

Care Worldwide (London) Limited

Dana House

Inspection report

5 Fairfields Crescent
London
NW9 0PR

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Dana House is care home that provides accommodation and personal care for 4 people who have learning disabilities some of whom have mental health conditions. There were four people using the service at the time of the inspection. Public transport facilities and local shops are located close to the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us that they were happy living in the home and felt safe. Staff knew how to raise any concerns about people's safety so people were protected.

Staff were respectful and kind to people and demonstrated an understanding of each person's needs and abilities. People's choices were respected. They were involved in planning and reviewing their care, which was responsive and personalised.

Arrangements were in place to make sure people received the service they required from sufficient numbers of appropriately recruited and suitably trained staff.

People's medicines were managed safely. People's dietary needs and preferences were supported, and they chose what they wanted to eat and drink. Healthy eating was promoted.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA]. 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.

Checks were carried out to monitor and improve the quality and safety of the service and improvements were made when needed.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Dana 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 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 was a comprehensive inspection, which took place on the 10 and 12 October 2017. The first day of the inspection was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. The PIR 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. The PIR was discussed with management staff during the inspection.

During the inspection we spoke with the registered manager by telephone but she was unable to be at the home during the inspection. We also spoke with two managers who managed other services run by the provider, four people using the service and three care workers.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of the four people living in the home, five staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home and said that they would speak with staff and/or their relatives if they had a worry or concern. People's relatives told us that they felt people were very safe living in the home and had no concerns about their safety.

Care workers we spoke with had a good understanding of different types of abuse. They understood their responsibilities to report any concerns to the registered manager. Some care staff needed prompting before they told us that they could contact the local authority safeguarding team when needed. Management staff told us they would make sure that all staff were reminded of when and how to contact the host local authority safeguarding team. Information about the protocol for reporting abuse was displayed in the home during the inspection. A manager also updated the safeguarding policy to include information about contacting the CQC.

The service supported some people with the management of their finances. Up to date records of people's income and expenditure were in place and appropriate checks were carried out by management staff to minimise the risk of financial abuse.

People's care plans showed risks to people were assessed and reviewed regularly so they were effective in meeting people's changing needs. People's risk assessments were personalised and included risk management plans to minimise the risk of people being harmed, but also supported their independence. People's risk assessments included risk of self-harm, choking, slipping in the bath, and risks of using kitchen equipment. We were told by staff that due to a person's behaviour the kitchen needed to be locked at night, but that people could have supervised access to the kitchen from the 'sleep in' staff if required. We however, noted, there were no records that showed this restriction had been risk assessed and that it had been discussed with all the people using the service. This documentation was supplied to us promptly following our visit.

General safe working practices risk assessments were also in place. These included lone working, use of kitchen appliances and utensils and infection control. Accidents and incidents were recorded and addressed appropriately.

Arrangements were in place to ensure that staff were appropriately recruited so that only suitable staff were employed to care for people. During the inspection we noted that there were enough staff on duty to provide people with the care and support they needed and to enable people to take part in a range of activities. People received consistency of care from regular permanent staff.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. Staff had signed that they had read health and safety guidance.

A fire evacuation procedure was displayed and an up to date fire safety risk assessment was in place. Fire

drills and fire alarm checks were carried out regularly to make sure staff and people using the service were aware of the fire evacuation procedures. Personal emergency evacuation plans were in place for people using the service and an emergency action plan detailed the action that needed to be taken in the event of an emergency such as fire, flooding, and loss of gas, electric and water services.

The service had a policy and procedure for administration of medicines. People's medicines were stored securely. Care workers had received an assessment of their competency to administer medicines to people. A manager told us they would make sure that regular refresher staff medicines competency assessments were completed to ensure that staff administered medicines safely at all times. The medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed at the right time. People's medicines needs were reviewed regularly by GPs and psychiatrists. During the inspection care workers administered medicines to people in a safe and appropriate manner.

Some people were prescribed PRN medicines [medicines prescribed to be administered when needed]. Care workers we spoke with were knowledgeable about the procedure they should follow when administering PRN medicines, but there were no written protocols. These were completed by the following day of our visit. A care worker we spoke with after our visit was aware that the PRN protocols had been written.

The home was clean. Housekeeping duties were completed by care staff, and regular checks of the cleanliness of the environment were carried out.

The local authority had carried out a check of the food safety in 2015 and had rated the service as very good.

Is the service effective?

Our findings

People using the service told us they were very happy with the care and support they received from staff. They told us that staff listened to them and provided them with the care they needed and wanted. We saw staff engaged with people in a manner that indicated they understood people's needs and knew how to provide them with effective and appropriate care. People's relatives told us that they felt staff knew people well and were competent in carrying out their duties.

