DRS Care Homes Limited

DRS Annexe 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected this service on 13 October 2015. The inspection was unannounced. DRS Annexe Care Home is a residential home providing care for up to eighteen people with mental health needs and learning disabilities. Some of the people who live at the home have a dual diagnosis related to mental health needs and use of illegal drugs. There is no alcohol or drug use on the premises and this is strictly enforced by the provider. The home is situated in the Bruce Grove area of Tottenham.

At the time of our inspection there were eighteen people living at the service, seventeen men and one woman. One person was subject to a community treatment order.

The service is located in three adjoined terraced houses, on two floors with access to an outside area at the back.

We previously inspected the service on 9 May 2013 and the service was found to be meeting the regulations.

DRS Annexe had a registered manager at 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. At the time of the inspection the registered manager had been promoted within the organisation so the day to day running of the service was being managed by a DRS Home Care Manager.

Summary of findings

During the inspection there was a calm and pleasant atmosphere. People using the service informed us that they were satisfied with the care and services provided. We observed good quality interactions between staff and people using the service, and this was confirmed by our discussions with relatives and people who lived at the service.

Staff were fully aware of people's needs and these were carefully documented in care plans. Staff responded quickly to changes in people's needs if they were physically or mentally unwell.

Care plans were individualised and reflected people's choices, likes and dislikes, and arrangements were in place to ensure that these were responded to.

Care plans provided detailed information on people's health needs which were closely monitored. People were supported to maintain good health through regular access to healthcare professionals, such as mental health professionals and GPs. Risk assessments had been carried out and these contained guidance for staff on protecting people.

Staff told us they felt supported. Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. Regular supervision took place with staff.

There were enough staff to meet people's needs. This was evidenced by rotas and by talking to people living at the service.

Staff had been carefully recruited. Appropriate references and Disclosure and Barring Service checks were undertaken before staff began work to ensure that staff were safe to work with people.

People had their medicines managed safely. People received their medicines as prescribed and on time. Storage and management of medicines was well managed with specifically trained staff dispensing medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff understood the need to gain consent from people using the service before providing care. DoLS applications had been made for a number of people living at the service.

The service was well managed. The premises were clean and in a good state of repair. Regular audits took place in relation to infection control and management of people's money. There was evidence of regular servicing of essential facilities such as gas, electricity and fire equipment. Fire drills took place on a regular basis.

The building was in need of redecoration in some areas and a minor repair was required to an area of flooring. The provider could evidence plans for redecoration and repair to the flooring.

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?

Good

The service was safe. Risk assessments were current and covered a wide range of areas.

The service had up to date safeguarding policies and evidence of taking safeguarding action to protect people from abuse.

Medicines were well managed.

The premises were clean and food was stored safely and hygienically.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to work with the people living at the service.

Staff received regular supervision, and they understood the implications of the Mental Capactity Act 2005 and Deprivation of Liberty Safeguards.

People living at the service told us there was enough food and the quality of it was good.

People were enabled to access healthcare appointments as required.

Is the service caring?

Good

The service was caring. We saw the staff team were caring and this was confirmed by people living at the service.

The staff team and the people living at the service were culturally diverse. Some staff spoke languages spoken by people living at the service.

Peoples'cultural needs were attended to.

Is the service responsive?

Good

The service was responsive. Care planning was individualised and up to date.

There were a range of opportunities to access leisure and social activities in the community.

People living at the service told us staff dealt with issues swiftly, although there were few complaints formally logged.

People living at the service varied in age from early twenties to people in their seventies. The provider managed to balance the differing needs of the people living there well.

Is the service well-led?

Good

The service was well led. There was a clear philosophy for the service.

Relatives, professionals and people living at the service said the management were effective and visible.

Effective quality assurance processes were in place to ensure the service was of a good quality.

DRS Annexe Care Home

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 inspection took place on 13 October 2015 and was unannounced. It was undertaken by two inspectors for adult social care and an expert-by-experience with mental health knowledge. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with six people who lived at DRS Annexe Care Home. We also spoke with the registered manager, a DRS Care Home Manager and four members of staff.

