

# Just Homes (Surrey) Ltd

# Douglas Close

## Inspection report

19 Douglas Close  
Jacob's Well  
Guildford  
GU4 7PB

Tel: 01483618635

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27 January 2023  
01 February 2023  
06 February 2023

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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

Douglas Close is a residential care home providing accommodation to up to 3 people requiring personal care. The service provides support to people with a learning disability, physical disability and/or autistic people in a residential property. At the time of our inspection, there were 3 people using the service.

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 live as independently as possible and have autonomy over their lives. People were provided with a choice in their decision-making and families were involved in people's care. People's risks in relation to their care were managed and staff understood how to maintain and encourage people's independence. There were sufficient staff to meet people's needs. We were assured that the service were following good infection prevention and control procedures to keep people safe. Healthcare professionals told us that staff worked well with them to achieve positive outcomes for people.

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:

Relatives told us they felt people were supported by staff in a kind, caring and dignified way and we observed this to be the case. People's differences were respected by staff and they had undertaken relevant training to effectively support people. This included training for learning disabilities and autism awareness. Relatives told us that staff knew their loved ones' needs and preferences well. People's right to privacy was respected and staff encouraged people to provide feedback about the care provided in a format they could understand. Care plans were personalised and included information on people's healthcare needs, communication needs, preferences and other relevant information. Care plans included steps for staff to take in order to encourage people to follow good oral hygiene. People were supported to enjoy the diet of their choice and staff encouraged them to have a nutritionally balanced diet. People had individual goals and objectives which were regularly reviewed by staff. The service was situated in a residential area with no outward signs to differentiate it from other houses in the street. People were able to access the local community and were supported by staff to do so.

#### Right Culture:

The culture of the service was open, inclusive and empowered people to live as independently as possible. Relatives were complimentary about the service and felt their ideas and concerns would be listened to by the provider, registered manager and staff. The provider had undertaken audits to look at ways of improving the service. Staff were complimentary about the registered manager and provider and told us they felt able to raise concerns.

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 service was registered with us on 6 December 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### 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 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.

# Douglas Close

## 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 carried out by one inspector.

#### Service and service type

Douglas Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Douglas Close is a care home without nursing care. 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.

Inspection activity started on 27 January 2023 and ended on 6 February 2023. We visited the location on 27 January 2023 and 1 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. We received feedback from the local authority. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service. We received feedback from 3 relatives about their experience of the care provided. We spoke with 4 members of staff including the nominated individual, registered manager and carers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people who used the service. We sought feedback from 3 healthcare professionals who regularly worked with the service. We reviewed 3 people's care records and medication administration records (MARs). We reviewed documentation relating to recruitment and the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the service. One person told us, "I feel safe. I trust them." One relative told us, "Yes, he's very safe."
- Staff understood what could constitute abuse and the steps they would take if they suspected it. One member of staff told us, "It's physical abuse if you punch. If I saw that, I would complain to my manager. If manager does not understand then head office. After that social services and police."
- Staff had undertaken training for safeguarding and whistleblowing, and there was a safeguarding policy for staff to follow. Staff had undertaken competency assessments to ensure they understood how to make a safeguarding alert.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and their relatives told us they felt that risks in relation to care were managed appropriately by staff. One relative told us, "They're very keen on risk assessing. [Nominated individual] won't do anything unless it's risk assessed."
- Staff knew how to keep people safe from harm and understood their needs and preferences. One member of staff told us, "You follow him because he can fall. You can tell when he wants to go."
- Records showed that people's risks had been assessed and there were instructions for staff to follow. For example, people had detailed records in place which informed staff what to do in the event of the person experiencing a seizure. This included steps if this was to happen whilst swimming and at what point to seek medical attention.
- The provider had an emergency evacuation plan and people had personal emergency evacuation plans (PEEPs) in place. PEEPs included information on the level of support required. The provider had completed actions identified during an external fire risk review.
- There were systems in place to record accidents and incidents and staff looked at ways of reducing the risk of recurrence. This included discussing these during staff meetings and looking at what could be done differently. Relatives told us they were kept informed of accidents and incidents. One member of staff told us, "Accidents and incidents when anything happens, we talk about how we can deal with it differently."

