DRS Care Homes Limited

# Number Residential Care Home

## 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 well-led? | Good |

# Summary of findings

## Overall summary

About the service
Number Residential Care Home is a residential care home which provides accommodation and personal care to up to 10 people with mental health needs and learning disabilities. At the time of the inspection 10 people were living at the service. Number Residential Care Home is a care home set up in an adapted residential building over 2 floors.

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

Right support.
People were mostly 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. People were encouraged to make choices and decisions in accordance with their level of understanding.

People and relatives told us they felt safe at the service. People were protected from the risk of abuse or harm because staff knew the action to take should they suspect or witness any abuse. Risks to people were assessed and appropriately managed to ensure people received safe care. Appropriate infection control practices were followed by staff. Recruitment checks were carried out to ensure staff employed were safe to work with people. We found some areas for improvement were required in relation to recruitment records. Systems were in place to report and learn from any incidents where restrictive practices were used.

People were cared for and supported by staff who were suitably trained and supported to effectively perform their roles and responsibilities.

Right care
Care was person-centred and promoted people's dignity, privacy and human rights. Relatives told us staff were kind and caring towards their relative and treated them with dignity and respect. Relatives confirmed they were included in decision making about their relative's care. People were supported to maintain their privacy, dignity and independence by staff who knew them well.

People had their communication needs met and information was shared in a way that could be understood.

People were supported to access food and drink that met their dietary needs and wishes. People were

supported to stay healthy and well. Staffing levels were determined by the level of individual care required for people using the service and funding arrangements.

Right culture
The ethos, values, attitudes and behaviours of management and care staff promoted a service which was inclusive, empowered and encouraged good outcomes for people who used the service. We found some rooms lacked personalisation, the registered manager told us this was due to people who expressed anxiety and anxiousness. Relatives and staff spoke positively of the managers, including the registered manager. The deputy managers ensured that staff had relevant training, supervision and appraisal. Governance systems ensured people were kept safe and received high quality care and support in line with their personal needs. Staff worked with other services and professionals to improve outcomes for people.

Relatives told us they were able to speak to management any time and were listened to. The management team was described as approachable and took action to resolve issues where needed. Staff told us they were well supported by the registered manager and were listened to and encouraged to discuss their views about the service.

Systems for monitoring the quality of the service were in place and regular audits took place. Continuous learning took place to improve the quality of the service provided to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was rated good (published 14 August 2018).

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Number Residential Care Home on our website at 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.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Number Residential 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
This inspection was carried out by an inspector and an Expert by Experience made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Number Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with 2 people who used the service and three relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, 2 deputy managers, administration officer, a senior carer and 2 support workers.

We reviewed a range of records. This included care records of 4 people who used the service, this included their care plan, risk assessment and daily records of care. We also reviewed medication administration records for 3 people. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the maintenance of the building, including servicing contracts and records related to the running of the service.

Good

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse, including safeguarding and whistle blowing policies.
- People and relatives told us they felt safe with staff. A relative told us, "Staff make sure they [people using the service] are safe."
- Staff understood how to report safeguarding concerns. They demonstrated a good understanding of abuse and were clear on how to report concerns under safeguarding and whistleblowing procedures. One staff member told us, "If I witness [abuse] I would contact my manager, if not dealt with I would whistleblow if the registered manager doesn't act straight away."
- The registered manager was aware of the need to report any safeguarding concerns to the local authority and the CQC. Where concerns had been reported the provider and registered manager had worked with the local authority to address these.

Assessing risk, safety monitoring and management.

- Risks to people were assessed, reviewed and managed.
- Risk assessments identified individual risks and measures were in place to reduce these. Risks covered areas such as self-harm, self-neglect, handling money and missing persons.
- Staff understood risks people faced and were able to explain the actions they took to reduce these. For example, a staff member told us the control measures in place for someone at risk of falls, this included making sure the pathway was clear and free of trip hazards. This helped to minimise the risk of the person having a fall.

Staffing and recruitment

- On the day of our inspection staffing levels were sufficient to meet people's needs. Most people attended a day centre during the day and others independently went out. A relative told us, "[Relative] goes to the day centre for activities with transport but needs to walk more for exercise. Likes buses and need more stimulation."
- Relatives commented about staffing levels at the service, one told us, "They have some agency staff coming and going but there are 4 regular staff on shifts, with enough staff on site. I know the managers and staff do as much as they can. I give the home 9/10 for care."
- Staff we spoke with confirmed there were enough staff on duty to meet people's individual needs. They did not feel rushed and had time to support people. A staff member told us, "There are enough staff [to meet people's needs]."
- The registered manager told us staffing levels consisted of 5 staff members during the day, including the registered manager and deputy. At night there are 2 waking night staff on duty and an on-call manager. No

one requires 24hour 1 to 1 care. There is also a floating staff member who is available to provide support where this is required, for example escorting people to medical appointments or taking them out depending on what they wanted to do. The registered manager told us people's needs had not changed since joining the service

