

DRS Care Homes Limited

DRS Care Home

Inspection report

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Tottenham
London
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 6 January 2016. The inspection was unannounced. DRS Care Home is a residential home providing care for up to four people with mental health needs. Some of the people who live at the home also have a learning disability. The service had a history of accommodating people with a forensic background.

At the time of our inspection there were three people living at the service.

The service was located in a terraced house, on two floors with access to an outside area at the back. There were two 'move on' supported living flats located in the garden area. Support to the people living in these was provided by another DRS scheme locally. This inspection relates to the residential care service only.

At our last inspection in August 2014 the service was meeting all of the regulations we looked at.

DRS Care Home had a registered manager at 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.

People were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness.

Staff were fully aware of people's needs and these were carefully documented in care plans. Care plans were individualised and reflected people's choices, likes and dislikes, and arrangements were in place to ensure that these were responded to. Care plans provided detailed information on people's health needs which were closely monitored.

People were supported to maintain good health through regular access to healthcare professionals, such as mental health professionals and GPs. Risk assessments had been carried out and these contained guidance for staff on protecting people. Health and social care professionals told us staff responded quickly to changes in people's needs if they were physically or mentally unwell, and this was confirmed by the records.

Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People had their medicines managed safely. People received their medicines as prescribed and on time. Storage and management of medicines was well managed.

The premises were clean and the building was in a good state of repair. There was evidence of regular servicing of essential facilities such as gas, electricity and fire equipment. Fire drills and checks of the system took place on a regular basis.

Staff had been carefully recruited. Appropriate references and Disclosure and Barring Service checks were undertaken before staff began work to ensure that staff were safe to work with people. Regular supervision took place with staff. However the registered manager was allowing some staff to work excessive hours at the service and we were concerned about the impact this might have on their working practice and wellbeing.

We have made a recommendation in relation to staff training.

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. Sufficient numbers of staff were employed to keep people safe.,

Risk assessments for people living at the service were current and covered a wide range of areas.

Medicines and people's money were well managed.

The premises were clean and food was stored safely and hygienically.

Is the service effective?

Requires Improvement ●

The service was not always effective. Not all staff had received training in key areas within the organisations' mandatory time scale. This could affect the quality of the service provided.

Staff received regular supervision.

People were supported to eat healthily, and there was a choice of food.

People were enabled to access healthcare appointments as required.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Peoples' religious needs were attended to.

Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

People knew how to make a complaint although there were no complaints formally logged in the last 12 months.

People were supported to access community activities.

Is the service well-led?

The service was not always well led. There were occasions when staff were working 24 hour shifts which could affect the wellbeing of the staff and their work performance supporting people.

People living at the service, relatives and professionals told us the registered manager was effective and visible.

There were quality assurance processes in many key areas and essential services were safely maintained.

Requires Improvement 

DRS Care Home

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 6 January 2016 and was unannounced. It was undertaken by an inspector for adult social care.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

On the day of the inspection, and via a follow up telephone call the following day we spoke with three people who lived at DRS Care Home, although one person found it difficult to communicate with us. On the day of the inspection we spoke with the registered manager. There was no other permanent member of care staff working that day.

We looked at three care records relating to people's individual care needs and four staff recruitment files including staff training records. We looked at the records associated with the management of medicines.

We reviewed health and safety documentation, four staff employment and supervision records, incident and complaints logs, safeguarding documentation, and quality audits undertaken for the service. We checked essential services were of a good standard including electrical, gas and fire safety equipment.

We reviewed staff meeting and residents' meeting minutes and other documentation relating to the safe running of the service.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises.

Following the inspection we spoke with two health and social care professionals who worked with people using the service. We also spoke with the family carer of one person using the service.

Is the service safe?

Our findings

People living at the service told us they felt safe and felt their belongings were safe, although one person said they felt safer at night rather than in the day but was unable to say why. They also told us they were able to speak with staff if they had any concerns.

Staff were able to tell us the different types of abuse and how they would report any concerns. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on an on going basis. We saw that these policies clearly detailed the information and action staff should take.

Accidents and incidents at the home were recorded appropriately with information about what happened before, during and after the incident. The form had a section for stating the likelihood of the incident occurring again and the level of consequence. There had only been one incident in the last 12 months.

