

Ferncross Care LTD

Draycombe House

Inspection report

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Date of inspection visit:
08 April 2022

Date of publication:
10 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Draycombe House is a care home providing accommodation and personal care to up to five people. The service occupies the ground floor of a large period building which has been adapted to meet people's needs. The other floors of the building are separate to the home, with a separate entrance, and used as domestic premises. The home provides support to people who have a learning disability. At the time of our inspection there were five people living in the home.

The service is also registered to provide personal care to people living in their own homes in the community. Personal care is help with tasks related to personal hygiene and eating. At the time of our inspection there were two people living in the community receiving personal care.

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

Right Support:

- The service did not support people who lived in the care home to have the maximum possible choice and control over their own lives. Before the COVID-19 pandemic people who lived in the care home had followed a range of activities in the community which they enjoyed. When restrictions were lifted, the registered manager had not ensured people were able to regularly access the local community. People told us they missed going to activities in the community. Staff tried to mitigate the impact of people not having regular access to the community by supporting people to follow a range of activities in the home.
- People who lived in the care home had not been asked for their views about activities they wanted to follow in the community. The provider assured us they would look at ways to ensure people could access activities they enjoyed in the community.
- People who received personal care said the provider acted on their feedback. One person had asked for a named staff member to support them and this had been arranged.
- Staff identified if people were anxious and gave them support as they required. Sometimes this led to an activity being interrupted as there was usually one staff member on duty in the home.
- People had a choice about their living environment and were able to personalise their rooms. People told us they liked living in the home. One person said, "I love it here, I live with my friends."
- Staff enabled people to access local and specialist health care support, as they needed. People told us staff supported them to see their doctors and had supported them to receive the COVID-19 vaccines.
- Staff supported people to make decisions and communicated with people in ways that met their needs. People said they liked the staff who supported them and enjoyed spending time with them.

- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. People received their medicines as their doctors had prescribed. Staff ensured medicines held in the care home were stored securely to protect people.

Right Care:

- People's care was not always person-centred. People did not receive care that supported their needs and aspirations, or that focused on their quality of life, and followed best practice. People were not supported to take part in activities in the community that were tailored to them. The service did not give people opportunities to try new activities that enhanced and enriched their lives.
- Staff promoted equality and diversity in their support for people. They knew people well and understood people's needs. They respected people's abilities and provided appropriate care.
- People received kind and compassionate care. Staff were friendly and caring to people. People enjoyed laughing and joking with the staff.
- Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. They were trained on how to recognise and report abuse. Staff told us they would not tolerate any abuse or ill treatment of people and would report any concerns immediately.
- Although the service had enough appropriately skilled staff to meet people's needs and keep them safe, staffing levels had not been arranged to support people to have regular access to the community. The provider gave us assurances they would address.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff gave people information in a way they could understand.
- People received the care they needed from staff who knew them well. Staff supported people to carry out tasks to promote their independence. People were proud of their skills and this promoted their wellbeing and enjoyment of life.

Right culture:

- People were supported to have maximum choice and control of their lives within the home and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not fully support this practice. Although staff provided people with high quality, person-centred care, the provider had not ensured people who lived in the home were able to access the community as they wished. The culture in the service did not maximise people's choices or support them to lead fully inclusive and empowered lives.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. They had advocated for people and raised concerns with the registered manager about people who lived in the care home having limited opportunities to access activities in the community.
- People received compassionate and empowering care that was tailored to their needs. Staff turnover was low, which supported people to receive consistent care from staff who knew them well.
- Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. They were committed to providing people with good care and a good quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with us on 25 February 2021 and this is the first inspection.

The service was previously carried on by a different provider. The last rating for the service under the previous provider was good, (published on 31 August 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in South Cumbria and North Lancashire. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

Enforcement

We have identified breaches of regulation in relation to supporting people to be involved in their community and seeking and acting on people's feedback to support the delivery of person-centred care.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Service and service type

