

# DRS Care Homes Limited

# DRS Care Home

## Inspection report

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Date of inspection visit:  
23 September 2022

Date of publication:  
24 November 2022

## Ratings

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

# Summary of findings

## Overall summary

### About the service

DRS Care Home is a residential care home providing accommodation and personal care to up to 4 people with a learning disability, people with mental health needs and /or autistic people. At the time of the inspection 4 people were living at the home. The home is a terraced house in a residential area, which is over 2 floors with access to a garden area. People have access to a communal kitchen, lounge and dining room area.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

Staff supported people to access health and social care support in the community. They supported people being involved in maintaining their own health and wellbeing where possible. Staff communicated with people in ways that met their needs. The service gave people care and support in a safe environment that met their sensory and physical needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

People's needs were appropriately assessed before they moved to the service. The service worked together with healthcare professionals and relatives to ensure people's needs could be met. People were supported with nutrition and hydration. Care was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and they knew how to report safeguarding concerns. Relatives told us their loved ones were safe living at the service. Care records contained risk assessments with clear guidance for staff to follow. Medicines were managed safely. Staff were recruited safely. The premises were clean and well maintained.

#### Right Culture:

The registered manager promoted a person-centred environment and people experienced good outcomes. Relatives spoke positively about the management team and staff. People received good quality care, and support because trained staff and specialists could meet their needs and wishes.

Staff understood people's needs in relation to their strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This enabled people to receive compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were

responsive, supporting their aspirations to live a quality life of their choosing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 10 January 2020)

#### Why we inspected

The inspection was prompted in part due to concerns received about the provider in relation to the management of the service, staffing levels, recruitment and medicines management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DRS Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service well-led?

Good ●

The service was well-led.

# DRS Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

DRS Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it was last inspected. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met all 4 people who lived in the home. People could not use words to tell us about their experience, we observed interactions between people using the service and staff and spoke with relatives. We spoke with 4 staff including the registered manager, operations manager, 2 care staff and 4 relatives. We reviewed 4 people's care records including risk assessments and 4 staff files in relation to recruitment. We also reviewed a range of management records including staff training and supervision, quality audits, medicines, and complaints.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. Staff knew people well and received training on how to protect people from abuse.
- Relatives told us they trust staff and felt the service was safe. A relative told us, "The previous home was not meeting our relative's needs and since then he has lived at this home he is now receiving one-to-one support from staff which makes him safe."
- Staff were able to explain how they would recognise signs of abuse and how they would report it to the management. One staff member said, "I would tell the manager, and if this was not dealt with then I would contact the local authority or CQC. I can also inform the police."

Assessing risk, safety monitoring and management

- People's risk assessments were well detailed and kept accurate, this helped them receive the care and support they needed to keep people safe and were regularly reviewed by the registered manager.
- People had personal emergency evacuation plans in the event they needed support from staff to be evacuated from the service in an emergency. The staff had carried out regular fire drills at different times such as in the evening and at weekends. Records showed 3 monthly fire evacuation took place, the last took place in September 2022.
- During the inspection we expressed concerns about people's safety in relation to a fire exit door which required staff to use a key before this could be released in the event of a fire. We informed the registered manager of this concern and sought advice from the fire authority, who confirmed that mitigating risks had been appropriately assessed by the provider.
- The provider had systems for assessing and monitoring risks. For example, Risks assessments included health and safety checks of the building and environment, including equipment used to provide care. Guidelines were in place for staff to follow on how to support people safely with their health conditions such as people with epilepsy and diabetes.
- People had positive behaviour support plans which gave guidance to staff about how to support people who may become distressed or anxious.

Staffing and recruitment

- There were suitable numbers of qualified staff to meet people's needs. Comments from staff included, "There are enough staff on shift to support people" and, " We don't use agency staff as we use staff from other homes or staff cover by doing extra shifts."
- Relatives told us there were enough staff on duty to meet people's needs.
- The provider had systems in place to carry out checks on all staff before they commenced working at the

service. These included employment references, proof of identification and right to work the UK. Disclosure and Barring Service (DBS) checks were carried out. A DBS check is a way for employers to check staff criminal records, this help to decide whether they are a suitable person to work with vulnerable adults.