Individual risk assessments had been carried out and were up to date. These covered a range of activities, health and safety, and environmental issues including medicines, domestic skills, personal care, going out of the home and ability to manage money. Risk assessments outlined the issue, and how staff could support people in managing the risk with a plan of action. Staff understood the needs of people using the service and knew what situations might trigger people to become agitated, and how to deal with them when they were.

We looked at medicines as part of the inspection. We checked the procedures and records for the storage and administration of medicines. We noted the medicine administration records (MARs) were clearly documented and included a photograph of each person. The medicines were stored in a locked cupboard and temperature checks were recorded daily.

On checking the stocks against records we found there was a minor error for one medicine, and antibiotics for one person were not on the MAR sheet as they had been obtained whilst visiting a family member. Going forward the registered manager told us he would ensure that all medicines given by the staff were recorded on the MAR. The registered manager reported he audited medicines on a regular basis, but did not keep records. The people living at the service confirmed they were satisfied their medicines were managed correctly. They understood what they were for and were given them on time.

We looked at infection control at the service. Temperature checks were taken daily to ensure safe storage in the freezer and fridge in the kitchen. The kitchen fridge was clean with opened food dated and sealed, and there were clear guidelines for use of chopping boards to minimise cross contamination. There were hand washing facilities in the kitchen, and bathrooms were clean as were the communal areas. There were mops for cleaning different areas of the house. The registered manager said he would put up signs to clarify what mops and cloths should be used for specific areas to minimise spread of infection.

The service had been awarded a five star (the highest) rating by the Food Standards Agency for hygiene in June 2014.

Safe recruitment practices were in place and organised records showed appropriate references and Disclosure and Barring Service checks were undertaken before staff began work.

The registered manager only held money for one person living at the service. We checked the records and receipts against the money stored, and found them to be accurate.

Is the service effective?

Our findings

People living at the service told us the staff were able and willing to look after them.

We saw from records that any newly employed staff were subject to a probationary period and there was an induction checklist for newly employed members of staff to complete which monitored their development.

Staff supervision meetings took place every two months and records were kept of discussions relating to practical care and staff development needs. Appraisals took place yearly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and had applied for DoLS for one person and was awaiting their assessment. People who used the service told us that their consent was always obtained prior to care being provided or information being shared and we could see from records that they were involved in planning their care and reviewing their risk assessments.

In order to ensure that staff have the necessary skills to offer a good service to people living at the service it is important to undertake training. We found that although staff received training in some key areas such as safeguarding and medicine awareness, not all staff had received training within the providers' mandatory timescales in the areas of managing challenging behaviour, infection control, first aid and food hygiene. Three out of four staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People received care and support that met their health needs effectively. There was evidence that people accessed a range of health professionals including their GP and mental health professionals. Health and social care professionals who worked with people living at the service spoke well of the service and reported that staff worked co-operatively with them. One professional told us the person they supported had "done well" since living there. We saw on records that people had regular access to dentists and opticians and people living at the service confirmed they were supported by staff to stay well.

People told us there was plenty of food available, and it was of good quality. One person chose to eat out regularly at a café. Another person was provided with money each week to enable them to buy specific

foods they liked. People could have breakfast or make a sandwich when they wanted and there was a menu agreed for lunch and dinner with alternative options. The menu was the same for all DRS care homes in the area which could indicate a lack of choice, however the registered manager told us food choices were discussed with people living at the service and options offered related to their choices.

The building was not suitable for people with significant mobility issues. There were stairs throughout. This did not present a problem for people currently living at the service. The garden was shared between people living at the service and the people in the 'move on' flats. There was a shared covered smoking area as well as a table and chairs for use by all. The garden area was free of hazards.

We recommend that the service reviews the training needs of the staff to ensure they are up to date.

Is the service caring?

Our findings

People were supported by staff that promoted independence, respected their dignity and maintained their privacy. One person told us "staff are caring". We were told they were helpful and assisted with a range of different tasks.

We witnessed positive interactions between staff and people living at the service. This was confirmed by the health and social care professionals we spoke with, one of whom told us that they found the registered manager in particular very empathetic and caring. A report from another health professional noted the skill of two staff members in particular offering a firm but supportive approach with one person living at the service to help manage their condition.

Staff were supportive of people accessing college and carrying out activities in the local community. We could tell this from talking with the people living at the service and from care records. One person told us they were actively encouraged to study for a 'trade' so they could get paid work in the future. One person was supported to attend a place of religious worship weekly and was actively facilitated to visit their family member weekly. Another person told us they were encouraged to see their family and felt friends were welcome at the scheme. The registered manager told us that people were able to have sexual relationships with others if they chose, and this was confirmed by our discussion with people living at the service.

