

Care Direct UK Limited

David House

Inspection report

36 Sandy Lane South
Wallington
Surrey
SM6 9QZ

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04 April 2017

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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 caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 4 April 2017. This was the first inspection of this service under this provider. The provider registered this service with the Care Quality Commission on 9 March 2017. The service was previously registered under a different provider as 'Cottisbraine House'. You can read our inspection reports for 'Cottisbraine House' by selecting the 'all reports' link for 'Cottisbraine House' on our website at www.cqc.org.uk.

David House provides accommodation and support for up to eight adults with learning disabilities, some of whom also have mental health needs and/or are living with dementia. At the time of our inspection five people were using the service.

A registered manager was 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 2008 and associated Regulations about how the service is run.

We found there were insufficient staff on duty to meet people's needs and keep them safe in the event of an emergency, especially at night. There was a risk that staff did not have up to date knowledge and skills to meet people's needs as they were not up to date with their training requirements and many staff had not completed the required refresher training courses.

People were not always protected from the risk of harm due to environmental concerns. Windows were not restricted meaning there was a risk people could fall from height, and external doors to the garden were not secure or linked to an alarm system to alert staff if people left the service.

Safe medicines management was not consistently followed and we identified errors in the recording of medicines administered and stocks of medicines at the service.

With the recent change in provider of the service, this had impacted on the leadership and management of the service. We found there was a lack of communication between the provider and registered manager regarding decisions relating to service delivery. There were processes in place to review the quality of service provision, however, these were not always comprehensive and sufficient action was not always taken to mitigate risks to people's safety.

The provider was in breach of the legal requirements relating to safe care and treatment, good governance and staffing. You can see what action we have asked the provider to take at the back of this report.

Staff had assessed individual risks to people's harm and plans were in place to manage and mitigate those risks. Staff were aware of their responsibility to safeguard people from harm and escalated any concerns to the registered manager and the local authority safeguarding team when necessary.

Staff supported people in line with the Mental Capacity Act 2005 and in line with the authorisations approved through the deprivation of liberty safeguards. Staff assisted people with their nutritional and health needs, liaising with other healthcare professionals as and when required.

There were kind and considerate interactions between staff and people using the service. Staff were friendly and polite when speaking with people. They were aware of people's communication methods and offered them choices throughout the day. Staff respected people's privacy and maintained their dignity.

Care records provided clear and detailed information about people's needs, outlining the level of support they required with different tasks and their preferred daily routines. There were some but not many scheduled activities at the service and limited opportunities for people to access the community. We recommend that the provider reviews national guidance to support social inclusion for people, in the community.

The registered manager adhered to the requirements of their registration with the Care Quality Commission and submitted statutory notifications about key events that occurred at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. There were not sufficient numbers of staff to safely support people, particularly at night. The environment was not secure and people were not protected from the risks of falling from height. Safe medicines management was not maintained.

Staff followed procedures in regards to safeguarding people from harm.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. There was a risk that staff did not have the knowledge and skills to support people as they were not up to date with training requirements.

Staff supported people in line with the Mental Capacity Act 2005 and ensured their nutritional and health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring. Staff supported people in a friendly and polite manner. They respected people's privacy and dignity. Staff were aware of people's communication methods and encouraged them to make choices about their day and how they spent their time.

Good ●

Is the service responsive?

Some aspects of the service were not responsive. There was a lack of activities delivered at the service and a lack of opportunities to access the community.

Staff supported people in line with their care and support needs and care plans provided staff with detailed information about how those needs were to be met.

People were supported to raise concerns and complaints, and there were processes in place to ensure these were investigated.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. There were inconsistencies in communication between the provider and the registered manager which impacted on the leadership of the service. Audits were undertaken to review the quality of service delivery, however, these were not always comprehensive and sufficient action was not taken to mitigate all risks to people's safety.

They adhered to the requirements of their CQC registration and submitted statutory notifications as required.

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 inspection on 4 April 2017. This inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service including the details obtained during registration of the service and from the statutory notifications received. These are notifications about key events that occur at the service which the registered persons are legally required to submit to us.