#### Using medicines safely

- People received their medicines safely as prescribed. Medicines were safely stored and locked away, accurate and up to date medicines records were maintained for individuals. There were regular weekly and monthly medicines audits completed by the registered manager. These were done to ensure errors or concerns were identified and addressed appropriately.
- Medicines were administered by staff who were trained and had their competency checked and records reviewed confirmed this.
- The staff had worked proactively with other healthcare professionals to help reduce people's medicines. For example, the registered manager told us 2 people prescribed 'when required' medicines for managing anxiety, had not used them for over a year. This was due to staff using other positive behaviour approaches which helped lower anxiety levels, such as identifying triggers and structured activities, which reduced the need for medicine intervention.

#### Preventing and controlling infection

- There were appropriate systems for preventing and controlling the spread of infection. These included training and information for staff, regular cleaning schedules as well as audits and checks on cleanliness and hygiene.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE [personal protective equipment] effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The registered manager told us "There are no restrictions at the home, families are able to visit at any time." Relatives also confirmed that they could visit the service at any time.

#### Learning lessons when things go wrong

- Systems were in place to manage incidents and accidents, including learning from these. The registered manager supported staff and the service to learn lessons when things went wrong.
- Staff told us that they receive regular updates by their manager on any changes as part of lessons being learnt and also staff would receive additional training if needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed. Assessments were carried out before a person began using the service to ensure that their needs could be met.
- People's care plans were up to date, personalised, and reflected their current needs and aspirations, including physical and mental health needs. They showed a good understanding of each person, including their communication support and sensory needs.
- A relative told us, "I am involved with my family member's care and I visit on a regular basis. [Staff] update me about any changes or concerns they may have."
- We observed people being offered choices and supported to carry out tasks. For example, staff asked a person what activities they wanted to do when they returned back from the day centre, another person was supported in the kitchen to get a drink and snacks.

Staff support: induction, training, skills and experience

- The provider supported staff to receive the right training and skills to support people appropriately.
- One staff member told us, "As a new staff member I was given an induction by the manager, which covered people's support needs, and risks, also I received training such as safeguarding, food hygiene and positive behaviour support which was helpful."
- Training records showed that staff received training in medicines, first aid, food safety, infection control, health and safety, epilepsy and the Mental Capacity Act 2005. This training was mandated by the provider.
- Staff told us they felt supported by the registered manager and had regular supervision meetings and team meetings. Staff supervisions were every two months and an annual appraisal yearly which reflected staff development and goals.

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

- People were supported to eat and drink enough to maintain a balanced diet. Daily care notes and menu choices confirmed this.
- Staff understood people's likes and dislikes and people were given a choice of different foods to eat, this was also in line with their cultural preferences and beliefs.
- People's care plans contained detailed information about their dietary needs and preferences, including diets due to health reasons or religious beliefs.
- Care plans included details of risks posed to people in relation to eating and drinking. There were detailed instructions for staff to follow about how risks should be reduced, for example foods that were unsafe for the person to eat due to choking risks which were assessed by the speech and language team.

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

- Staff worked with health professionals to meet people's health needs in a consistent and timely manner.
- People's care records held information regarding referrals to health professionals to support their wellbeing and help them to live healthy lives. For example, two people were referred to the diabetes services, to help manage and advise staff how to support people with diabetes.
- People had detailed health actions plans and hospital passports. These were given to health professionals so they would know how the person would like to be supported if they were admitted to hospital.
- Relatives told us they felt their family members were supported by staff to access health professionals when needed. A relative told us "Staff support [person] to see their GP for health appointments and the manager or staff call me to feedback any concerns or actions that the GP is taking."
- Staff had a good understanding about people's medical and health conditions and what actions they needed to take if a person were to become unwell. For example, one staff said, "I would call the GP or the emergency services if a [person] was unwell and update their next of kin."