Care plans contained up to date information about the choices people were making, and we could see from records that people were involved in these discussions as they had signed the care plans.

The living room was comfortable. The provider could evidence they had a plan to replace some of the furniture that was slightly stained, and there was free access to wi fi for people to use at the service. This enabled people to use their phones and laptops without additional charge for internet connection. There was also a payphone for the use of people living in the service. This meant people were not reliant on having to own a mobile phone.

Is the service responsive?

Our findings

Care planning within the home was person centred. There were no planned activities at the home in order to encourage people living at the service to engage with activities outside of the service. There were board games available for use.

People were well supported with health appointments and steps were taken within the service to support people to maintain good health. Both health and social care professionals told us the service was very responsive to changes in people's health and they were alerted immediately if there were any concerns regarding a person's mental health. One professional told us they would not hesitate to recommend this placement to other people. A relative we spoke with confirmed they were "very happy" with the service offered.

People were encouraged to eat well and people's weight, blood pressure and pulse were taken monthly. The registered manager told us they would contact the person's GP if there were significant changes in any of these measurements, but records showed they had remained within a stable range. Staff balanced one person's right to smoke with encouragement to reduce their cigarette intake to promote good health.

There was a complaints policy in place but there were no complaints logged within the last 12 months. We discussed this with the registered manager who explained they dealt with minor issues as they arose. Complaints can be one method of monitoring feedback on the service. The registered manager undertook to consider how best to demonstrate the home's responsiveness to informal concerns raised going forward.

Care plans were detailed, person centred and updated regularly. People's interests were noted on care plans. There was a key worker system in place and staff were able to tell us the activities that people they worked with enjoyed, and goals were set and reviewed on a regular basis. Information about people's histories was contained in their care plans where this was available, and staff were aware of important family and friends in people's lives.

People living at the service were encouraged to take up activities they enjoyed and where they needed support this was offered. One person attended college, another enjoyed going to the cinema and going bowling or eating out at different cafes and restaurants.

There were two 'move on' supported living flats at the bottom of the garden. People who lived in them were supported by staff from another local DRS scheme. People living at the service were encouraged to 'move on' to these or a similar type of accommodation when they no longer needed the level of support offered by the service. Developing the goal of independence was evidenced on people's files and one person had moved on from the service in the last 12 months.

Is the service well-led?

Our findings

There was a philosophy for all the homes run by DRS, "from possibility to actuality". There was a welcome pack for new people joining the service with easy to read information relating to transport links, local leisure activities including libraries and gyms, cinemas and parks. This helped to orientate new people to the service.

Both healthcare professionals who visited the home on a regular basis gave positive feedback about the service. They told us that the home was able to manage people with complex mental health needs and the staff offered good care to them. Staff also followed guidance given to them by local mental health professionals.

There were elements of the home that are well led. The registered manager was able to provide evidence of regular monthly meetings with staff and people using the service, to gain their views and share information. We saw that people discussed the menu, and other people's behaviours amongst other issues. We could see from records that all the necessary checks in relation to gas, electricity, fire equipment and fire safety had been made. This together with adequate decoration meant the building was well maintained.

There were audits taking place in relation to quality of care, environment, condition of the property and the kitchen area for cleanliness. The registered manager provided good leadership in some areas. Care documents on files were up to date, relevant and reviewed regularly. Regular staff supervision took place in which practice and personal development issues were discussed.

The registered manager was accessible to staff and people living at the service and was well viewed by health and social care professionals who worked with people living at the service. A relative told us the registered manager "is wonderful".

However, there were no records of medicine audits undertaken by the registered manager, which meant he was unable to identify when an error took place. The registered manager confirmed he would audit medicines more regularly and keep records going forward.

There were enough staff on the rota to meet people's needs on the day of the inspection. However, we noted on rotas for the months October 2015 – January 2016 that on six occasions staff were on the rota for a 24 hour waking shift and on one occasion another staff member was on the rota to cover a 36 hour period. There were no recorded risk assessments to evidence this was a safe working practice to maintain a good quality service for people living at the service or considered the well-being of the staff. The registered manager did not offer any explanation for staff working long shifts. Following the inspection, the registered manager has undertaken to review the shift patterns to ensure the quality of the service offered by staff is of a good standard.