

DRS Care Homes Limited

DRS Annexe Care Home

Inspection report

2-4 New Villas
Baronet Road
London
N17 0LT

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09 October 2018

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28 November 2018

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

This unannounced inspection took place on 9 October 2018 and was carried out by two inspectors. At our last comprehensive inspection in August 2017 the service was rated 'Requires Improvement'. At that inspection we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Registration Regulations 2009. These breaches were in relation to staff recruitment, safe care and treatment, consent, person-centred care and good governance. At this inspection we found that the registered provider had addressed these breaches. At this inspection the service was rated as 'Good'.

DRS Annexe Care Home is registered to provide accommodation and personal care for up to 12 people with mental health needs and learning disabilities. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 12 men living in the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

The home had a relaxed atmosphere and people told us they were well treated by the staff and felt safe with them. We saw the way that staff interacted with people had a positive effect on their well-being.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Risks had been recorded in people's care plans and ways to reduce these risks had been explored and were being followed appropriately.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People were included in making choices about what they wanted to eat and staff understood and followed people's nutritional plans in respect of any cultural requirements or healthcare needs.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. Staff told us that the management listened to them and acted on their suggestions and wishes.

All parts of the home, including the kitchen, was clean and no malodours were detected.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

Everyone had an individual plan of care which was reviewed on a regular basis.

People were supported to raise any concerns or complaints and staff understood the different ways people expressed their views about the service and if they were happy with their care.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

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. Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

There were enough staff on duty to support people safely.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and were aware of the need to always obtain consent when they supported people.

People had a choice of meals and staff knew about any special diets people required.

People had access to healthcare professionals such as doctors, dentists and opticians.

Is the service caring?

Good ●

The service was caring. We observed staff treating people with respect, kindness and dignity.

Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences

and people were involved in their care provision as far as possible.

Staff respected people's privacy.

Is the service responsive?

Good ●

The service was responsive. People's care was individualised and the management and staff reviewed people's needs and made changes to people's care provision when required.

Staff knew how to communicate with people, listened to them and acted on their suggestions and wishes.

People were encouraged to raise any concerns they had with any of the staff and management of the home.

Is the service well-led?

Good ●

The service was well-led. People who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

Staff were positive about the management and told us they appreciated the clear guidance about the vision and values of the organisation.

The management team worked in partnership with other organisations to support care provision and improve the service.

Quality assurance arrangements identified current and potential concerns and areas for improvement.

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 checked 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 unannounced inspection took place on 9 October 2018 and carried out by two inspectors. Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We spoke with five people who use the service and asked them questions about what they felt about their care and the staff who supported them. We observed interactions between staff and people using the service. We spoke with seven staff including the registered manager, the acting manager and five care staff.

We looked at four people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including five staff files, quality audits and surveys.

Is the service safe?

Our findings

At our last inspection of this service in August 2017 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to staff recruitment and safe care and treatment which included the management of medicines, assessing environmental risks and food hygiene practices. At this inspection we found that the registered provider had complied with these breaches.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines for each person. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly.

People told us they were satisfied with the way their medicines were managed by the service. One person told us, "I remind staff to give me my medicines. I take a few. I never forget my medicines." Another person commented, "They never forget to give them [medicines] to me. If I'm not well they give me Paracetamol or Ibuprofen."

We saw that the provider had completed environmental risk assessments which included fire safety and food and hygiene. The kitchen was checked regularly to ensure food was in date and being stored safely. The kitchen had been recently inspected by the local environmental department and had been awarded the top score of 5 'scores on the doors'.

The provider had commissioned an outside contractor to undertake a fire risk assessment of the property in November 2017. We were informed by the registered manager that this contractor was visiting the home on the day of the inspection to fit key pads to the external doors. This was to replace the use of staff carrying keys to the front doors and so reduce the risk in this area should a fire occur.

Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. Staff we spoke with confirmed they could not start working for the service until they had received a satisfactory criminal record check. We saw the provider had checked that the potential staff member had the right to work in the UK.

We observed friendly interactions between people and the staff supporting them and people told us they felt comfortable with the staff. One person told us, "I feel secure here. The staff are good." Another person commented, "I feel safe, it's chilled."

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed. Staff knew they could report their concerns to outside agencies such as the local authority, the police and the CQC.

Risk assessments had been carried out for people using the service. These described the risks they faced in

relation with their everyday care and support needs and what action staff needed to take to keep people safe.

Records also showed where situations might make the person vulnerable to abuse. For example, some people could go out into the community on their own because they were not always aware of environmental risks or that people might take advantage of them. Legal safeguards were in place to ensure that staff went out with people when they wanted.

