

Care Worldwide (London) Limited

# Dana House

## Inspection report

5 Fairfields Crescent  
London  
NW9 0PR

Tel: 02082047825

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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

Dana House is a care home providing personal care to up to 4 people. The service provides support to people who have learning disabilities or mental health care needs. At the time of our inspection there were 4 people using the service.

### People's experience of the service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People were supported by staff who understood their needs and had received training to support them in their roles. Personalised support plans gave clear information for staff to follow in keeping people safe, whilst enabling people to be as independent as possible. There were sufficient staff on duty to meet people's identified needs and additional staffing was provided as required.

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 care plans were regularly reviewed and updated to include important information and guidance for staff on supporting their identified needs. Staff understood people's wishes and preferences and were observed to support people in a friendly and respectful manner.

We observed good communication between people and staff. Staff had engaged with people, family members, health care professionals and other relevant individuals to ensure people's care and support met their needs.

### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People's quality of life was enhanced by the service's culture of transparency, respect, improvement, and inclusivity. Staff were supported to discuss best practice for the people they supported in supervisions and team meetings.

People were provided with the support they required in the home and to access the local community as

they wished. There was no evidence of restrictive practice.

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 8 November 2017).

#### Why we inspected

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

#### 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.

# Dana 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Dana House 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. Dana House 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

During the inspection we spoke with 3 people using the service, 2 relatives, the registered manager, operations manager and 3 care workers. We reviewed a range of records. This included 3 people's support plans, 3 staff files, training records, environmental checks and quality assurance processes.

# 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 has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff were trained in how to safeguard people and to take appropriate action if abuse was encountered, including how to raise safeguarding alerts. A staff member said, "I would firstly speak to my manager if I suspected abuse was happening, I could also contact the police, the safeguarding team and the CQC."
- People and their family members told us they felt safe in the service. One family member said, "[Relative] is safe here, I sleep well at night now they are here." This was also demonstrated by the care and support we saw people receiving from staff, and their positive and relaxed body language towards staff. This indicated that people felt safe.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People using the service had person-centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as nutrition, mental health, assistance with medicines, moving and handling and environmental risks such as fire safety, water checks and gas safety. Staff had a good understanding of identified risks people faced and the action they needed to take to prevent people from coming to harm. One staff member told us, "Risk assessments are there to protect people so that we know what to do to support them safely."
- The service shared information about risks in handover, team meetings and other meetings such as one-to-one supervision with staff. During our inspection we observed staff had completed daily checks for example, medicine cabinet temperature and water temperature checks.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- The recruitment procedures ensured staff were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. References had been obtained from previous employers before staff started work.
- Staff recruitment records showed that the provider took all necessary steps to verify information provided by new recruits, for example, checking the validity of references, identities and employment history, as well as checking applicants had the right to work in the UK.

Using medicines safely

- People were supported to receive their medicines safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. One staff member told us, "You need to keep medication records up to date so there are no errors, and it's clear to other staff that medication has been given."
- During the inspection we saw medicine administration records were completed appropriately and regularly audited. Records showed staff administering medicines had received medicines management training. Staff received a medicines competency assessment before they were permitted to administer medicines to people. Staff competency was checked annually or more often if needed to ensure medicines were administered safely.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the home clean and hygienic.
- Staff had completed infection control and food hygiene training. During our inspection we observed staff had followed correct procedures for preparing and storing food and had access to disposable personal protective clothing, including gloves and face masks.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- The service followed government guidelines so people could receive visitors safely. There were no restrictions on visiting times in the service. Family members could visit at all times.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was a process in place to monitor any accidents and incidents. The registered manager told us these were analysed to identify emerging themes for any improvements that may be needed.
- Incidents and the lessons learnt from them were a regular agenda item at team meetings.



