

Draycombe House Care Limited

# Draycombe House

## 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 ●

# Summary of findings

## Overall summary

### About The service

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 domiciliary personal care service to three people in the local area. This includes one person who lives independently on the premises of Draycombe House.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the provider and manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

### People's experience of using this service and what we found

People were protected from the risk of abuse and avoidable harm by staff who were trained to protect them and experienced to respond to concerns. The management team ensured any incidents were recorded and investigated. People were supported to manage the risks in their daily lives. Staff continued to be recruited safely and sufficient numbers of staff supported people to maintain an independent life as possible. Medicines were managed safely. Infection control systems and audits continued to ensure a clean environment and reduce any risks.

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. People's needs were assessed prior to them living at Draycombe House. People were encouraged to support staff with food shopping and cooking meals as part of their care plan if they wished to. Healthy eating was promoted and people enjoyed meal provision at Draycombe house. Staff confirmed they had received training and access to courses was supported by the management team. The service continued to work effectively with

healthcare professionals. Visits and outcomes were recorded to ensure people received the right care.

People told us staff were caring and always showed kindness, respect and compassion. People, and where appropriate their relatives had been consulted about their care needs They were involved in the care planning process. Staff worked in respectful ways to maintain people's privacy and dignity.

People received person-centred care which was responsive to their needs. Care and support plans had been regularly reviewed to reflect any changes in the person's care. Activities in the home and the community were arranged in consultation of peoples wishes and interests. People were encouraged to raise any concerns. No formal complaints had been received since the previous inspection.

The provider used a variety of methods to assess and monitor the quality of the service. These included regular audits, meetings and surveys to seek their views about the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was good (published 12 January 2016)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Draycombe House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

Draycombe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. In addition, the service operates a small domiciliary agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, there was an application ongoing to have the new manager registered with CQC who had commenced employment at the end of July 2019.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch Lancashire. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with five people who lived at the home, one person who received a domiciliary service and the provider. In addition, we spoke with two staff members, the new manager and two relatives about their experiences of Draycombe House. We observed care practices and how staff interacted with people. This helped us understand the experience of people supported by the service.

We looked at care records of two people and arrangements for meal provision. We also looked at records relating to the management of the service and medicines records of two people. We reviewed staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

#### After the inspection

We continued to communicate with the provider to corroborate our findings and further information was sent by the provider in response to the feedback provided during the inspection visit.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Care practices observed were safe and people told us they received safe care. One person said, "Love it here and we are one family. I feel perfectly safe."
- Safeguarding procedures continued to be followed and staff had a good understanding of what to do to ensure people were protected from abuse. Staff told us safeguarding training had been provided and continued to be updated.

Assessing risk, safety monitoring and management

- The service managed risks to people's safety appropriately. Care plans contained completed assessments of people's risks. These included, mobility, falls, out in the community and fire safety. Care records contained explanations of control measures and had indicators of what to look for that would identify a person at risk in certain situations. This helped staff to keep people safe and reduce risk of incidents.
- Homes of people who received a domiciliary service had environment assessments to keep people safe. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk.

Staffing and recruitment

- Suitable staffing arrangements continued to meet the assessed needs of people in a person-centred and timely way. Staff spoken with were happy with the staffing arrangements and the way they supported people.
- Staff told us they were able to support people without feeling rushed or under pressure.
- Recruitment continued to be safe and managed well. Checks were made before new staff had commenced their employment. This was confirmed by staff spoken with.

Using medicines safely

- Medicines were managed safely, and people received their medicines when they should. People spoken with confirmed this. Medicines were managed in line with good practice guidance. Medicines were recorded within people's medication administration records. This meant the provider had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions.
- Staff who administered medicines had completed relevant training to administer medicines safely.

- We observed medicines being administered at lunch time. We saw good practice was followed to ensure people received the correct medicine at the right time and safely.

#### Preventing and controlling infection

- The provider continued to have safe and effective infection control procedures. Personal equipment such as aprons and gloves were available if required. Staff told us if required they had access to these and would use them.

- Staff received training and regular audits were undertaken to ensure standards were maintained. Discussion with staff confirmed this. This meant people were protected from the risks of poor infection control.

#### Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. Accidents and incidents were investigated, and actions put in place to minimise future occurrences. Regular audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments continued to be comprehensive and detailed to ensure people's needs could be met and develop a plan of care. Care records continued to contain information about people's care needs, and their ability to help themselves and what support was required. The aim for people who were supported was to be as independent as possible. One person said, "I like to go out and choose my clothes on my own with staff there if I need them."
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care plans continued to be regularly reviewed and updated when required. Records we looked at confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt comfortable and confident staff had the skills and expertise to support them with their care needs. A relative said, "They are fantastic and I know well trained you can see this the way they know how to care for [relative]."
- Staff confirmed they had received training that was relevant to their role and continued to be updated when required. Staff went through an induction period when commencing their duties. Documentation contained a training plan for staff to ensure they received support from the provider to enhance their skills.
- Staff told us they continued to feel supported and received regular supervision and appraisal of their work.