Staffing and recruitment

- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they felt there were sufficient staff at the service to meet their loved ones'

needs. During our inspection, we saw there were sufficient staff deployed at the service. One person told us, "There's enough staff. No troubles since I've been here." A relative told us, "[Nominated individual] makes sure there's always enough of them."

- We observed sufficient staffing levels during our inspection. People did not have to wait for support and staff were able to spend time with them in line with their agreed individual support hours.
- There were no long-term vacancies at the service as these had recently been filled and the nominated individual regularly supported people to attend appointments and knew people well. One relative told us, "[Nominated individual] will bring [person] over [to my house]."

### Using medicines safely

- Medicines were managed safely by the provider. People had electronic medication administration records (MARs) in place which were updated by staff. Electronic MARs included information on people's allergies, the route of administration, preferences on how people took their medicines and details of the prescriber.
- We reviewed records which showed staff had undertaken training for the management of medicines and were competent to do so. Competency checks included ensuring staff had read the MAR appropriately and that people's dignity and privacy was maintained. One relative told us, "They've all had the buccal (route of administration) training. [Nominated individual] checked to make sure he was satisfied that the carers could cope with anything at all."
- There were locked cabinets in place to store medicines and staff had monitored and recorded the storage temperature.
- Where people were prescribed 'as required' (PRN) medicines, there were protocols for staff to follow which were person-centred and included relevant information such as the maximum dose, when to seek further medical assistance and a description of how the condition presents.
- Staff had made regular referrals to the prescribing doctor for medicines to be reviewed.
- Where people were able to take their own medicines, the provider had encouraged this and supported people to do so. One person who was supported by staff in relation to medicines storage but managed the administration by themselves told us, "They (staff) help me to do my medication." This meant that they were able to maintain their current level of independence.

### Preventing and controlling infection

- 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. The provider had a business continuity plan in place which included information on the risks to staffing as a result of infection outbreaks.

The provider's approach to visiting was in line with current government guidance on care home visiting. Relatives told us they were able to visit at a time that suited them and that staff worked hard to ensure people regularly saw their loved ones. One relative told us, "They managed very well during the COVID thing. I wasn't worried that he wouldn't be safe at all. I can always go or they bring him to me."



# 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.

This is the first inspection of this newly registered service. This key question has been rated 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

- There were people who had lived at the service several years when it was operated by a different provider. Staff had undertaken assessments of their needs and choices which were reviewed regularly. These assessments included information on people's preferences, needs, and health conditions.
- There were systems in place to assess people prior to admission to the service in order to ensure staff could meet their needs. Assessments we reviewed were detailed and person-centred.
- The provider had ensured staff had received relevant training when national guidance had changed, such as the Oliver McGowan Mandatory Training in Learning Disability and Autism.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff had the skills and experience required to perform their roles. One relative told us, "They've all had excellent training. [Nominated individual] observes them until he's confident."
- We saw training records which showed staff had undertaken an induction which included training for assisting and moving, basic life support, epilepsy training and training to support people with a learning disability and/or autistic people.
- We reviewed documentation which showed staff had received regular supervisions, observations and reflective practice exercises to discuss their performance, personal development and training needs. One member of staff told us, "Yes, I did the training. I did learning disabilities awareness training."

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

- People were encouraged and supported to be involved in their mealtime preparations. People's preferences were taken into account and staff encouraged a balanced diet. One person told us, "You can pick the food you want." One relative told us, "They cook him what he likes."
- Staff told us they understood the importance of supporting people to maintain a balanced diet and they had undertaken relevant training, such as food hygiene and safety.