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

- People were supported to keep their home and bedrooms clean. The home was well-furnished and maintained.
- People personalised their rooms, with pictures and their own bedding. The home provided the furniture for the people's rooms.
- A relative told us "The owner is really supportive, and they care about the [people]. They ensure that the home is well maintained and if anything needs to be replaced, it is done. It's never about the money."
- People had access to a garden area, which was well-maintained and had an undercover seating area.
- The provider had carried out building checks as required, such as electrical and Legionella testing and gas safety.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of the inspection 4 people had DoLS authorisations in place and the manager had followed these up when they needed to be renewed.
- People's care records contained signed consent forms, mental capacity assessments and best interest assessments in line with guidance.
- Staff understood how to obtain consent before delivering care. Comments included, "We ask before supporting the [person] with their personal care, and if the [person] is not ready to be supported we will give space and try again later, or another staff will offer the support." And "If a [person] is unable to give consent,

we arrange a MCA and best interest meeting, with family's and the local authority, to agree [whether] it is in the best interest of the [person], however we should always ask before giving any support."

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager, and staff team promoted an inclusive and person-centred culture. We observed staff interacting with and being respectful to people who used the service.
- Relatives were complimentary about the culture and the management of the service. One relative told us, "I'm very happy with the service and the manager works hard to ensure it is managed well. Staff are very polite and professional, and the team always goes out of their way to resolve any issues or questions." Another relative said, "The home is managed well, and I'm always contacted by staff or the manager for regular updates."
- Staff told us they felt respected, valued and well supported. One member of staff told us, "The management are very supportive, I always feel listened to when I go to them. There has been lots of improvement to the service, which is due to the leadership that we have."
- Care plans were person-centred, which reflected people's individual needs, aspirations and outcomes.

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

- The registered manager understood their role and responsibility under duty of candour. They were aware of their responsibility to be open and honest when things went wrong. The registered manager said, "I'm very clear to staff, that we should be open and honest when things go wrong, and that we have a duty of care to report to the local authority, families and to CQC. So, we are able to work together and learn from mistakes."
- Relatives told us they were kept informed by the registered manager when something goes wrong and were happy with the leadership of the service. A relative told us, "The manager will contact me if there is any concerns or if something has happened. Also, I feel that my views or suggestions are listened to."
- Staff understood their responsibility in reporting any concerns. One staff member said, "It's important to be open when things happen so that we can learn from our mistakes and improve the service, the manager is very supportive and will discuss and support us where improvements need to be made."

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

- There was a clear structure of governance in place. The registered manager had the skills and knowledge of their responsibilities for ensuring that risks are managed well and that they are reported under the regulatory requirements.

- The provider had up to date policies and procedures which reflected good practice guidance and legislation.
- The registered manager completed monthly care plan audit checks. These looked at areas such as care plan reviews, whether outcomes for people were being met and any changes to a person's care needs. Audits also
- Relatives were complimentary about the management team and staff. A relative said, "The home is managed well, and the manager is approachable and has a good understanding of the service and [people's] needs."
- Staff were clear about their roles and responsibilities and felt supported by the registered manager. Comments from staff included, "We always have clear guidance and instructions from our manager." And "From the first day of working at the home I felt supported by the manager and staff team. They have helped me develop my skills. We want to make sure that [people] get good quality care."

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

- The registered manager told us, they encouraged feedback from people and relatives through questionnaires to develop the service. They had an open-door policy for staff to feel able to approach the management team with any concerns.
- Relatives gave positive feedback about the staff team. A relative told us, "Staff are very welcoming, and friendly, the manager asks for feedback about my views of the service and ideas for trying new things."
- Staff meetings were held which enabled the management team to discuss, monitor and improve people's care and support. Meetings were recorded and actioned.

Continuous learning and improving care

- There were systems and processes to monitor the quality of the service and these were operated effectively. These included monthly health and safety audits, medicines audit and an overall annual quality assurance report that showed outcomes and areas for improvement.
- Relatives told us, that the registered manager kept them updated with any concerns or when things went wrong. A relative said, "The manager is very open and will always call me if something has happened to my relative."
- The provider was in the process of introducing an electronic care planning system, to improve the management of care delivery.
- There was oversight of accidents and incidents in the service to safeguard people and to identify any actions to help prevent recurrence.

Working in partnership with others

- The registered manager and staff told us how they work in partnership with external professionals such as the GP, consultant psychiatrist, opticians, dentists and the speech and language therapy team.
- Care plans showed that partnership working was taking place to review people's health and wellbeing.