● The provider had a safe recruitment process in place. Records showed relevant recruitment checks were completed before employing new staff. The checks included checking staff had the right to work in the UK, obtaining references for the applicant and proof of identification.
● The service had appointed a human resources director to oversee recruitment. This helped to ensure care staff were suitable to work with the vulnerable people they cared for. Where we identified a gap during our inspection this had been addressed. The registered manager told us they had reviewed the application form and updated their records following our inspection visit.
● Staff files showed other checks had been completed, including criminal background checks using the Disclosure and Barring Service (DBS). These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Systems were in place to manage medicines safely and to ensure people received them on time.
● Medicine administrative records (MAR) were accurate and up to date. Staff administering medicines had received training and had their competency assessed, records confirmed this. This showed people received their medicines safely and as prescribed.
● The registered manager told us no one was currently prescribed 'as required' PRN medicines. However, procedures were in place should this be required in the future.

Preventing and controlling infection
● People were protected from the risk and spread of infection.
● Staff received training and followed good infection prevention and control practice. A staff member told us, "You have to use your PPE make sure to always wear a mask, apron and suitable shoes. If cooking, you have to wear a mask and apron."
● We were assured that the provider was preventing visitors from catching and spreading infections.
● 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 admitting people safely to the service.
● We were assured that the provider was using PPE 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
● Visitors arrangements at the service were in line with government guidelines. The registered manager told us there were no restrictions to visiting in the home. This was confirmed by a relative who told us, "I can visit every week and drop in at any time."

Learning lessons when things go wrong

● Systems were in place for learning lessons when things go wrong. Staff knew how to report accidents and incidents and systems for recording these were in place. The registered manager told us there had not been any incidents since last visit to the service, however, policy and process allows for learning from these.
● Staff told us should an incident occur, they would complete an incident form and there is a process for learning from these. A staff member told us, "You complete an incident form, you check what went wrong and come up with an action plan of what can be done better it is always a learning curve."

Good

# 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 our last inspection this key question was rated good. At this inspection the rating for this key question has remained good.

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

● People's needs were assessed prior to joining the service, this helped to create a care plan which included people's choices and preference for care.

● Staff knew people well and gave examples of the care they provided to people who used the service. For example, a staff member told us. "[person] likes reading the newspaper and likes to have a newspaper and magazine every morning and this has to be brought for the [person]."

Staff support: induction, training, skills and experience

● People were supported by staff who had the appropriate training and skills. Staff completed mandatory training in various areas, such as, food and hygiene, manual handling and first aid. Specialist training such as mental health awareness, behaviours that cause distress and positive behaviour support.

● Staff completed an induction based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction program.

● Staff told us they received regular supervision and a yearly appraisal, they said they felt supported by the deputy manager and registered manager. A staff member told us, "I feel supported, if I need training, I tell the deputy manager, and this is arranged. If I need anything the deputy manager helps me with my needs."

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

● People received the support they needed to eat and drink and maintain a balanced diet. The dining experience at the home looked inviting and homely and we observed people assisted with setting the table at mealtimes.

● People were given choice and their likes and dislikes for food were considered. The registered manager told us people were asked what they wanted the day before and chose from a menu based on their preferences. There was a weekly menu which offered 3 choices, should people not want what is on offer they can choose an alternative of their choice. We observed 1 person who did not want anything from the menu was ordered a takeaway of their choice during our inspection.

● Staff supported people to be involved in preparing and cooking their own meals in their preferred way.

● We observed people being given and making a choice about their evening meal. A relative told us, [Relative] has a good appetite and can make their own sandwich. Staff put it on the table and [relative] can put it together. [Staff] gives [relative] fruit salad and salad with all meals. We saw that meals prepared were well balanced and included protein and vegetables.

● A staff member told us no one is currently on a special diet. They told us, "We give them choice. Service

users can help themselves without asking staff because this is their home, they need to feel homely. People who need support, for example, making a cup of tea, we help them so they don't burn themselves. Each morning they make their choices. We cook 2 meals, if somebody doesn't want this, then you give them something else. You still offer them a choice, we ask what you would like me to cook for you."

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 support people live healthier lives and access healthcare services. For example, records showed the service worked closely with the community nurse who visited the home to carryout blood tests and blood pressure checks. A relative told us, "They [staff] arrange all [relatives] vaccines, GP and dentist appointments."

● Care records detailed people's healthcare needs and services they were registered with. Staff supported people to attend routine and specialist healthcare appointments and they maintained a record of appointments and outcomes.