During the inspection we spoke with three staff, including the registered manager. We reviewed three people's care records and two staff records. We reviewed each person's medicines management arrangements. Most of the people at the service were able to communicate verbally however, for many this was limited. Therefore we undertook observations throughout the day to review the care provided to people and the interactions between staff and people using the service. After the inspection we spoke with two staff members and the provider. We also contacted representatives from two local authorities to obtain their feedback.

Since the change in provider some staff had moved from the provider's other service to work at David House. We asked the provider for the training records of staff transferred from their other service and the tool used to establish staffing levels, which we received.

Is the service safe?

Our findings

We found there were not always sufficient staff to meet people's needs. At night there was one staff member on duty. We observed that two people required support from two staff to transfer and staff told us two other people required supervision from staff when mobilising in order to keep them safe. One person was known to wake often during the night and got up early meaning they received support with their morning routine and personal care from the night staff. There was a risk that at night there would not be enough staff on duty to support everyone safely or in the event of an emergency. Staff were concerned that in the event of a fire they would not be able to maintain people's safety with only one staff member on duty.

There were two staff on duty during the day. Staff felt this was sufficient to meet people's needs and we saw on the day of our inspection that people received prompt support. However most of the people using the service required support from staff when accessing the community. This was not always possible due to only two staff being on duty and additional staff were not rostered to accommodate activities in the community.

The provider told us they were in the process of further reviewing staffing levels at David House, however, the two paragraphs above show that at the time of inspection the provider was in breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The registered manager undertook checks on the environment to review its safety and suitability. However, this did not include all areas of the building. We identified that windows to which people had access to were not restricted meaning the windows could be fully opened and there was a risk that people may injure themselves from falling from height. We also identified that external doors to the garden, including fire exits, were not alarmed. The garden was not secure meaning there was a risk that people's security may not be maintained because people could leave the service without staff being aware. Many of the people using the service required support from staff when outdoors to ensure their safety.

We identified some errors with medicines management. There were gaps on the medicines administration records (MAR) which meant accurate records were not maintained about the medicines administered. Many of the gaps on the MAR related to medicines that were creams, ointment or liquids. Because of this we could not undertake an accurate stock check and we were unable to establish whether the gaps were due to a recording error or due to the medicines not being administered. We saw that some people required regular paracetamol. Due to staff not recording clearly whether one to two tablets were given accurate stock checks could not be maintained.

The two paragraphs above show the provider was in breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely and at the correct temperature. There were policies in place regarding medicines management and the use of homely remedies (over the counter medicines). The registered manager told us they always checked with the pharmacy before administering homely remedies to ensure they were safe and appropriate for people to use.

The staff had assessed and identified the individual risks to people's safety. This included the risks associated with people's daily routines, including bathing, showering, shaving, choking and mobilising around the service. Risks were also identified according to people's individual needs and those associated with their individual health diagnoses. Plans were developed to manage these risks which were regularly reviewed to ensure they still met people's needs.

Staff were aware of their responsibility to safeguard people from harm. They were able to describe signs of possible abuse and were aware of the reporting procedures to follow if they had concerns about a person's safety or welfare. We saw that records and body maps were maintained when staff observed bruising or tears on a person's skin. When it was unexplained as to how these injuries occurred the registered manager referred the concern to the local authority safeguarding team to ensure they were appropriately investigated and people were protected from further harm.

There was an incident reporting process in place. Staff recorded all incidents that occurred and these were reviewed by the registered manager to ensure appropriate action was taken to protect the person and prevent further injury. The registered manager analysed the incidents that occurred to identify any potential trends which could be learnt from.

The registered manager undertook regular checks on the safety of the environment including water temperatures, fire alarms, emergency lighting and checking fire door release catches. The registered manager also arranged for regular testing of appliances to ensure they were safe to use including gas safety, electrical appliances and water legionella testing.

Is the service effective?

Our findings

People were not always supported by staff that received regular training to ensure they had the knowledge and skills to undertake their role. The registered manager had a training matrix for the staff that had transferred from the previous provider. However, this showed that staff were not up to date with the provider's mandatory training. We saw that one staff member that worked the occasional shift had not completed their medicines administration training, and three other staff had not completed medicines refresher training since October 2015. We also saw that the registered manager and senior support worker had not completed moving and handling training since August 2015. Some staff had not received first aid training and those that had completed this training had not received refresher training since March 2014. Some staff had also not completed training in food safety, end of life care, communication, dementia awareness, learning disability awareness, autism or continence care.

