board panel for a national autism project and a staff member told us, "It has expanded her social circle." The facilitator told us, "I am here to make life more interesting for the ladies. I feel I am making progress and it is very rewarding." They added, "I get to know their interests and build on top of that." A staff member said, "I think we give people a lot more choice. A lot of activities have been introduced." A social care professional told us the home organised holidays for their client.

The manager told us the facilitator was extremely confident with all of the ladies and as such was encouraging staff to be so too. Particularly in terms of taking them shopping or to public places. We saw from the records that activities and outings took place much more regularly. The manager and facilitator both told us it was still a work in progress and they would continue to develop people's access to their preferred interests.

Complaint information was made available to people, however we noted that no complaints had been received. A relative told us, "No complaints and the whole family feels the same." Another said, "We had a bit of a blip, but I had a word with (the manager) and things have settled down now." We read compliments that had been received by the home. One from a social care professional said, 'I am very pleased to see the improvements in relation to (name's) quality of life and the plan to spend money on new interesting activities'. A relative had written, 'I would like to thank you all for the care you have given to (name) and I'm sure it will continue'.

## Is the service well-led?

### Our findings

At our inspection in December 2015 we found a lack of management oversight of the home. We also found that audits carried out did not always identify the shortfalls in the service. Since that inspection the registered manager had ceased to work at the home and a new manager had been recruited to the post. The provider had instigated many changes since the last inspection and the new manager had accelerated their implementation.

Quality audits were completed in November and December 2016. These highlighted some areas that required action and we found that the manager had addressed these. Health and safety inspections were also carried out quarterly. The most recent one identified that COSHH risk assessments needed to be updated, the kitchen bin lid was broken and a new first aid box was required. We found all three areas had been addressed.

Other quality assurance checks were undertaken by staff. We saw a fire risk assessment was completed and a fire audit identified that the office wiring needed replacing. We saw evidence this had been done. Fire alarm tests were carried out weekly. An infection control and handwashing audit had been completed and as a result of the infection control audit some redecoration was due to take place. A social care professional told us, "Derby House has improved their services significantly compared to the previous circumstances."

Although staff told us they were happy working in the home, we heard from staff that there was not always a good working culture and that some staff took on the majority of the work. We observed during our inspection that some staff were more hands on with people than others. We spoke with the manager and the provider's service manager about this during our feedback. Following our inspection the manager sent us their response and actions in relation to our comments. This included setting up training for staff to be delivered to shift leaders for existing Staff Nurses and Senior Support Workers who shift lead.

People were supported to be involved in the running of the service. However we found that although meetings had been held in the past, the minutes were typed and stored in a file in the office, rather than being displayed in a way that people could understand. The manager told us they would address this.

Staff meetings were held to give staff the opportunity to put forward ideas and share news. We found discussions at these meetings included topics such as staff confidence, staff rotas and handovers. Two away days had been held to encourage team building to help ensure the culture within the home was good.

Relatives and other stakeholders were encouraged to give their feedback about the service. We read a relative had written, 'thank you for what you are doing for my sister' on one survey. A relative told us, "The staff are always asking if there is anything more they can do to make her (family member) life better."

We asked staff if they felt supported by the manager. One staff member told us, "I feel well supported. I can talk to the manager and higher management." Another said, "I like working here. Since (the new manager) started, it's so much more homely." A third said, "Since the change in management you can see people here

are happier. People are doing more. I feel supported and valued here. They (management) listen to me."

Relatives were complimentary about the new manager. One told us, "She seems very nice and staff seem happy with her. She's getting things done and everything is for the benefit of the home." Another said, "She's (new manager) well on the ball. She's lovely and thinks about her (family member)."