

DRS Care Homes Limited

New Villas Office

Inspection report

2 New Villas, Baronet Road
London
N17 0LT

Date of inspection visit:
21 January 2019

Date of publication:
01 March 2019

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

This unannounced inspection took place on 21 January 2019. This was the first inspection of this service since it was registered with the Care Quality Commission in February 2018.

New Villas Office provides care and support to people who have a learning difficulty or mental health problems living in five 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of our inspection there were 61 people using the service. Of these 61 people only approximately three people were being provided with the regulated activity 'personal care'. However, there were plans for people living at the provider's residential home, who had more complex care needs, to move to the supported living service.

There was a registered manager 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 and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe with them. Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Risks had been identified, with the input from the person where possible and were recorded in people's support plans. Ways to reduce these risks had been explored and were being followed appropriately.

Although the service was not currently providing direct assistance to people with medicine management, staff had been trained and policies and systems were in place when required.

Staff were positive about working at the service and told us they appreciated the support and encouragement they received from the management.

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 who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. Staff told us that the management listened to them and acted on their suggestions and wishes.

People were supported to access healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff knew people's different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Everyone had an individual plan of care and support which was reviewed on a regular basis.

People were supported to raise any concerns or complaints and staff understood the different ways people expressed their views about the service and if they were happy with their care.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

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. Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks.

Staff understood their roles and responsibilities in relation to infection control, medicine management, first aid and reporting safety incidents.

There were enough staff to support people safely.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and were aware of the need to always obtain consent when they supported people.

People were supported to access healthcare professionals such as doctors, dentists and opticians.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect and without discrimination. Staff knew about the various types of discrimination and its negative effect on people's well-being.

Staff understood people's likes, dislikes, needs and preferences and people were involved in their care provision as far as possible.

Staff respected people's privacy.

Is the service responsive?

Good ●

The service was responsive. People's care was individualised and

the management and staff reviewed people's needs and made changes to people's care provision when required.

Staff knew how to communicate with people, listened to them and acted on their suggestions and wishes.

People were encouraged to raise any concerns they had with any of the staff and management of the service.

Is the service well-led?

Good ●

The service was well-led. People who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

Staff were positive about the management and told us they appreciated the clear guidance about the vision and values of the organisation.

The management team worked in partnership with other organisations to support care provision and improve the service.

Quality assurance arrangements identified current and potential concerns and areas for improvement.

New Villas Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 21 January 2019 and was carried out by two inspectors 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.

Before the inspection, we reviewed information we had about the provider, including previous reports, important notifications and other information affecting the safety and well-being of people using the service.

We spoke with seven people who used the service. We also spoke with six staff including the registered manager, the acting manager, deputy manager and three care staff. We were sent further information after the inspection by the registered manager.

We spoke with two social care professionals after the inspection.

We looked at three people's care plans and other documents relating to their care including risk assessments and healthcare documents. We looked at other records held by the service including health and safety documentation, quality audits and four staffing records.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person commented, "Yes, staff make me feel safe." Another person commented, "There is nothing to worry about here. I feel safe."

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and the potential signs to look out for that may indicate someone was being harmed. A staff member told us, "If see signs [of potential abuse] I would go to my line manager. I could tell the CCG (Clinical Commissioning Group), GP, the police or CQC."

Staff had also undertaken training in equality and diversity and told us they would report any form of discrimination as potential abuse because of the negative effect this had on people.

Before anyone was offered a service at New Villas their needs and associated risks were assessed by the registered manager. Individual risk assessments had been carried out for people using the service. These described the risks they faced in relation to their everyday care and support needs and what action staff needed to take to keep people safe. For example, risks identified included suicidal ideas, self-harming, aggression, accessing the community, diet, self-neglect and the potential for mental health relapse.

Staff told us about the risks people faced and how these were mitigated. This matched the information in people's support plans. We saw that, where possible, staff had discussed people's risks with them and people had signed their risk assessments.