# 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 we rated this key question good. At this inspection the rating has remained 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 were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People's care and support needs were assessed prior to them using the service. Health and social care professionals provided referral information to the service and the registered manager carried out assessments to consider if the service could meet people's needs safely. People had care and support plans that were personalised, holistic, strengths-based and reflected their needs, including physical and mental health needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. One person told us, "I had an assessment and viewed the property before I moved in." During our inspection staff told us and we saw people's support plans were reviewed on a regular basis and this could be initiated by staff and/or the people who lived at the service.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People were supported by staff who had received relevant training in evidence-based practice. This included training in oral health, safeguarding, medication, first aid, mental health and fire safety.
- Staff informed us they had received an induction when they started in the home. They told us their induction had been useful and informative, and included shadowing more experienced staff, training and learning about the organisation and people's needs.
- Staff files showed they had completed 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 programme.

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.
- People's support plans clearly detailed their eating and drinking needs and included their likes and dislikes.
- People had access to snacks and drinks during the day, one family member told us, "[Relative] is a fussy eater and they cater for their needs, they eat very well I must say."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care and support. People were supported to live healthier lives and access healthcare services as needed.
- The provider worked with other agencies to ensure people's health and care needs were met. People's care records confirmed referrals had been made to other healthcare professionals, such as dentists, opticians, psychiatrists and chiropodist. One relative told us, "[Relative] is supported to attend all their routine medical appointments like dentist and optician that were overdue, which I am really happy about."
- People's care records contained Health Action Plans (HAPs). A HAP is a record of a person's health and provides accessible information about what that person needs and wants to do to stay healthy. These can be used to advise health professionals of people's needs and preferences.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The environment was partially adapted to meet people's needs. A person with mobility impairments had a ground floor room with an accessible bathroom. Although the communal spaces were small, they were well decorated and the furniture was sturdy and in good condition.
- People's rooms had been decorated in line with their individual preferences. The registered manager had plans in place to create more useable spaces in the communal garden, including a vegetable patch and a new patio area.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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.

- The provider was working in line with the Mental Capacity Act.
- Information about people's capacity to make decisions was included in their care plans. Best interest meetings had been carried out in relation to specific decisions where people had been assessed as being unable to make a decision independently.
- The provider had applied to the relevant local authority for DoLS authorisations where this was required.

# 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 good. At this inspection the rating has remained 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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff felt respected, supported and valued by senior staff, which supported a positive and improvement-driven culture. People and their relatives said the home was well run and had a friendly family feel about it. One person told us, "It's already like a family for me, I feel comfortable and can relate to the staff."
- During our inspection we observed staff attending to people, making sure they were happy, comfortable and well supported. One person was making a cup of tea and did this independently with the encouragement and reassurance of a staff member.

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 provider understood their responsibilities under the duty of candour.
- The registered manager understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The registered manager had notified us of incidents and the action they had taken to make improvements and reduce the risks to the people they cared for and staff.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The operations manager, registered manager and staff understood their roles and the quality assurance systems. There were clear lines of communication, this meant the service ran smoothly. Staff gave us positive feedback regarding the registered manager's leadership style; a staff member said, "[Registered manager] is very supportive, I can go to them with anything and that's the same for all the managers, they are all approachable."
- Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out well. The audits carried out were thorough, and regularly reviewed by the provider and registered manager; they included care plans, risk assessments, fire safety, infection control, and health and safety documentation. There was a quarterly audit completed by the operations manager and a service action plan in place highlighting any shortfalls to be addressed.

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

- People and staff were involved in the running of the service, fully understood and their protected characteristics were respected.
- The provider had an open and inclusive culture that encouraged seeking the views of people, their relatives and staff. This meant people were able to voice their opinions about the service. The provider used several methods to gather people's views about what the care home did well or might do better. This included regular group meetings, care plan reviews, and annual satisfaction surveys.
- People's equality and diversity characteristics and/or needs were recorded. The service supported people with their cultural needs. People's support plans included information on their beliefs, for example, 1 person had expressed a wish to go to their place of worship and was supported by staff to do this.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best possible outcomes. The compliments and complaints systems enabled the registered manager, staff and provider to learn from and improve the service.
- Performance shortfalls were identified and discussed in one-to-one supervision meetings with staff and team meetings, and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The service worked with a range of health and social care professionals to discuss people's health and social well-being and to ensure their needs were well met. Effective partnership working had been established with health and social care professionals such as local authorities, community mental health teams and GPs.
- The provider regularly attended local authority provider forums where they could learn and share best practice and initiatives.