We looked at six care records related to people's individual care needs and three staff recruitment files including staff training records. We look at the records associated with the management of medicines.

We reviewed health and safety documentation, staff employment and supervision records, incident and complaints logs, safeguarding documentation, and quality audits undertaken by the service. We checked essential services were of a good standard including electrical, gas and fire safety equipment.

We reviewed staff meeting and residents' meeting minutes and other documentation related to the safe running of the service.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises.

Following the inspection we spoke with two health and social care professionals who had experience of working with people using the service. We also spoke with three family carers of people using the service.

Good

Is the service safe?

Our findings

People living at the service told us they felt safe and able to speak with staff if they had any concerns. Comments included; "I have no concerns. I have always felt safe here." And "I feel very safe. I've had no problems with other people I live with." One person indicated on occasion other people living at the service had behaviour that they found 'scared' them. However, all the people living at the service said that staff were around and dealt with issues quickly.

Staff were able to to tell us the different types of abuse and how they would report any concerns. Staff told us that they felt confident in whistleblowing if they had any worries.

The home had up to date safeguarding and whistleblowing policies in place that were reviewed on an ongoing basis. We saw that these policies clearly detailed the information and action staff should take.

We looked at the safeguarding log kept at the home and saw that all safeguarding concerns were addressed and fully investigated. We also saw that the home made appropriate safeguarding referrals, when required.

We saw evidence the provider worked effectively with partner organisations to keep people safe at the home. We saw in one case a safeguarding investigation had been conducted with the involvement of relevant individuals, including mental health care professionals and the person's family. Outcomes to investigations were reached, with appropriate and proportionate action being taken. This meant risks to individuals and safeguarding concerns were managed well.

People using the service were provided with information about different types of abuse to help them feel empowered and confident about raising any concerns. The provider had ensured safeguarding adults training had been provided for staff which was current and updated annually.

Accidents and incidents at the home were recorded appropriately with information about what happened before, during and after the incident. The form had a section for stating the likelihood of the incident occurring again and the level of consequence. This demonstrated the home had arrangements in place to continually review concerns and incidents in order to identify themes and take appropriate action.

We noted however in one instance whilst managed effectively and appropriately, an incident had not been notified to the local authority. We made the provider aware of this and they undertook to do so in the future.

Individual risk assessments had been carried out and were up to date. These covered a range of activities, health and safety, and environmental issues including medicines and food. Risk assessments were recorded in an accessible format and were person centred. This helped ensure people were able to understand what they were for and why they were important for keeping them safe. Risk assessments outlined the risk, why it was deemed to be a risk, how staff could support people in managing the risk and a plan of action.

Staff understood the need to read care plans and update risk assessments to help keep people who used the service safe. For example, staff were aware of the different areas and levels of support that people needed when going out in the community. This ensured people were supported to take responsible risks as part of their daily lifestyle with only appropriate and proportionate restrictions.

As part of the inspection we discussed management of medicines with a senior care support worker. The manager explained only senior staff who had completed training on the administration of medicines were allowed to complete this task. We checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication administration records (MARs) were clearly documented and included a photograph of each person. The medicines were stored in locked metal trolleys in locked rooms.

We carried out a stock check of two medicines at the home and found these were correct, according to the MARs. We also checked the controlled drugs administration regime and found the procedure and register was correct. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. Temperature checks of the fridges were being carried out and recorded on a daily basis and were within a defined safe range. This meant the service ensured medicines were managed so that people received them safely.

The people living at the service confirmed they were satisfied their medicines were managed correctly. They understood what they were for, were given them on time and they had access to pain relief when they needed it.

Good

Is the service safe?

There were no safety issues identified at the premises. We saw the home was clean and people living at the service confirmed this was routinely the case. People had assistance to clean their room where it was needed. Fridges were clean and food that was opened was labelled and sealed. There were no concerns in relation to infection control processes.

Safe recruitment practices were in place. Records showed appropriate references and Disclosure and Barring Service checks checks were undertaken before staff began work to ensure that staff were safe to work with people.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. We looked at the provider's staff rota which indicated there were five care support staff during the day, sometimes less in the evening and two waking night staff on the rota. One person told us "The staff are always there, I never have to wait long."