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

- Relatives told us people were supported to regularly access healthcare services and support in order to live healthier lives. One relative told us, "They've been in touch with the occupational therapist. They're very good." Another relative commented, "[Person] has health issues which require constant monitoring and review which is handled very well led by [Nominated individual] in particular."
- We saw in care records that relevant healthcare professionals were involved in people's care.

- The provider had worked with agencies, such as the local authority and healthcare professionals to ensure changes to people's needs were shared appropriately.
- Healthcare professionals told us that staff sought out advice in a timely way and knew people's needs well. One healthcare professional told us, "[I] found him well cared for, with staff who knew him well and understood his needs as an individual; took appropriate action for his medical needs and interacted with the [healthcare service] in a professional manner."

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

- People and their relatives told us that the environment of the service was of a good standard. One person told us, "I'm definitely happy with my room. It's very comfy." A relative told us, "They're going to decorate his room. They're updating the house a bit." Another relative commented, "[Person] is very limited in what he can do for himself. But he loves to work independently in his garden and is really encouraged with this hobby. And his room is ideally placed for him to do this."
- The service was adapted to suit people's needs. For example, there was a ramp to enter the service and all rooms were accessible via wheelchair.
- People's bedrooms were personalised with their own items, including their own furniture, photos of family and friends and decorations of their choice.

#### 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 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.

- We observed staff interacting with people in a kind and respectful way and people were given a choice in their decision-making. People were asked by staff about day-to-day decisions and were involved where they were able to take part.
- Staff told us they understood the MCA and that they had undertaken training in relation to MCA and DoLS. One member of staff told us, "I ask questions. I give him a choice. I ask him first permission and when he says yes, I will do it."
- Where a person lacked capacity for a specific decision and a best interests decision was made, staff had submitted a DoLS application to the local authority. These were specific for certain decisions - such as continuous supervision and support - and involved people who were important to the individual and relevant professionals.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good.

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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful, considerate and treated people as individuals. One person told us, "The staff are nice and kind." One relative told us, "They are very good. It's more like a home because he can go wherever he wants to. It's not institutionalised."
- We found staff interacting with people in a kind and compassionate way throughout our inspection and people appeared to be at ease around staff.
- Relatives told us staff were respectful of people's right to privacy and ensured that this was maintained where possible. One relative told us, "They definitely respect his privacy as much as they should. If he needs help, they know him well enough."
- Staff understood the importance of respecting equality and diversity and had undertaken relevant training. We saw the provider had provided staff with national guidance on the difference between gender and sex.
- Where people had religious and cultural needs, relatives told us that staff encouraged and supported people to attend these. One relative told us, "[Person] is supported when he wishes to be involved with us at our local church."
- People and their relatives told us that staff actively encouraged to maintain and promote people's independence. One person said, "They are sweet. They drop me off at the place [so person can go to the day centre independently]." One relative told us, "They are always encouraging him with dressing and brushing his teeth. There are some things which he can't do and they know that." Another relative commented, "[Person] is encouraged to be as independent as he can, within his limitations."

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

- People and their relatives told us they felt involved in making decisions about their loved ones' care. One person said, "They do listen and they're quick." One relative told us, "They very much involve me, very much so. I always want to know what's going on." Another relative said, "We were fully involved."
- We saw in care records that people and their relatives had been involved in decisions about their care by using appropriate communication methods such as easy-read guidance and policies.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; 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

- Relatives told us staff knew their loved ones' needs and preferences well and provided them with the appropriate support. One relative told us, "I'm very happy with everything they do there and they know him really well."
- People's care and support was planned to meet their needs and respect preferences. Care was regularly reviewed, and people were involved where they were able. Staff had involved relatives and healthcare professionals to ensure people's needs were met. One relative told us, "[Provider] will actually sit and talk to me and ask me if I like the idea of this or that."
- Care records were person-centred and gave staff the information needed to effectively support the individual. Care plans included information on people's medical and social history, mobility needs and goals.
- People had individual activities plans which were tailored to their needs and interests and people were encouraged to take part in activities they enjoyed. For example, people who wished to attend a day centre, church or visit their loved ones were supported by staff to do so. One relative told us, "[Person] enjoys many forms of enrichment arranged by the team and is encouraged to try new things." Another relative said, "They put in the effort. If he shows an interest in something, they do more to get him doing things."
- Care plans included information on people's oral care needs. For example, care plans included information on prescribed toothpastes, how to use these and how to support people to look after their teeth throughout the day. One relative commented in relation to oral care, "[Person] is well looked after in this matter."
- Staff told us they had sufficient time to read people's care plans and undertook daily handovers to discuss changes to people's needs. One member of staff told us, "When I leave, I give the handover to whoever is coming to cover me."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included information on people's communication methods in line with the Accessible