People who used the service and staff did not have any concerns regarding staffing levels. During this inspection there were five support staff on duty as well as two domestic staff and the new manager. The registered manager confirmed that more staff would be deployed if people's level of dependency increased or they needed to attend a hospital or GP appointment. We saw this was being monitored regularly.

Staff had completed infection control and food hygiene training as part of their induction and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment (PPE). The two domestic staff on duty were working hard to ensure the home was clean and free from any malodours.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses. There were systems in place to monitor and review any accidents, concerns or incidents that occurred. The registered manager was aware of their responsibilities in this area and understood the importance of reviewing situations when things went wrong in order to learn and improve. For example, following an issue with missing money, the registered manager had provided everyone with a safe in their room.

Is the service effective?

Our findings

At our last inspection of this service in August 2017 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to consent to care and treatment. This was because people had been asked to consent in areas when they were not able to do so and records gave an inaccurate impression that people had consented to restrictions that had been imposed upon them. At this inspection we found that the registered provider had complied with this breach.

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 Act 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 Safeguards (DoLS).

People told us they could make decisions about their care and that staff respected these decisions. One person told us, "The staff are no problem. Staff never force me. Yes, staff respect me."

Since the last inspection the systems for obtaining and recording people's consent to care and treatment had been reviewed and updated. The registered manager told us, "We have now implemented a system of documenting consent for those individuals who lack capacity and demonstrate how they are supported to make these decisions." We saw these documents in people's care plans. Where appropriate, consent forms agreeing to information sharing, were in a pictorial format. Staff had attended MCA 2005 training and were aware of the need to always obtain consent when they supported people.

We saw that assessments and care planning was carried out holistically and in line with the values of the organisation. This included working in a person centred way to improve and promote independence. These values matched those of the National Institute for Health and Care Excellence (NICE) and other expert professional bodies.

These needs assessments included goals for each person and what support they required to achieve these. These goals, care and support needs were reviewed regularly and changes made when required.

People's needs were assessed and care was planned in a way that ensured people were not discriminated against. This was because the management and staff understood the ways people could be disadvantaged for example, because of their disability or religion.

Staff told us that the induction process was useful and involved training and shadowing more experienced staff. One staff member told us, "I did training here, but slowly, they didn't rush you. I felt confident when I

eventually started working shifts. I did shadowing for more than a month."

Staff told us they were provided with the training they needed in order to support people effectively. This included health and safety, medicine management, food hygiene and moving and handling. One staff member told us, "Its good quality training. Some were eLearning and some were in the classroom. It does improve our work." Another staff member commented, "Its good quality training, recently we had well-being training."

We saw that up to date records of staff training were being maintained and monitored so refresher training could be booked when required.

Staff confirmed they received regular supervision and felt supported by this process. A staff member told us, "I have supervision bi-monthly with the manager. We discuss all aspects, the work, the service users and training needs. We have annual appraisals." Another staff member commented, "It's usually every month. We talk about how I feel and how I can be supported and if I have any suggestions for improvements." We saw records of regular supervision and appraisals in staff files.

People told us they were happy with the food provided and we saw menus were discussed at regular house meetings and in pictorial format as required by the communication needs of the people using the service. One person told us, "The food is alright. I had cornflakes for breakfast, I made it myself. They ask me what I want." Another person commented, "The food is okay, I like a burger. We make burgers." Staff had completed food hygiene training and prepared the main meals with some assistance from people using the service. A person we were speaking with said, "[The staff] are good, very helpful. They help me with things like preparing food."

Staff were aware of people's particular dietary requirements in relation to religious and cultural observances.

People told us they had good access to health and social care professionals and their healthcare needs were being met. One person told us, "Staff take me to the doctors, I go for check-ups." Another person commented, "I go to the North Middlesex [hospital] and they come here. The doctors come here."

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. Records showed that people had regular access to healthcare professionals such as dentists and opticians and people's health was being regularly reviewed by their GP.

Is the service caring?

Our findings

People told us staff were kind and caring and they had developed meaningful relationships both with them and other people using the service. One person told us, "The staff know me well, they're alright, they're kind here." Another person commented, "The staff are good, very helpful. I get on with everyone here."

Staff demonstrated a good understanding of people's likes, dislikes and life history. This matched the information we saw in people's care plans. A staff member told us, "I know it all because I read the care plans." Another staff member commented, "I know people well and I have a good relationship with their families."

Staff told us how they were able to include people in making decisions about their care through understanding how and what people were communicating. People told us they were involved as much as they wanted to be in planning their care and support needs. One person told us, "Yeah, I have a care plan."