We received the training records from the provider for the staff that had recently started working at David House. Whilst this showed they had completed most of the provider's mandatory training, they were due to attend refresher courses on learning disability awareness and health and safety.

The provider had initiated discussions with the local authority to access their training courses, however at the time of inspection the provider was in breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff received regular supervision to review their performance and to give staff the opportunity to raise any concerns they had. They also discussed the people using the service and any changes they observed in a person's support needs. Supervision sessions were also used to discuss staff's knowledge and skills and identify any additional training they required.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had assessed people's capacity to make decisions about their care and treatment, their medicines and their finances. For those that did not have the capacity to consent 'best interests' decisions were made on people's behalf. Information was included in people's care records about any appointees assigned to ensure appropriate individuals were involved in decisions about people's care. The registered manager had applied to the local

authority to deprive people of their liberty and adhered to the restrictions approved in these applications and related conditions. Records were maintained as to when these authorisations expired so arrangements could be made to review the restrictions in place and ensure they were still appropriate.

Staff ensured people had sufficient amounts to eat and drink to meet their needs. Staff regularly weighed people to identify early any weight loss and monitored people's food and fluid intake to ensure people were eating enough to meet their needs. People were offered drinks and regular meals throughout the day. Staff were aware of people's preferences and dietary requirements, this included providing softer meals for those that found it difficult to chew and were at risk of choking and fortifying meals for those at low weight. Staff provided assistance for those that required it at mealtimes. They were polite, patient and gave assistance at a pace dictated by the person. Adapted crockery was provided to those that required it to enable people to eat and drink as independently as possible.

Staff supported people with their health needs. Staff liaised with a person's GP if they had concerns about the person's health. Staff also arranged for other community healthcare professionals to visit people including dentists and chiropodists. Staff worked in a collaborative way with other professionals involved in a person's care including the mental health learning disability team, speech and language therapists and physiotherapists to ensure people get the healthcare they need. Health action plans were available outlining people's health needs and hospital passports were developed to support a person should they require hospital admission.

Is the service caring?

Our findings

People were supported by staff who were caring and who told us they enjoyed supporting the people using the service. We observed staff interacting with people in a kind and friendly manner. They referred to everyone by name and from their conversations it was apparent the staff knew the people using the service, their preferences, likes and interests. Staff were aware of what was important to the person, for example certain belongings, and ensured this was within the person's reach.

Since the new provider took over the service there had been some new staff at David House, transferred from the provider's other service. These staff told us they had been able to take the time to get to know the people using the service, their personalities and their life histories.

Staff were aware of who was important to the people using the service and enabled people to stay in touch with their family. Staff had regular contact with people's families and updated them on any changes in a person's behaviour or health, as well as providing updates on how the person was and how they had been spending their time.

Information was included in people's care records about their communication needs and what methods of communication they preferred to use. Most of the people at the service were able to communicate verbally however, for some this was limited. Information was provided to staff about what words people said and what this meant, for example, how they indicated that they needed assistance to go to the toilet and when they were hungry or thirsty.

Staff offered people choices throughout the day. They encouraged them to make day to day decisions and in relation to their personal routine. Some of the people were particular about their routine and staff respected this. We observed people freely accessing different areas of the service and decided where they wanted to spend their time.

Staff respected a person's decision if they wanted to spend time in their room and gave them their privacy. Staff supported people with their personal care needs in the privacy of their bedroom or bathroom and ensured people's dignity was maintained. Information was also collected to identify people's preference in regards to the gender of staff supporting them with their personal care and this choice was respected.

People's religious and cultural preferences were respected. Information was collected and recorded on people's religious preferences and their cultural heritage. Staff provided people with any support they required to respect these preferences.

Is the service responsive?

Our findings

Whilst staff spent some time engaging people in conversations, there were limited opportunities for social stimulation and participation in activities. Two days a week entertainers came to the service to provide musical sessions for people. However, apart from this there were no other scheduled activities delivered. We also saw, apart from one person who attended a weekly day centre, there were very limited opportunities for people to access the community and local amenities.

We recommend that the provider review the way they support the social inclusion of people in the community according to national guidance.