Information Standard. For example, care records were readily available in different formats such as easy to read or pictorial.

- Policies, procedures and national guidance were also available in various accessible formats such as easy to read. This meant people were able to access information in a format which suited them.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and there were systems in place to use the information to make improvements to the service. There was a complaints procedure in place for those wishing to submit a complaint.

- Relatives told us they felt complaints would be addressed appropriately and had confidence in the provider. One relative told us, "We have never had a complaint to raise with the staff. We are sure that [person] would let us know if he was concerned about anything." Another relative said, "I've not yet complained but I am sure [provider] would be on top of it."

# 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.

This is the first inspection of this newly registered service. This key question has been rated 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

- People and their relatives were complimentary about the leadership and culture in the service. One person told us, "I am very happy." Another person said, "I'm more than happy." A relative told us, "The service is very well managed." Another relative said, "[Provider] is very good. He took them over. He already had worked there so he knew everyone." A third relative commented, "Since moving to Douglas Close [person] has settled well, he receives excellent care from the team and has bonded with them and his house mates very well."
- Staff were complimentary about the leadership and culture in the service which was open and inclusive. One member of staff told us, "We are a good team. We all understand each other. [Nominated individual] and [registered manager] are the managers but they do not show this."
- The provider and registered manager operated an open-door policy and we saw the provider was actively involved in the day-to-day running of the service. Staff told us that the leadership team was always available whenever staff had any questions. One relative commented, "[Nominated individual] won't ask anyone to do something he's not willing to do himself. He's very committed."

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

- The registered manager undertook regular audits of various areas of the service. This included audits of daily notes, care plans and the environment. Where long-term actions were identified, there were plans in place to address these.
- Where we highlighted areas for improvement during the inspection, the provider actively addressed these and sought appropriate advice where necessary. For example, where we suggested reviewing how medicines were received from the pharmacy, the provider had already addressed this and showed a good understanding of regulatory requirements and best practice guidelines.
- There was a governance structure in place and staff felt supported to perform their role effectively. One member of staff said, "I feel supported. 110%."

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider understood their responsibility in

relation to this. We saw in records that the local authority and other agencies had been informed of incidents.

- Relatives told us they felt they were kept informed of any incidents or accidents by the provider. One relative told us, "[Provider] keeps me informed, absolutely. They are very open."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they felt engaged in the running of the service and that their ideas would be considered. One person told us, "[Provider] does listen." One relative told us, "If I was to say, 'let's try something', [provider] will try. Lots of things have been tried. If I want to try something again, they'll do it."

- Staff told us they felt engaged in the running of the service and valued for their role. Meetings had been held where staff had the opportunity to speak up and to improve the service. One member of staff told us, "I've felt supported throughout." Another member of staff said, "Yes, 100%, they listen. When we say that the residents like something, then [registered manager] and [provider] follow and do it."

- The provider had sought regular feedback from people who used the service, relatives and staff. This was done in a format that people could understand. Where actions were identified, these had been addressed.

- We saw in care records and were told by healthcare professionals that the registered manager and staff had worked well with them to achieve positive outcomes for people. One healthcare professional told us, "The home was also very compassionate to the [relative] and this enabled the [relative] to be calmer." Another healthcare professional commented, "I have never had any cause for concern about the care given to their vulnerable residents."