Good

Is the service effective?

Our findings

People living at the service said they understood why decisions were made and five of the six people said their views were listened to in relation to their care. The sixth person did not want to say anymore in relation to this. All six people agreed they were involved in the planning of their care.

People living at the service were positive about the staff. One person told us "all staff here know what they are doing." Another said "they are all very knowledgeable and hard working."

We spoke with two staff members specifically about their induction. Both were able to tell us how the provider's induction policy and procedure ensured that all staff were qualified and ready to work with people who used the service.

The registered manager told us that any newly employed staff were subject to a probationary period and this would be recorded within their records. We saw there was an induction checklist for newly employed members of staff to complete which monitored their development, and probation reviews were held to assess the staff member's competency at the end of the induction period.

Staff employed at the service had experience of working with people with a range of mental health needs. For example, one person told us they dealt with issues "quickly and to the point, they don't take any nonsense". People confirmed staff spoke with people if they were agitated and encouraged them to calm down. They confirmed there was no use of physical restraint by the staff in the home.

Staff supervision meetings took place every four to six weeks. Actions resulting from each supervision meeting were highlighted and assigned to a named person to follow up at subsequent meetings. Appraisals took place yearly during which staff had the opportunity to discuss their performance over the previous year, their agreed targets and whether they had been achieved. Training requirements for the year ahead were discussed and other targets related to their performance at work were agreed.

We found that staff were appropriately trained to undertake their roles and responsibilities. We looked at the provider's training records and noted all staff received training in mandatory areas such as safeguarding, health and safety, moving and handling, infection control and food and hygiene. Staff had undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also saw that the provider offered regular training tailored to meet the needs of people who used the service. These included training courses on mental health, challenging behaviour and communication and vocational courses such as the National Vocational Qualification in Health Care.

The three staff we spoke with specifically about training told us they felt very much supported by management. We were also told that development and training is always encouraged.

People who used the service told us that their consent was always obtained and they were involved in all aspects of planning their care. We found that the staff had a good understanding of the MCA and what actions they would need to take to ensure the home adhered to the Code of Practice, to ensure people's rights are protected.

We reviewed care records of six people and saw they contained appropriate assessments of the person's capacity to make decisions. We found these assessments were completed when evidence suggested a person might lack capacity in certain areas such as safety whilst accessing the community.

Some people had a key to the service to enable them to go in and out as they wished. Other people needed to be protected as they would not be safe in the community unaccompanied.

At the time of the inspection the provider had referred three people to the local authority requesting a Deprivation of Liberty Safeguarding (DoLS) authorisation. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations.

Balancing people's freedom of movement with ensuring people's safety can be challenging in such a service. For example, there was also the additional problem of some people living at the home bringing in other people from the community who may place people living at the home, at risk. Where there was a history of this happening the

Good

Is the service effective?

service had spoken with individuals involved and they were aware of the reasons for not having a key to the service. They could however still move freely in and out of the service as they wished.

We asked people living at the service what they thought of the food provided. All agreed there was enough food and the quality of it was good. People could have breakfast when they wanted and there was a menu agreed for lunch and dinner with alternative options. People could also make a sandwich when they wanted. Food shopping was done in bulk on a weekly basis and additional items were purchased when they were needed. People who wished to, could make snacks and meals in order to develop these skills, otherwise the staff made lunch and dinner.

We saw records to confirm that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. We saw that where people had conditions that needed regular review, staff ensured this happened and all of the people living at the service went for annual health checks. Records confirmed the provider worked with associated health and care professionals, in particular the mental health professionals locally.

The building was not suitable for people with significant mobility issues. There are stairs throughout and there are steps in the communal areas. This did not present a problem for people currently living at the service. Where people needed additional equipment, the provider would refer to the occupational therapy service for an assessment.

Good

Is the service caring?

Our findings

All the people we spoke with living at the service confirmed the staff were kind, caring and patient. Birthdays were celebrated as were festivals relating to different religions where relevant to the people living at the service.

