

# Care Direct UK Limited

# David 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

### About the service

David House is a residential care home providing personal care to up to eight people aged 65 and over at the time of the inspection. It provides support to older and younger people with a learning disability and autistic spectrum disorder. At the time of our inspection three people were living there. The home is a converted house with a large garden. Bedrooms were on two floors and there were communal lounge and dining areas.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Everyone we spoke with was positive about David House. We observed that there was a very homely atmosphere and that people and staff had good, caring relationships.

People took part in activities they enjoyed and were able to access the community. Visitors were welcomed. The home had good relationships with health and social care professionals. People had a healthy, varied diet and ate food they enjoyed.

People told us they felt safe and they were protected by staff who understood their responsibilities and how to keep people safe. People were protected from risks by detailed, regularly updated risk assessments.

People had excellent care plans which detailed their strengths and promoted their independence. Their communication needs were assessed and recorded in detail and staff were observed appropriately interacting with people.

There were enough staff to meet people's needs. Staff were well trained and understood the needs of the people they supported. The home was clean and tidy and good infection control practices were being followed.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 Requires Improvement (published 14 June 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# David House

## 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 Care Act 2014.

#### Inspection team

This consisted of one inspector.

#### Service and service type

David House is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people using the service. We met and spoke with the registered manager and two

members of staff. We reviewed a range of records including three people's care plans and records, three staff files, training records and other documents and records related to the management of the service, such as audits and minutes of meetings.

After the inspection we spoke to two health and social care professionals, two members of staff and one relative. We looked at policies and procedures.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were always enough staff on duty. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 18.

- The service ensured there were staff available to meet people's needs safely. Staff agreed there were always enough of them on duty. The registered manager described how they would increase staffing levels in response to new people moving in.
- The service recruited staff safely. Full checks were completed which included references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 12.

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager.
- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the home's procedures and adhered to them. Medicine administration records (MAR) were completed correctly each time a person was supported.
- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance around medicines taken 'as required', such as paracetamol for pain relief.

- People's medicines were reviewed regularly and those affecting people's behaviour were particularly reviewed to ensure they were necessary, and the lowest possible amount prescribed. Where people could not give verbal consent to taking their medicines, their usual way of communication was described.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe. One person told us "Yes, definitely, I feel very safe." People were visibly relaxed and comfortable around staff.
- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding.
- Up to date policies and procedures were in place, and staff were familiar with them. There had been no safeguarding concerns raised in the previous year.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and documented in a positive way, promoting people's independence. Assessments were comprehensive, clearly written and reviewed regularly or when there was a change. Staff were familiar with the assessments and were able to talk confidently with us about the risks faced by the people they supported and how these were managed to keep people safe.
- People's assessments included detailed information about potential causes of anxiety and how to identify when a person was communicating distress through their behaviour. There was clear guidance for staff to follow if people displayed behaviour that challenged the service.
- A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone to ensure that there were arrangements in place to support them to evacuate the building safely in the event of an emergency and these were reviewed regularly. Staff told us they understood them.
- An external fire safety assessment had recently been completed and had identified no risks. There were regular fire drills. A person told us about the most recent fire drill and what everyone had done during the evacuation.

#### Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and smelled fresh throughout, including bedrooms which were unoccupied at the time of inspection. Staff told us cleanliness was very important to the home.
- There was a plentiful supply of personal protective equipment (PPE) and staff told us there were always enough gloves and aprons. We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.
- The kitchen had a rating of five from the Food Standards Agency, the highest rating possible. On the day of our visit the kitchen was clean and food was stored correctly. Records of safety checks were being kept and were up to date.

#### Learning lessons when things go wrong

- There had been many positive changes since our last inspection. Processes had been put in place to record any incidents and learn from them. There had been no incidents in the past year.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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 preferences were thoroughly assessed and recorded clearly and in detail. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- We saw that information was available to staff on noticeboards to enable them to keep up to date with best practice guidelines and meet people's needs effectively.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme and further training which was refreshed regularly. Staff were knowledgeable and confident in their role. We saw they had practical skills when supporting people.
- Staff had regular supervision with the registered manager. Good records were kept and topics discussed included personal development, good practice and areas for improvement. Staff told us they found supervision useful.

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

- We saw that people were enjoying their food and that there was plenty available.
- People's needs around nutrition and eating were clearly documented and being met. Where people required support with eating this was given in a sensitive way in line according to the person's preferences, for example being assisted with the hot food in a meal but not the cold dessert.
- People were supported to eat a balanced diet. The home had a varied menu which included lots of fresh fruit and vegetables but also ensured people were offered foods they liked. One person was receiving support from a dietician and staff were following their recommendations and keeping a food diary.

Staff working with other agencies to provide consistent, effective, timely care

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People

living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. Detailed records were kept. A professional told us, "I have a good working relationship with them."

- People were supported to receive good care when they had to transfer between services. For example, each person had a detailed hospital passport to take with them should they ever need to go there. This contained vital information including their health conditions, medicines and communication needs.

