Draycombe House Care Limited

Draycombe House

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection visit took place on 05 August 2015 and they were given 24 hours notice. This was because the service was small and we wanted to ensure people were available to talk with.

Draycombe House provides care for a maximum of six adults with a learning disability. It is a large detached property, which is relatively close to shops and local amenities. Accommodation is situated on the ground floor with some en suite facilities available. Private car parking is available in the grounds. There were five residents living at the home at the time of the inspection.

The service also provides a small personal care service to four people in the local area. This includes one person who lives independently on the premises of Draycombe House.

There was a registered manager in place who also owns the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At the last inspection on 14 May 2013 the service was meeting the requirements of the regulations that were inspected at that time.

During this inspection people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes both at Draycombe House and when out in the community.

We looked at how medicines were administered and records in relation to how people's medicines were kept. We found medicines were administered at the correct time they should be. This was confirmed by looking at records and speaking with a person who lived at the home.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans containing risk assessments were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes. However risk assessments for people had not all been reviewed. This could put people at potential risk if their needs had changed and information was not updated.

We have made a recommendation about reviewing risk assessments.

People were supported to eat and drink and prepare their own meals to ensure staff promoted independence of individuals. One person who lived at the home said, "I enjoy cooking there is always enough to choose from." Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There was a lack of formal quality assurance and audit systems in place to ensure the service continued to be monitored and developed.

Regular formal meetings for staff and people who lived at the home would benefit the service. This would ensure concerns and issues were discussed and acted upon and continue to involve people so the service developed and quality improved.

We have made a recommendation about the management of quality assurance audits and processes to obtain peoples views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

From our observations and discussion with people we found there were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks. However they were not all up to date and reviewed.

Procedures were in place to ensure medicines were safely administered.

Is the service effective?

Good

The service was effective.

People were cared for by staff that were well trained.

The registered manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Is the service caring?

Good

The service was caring.

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Is the service responsive?

Good

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

Summary of findings

The management team and staff worked very closely with people to act on any comments straight away before they became a concern or complaint.

Is the service well-led?

Requires improvement

The service was not always well-led.

The service had an open working culture and the management team had a visible presence within the home.

Quality assurance audits and checks to monitor the service were not undertaken regularly.

The views of people who lived at the home and relatives were not always sought in a formal way on a regular basis.

Draycombe House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection visit carried out on the 05 August 2015 The inspection visit was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information as part of the evidence for the inspection. We also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

During the inspection visit we spoke with one person who lived at the home, one person who lived in a self-contained flat on the premises, two relatives and three staff members. We also spoke with the registered manager and new manager. We had information provided to us from external agencies including the local authority contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included recruitment of one staff, two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Requires improvement

Is the service safe?

Our findings

We spoke with people living in the home. They told us they felt safe and their rights and dignity were respected. They told us they were receiving safe and appropriate care which was meeting their needs. One person said, "I do like it here, I feel safe." A relative we spoke with said, "She is so well looked after and with people around I have peace of mind that she is safe. "Also, "[Relative] is so independent we have suggested living on her own. However [relative] is dead against it and feels cared for and safe at the home."

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission (CQC) about poor care or abusive practices when we undertook this inspection. People we spoke with said they were safe and cared for and had no concerns about their care. Discussion with the registered manager and staff confirmed they were aware of the local authorities safeguarding procedures and these would be followed if required.

Care records of two people who lived at the home contained an assessment of their needs. This lead into a review of any associated risks. These related to potential risks of harm or injury and how they would be managed. For example they covered risks related to going out independently in the local community and mental health care. However the risk assessments for people had not all been reviewed. This could put people at potential risk if their needs had changed and information was not updated. The new manager informed us they were currently introducing new systems to ensure all care records were updated and reviewed to ensure people were kept safe.

Although there were very few accidents reported we found records were kept of any incidents. We checked how staff recorded and responded to accidents and incidents within the home. We found

evidence in people's care files where injuries had been recorded following accidents. Documents included a brief outline of how the accident occurred and how staff had acted to reduce the risk of further occurrence. One staff member said, "Everybody is so independent and require more prompting than personal care support very few accidents happen."

There was only one person at the home at the time of the visit, however staffing rotas seen were determined by the levels of dependency of people who lived at the home. One staff member said, "We don't have a problem with staffing. There are only five residents and we do have one to one support at times despite that they are all very independent." Staff were flexible and supported the four people who received support in the community as well as the home. One staff member said, "All the people are so independent it's more of a social support than anything else."

We looked at the recruitment procedures the service had in place. Two staff recruitment records we looked at had relevant checks in place. The checks had been completed before new staff members commenced their employment. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The provider had safeguarded people against unsuitable staff by completing proper recruitment processes and checks prior to their employment.

Staff recruitment records had documentation to confirm staff had completed an induction programme following their successful recruitment. This covered for example fire safety and health and safety. A staff member who had worked at the service for a while said, "At the time the induction training was very good."