Draycombe House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Draycombe House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is also a domiciliary care agency. It provides personal care to people living in their own homes in the community.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because the service is small and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 8 April 2022 and ended on 11 May 2022. We visited the service on 8 April 2022. Following our visit, we contacted relatives of people who lived in the home and staff to gather their views. We also gathered feedback from one person who received personal care.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived in the home and observed how staff interacted with people. We also spoke with three members of the care team. We looked around the accommodation. We gathered the views of a person who received personal care.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at records relating to the management of the service, including staff recruitment and training. We contacted three people's relatives and two staff to gather their views.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- During our visit to the care home, we saw there were enough staff to keep people safe and to provide the care people needed. However, there were times activities were interrupted because the staff member on duty had to leave an activity to support a person with their care.
- Staff told us there were times it was difficult to care for people in the care home. They said there was usually one staff member working on each shift. They told us the morning shift could be very busy and said, "Clients [people] get minimal attention or monitoring during this time as staff are too busy."
- The provider had another care home within walking distance of Draycombe House. The registered manager managed both care homes and told us they spent time in each one. One of the provider's directors also worked in both services and spent time in each home. The registered manager and director were available to support staff at Draycombe House if needed.
- The new provider had taken over the service when activities outside of the home were limited due to government restrictions and guidance. People told us they were not able to engage in activities they had enjoyed before the COVID-19 pandemic. Two staff confirmed this and said there were not enough staff on duty to support regular activities outside of the home.

We recommend the provider seeks advice about appropriate staffing levels in the care home to support people's social needs.

- People were supported by a small team of staff who knew them well. There were enough staff to provide support to people who lived in the community who received personal care.
- The registered manager carried out checks on new staff to ensure they were suitable to work in the home. These included confirming applicants' good character and checks against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was open to advice about how to further improve their recruitment processes and records.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person told us, "[Staff member] keeps me safe."
- Everyone told us they were confident the service was safe, and people were protected from the risk of abuse. We observed people were confident and relaxed with the staff working in the home.
- Staff were trained to identify and report abuse. They told us they would not tolerate any abusive

behaviour or ill treatment of people and would report any concerns immediately.

Assessing risk, safety monitoring and management;

- People were protected from avoidable harm because the registered manager had identified and managed risks to their safety. Risk assessments were in place to guide staff in how to ensure people's safety.
- Staff knew people well and knew how to keep them safe.

Using medicines safely

- People received their medicines as they needed and as their doctors had prescribed.
- Staff were trained in how to use medicines safely. One person told us, "The staff help me take my medicines."
- People were protected because medicines were stored securely to prevent their misuse.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

The provider was following government guidance regarding visits in and out of the home. People told us they could see their relatives as they wished.

Learning lessons when things go wrong

- The provider was open to guidance and feedback to learn lessons to improve the service.
- Staff understood their role in keeping people safe. They reported any incidents which placed people at risk to ensure action could be taken and lessons learnt and shared as appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not always experience good outcomes because the provider was not following best practice in supporting people who have a learning disability. Although people's care records included information about their needs and their goals, some goals were not being achieved because people had limited access to the community.
- People said they missed going to activities in the community. Staff told us this had impacted on people's quality of life.
- People were supported by staff who knew them well and who knew the things that were important to them.

Staff support: induction, training, skills and experience

- People were supported by a small team of skilled and experienced staff. Everyone told us the staff provided people with good quality care. One person told us, "The staff are fantastic, very skilled."
- Staff had completed a range of training to give them the skills to support people.
- The new provider had taken over the home in the middle of the COVID-19 pandemic. Although staff had completed training, some training updates were overdue due to issues caused by the pandemic. The registered manager had developed an action plan to address this.

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

- People were included in choosing their meals and enjoyed the meals and drinks provided.
- People helped staff prepare food and said they enjoyed this. One person told us, "I bake, I like making cakes."
- Staff gave people advice about healthy eating choices.

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

- The home was a domestic style property in a residential area. The building was in keeping with neighbouring properties. People had their own rooms and there were large communal areas people could share.
- People had personalised their own rooms as they wished. People told us they liked their rooms and liked living in the home.
- Most people had lived at the home for a number of years and their physical needs were increasing as they got older. We discussed monitoring if the building required further adaptation as people's needs increased

with the registered manager.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to see their doctors if they needed. They said staff had supported them to receive the COVID-19 vaccines.
- Staff supported people to access local and specialist healthcare services. People were supported to attend health checks, screening and primary care services.

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

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People made decisions about their care and their rights were protected. Staff asked people what support they wanted and respected the decisions people made.
- The registered manager and staff understood their responsibilities under the MCA.
- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 staff who knew them well and who were kind, respectful and caring. People who lived in the care home told us they liked the staff and said they were "nice". A person who received personal care told us the staff who supported them were "kind".
- There was a very friendly and relaxed atmosphere in the care home. People enjoyed spending time with staff and chatting and joking with them. People told us they were happy living in the home. One person said, "I like it here." Another person said, "I love it here, I live with my friends."