Care workers spoke in a very positive manner about their experience of working in the home caring and supporting people. They were very knowledgeable about people's individual needs and told us about the care and support that they provided. A care worker spoke of the importance of speaking with people using the service and with staff to gain knowledge and understanding about each person's individual needs.

Care workers informed us they had received an induction when they started working in the home. They told us that their induction had been useful and informative, and had included learning about the organisation, the service and people's needs. A manager told us that all new care staff would also complete the Care Certificate induction, which sets out the standards of care, learning outcomes and competencies that care staff are expected to have.

Staff told us that they received the training they needed to carry out their roles and responsibilities in providing people with the care and support they required. Training records showed staff had completed training in a range of areas including subjects that were relevant to people's individual needs. Training that staff received included basic first aid, health and safety, safeguarding people, fire safety, infection control, person centred planning, responding to behaviours, managing conflict, teamwork, diabetes, dignity in care and epilepsy. Records showed that a programme was in place to ensure that 'refresher' training in a range of areas was completed by staff on a regular basis.

Care workers told us they were provided with the support that they needed during on-going supervision and through one-to-one supervision meetings with management staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Management staff and care workers understood and applied the principles of the MCA when supporting people. A manager informed us and records showed us that one person had an authorised DoLS in place.

Care workers informed us they always asked for people's consent before assisting them in any way with their care and in other areas of their lives. People confirmed this. Staff knew that people's capacity to make decisions could change when they were unwell and that health and social care professionals, staff, and family members would then be involved in making one or more decisions in the person's best interest.

People received health checks and had access to a range of health professionals including; GPs, dentists

and opticians to make sure they received effective healthcare and treatment.

People's dietary needs and preferences were met by the service. People spoke very positively about the meals. They told us they could choose what they wanted to eat, which was confirmed during our visit. Healthy eating was encouraged and a range of a variety of fresh fruits were accessible to people. A person cooked their own lunch during our visit. A care worker told us about some recipes they enjoyed which they had learnt from a person using the service.

The premises were suitable for people's needs. A person with mobility needs had a bedroom located on the ground floor. People told us they were happy with their bedrooms, which they had personalised with items of their choice. The lounge had been redecorated since the last inspection.

Is the service caring?

Our findings

People told us that the staff were kind and listened to them and involved them fully in decisions about their care. We saw that staff had a good rapport with people and interacted with them in a kind and respectful manner. People's relatives told us that they felt people were well cared for. They commented "I am happy," "I think everything is good," and "They [staff] are brilliant, everything is fine."

Care workers told us they enjoyed their job caring and supporting people and had developed positive relationships with them. They informed us they had gained knowledge and understanding of people's individual needs and preferences by talking with them and with other staff and by reading people's care plans. A person spoke in a positive way about their key worker and other staff. They told us "If I feel I want to talk with them privately I can."

People's care plans showed they had been fully involved in making choices about their care and other aspects of their lives. People were supported to maintain the relationships they wanted to have with friends, family, advocates and others important to them. People told us about the contact they had with family and friends. One person spoke about the contact that they had with their advocate and about the importance to their life of the regular contact they had with a close friend.

People's independence was respected and promoted. People were supported and encouraged to develop their everyday living skills such as cleaning their bedrooms, laundering their clothes and cooking, and to access community facilities and amenities independently or with some staff support. People completed a range of household tasks during our visit. A person told us they enjoyed doing their laundry and vacuuming. Another person spoke of having a travel pass that enabled them to travel for free on public transport which supported their independence and promoted community participation.

People told us that their privacy was respected. A person said they had their own bedroom door key so could lock their door when they went out. Care workers told us they always made sure bathroom doors were closed when supporting people with their personal care. They showed consideration for people who chose to spend time by themselves in their bedrooms.

'Daily' progress notes and other records were written in respectful positive style. People's records and other documentation were kept secure to keep them safe and to meet legislation. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

People's needs that included their cultural, religious and sexuality needs were documented in their care plans. Care workers and people using the service confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home. A person's birthday was celebrated during the inspection. They received a birthday cake and several presents. Another person spoke about the meal out that they enjoyed on their last birthday.

Care workers we spoke with had a good understanding of equality and diversity, and provided us with examples of how they made sure people's individual beliefs, differences and needs were met. Care workers' personnel records showed they had received training in equality, diversity and inclusion.

Is the service responsive?

Our findings

Since our last inspection, people continued to receive personalised care that met their needs. People told us they received the care they needed and that when they were unwell they saw a doctor. People's relatives told us they were confident that staff responded appropriately to changes in people's health and well-being, and were always kept well informed about people's care.