We looked at how medicines were administered and records in relation to how people's medicines were kept. We found medicines were administered at the correct time they should be. A staff member said, "We only have five residents and some self-medicate, we have a policy in place of how to manage that."

There was a clear audit trail of medicines received, administered and returned to the pharmacy. Related documents followed national guidance on record-keeping. The person responsible for medication told us the local pharmacist provided information on good practices so that medicines were administered safely. This ensured medication processes were carried out using a safe and consistent approach. The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only staff trained in medication procedures were allowed to administer medication. This was confirmed by talking with staff.

We recommend the service refers to current guidance about updating personal risk assessments and regularly reviewing potential risk to people.

Good

Is the service effective?

Our findings

The five people who lived at the service and a person who received domiciliary care support had been supported for a number of years. Two people we spoke with told us they received effective care because they were supported by people who had an understanding of their needs and promoted their independence. We were able to confirm this through our observations and discussions with staff. One person said, "I don't need much support but I know they are there if I want them. It worked very well and is effective, it keeps me independent."

People and their representatives told us they felt their care was good and provided by experienced, well-trained staff. One relative said, "It's a small home and staff appear to know what they are doing and we have no issues they seem well trained in caring for [my relative]."

Staff told us they were supported to access training and further their skills and knowledge by obtaining professional qualifications. Training records looked at confirmed staff training covered safeguarding vulnerable adults, first aid and fire safety. One staff member said, "Training is always available."

Two staff members told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. However records showed staff had not had regular formal one to one meetings to explore their professional development. The manager informed us they were now being completed and would be taking place more often. One staff member said, "I know we do have supervision but to be honest we are such a small place you can always approach [registered manager]. She is available and ready to talk at any time."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. The manager informed us staff also had received training in the associated Deprivation of Liberty Safeguards (DoLS). We did not see any restrictive practices during our inspection visit. People who lived at the home and used the service were independent and had freedom of movement in and outside the home.

One person told us they enjoyed the food that was provided. They said they received varied, nutritious meals and always had plenty to eat. There was no set menu and people were asked daily about meals and choices. People made their own meals with supervision from staff and support when required. People were independent as far as preparing meals and choosing their own food. An example of this during our visit was when a person chose to make her lunch independently. We asked the person if the meals and food available was sufficient and nutritious. The person said, "I make my own always plenty of choice and I make sure my favourites are available." Also, "I enjoy cooking there is always enough to choose from." We observed the person had unrestricted access to the kitchen to make snacks and drinks at any time.

We looked in the kitchen and found it to be clean and with plenty of food stocks available. There was also evidence of fresh fruit and vegetables to be used by people who lived at the home. A staff member said, "The people are very independent and meal times are relaxed. They generally choose what they wish to eat on the day. We are there to help if needed."

People's healthcare needs were monitored and discussed with the person as part of the care planning process. However they were in the process of ensuring all care records were up to date. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. For example one person had recently visited the optician with a recommendation their glasses were worn as much as possible. Care records

Good

Is the service effective?

reflected this and staff were aware of the optician's outcome to ensure the person was cared for appropriately. Records of health visits to professionals were informative and had documented the reason for the visit and what the outcome had been.

Good

Is the service caring?

Our findings

On the day of our visit only two people were at the service. The other three people were on holiday in Scotland with staff. One person received support periodically during the day and lived independently in a self-contained flat on the premises. Comments from both people included, "I go out on my own a lot. The staff just watch over me they are so kind and caring." Another said, "Yes the staff are wonderful."

We observed staff interacted with both people who were available on the day of the inspection in a friendly and supportive manner. One person said, "I am very independent but they treat me with kindness and do look out for me."

Throughout the inspection visit we saw people had freedom of movement around the building and were able to make decisions for themselves. For example one person at times went and made herself snacks and drinks independently at what time she chose to. We observed the routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere.

We looked at care records of two people to ensure they and families were involved in care planning and continuous development of the support each individual required. We found records were organised, involved the person and were comprehensive. Although not all were up to date we could see evidence of care records being updated by one of the management team. The registered manager told us a new care planning system had been introduced over the past few days. We saw evidence of this and were assured the management team would continue to develop personalised care records. A staff member said, "We are in the process to change care records and ensure all five care plans would soon be right up to date with all information contained."

Care records of people we looked at contained their religious and spiritual beliefs. One person told us they made decisions about their lives and made lots of choices every day. A relative we spoke with said, "[Relative] is quite religious and the staff do recognise that and support her. They are very kind and caring."

The registered manager had policies in place in relation to privacy and dignity. We spoke with staff to gain an insight of how they understood the way people should be cared for. One senior staff showed us around the home. Although only two people were in the building at the time of the visit the staff member always knocked on the doors before entering and engaged people in conversation addressing them by their preferred term of address. One staff member said, "It is important to show respect. The people living here were very independent so respect, choice and privacy is major when talking with people."