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

- People told us staff asked them for their views and listened to them. Staff gave people the support they needed to be confident to share their views during the inspection.
- Staff knew how people communicated and gave them the time they needed to express their views and wishes. Staff respected the decisions people made.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a manner which met their needs and protected their privacy and dignity. They spoke to and about people in a respectful way and ensured all personal care was carried out in private.
- People were supported to carry out tasks in the home to gain skills and promote their independence. One person told us, "I wash up and change my bed. I help the staff with cooking." People were proud of their skills.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People who lived in the care home said, although they were happy living in the home, they wanted more opportunities to follow activities in the local community. They told us they had followed activities in the community regularly before the COVID-19 pandemic. We asked people when they had last taken part in a community-based activity and they said they "couldn't remember".
- The provider had arranged for two people to go to a local supermarket with a staff member the week after our visit. We saw the people who were going to the supermarket were very excited. People who had not been included in the activity did not know when they would have an activity in the community. One person asked a staff member when they "would be able to go out". The staff member said they didn't know and said, "We'll have to ask [registered manager and director], they are the bosses."
- Staff advocated for the people they cared for. They told us they wanted people to have full and fulfilling lives. One staff member said, "Staff have made management aware that the clients [people] are rightfully entitled to have support to live a normal life as much as possible with the help of their support workers."

People were not supported to be involved in their community. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to maintain relationships which were important to them. Staff had supported people to keep in touch with their families during the pandemic.
- The registered manager had followed government guidance about visits in and out of care homes during the pandemic. People said they went out with their families at times and enjoyed this.
- People received good care from staff who knew them well. Staff knew what was important to people and how they liked their care to be provided.
- Staff had arranged activities in the care home to lessen the impact of people not having opportunities to follow activities in the community. People told us they regularly had parties in the home. One person told us, "We had a party for St Patrick's Day, and we are having one for Easter, we have parties all the time. We like parties."
- The registered manager told us they would speak with people who lived in the care home and staff to improve people's access to activities in the community.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and staff supported them to do so. People said if they had any concerns about their care they would speak to a member of staff or tell their relatives.

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- The provider had a procedure for receiving and responding to complaints about the service. Although staff had raised concerns on behalf of people regarding the lack of activities in the community, the provider had not treated this as a formal complaint and had not acted to improve the service. The registered manager arranged to address the concerns about activities with people and staff.

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.

- Staff knew how people communicated and provided information to people in a way they could understand. They gave people time to express their wishes and reassurance when people were anxious. People received information in a way which met their needs.

End of life care and support

- There was no one needing end of life care at the time we inspected. The registered manager had links to appropriate services that could support people if they required end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant there were shortfalls in service management. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not supported to achieve good outcomes. They were not supported to regularly access the community and they told us this made them unhappy.
- People, and those important to them, had not been included in developing and improving the service. The provider had not gathered and acted on people's feedback about the lack of community access and how this impacted on their quality of life.
- Staff told us they had raised concerns with the provider about people not having regular access to activities in the community. They said the provider had not acted in response to the concerns they raised.

Systems had not been established to monitor and improve the quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff worked hard to provide person centred care to meet people's needs. People told us they liked the staff.
- Staff consistently gave people choices about their lives in the home and acted in response to their feedback.
- People who received personal care in the community had been asked for their views and the registered manager had acted in response to their feedback. One person told us they had requested for a named staff member to support them and this had been agreed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People did not consistently experience positive outcomes because the management team in the home did not have the knowledge and experience to perform their role. They had not ensured best practice in supporting people who have a learning disability was followed. This had impacted on people's quality of life.
- The registered manager also lacked knowledge around some areas of legislation and associated regulatory requirements.
- The registered manager acknowledged where their knowledge was lacking and undertook to address this.
- People and their relatives told us they knew the registered manager and could contact them if they needed.

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 provider and registered manager understood their responsibilities under the duty of candour. They were aware of the need to be open and honest when incidents occurred where the duty of candour applied.

Working in partnership with others

- People received the support they needed from agencies outside of the home because the provider and staff worked cooperatively with other services. The registered manager contacted appropriate services to ensure people received the support they needed.

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 10 HSCA RA Regulations 2014 Dignity and respect How the regulation was not being met: People were not supported to be involved in their community. Regulation 10(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Systems had not been established to monitor and improve the quality of the service. Regulation 17(1)