

Care Direct UK Limited

David House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 April 2017. At which breaches of legal requirements were found in regards to safe care and treatment, staffing and good governance. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. They stated they would take the necessary action to address the breaches by 9 June 2017.

We undertook this focused inspection on 1 August 2017 to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'David House' on our website at www.cqc.org.uk.

David House provides accommodation and personal care to up to nine adults with a learning disability. At the time of our inspection three people were using the service.

Since our comprehensive inspection a new manager had been appointed. They were registered with us on 8 June 2017. 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 had introduced new processes to review the quality of some areas of service delivery including ensuring a safe and suitable environment was provided. The registered manager had plans to implement systems to audit medicines management and ensure oversight of service delivery through the completion of provider quality audits. However, these were not in place at the time of our inspection. The provider remained in breach of regulation relating to good governance. You can see what action we have asked the provider to take at the back of this report.

Staffing levels had been reviewed and there were now sufficient numbers of staff to meet people's needs. Staff had received refresher training and had the knowledge and skills to meet people's needs.

Work had been completed to ensure a safe and secure environment, including installing window restrictors and alarms on external doors. Medicines management processes had been reviewed and people received their medicines as prescribed.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to safe care and treatment, and staffing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were now sufficient staff to meet people's needs in the day and at night. The provider had undertaken work to ensure a safe and secure environment was provided. People received their medicines as prescribed.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

Staff had received training to ensure they had the knowledge and skills to meet people's needs.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

Some new processes had been introduced to review the quality of service provision. However, these did not cover all areas of service delivery. There continued to not be audits in place to review medicines management.

While improvements had been made the provider still remained in breach of regulation, therefore we have not revised the rating for this key question. We will review our rating for 'well-led' at the next comprehensive inspection.

Requires Improvement ●

David 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.

We undertook an unannounced focused inspection on 1 August 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 4 April 2017 had been made. We inspected the service against three of the five questions we ask about services: 'Is the service safe? Is the service effective? And Is the service well-led?'

The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the provider, including any statutory notifications received. These are notifications about key events that occur which the service is required to send to us by law. We also reviewed the findings from a quality visit undertaken by the local authority on 30 June 2017.

During the inspection we spoke with three staff, including the registered manager, we reviewed the safety and security of the environment, processes in place to manage people's medicines, staff training records, staff rotas and records relating to the management of the home.

Is the service safe?

Our findings

At our previous inspection on 4 April 2017 we found there were not always sufficient staff to meet people's needs. At night there was only one member of staff on duty, even though some residents needed support from more than one staff member to mobilise safely. There were also concerns there would not be sufficient staff to support people at night in the event of an emergency. We saw that whilst two staff were available in the day this was not sufficient to support people at the service as well as accompany people in the community.

At this inspection the registered manager had reviewed staffing levels in line with people's needs. At night there were two staff available and during the day there were at least two support workers, with the registered manager also being available to support Monday to Friday. The registered manager informed us staffing levels could be adjusted to support people in the community and staff had been made available to support people to access local amenities. An on call service was available to provide additional support and staffing in the event of an emergency.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to staffing.

At our previous inspection on 4 April 2017 we found a safe and secure environment was not always provided. Windows were not restricted meaning people were at risk of falling from height, external doors were not alarmed and the garden was not secure meaning people could leave the service without staff being aware.

Since our inspection the majority of windows had been replaced and restricted to minimise the risk of people falling from height. One window was still to be replaced. It was a large stain glass window and the provider had commissioned for a new safe and secure window to be made to fit the space. The provider had installed new front and back doors which were alarmed, and installed an alarm on the first floor fire exit. There were two further external doors. At the time of our inspection these doors remained not alarmed. The registered manager informed us the alarms had been purchased and were due to be installed the day after our inspection. They confirmed via email that this work had been completed and all external doors were alarmed. The provider had also commissioned for further work to be undertaken in the garden to ensure this was a pleasant and safe environment for people to use. Whilst they were waiting for this work to be carried out people did not use the space without being accompanied by staff.

At our previous inspection on 4 April 2017 we identified some errors with medicines management. There were gaps on medicine administration records meaning it could not be established whether creams, ointments or liquids had been administered. We also identified a lack of recording for medicines prescribed with a variable dose meaning accurate stock checks could not be maintained.

At this inspection we saw improvements had been made. We saw all of the medicine administration records were maintained accurately, except in regards to one medicine. We discussed this with the provider who informed us they would address the gaps in recording with the staff. We saw stocks of medicines showed

people had received their medicines as prescribed and medicines were accounted for. Some people were prescribed medicines to be taken 'when required'. This was mainly for pain relief and each person was able to inform staff if they were in pain and required these medicines. These medicines were delivered in boxes, not in the blister packs with people's other medicines. The registered manager informed us they checked the stocks of 'when required' medicines when ordering new medicines so they knew there was sufficient stock to meet people's needs. We saw that these medicines were not ordered each month showing staff had reviewed stock levels, however, records were not maintained of the stock checks undertaken. We spoke with the registered manager about this and they informed us they would ensure this was implemented and audited.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to safe care and treatment.

Is the service effective?

Our findings

At our previous inspection on 4 April 2017 the provider had not ensured that staff completed regular training courses to ensure they had up to date knowledge and skills to meet people's needs. Staff had not completed regular medicines management training, moving and handling training or first aid training. Staff had also not completed training in relation to people's individual needs including in regards to dementia awareness, communication and learning disability awareness.

Since our previous inspection the provider had arranged for a programme of training to be delivered. The registered manager's training matrix showed all staff had either completed or were in the process of completing the provider's mandatory training. This included training on medicines management, challenging behaviour, schizophrenia, dementia awareness, safeguarding adults, food hygiene, first aid, health and safety, deprivation of liberty safeguards, records, infection control, moving and handling, nutrition, the Mental Capacity Act 2005, risk management, person-centred care and fire awareness. Staff had also been supported to enrol on courses to complete national vocational qualifications in health and social care.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to staffing.

Is the service well-led?

Our findings

At our previous inspection on 4 April 2017 the provider did not have sufficient systems in place to review the quality of the service, and assess and mitigate risks to people. Audits were not undertaken to review all areas of service delivery and they did not have systems in place to identify and review the concerns we observed.

Since our inspection the new registered manager had introduced systems to review the quality of service provision. This included reviewing the safety and security of the premises through weekly carbon monoxide detector testing, weekly water temperature checks, weekly checks on the cleanliness and suitability of equipment, monthly checks on first aid supplies, monthly checks on call bells to ensure they were in working order, monthly infection control audits and monthly health and safety checks. In addition the manager undertook their own audit which reviewed a number of service areas including the environment, staff support processes and review of care records. However, we saw that this audit was not consistently completed and had not reviewed some areas of service delivery including end of life support and meeting people's cultural needs.

The registered manager also confirmed that since they were appointed they had not undertaken any audits on medicines management. Whilst they told us they checked medicines administration when on shift they did not have a formal audit in place. The registered manager said they were in the process of developing an audit but it was not available at the time of our inspection. They also said they had been in contact with their local pharmacy to arrange for them to audit medicines management processes but this had not yet been initiated.

The registered manager showed us an audit tool they had developed for completion by the provider's director. This audit reviewed all areas of service delivery and reviewed the quality of care and support delivered, as well as, staff's compliance with the provider's policies and procedures. However, whilst the tool had been developed, at the time of our inspection this audit was not in use.

The provider continued to be in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were sufficient systems and processes in place to assess, monitor and improve the quality and safety of the service. (Regulation 17 (1) (2) (a)).