People had keyworkers who got to know their likes and dislikes. One example of this was people's favourite meals being recorded in their file and choices being taken into account when menu setting. Menus were also discussed at the residents' meetings. People met with their keyworkers on a monthly or two monthly basis and agreed new goals. Staff were able to tell us about the interests of people they were key worker to, and we noted they were sensitive to the challenges faced by people living with issues relating to both mental health needs and drug use.

The staff team and the people living at the service were culturally diverse. Some staff spoke languages spoken by people living at the service. This was of benefit where people spoke a different first language to English.

Staff told us they treated people with dignity and respect by giving people enough time and the opportunity to make choices, knocking on their doors before entering and by providing people with keys to their own room. People living at the service confirmed they received a service that was respectful from staff, and that they were helped to keep in contact with family and friends if they wanted to. Visitors were welcome at the scheme provided they posed no risk to other people living at the service.

All but one person living at the service told us staff were aware of their histories and discussed them with them where appropriate. We were also told that the past was avoided if a person no longer chose to talk about it.

People living at the service were asked their 'End of Life' wishes and these were documented. This helped to ensure a person centred approach was offered to death and dying.

We asked people living at the service if they felt it was possible to have a partner of either sex whilst living at the service. People told us either yes, or it wasn't something they were interested in. We noted Halal meat was bought for people who wanted it for cultural and religious reasons. At the time of our inspection we were told by staff there was no-one who was actively practising religious beliefs at a place of worship through choice.

There was a covered smoking area outside in the back yard.There was a sensory room in the service which provided a quiet space for use by people living at the service.The communal areas were furnished with good quality furniture, there were pictures on the walls and plants. There were several large TVs for people to watch. There was a pay phone in one of the lounges so people did not need to have a mobile phone and there was free Wifi throughout the service. These all contributed to a pleasant environment for people living at the service.

Good

Is the service responsive?

Our findings

Care plans were detailed, person centred and updated regularly. People's interests were noted on care plans. People had key workers and the people we spoke with confirmed this. Staff were able to tell us the activities that people they worked with enjoyed, and goals were set and reviewed on a regular basis.

Staff used a communication board for one person who had communication issues and there was an accessible document in their room showing the fire evacuation procedure with pictures and words. One person became particularly agitated if people changed the TV channel when they were watching a programme, so they had their own area in the communal lounge where they had access to their own TV. A staff member was able to to tell us how one of the people he was key worker to communicated when they wanted tea, or had problems with their ears. There was no use of agency staff at the time of the inspection so staff knew people well which helped to provide a responsive service.

People who used the service told us they had confidence in the staff's abilities to provide good care. Five out of six people told us that they felt that the staff were effective at supporting them and encouraged them to learn new skills. People told us that they enjoyed a range of activities from creative writing to drawing/painting portraits, seeing friends and going shopping. Activities at the service included bingo, puzzles, movie nights and chess.

The service had access to a minibus that took people out on a daily basis. Weekly activities included bowling, the cinema, cycling and opportunities to go out for a meal on a Friday night.

The provider had opened a social enterprise restaurant in September 2015 locally, which offered people the chance to volunteer and gain experience of working. This had the potential to provide people with employment opportunities, although no-one from the service was currently volunteering there.

Some of the people living at the service visited the restaurant as a social event on a Friday night. We discussed with the registered manager and the DRS Home Care Manager the need for transparency and accountability. The provider understood the need to develop a procedure to ensure that the social enterprise restaurant was one of many restaurants that could be visited, to avoid any conflict of interest.

Provision of day services in the local community had been altered recently by a provider external to this service. This was impacting on some people living at the service. The provider was aware of the need to look to the wider community for leisure and educational opportunities for people living at the service. Links with a local recovery college provided courses that people could access and there was evidence that one person had attended there. Staff continued to encourage further engagement with the college.

Residents meetings took place on a regular basis between four to ten week intervals. Most of the people we spoke with attended them and confirmed that items discussed included visitors, things that were "getting on our nerves", activities, alcohol and drug use and food. Three out of the six people we spoke with felt able to share their views on how the service was run at residents meetings, one person had never tried and two people felt they could not influence the running of the service.