A staff member we spoke with described good practice in maintaining people's independence and how best to support people. A staff member told us, "One resident is teaching me sign language as she has hearing difficulties. It's great I will be able to understand [resident] better and continue to build better relationships." Another staff member said, "Care is all about listening to people and treating everyone as an individual and with respect."

The registered manager told us people who lived at the home had access to advocacy services. Information was available in the documentation given to people. This meant people were aware of who to contact should they require the service.

Good

Is the service responsive?

Our findings

Both people who were available to talk with told us they felt staff were responsive to their needs and offered them choice in all aspects of their care and independence. One person said, “They are good at responding to what I need and what I want to do. I am independent but they are helpful when I need them.” Another person who lived independently and received support from staff daily said, “I have my own home and I am very independent. However the staff are so good and keep my spirits up.”

We asked a person who lived at the home about being involved in care plan assessment and what they felt the support they needed. The person told us they were consulted about their health and social care needs however they had not been involved in any reviews. We looked at records that contained detailed care planning. However not all care plans had been reviewed on a regular basis. The manager told us only two required to be updated because they had introduced a new system to update care plans of people who lived at the home. We found one of the care plans that had been updated and the manager assured us these would be completed shortly.

Each person had a weekly plan of activities recorded which included volunteer work and following their chosen interests. At the time of our visit only one person who lived at the home was available. The other people had gone on holiday to Scotland. One person we spoke with said, “I enjoy being here on my own.” The person showed us around her room and explained her hobby of sewing and knitting. She told us she liked to knit and it was her choice when they discussed activities and hobbies. A staff member said, “That is what she likes to do we have sourced a lot of ideas for [person] to make as you can see.”

A notice board in the hallway area kept people informed of what was going on weekly. One

staff member told us, "They have gone to Scotland with staff which was their choice.”

Staff used personalised care approaches to people’s individual needs. We observed people were able to individualise their rooms with their own personal items. One staff member said, “It is important to let residents sort their rooms out how they like to. “This showed the management team was responsive to the needs of individuals and encouraged individuals to be independent.

One person who lived at the home told us they were encouraged and supported to maintain relationships with their friends and family members. A relative we spoke with told us they were always made welcome should they visit the home. One relative said, “We don’t go that often and [relative] comes to visit us she is very independent. However the staff are always friendly and welcoming.”

The service had a complaints procedure on display in the hallway for people to see. The manager informed us the staff team worked closely with people who lived at the home and relatives to resolve any issues. There had been no complaints received. However the manager told us any concerns and comments from people would be acted upon straight away before they became a complaint. A staff member said, “Any issues are generally resolved before they become a complaint. We only have five people and everyone is independent.” We spoke with a relative who told us, “We feel [relative] is cared for really well we don’t have any complaints.”

Requires improvement

Is the service well-led?

Our findings

We found the atmosphere relaxed with the one person at home during our visit. Two staff talked with the person and visited another person who lived independently on the premises. We spoke with the person who lived in private accommodation who said, "The service is great, very supportive staff and the manager is so helpful." Staff we spoke with told us they felt the service was well-led. One said, "We have a new manager who is really good and will bring some structure to the service. It is a well led home."

The registered manager had employed a deputy manager and she informed us they were looking to apply to register the new manager with CQC. We discussed the implications with the new manager who had previous experience of managing care services. People we spoke with about the changes said, "[manager] is very good and brings some new ideas and structure." Another staff member said, "The management of the home is organised and [manager] will be good she knows a lot about management of care homes and is very approachable."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the new manager worked with them and showed leadership. A staff member said, "We know what our responsibilities are and [registered manager] is always around if we need to talk to someone."

Staff we spoke with felt they worked well as a team. The registered manager and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day to day duties. Any performance issues could be addressed as they arose. One staff member said, "We work both in the home and with the small number of people in their own homes. We work well together and just help out whenever we need to."

This is a small home run as a family environment, therefore, the views of people who lived at the home were sought by informal methods. For example staff spoke with people who lived at the home daily. Any issues or suggestions were discussed informally. However more regular formal meetings for staff and people who lived at the home were not in place. This meant concerns and issues may not always be discussed and acted upon. Comments included, "I know meetings are very few and far between but we are in the process of making them more regularly both staff and residents meetings."

There was a lack of formal quality assurance and audit systems in place to ensure the service continued to be monitored and developed. For example care records of people and maintenance of the building. The only audits of the service were medication and financial planning audits. More formal systems were not in place to monitor the quality of service being delivered. This showed us the quality assurance systems did not always ensure the service continued to develop and they could monitor how the service was performing.

The manager explained these audits were being developed and some had been implemented. A 'management action plan' had been formulated and was put into place. The manager said, "Audits are now starting to be undertaken and will be completed on a regular basis."

We recommend the service seeks advice from a reputable source about quality assurance and audit systems.

We recommend the service seeks advice and guidance from a reputable source about supporting people to express their views.