Staff worked hard to ensure people were not disadvantaged because they had different ways of communicating. Staff gave us examples of how they communicated with people who did not always use verbal communication, for example through use of pictures or by understanding people's body language and facial expressions. A staff member told us, "Some service users are non-verbal so we show them pictures, for example, with food and activities."

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. Staff gave us examples of how they valued and celebrated people's differences.

The registered manager wrote to us after the inspection and stated, "Equality forms the foundation of inclusion we believe there is strength in differences. We understand that equality and inclusion does not necessarily mean treating everyone the same, it is about taking into account differences appropriately and being fair."

A staff member told us about the values of the organisation. They told us, "I see practically that they give the best quality of life and try and improve independence and a feeling of inclusiveness within society." Staff told us that it was important to respect people's culture and customs and gave us examples of how they did this in relation to religious observance, language and culture.

People confirmed they were treated with respect and their privacy was maintained. One person told us, "I have privacy. The staff respect me." Another person commented, "I have a key, I can go out alone."

Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others. A staff member told us,

"You can tell if someone wants to be alone, of course I respect that."

Is the service responsive?

Our findings

At our last inspection of this service in August 2017 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to providing person-centred care. This was because we found people's care plans were sometimes generic in nature and contained limited information on the support staff should provide. At this inspection we found that the registered provider had complied with this breach.

Following the inspection, the registered manager wrote to us and stated, "We have reviewed all our risk assessments and care plans and amended them to ensure they are not generic and details specific plans of how the customers are supported and also document their individual preferences." We saw that these revised care plans were designed to meet people's identified needs and to provide achievable goals for people and so, improve their skills and general well-being.

Care plans reflected how people were supported to receive care in accordance with their needs and preferences. This included support with accessing the community on a regular basis. Records showed that staff undertook regular activities with each person in the home and outside which involved going out shopping, visiting local cafes and attending day centres.

People told us they were satisfied with the provision of activities and the way the staff kept them occupied and engaged. One person told us, "I've got a routine, I watch Jeremy Kyle then the news. I go out and get a paper. I come back and read my paper and have a cigarette."

People using the service and those close to them had been involved in assessing and planning their care and support needs. Where people were able and had capacity to do so, they had signed the plan to confirm they agreed with the support being provided.

People's needs were being regularly reviewed by the service, the person receiving the service, their relatives and the placing authority if applicable. One person told us, "They ask me my opinion. They do this monthly."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person told us, "I've never had a complaint, they're good here." We asked another person who they would talk to if they had a complaint. They told us, "I'd go to [the acting manager]."

The complaints procedure was on display throughout the home and was also in a pictorial format. Records showed that people were asked if they had any complaints at regular meetings. We saw records of formal complaints and the registered manager told us that any concern was used as an opportunity to learn.

There were sections in people's care plans relating to the support they might need and their preferences if they were nearing the end of their life. We saw some of these sections had been completed however, we were told that some people did not feel ready to discuss this. The relevant policies and procedures were in place so that staff understood this important aspect of care should it be needed.

Is the service well-led?

Our findings

At our last inspection of this service in August 2017 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to good governance. This was because Management systems to assess and monitor the safety of the services provided were not always effective at identifying potential problems. At this inspection we found that the registered provider had complied with this breach.

Following the inspection, the registered manager wrote to us and stated, "We have implemented audit systems and processes that assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. We reviewed all policies in line with the up to date regulations and continually evaluate and seek to improve our governance and standards."

We saw that audit systems were in place and being followed. These included fire audits, health and safety audits and food and hygiene audits. These were designed to identify any potential problems so action could be taken to address any concern in a timely manner. A member of staff had been appointed as a health and safety lead within the home and had specific responsibilities to notify the management of any issues or concerns.

People using the service were positive about the way the service was run. They told us they felt included and their views were sought and valued. Relatives told us the registered manager and the newly appointed manager were very much involved in people's care and in the day to day running of the service. One person told us, "The [acting] manager is good. I can talk to him openly." Another person commented, "The managers are good, good, good, no problem."

Staff were positive about the management of the service and told us their views and suggestions were listened to. One staff member told us, "[The manager] is very supportive, you can talk to him about anything. It's a good service, it's always developing. The priority is the service users." Another staff member commented, "I like the managers, very friendly and professional. If I have a question they always give me an answer." Staff understood the vision and values of the organisation and told us how these were promoted and upheld.

There were systems in place to monitor the quality of the service provided. These included surveys for both people using the service and staff, staff meetings, service user meetings and regular quality audits. The outcomes of these meetings and monitoring systems were shared and used to look ways to improve the service.

The registered manager told us how they worked with other agencies to improve the service. For example, they told us, "When necessary we consult with local and national agencies who offer a wealth of advice and information that help us develop understanding of issues facing us and who can provide support and information. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting well-being and adult education."