● Staff supported people to attend medical appointments to ensure their health needs could be met. A staff member told us, "We take [people living at the home] to their appointments, we also have the general nurse visit and do bloods and blood pressure."

● A healthcare professional told us they were happy with the health checks for people they reviewed and the care records. They felt the service would benefit from more input from the learning disabilities psychology team for one person who often expressed anxiety and anxiousness and would be making a recommendation for the person to have a positive behaviour plan and for all displays of anxieties to be logged, albeit minor.

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

● People's care and support was provided in a safe, clean and well-maintained environment which met people's sensory and physical needs. The service had a sensory area where people could be if they wanted to spend time. People told us they were happy with their rooms and liked living at the home. One person told us they were happy with their room and the colour and decoration which was there when they joined the service. The home didn't have an outside garden area, they had created an indoor garden room where people could sit and socialise.

● During our inspection we observed people in their environment, they were relaxed and comfortable with staff, there were good interactions between staff and people living at the home.

● The registered manager told us people were involved in how the home was decorated and they chose the décor and colour scheme for the communal areas.

● The provider had carried out building checks as required, such as electrical and gas safety checks. This helped to ensure the environment was safe for people living in the home.

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 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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● People's rooms were furnished, but not always personalised. We found some rooms lacked personalisation, for example, there were padlocks on the wardrobe doors. The registered manager told us, this was due to people going into other people's rooms and removing clothes. To address this the registered manager looked alternative ways to manage the situation and protect people's personal property. People were given a key to the padlock on their wardrobe door, and this was their choice
● People were asked their consent before staff provided support or care. A staff member told us, "If person is in their room, I knock 3 times…you ask how I can help you, how are you feeling today, you have to see the mood they are in. If going to have a shower, you ask are you ready for a shower today? You have to listen to person, it's not what you want…you have to give them choice, always offer them choice."
● Relatives told us staff asked permission to do anything and held best interest meetings where urgent health treatment was required. A relative told us, "They [staff] will ask my permission to do anything."

Good

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were asked their views about the service. The registered manager told us people's views about the service were also discussed during keyworking sessions. This afforded people the opportunity to engage with the service and provide feedback on how things were going.
- A relative told us, "I can speak to managers at the home all the time. They will respond and communicate what is happening... I cannot suggest any improvements and give them 10 out of 10 for care.' Another relative said, "'They [care staff] are very good, they will listen, give feedback and if I want something, they will sort it out… I give them 9 out of 10 for care."
- Monthly staff meetings took place and staff told us they were asked their views about the running of the service. Staff confirmed they were able to give their views at these meetings.
- The registered manager told us all staff completed training in equality and diversity. They welcomed diversity and treated people equally. For example, people who identify as lesbian, gay, bisexual and transgender would not be treated any differently to anyone else using the service. They told us care had to be personalised. The registered manager said, "The care has to be personalised, if person likes to have a bath you have to ensure they have a bath, choices at breakfast, spiritual needs. Everyone has their different routines, getting up or going to bed at different times."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place for auditing and monitoring the service. These were effective in monitoring the service in most areas, recruitment is an area for improvement identified by the newly appointed human resources director Audits covered areas such as, medicines, health and safety and infection control, complaints and compliments and care plans.
- The provider had appointed a human resources director to support the service with recruitment and oversee recruitment of staff. The human resources director told us they were new to the service and still finding their way around and getting up to speed with how the recruitment process could be further developed, including addressing any gaps in records.

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

At our last inspection we recommended that the service review its systems and procedures to ensure that

any notification required by our regulations were sent to the Commission without delay. At this inspection we found systems for reporting notifiable incidents to the CQC had improved.

● The registered manager understood their responsibilities under duty of candour, including being honest when things go wrong. The registered manager said, "It is the responsibility of a manager how we manage… how we motivate our staff and how relate to the service user. Being honest with people when anything goes wrong. Putting your hands up when you do something wrong and raising concerns when it is appropriate."
● The registered manager knew the types of incidents which would be reportable, such as serious incidents and safeguarding. Notifications for renewal of DoLS outcomes where restrictions had been approved were submitted in line with CQC notifications requirements by the service.
● Staff felt the service was well-led by the registered manager and deputy manager who they said was approachable and open. A staff member told us, "They look at clients [people using the service] like family. If any concerns, I will speak with [the registered manager] and the operations manager is available. It's an open platform if anything there I will go and speak with [registered manager]. Another staff member told us, "Deputy manager manages very well, he leads well because he is there when you need him, if not you can ring him. Provider [also registered manager] is also good, if they were not the home could not run very well, that's why it is still running very well."

Working in partnership with others
● The service worked together and with other health and social care professionals to meet people's needs and to assess and plan ongoing care and support.