Information in the 'service user guide' needed updating to reflect the new provider's policies and procedures in regards to complaints. Staff said they would support and encourage people to raise any concerns they had, and any concerns raised were listened to and taken seriously. Processes were available to ensure complaints were investigated and responded to. The registered manager undertook regular analysis of any complaints received to identify any possible trends and associated learning.

Staff supported people with their needs. People's care records, including their care plans, were updated regularly and in line with any changes in people's care and support needs. The care plans we viewed provided detailed information to staff about people's support needs and the level of support they required throughout the day. We saw that daily records were kept of the support provided and these records, together with observations made on the day, showed support was provided in line with people's documented care plans. Staff kept daily records of the support provided to people with their nutritional needs and continence care, as well as documented checks on the welfare of the person during the day and at night.

Staff engaged with other healthcare professionals as and when required if they felt they were unable to meet a person's need. For example, from the records we viewed we saw staff had liaised with the district nursing service when they had concerns about a change in a person's skin integrity.

There were processes in place to enable good communication amongst staff about any changes in people's needs. This included handover of information between shifts, which was recorded so it was available for all staff to read as well as a staff communication book. We saw the handover processes focused on people's support needs and wellbeing. The staff communication book covered all areas of service delivery including any healthcare appointments people had as well as updates and messages from people's relatives so that this information was available for all staff and items in the book were actioned as required.

Is the service well-led?

Our findings

The registered manager had processes in place to review the quality of the service. This included regular audits of medicines management, care records, catering and infection control. Observations were also undertaken in regards to how staff interacted with people to ensure people were treated with kindness, dignity and respect. The registered manager was aware of the concerns we identified at the time of our inspection in regards to medicines management, staffing levels and staff training. They were in the process of working with and supervising staff when administering medicines to correct the errors in recording. They had also written to the provider expressing their concerns regarding staffing levels. The registered manager was aware that staff training was not up to date but they were not aware of what plans the provider had in regards to accessing training courses.

The provider informed us they had plans to further strengthen the quality assurance processes at the service including reviewing staffing arrangements, staff training, supervision and support arrangements, reviewing people's care needs and strengthening arrangements to obtain people's and their relatives' views on service provision. In addition, the provider had plans to further improve the environment and security arrangements.

However, at the time of the inspection the provider did not have sufficient systems in place to review the quality of the service, and assess and mitigate risks to people. They had not undertaken a full audit and health and safety assessment of the service which identified the risks to people's safety, for example those associated with a lack of window restrictors or the risks to people in the event of a fire because of lowered staffing levels.

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

With the recent change of provider there had been a change in management and leadership at the service. The registered manager remained in post from the previous provider. However, we found there were at times a lack of communication between the new provider and the registered manager which impacted on the leadership of the service. For example, the registered manager did not have information regarding what training the staff transferred from the provider's other service had completed or competency reviews. The registered manager was also not involved or consulted about the decision to reduce the staffing at night.

Staff told us they felt able to have open and honest conversations with the registered manager and we heard some staff felt comfortable speaking directly to the provider. However, staff felt at times the concerns they raised in regards to staffing levels at night were not always heard and they felt there was a lack of action in response to the concerns raised. The provider had started to hold staff meetings but minutes of these meetings were not available at the time of our inspection.

Staff told us overall they felt supported in their role and felt able to approach members of the management team for advice. One staff member said in regards to the registered manager, "He's absolutely brilliant." However, they felt with the recent changes in the staff team that they were still in the process of building a

strong staff team and colleague support, but this was improving. There was an on call system in place to ensure staff had access to advice and in the event of an emergency when a member of the management team was not on duty.

The registered manager was aware of their Care Quality Commission registration requirements and submitted statutory notifications as legally required. This included in relation to any deaths, serious injuries, the outcome of applications to deprive people of their liberty and allegations of possible abuse.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not assessed the risks to the health and safety of service users. They had not ensured premises were safe to use and had not maintained the proper and safe management of medicines. Regulation 12 (1) (2) (a) (d) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured effective systems were in place to assess, monitor and improve the quality of care and to assess, monitor and mitigate the risks to service users. (Regulation 17 (1) (2) (a) (b)).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person had not ensured there were sufficient numbers of staff deployed to meet people's needs. They had not ensured staff were appropriately trained. Regulation 18 (1) (2) (a).</p>