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

- The home is a period property, converted from a large detached house. There were two accessible rooms on the ground floor which were occupied. One person often used a wheelchair and told us that they could get around but wished there was better external access as they had to go the "long way round" to get in the house.
- Communal rooms had clear signs and were decorated in different colours, helping people to navigate around. Rooms were furnished appropriately for people's needs.
- The home was in a satisfactory state of repair and decoration. People's rooms were kept as they liked them and had many personal items such as bedlinen, photographs and ornaments.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to meet their healthcare needs with visits to and from healthcare professionals and services such as their GP, opticians, chiropodists and others.
- Staff understood the physical and mental health needs of the people they supported.

#### 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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw people's capacity to make decisions had been considered in their assessments and these included information about how people used non-verbal communication to express consent or not. We saw care staff seeking consent from people before supporting them and in making decisions about what they wanted to do and what they wanted to eat.
- At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported in a caring way. One person told us, "They treat us very well here" and the others sitting with us readily agreed. We saw staff treating people with kindness and respect. The atmosphere was friendly and homely.
- Staff knew people well and what was important to them. They spoke of people in a positive and caring way. Each person had an allocated key worker and had protected one to one time with them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about their care. This was done during one to one time and during residents' meetings, using appropriate communication for each person. In the records we saw discussions of people's experiences, the foods and drink that they liked and what activities they had enjoyed and would like to do in future. We could see that outcomes from these meetings were positive and appropriate action taken, such as planning menus and activities based on people's feedback.
- People were encouraged by staff to make routine decisions about their support. Staff gave us examples of how they supported people to make choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted in the home. We saw good practice such as staff knocking on doors (or if the door was open announcing their arrival) and asking to come in. We saw people being given support in a respectful and dignified way.
- People's independence was promoted as much as possible. Care plans detailed people's strengths and reflected the detailed knowledge that staff had about people, which would enable even new members of staff to provide appropriate support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found that people were not always involved in decisions about their care and support and these were not always recorded so staff did not always have the information they needed to meet people's needs. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 9.

- People's care plans were highly personalised. They were written with people's input as much as possible and documented their choices, needs and preferences. They were reviewed regularly or when a person's needs changed.
- Daily records were kept and reviewed regularly by the registered manager. There were handovers between shifts. At every staff meeting, there was discussion about people's needs and how they were being met or not. We could see that these discussions had been followed up and appropriate action taken.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were thoroughly assessed and well documented in line with the AIS. For example, the regular quality surveys used symbols and emojis to enable people to express their views. People's behaviour as communication and the different ways people expressed pain and discomfort were clearly described. We saw staff comfortably using different approaches and communication methods with different people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities both inside and outside the home. People regularly attended day centres, went shopping and visited local parks.

- People were supported to maintain and develop relationships with friends and family and access the community. A relative told us they were always welcomed to the home. We saw a feedback form in which another relative said, 'Everyone at the home makes us feel welcome.'

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place. This was available in an easy read version. There had been no complaints in the past year. The registered manager told us that any complaints would be taken seriously, learned from and improvements made.

#### End of life care and support

- The service was not supporting anyone in end of life care, but people's future preferences and choices in relation to end of life care had been explored where possible, including how well they understood the concepts of death and bereavement. This was clearly documented in people's support plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At the last inspection we found that there was a lack of systems in place to check that people's needs were being met. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Managers and staff were clear about their roles and responsibilities. Turnover of staff was low and staff told us they enjoyed working at the home. A staff member told us, "I fell in love with the place when I came for an interview."
- The home regularly sought feedback from people and their relatives or representatives, through satisfaction surveys and residents' meetings and less formally during one to one time. This feedback was reviewed and action taken to improve the service.
- The current registered manager had been recruited since the last inspection. Staff and professionals spoke highly of the extensive changes made by her and the positive effect this had had on the home.
- There were systems in place to monitor the quality of the service. This included regular auditing of daily checks and records by the manager, who took appropriate action.
- The home's attitudes and practices were up to date and regularly discussed at staff meetings. Training was regularly refreshed. Staff we spoke with were knowledgeable and one told us they felt the home was "very good" in this area.

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

- The home had a positive person-centred culture. Good practice was visibly well embedded. A staff member told us, "We work together as a team."
- People's outcomes were good. Both professionals we spoke with said the home was helpful and described improvements in different people's wellbeing. A relative described how their loved one's health had improved as a result of the home working with a health professional.

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 the duty of candour and this was detailed in the home's policies and procedures.
- The registered manager understood their regulatory responsibilities around reporting to the CQC and how to do this.

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home appropriately to meet their physical and mental health needs. There were also regular visits from dentists, opticians, chiropodists, dieticians and others. People attended day centres and other community activities.
- Professionals told us they had good relationships with the home and communication was good. One told us, "There isn't anything I'm not happy with."