Five of the six people we spoke with said they were able to make a complaint and felt it was easy. There was an easy read complaints policy. One person felt their complaint had not been investigated as fully as they would like but did not want to give us more detail. The complaints log book last noted a complaint in July 2014.

We discussed complaints with the provider. The staff dealt with most issues brought to their attention at the time, so didn't record these as complaints. We discussed the need to record some concerns more formally as complaints, to enable providers to identify patterns of issues arising to bring about improvements. The registered manager agreed to discuss this further with staff and would review how they documented complaints.

People living at the service ranged from early twenties to late seventies in age. The provider managed to balance the differing needs of the people living there well.

The provider had three move on flats at the back of the service. People were encouraged to consider moving there

Good

Is the service responsive?

when they no longer required such intensive support. The additional DRS Home Care Manager managed the different staff team at the move on flats providing continuity for people moving on.

The provider also had other services locally so people had the potential opportunity to move to new accommodation if their needs changed. In addition, permanent staff could move across the services providing different learning experiences as well as continuity, benefitting staff and people living at the services.

Good

Is the service well-led?

Our findings

There was a philosophy for the service, "from possibility to actuality". The service focused on developing resilience so people could manage their mental health and drug use where this was relevant, to best effect.

There was a welcome pack for new people joining the service with easy to read information relating to transport links, local leisure activities including libraries and gyms, cinemas and parks. This helped to orientate new people to the service.

The registered manager provided good leadership. It was clear from discussion with the registered manager and the DRS Home Care Manager that they expected a high standard of care from their staff and this was confirmed by the health professionals we spoke with.

People told us the management were visible and approachable and this was confirmed by relatives and health professionals we spoke with. Health professionals confirmed the registered manager and DRS Home Care Manager worked in partnership with them and made them aware when people became more unwell.

There were effective quality monitoring systems in place. Appropriate health and safety checks were carried out to ensure the environment was safe. Current safety certificates for the emergency lighting and fire alarm system were viewed. All fire extinguishers had been checked to ensure they were in good working order and there was a fire drill every four weeks, testing different location points. Fire safety books were at the bottom of each staircase to provide staff with readily accessible information in the event of a fire.

Monthly audits took place relating to infection control and essential services for example, gas and electricity certification was up to date. The boiler had been recently serviced and repaired, and the intruder alarm had been serviced in the last twelve months.

We saw that medicines audits taking place on a monthly basis with returns to the pharmacy as required.

The buildings were owned by the provider and daily and monthly checks of the building were completed. We saw actions plans that proved remedial repairs were followed up in a timely way. An estimate for decorating the hallway in one of the houses was provided as this area was in need of redecoration.

The kitchen was kept clean on a daily basis with a deep clean once weekly. Records were kept to evidence this.

The registered manager and DRS Home Care Manager showed us a matrix on the computer showing when people were scheduled for supervision, training needs and when servicing for equipment was required. This illustrated the management were organised and effective.

The majority of people living at the service managed their own money. For those that didn't, the policy was for two staff members to sign money in and out and for people who lived at the service to sign for their money to ensure all money was accounted for.

We compared the records for two people, and compared this to funds in the safe. One person's records were accurate. The second record showed £10 had been take out for a person living at the service on the day of the inspection and had not been signed for by two people, although it had been noted the money had been passed to the person living at the service. The registered manager was of the view that this was an exception due to the inspection taking place. The registered manager assured us that this process is usually followed and is checked by management. All other records had been signed for by two staff and the person receiving the money.

There were policies at the service covering a wide range of issues that were regularly reviewed. These included challenging behaviour, safeguarding, medicines and medicines management.

There were differing levels of seniority in the staff team and this helped provide clarification as to people's differing responsibilities. For example, only senior staff administered medicines and senior staff allocated tasks at the start of the shift to other members of the team so people were clear what was expected of them in their role.

All of the above contributed to the service being well managed, and helped to ensure a good standard of care was being provided to the people living at the service.