People's care files contained individualised care plans that identified their strengths, preferences, needs, and how staff were to provide support. The care plans included information about people's background and other essential information to help staff know about their needs. Each person had a 'hospital passport' that included a range of information. They took this document with them if admitted to hospital so hospital staff would understand their individual needs and preferences and so provide them with the care that they required.

Staff were responsive as they regularly carried out reviews of people's needs and monitored them closely. A person told us they had access to their care plan and participated in meetings held to discuss and review their care. People had the opportunity to meet with staff on a one to one basis to talk about their needs and goals. People's relatives told us that they were fully involved in people's care. A relative commented "[Registered manager] keeps me up to date. We keep in touch with each other about [Person] she [registered manager] sends me photos of [Person] when they go on holiday."

People's behaviour needs were identified and understood by the service. Guidance was in place for staff to follow to support people with their individual behaviour needs. A person's care plan included detailed guidance for staff about recognising the triggers that contributed to their unsociable behaviour. Their care plan included details of the support the person needed to minimise the risk of their behaviour escalating. Guidance included "If I am anxious, I will need staff to listen to me," Care workers were knowledgeable about the guidance they needed to follow to manage people's behaviour and their other needs. Care workers spoke of the importance of working in a consistent manner with people using the service so they received the support they needed.

Information on people's health and support needs was shared appropriately, which enabled staff to provide them with the support they required. A 'handover' took place between staff prior to each working shift, information about people's needs and any changes were discussed with staff. This ensured staff had up to date information about people's current needs so they could be responsive in providing people with the service they required. Care records were completed during each shift and included details about the activities people took part in and any changes in people's health and care needs so staff had up to date information about people's current needs.

People told us about the activities they took part in and enjoyed. These included walks, shopping, day trips, holidays, pottery classes, listening to music, cooking, colouring, writing and watching television. People were busy during our visit participating in a range of activities. A person told us that they were looking forward to a holiday that they had planned to go on with the registered manager. Care workers were

observed to respect people's choices, for example when a person declined to take part in an activity the person's decision was respected.

Everyone we spoke with told us that they had no complaints about the service. They told us they would speak with staff and/or family members if they had a concern or complaint. People's relatives were aware of how to make a complaint. A relative told us "I have never had to make a complaint." Records showed complaints had been addressed appropriately.

Is the service well-led?

Our findings

People told us that they were happy living in the home. They spoke in a positive manner about the registered manager who they told us they knew well. Relatives also spoke highly of the service and how it was run. They told us that they had a good relationship with the registered manager who kept them well-informed about people's care. They told us that they would recommend the service to others. A person's relative commented "I would 120% recommend it."

The service has a registered manager. 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. The registered manager has managed the service for several years with support from the provider's management team.

The CQC rating of the previous inspection was displayed as required in line with legislation. Our records told us that management staff were aware when they were legally required to inform us of incidents and other matters to do with the service. The service had contact with other agencies including local authorities to make sure people received the service they needed and wanted.

The service promoted a positive person centred culture where people's individual needs and preferences were understood and supported. People confirmed that they were listened to and that staff supported them in the way that they wanted in all aspects of their lives.

Staff told us that they felt well supported by the registered manager and other senior staff who they could contact at any time for support and advice. They told us that the registered manager kept them well informed about people's needs and of other areas of the service.

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. People told us they had a range of opportunities to feedback about the service including one-to-one meetings with staff and during resident meetings.

People's relatives told us that they provided on-going feedback about the service in a range of ways including using electronic systems, the telephone and face to face with staff.

People's care delivery records were person centred and up to date. They included appropriate detail on the support people received and about other areas of their lives and had been reviewed regularly.

Policies and procedures to ensure safe day to day operation of the service were in place. Records showed that a range of policies had been discussed with care workers who had signed that they had read them. A manager told us that all staff had access to up to date policies via the computer located in the home.

There were systems and procedures in place to enable the quality of the service to be monitored and assessed. These included daily and weekly checks of the fire safety systems, fridge and freezer temperature checks, the cleanliness of the service and hot water temperature checks. Health and safety audits, checks of the medicines and people's monies and comprehensive quarterly review audits of the service also took place. The quarterly review checks were completed by a member of the management staff who did not work in the home, and included checks of incidents, care plans, falls and people's nutrition. We noted that there were no action plans from these audits about addressing areas where shortfalls were identified which could then be reviewed at the next quarterly audit. The managers we spoke with during the inspection told us that they would ensure action plans were completed and implemented.