Supporting people to eat and drink enough to maintain a balanced diet

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- We arrived at breakfast time and observed a relaxed atmosphere with people eating their breakfast in the dining room and helping themselves to breakfast in the kitchen. One person said, "I like my cereal in the morning and help myself." Lunch was organised and provided a relaxed and social occasion for people to enjoy their meal. One person said, "I like when we all sit together for lunch."
- Where concerns had been identified regarding people's food and fluid intake appropriate action had been taken by consulting health professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the management team worked closely with health care services.
- People confirmed they were supported to attend healthcare appointments when required.

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

- Accommodation was accessible, safe, homely and suitable for people's needs.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

Supporting people to live healthier lives, access healthcare services and support

- People experienced effective, safe and appropriate healthcare support which met their needs. People spoke positively about the way staff and the management team had improved their quality of life and ensured all healthcare appointments were met. A relative said, "They are on the metal with [relative's] health care needs and keep us informed."
- Care records seen confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome was. This confirmed people's assessed needs were being met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

- People told us staff always asked for their consent before supporting them. Care records contained consent to care documentation and was signed by the person receiving care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff who treated them with dignity and respect. People we spoke with confirmed staff were caring, respectful and kind. A relative said, "Everybody is equal here they treat everyone the same, that is what we like. They are kind understanding and above all caring people."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. People's personal relationships, beliefs, likes and wishes were recorded in their care records. This helped them to receive the right support around their individual beliefs and preferences.
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them. One person said, "They know me so well because we talk about what I like and my family."
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- People continued to be consulted about their care and support. They contributed to how their care would be delivered. One person said, "I like to make my own decisions when it comes to shopping. We are going out to get some clothes for my holiday and I choose them."
- Information was available about local advocacy contacts, should someone wish to use the service. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was upheld. People told us staff supported them to retain their independence where possible. We saw evidence of staff encouraging people to make their own refreshments and light snacks. One person said, "I like to brew up for me and the others."
- Staff demonstrated a genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. A staff member said, "We respect everyone as an individual and treat them that way."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service continued to provide support that was focused on the needs and choices of people. For example, a planned holiday was arranged, one person was looking forward to go shopping and choosing their own items for the holiday. The person said, "I like to choose my own things for when we go away."
- People's care records continued to be personalised and detailed. They included information about their preferences and choices. They were updated on a regular basis and people told us they were involved in reviews of their care.
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to be helped. One person who received support in their own home said, "They take me out to town and I decide where to go, they are really good."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team assessed people's communication needs as part of the assessment process. They documented in people's care plans any support they needed with their communication needs and how that should be provided such as hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in events at the home and develop relationships within the community. For example, people continued to be involved in various activities within the community like 'coffee mornings' and an arts and craft centre. People we spoke with told us they enjoyed going there and holidays that they had been on.
- A record of activities people had undertaken and daily schedules for people continued to be in place. There had been a variety of activities and community events which people we spoke with had enjoyed. One person said, "I love going out to town and the clubs we go to."
- Staff encouraged people to maintain relationships that were important to them. A relative told us they were welcome any time at Draycombe House and join in with events planned.

Improving care quality in response to complaints or concerns

- Complaints would be listened to, taken seriously and dealt with appropriately. People knew how to make complaints and felt confident that these would be acted upon. However, no complaints had been received since the last inspection.

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. Staff had completed end of life care training and they confirmed this when spoken with.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with 'best practice guidelines' had been followed. This was to ensure the diverse needs of everyone who lived at Draycombe House were met. People at the home and a relative praised the attitude of staff and a relative said, "The staff are so committed to help people who live there. [Relative] is in such good hands it's wonderful."
- The service continued to provide systems to make sure people received person-centred care which met their needs and reflected their preferences. A staff member said, "It is important to ensure people make their own choices and include people in the running of their home."
- The structure of the service was organised and a clear staffing system was evident both in the home and the small service provided for people in the local community. People spoke positively about how they were managed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider understood legal obligations, including conditions of CQC registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.
- We found they had clear lines of responsibility and accountability. People spoke positively about how Draycombe House was managed. A relative said, "Always managed very well and long may it continue."

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

- The manager and staff had an understanding of their roles and contributions to how the service should be delivered to people. A staff member said, "We have been lucky to have a good manager and the new one has the experience."
- Discussion with the staff confirmed they were clear about their role and between them and the management team provided a well run and consistent service. One person said, "We wanted to come here because of the reputation and the fact they have been around a long time."

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

- People and staff were given the opportunity to feedback on the service and to complete satisfaction questionnaires. The last survey had been carried out recently. The results were positive. They informed us the service was run in the best interests of people who lived and worked at Draycombe House. The management team informed us any negative comments would be acted upon and resolved.
- Staff told us staff meetings were held regularly and they felt able to raise concerns and make suggestions.

Continuous learning and improving care

- The service was regularly assessed and monitored. A wide range of audits such as medication, care plans and maintenance were regularly carried out. We saw evidence they had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop the service for the benefit of people who lived and worked there.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included health and social care professionals such as GPs, and local social work teams. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.