Staff had completed training in fire safety and first aid and were aware of their responsibilities and knew how to raise concerns and record safety incidents and near misses. One staff member said, "If [person] looked pale, I'd call the GP. I would call an ambulance if I didn't know what was wrong with them. Moving them would be dangerous." The registered manager told us there were policies for lone working staff which included how to deal with fire and other emergencies.

There were systems in place to monitor and review any accidents, concerns or incidents that occurred. The registered manager was aware of their responsibilities in this area and understood the importance of reviewing situations when things went wrong in order to learn and improve.

Currently no one at the service required any help with the administration of medicines. Staff only reminded people to take their medicines. Staff previously administered medicines for people. They had completed medicine training and had undertaken medicine competency tests..

Risk assessments had been carried out for people that self-administered their medicines. The registered manager told us he regularly monitored people for signs that they might not be taking their prescribed medicines. Risk assessments identified potential relapse indicators and the manager told us he worked closely with the GP and community mental health team to review people's medicines.

The registered manager told us that hours were allocated by the commissioning team at the local authority. Most people in the supported living service have a set number of core hours which they could choose when to use. For example, most people have these hours dispersed through the week but one person has chosen to use these hours for one day a week. People felt there were generally enough staff. One person told us, "There is enough staff on duty. They help me a lot with lots of things I need." Other people told us they wanted more support with activities or going out. The registered manager told us that additional hours had to be negotiated with the commissioning team and were based on ongoing dependency assessments. The registered manager confirmed that more staff would be deployed if people's level of dependency increased or they needed to attend a hospital or GP appointment.

The registered manager told us there were policies for lone working staff which included how to deal with fire and other emergencies.

The staff files we checked contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. Staff we spoke with confirmed that they could not start working for the service until they had received a satisfactory criminal record check. We saw that the provider had checked that the potential staff member had the right to work in the UK.

Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.

Is the service effective?

Our findings

Care and support was planned and delivered in line with current best practice and was being monitored and reviewed to ensure consistency of practice. The registered manager told us it was the overall aim of the service for all people to develop independent living skills to be able to move into social housing. We saw needs assessments included goals for each person and what support they required to achieve these. These goals and support needs were reviewed regularly and changes made when required.

People's needs were assessed and care was planned in a way that ensured people were not discriminated against. This was because the management and staff understood the ways people could be disadvantaged for example, because of their gender, sexuality, disability, race or religion.

Staff told us and records showed that staff were provided with the training they needed to support people effectively. This included safeguarding, health and safety, medicine management, food hygiene and first aid. One staff member told us, "[Training] is fairly thorough. We get in-house and computer training. In six months I have [had] a full set of training. We get refresher training every six months. Any incidents or, if we feel we need more training to protect a [person], they provide the training." Another staff member told us, ""They do encourage us to better ourselves. I wanted to do a management course and [the registered manager] advised me."

Staff confirmed they received regular supervision and appraisals and felt supported by this process. A staff member told us, "My supervision is done by my manager. He will advise me about my role and I can openly discuss the issues that have been happening, and he will guide me. He gives me feedback about how I am doing. He is very encouraging." Another staff member commented, "I am learning something every year. Generally, my appraisal is quite positive. When I first came here it was just a job but now it feels like a career." We saw records of regular supervision and appraisals in staff files.

Staff told us that the induction process was useful and involved training and shadowing more experienced staff. One staff member told us, "I went through all policies and procedures. Policies of the company. I was introduced to service users and had a handover from the manager. I felt welcomed and safe. I was impressed actually. Confident enough to do the job."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

The registered manager told us that no one at the supported living service lacked capacity. However, there were plans for people living at the provider's residential home, who had more complex care needs, to move to the supported living service. The registered manager also told us that some people's capacity fluctuated due to drug or alcohol use.

Staff had attended MCA training and were aware that people's capacity to make decisions could fluctuate. They also understood the need to always obtain consent when they supported people.

People at the supported living service did not have their meals cooked for them but, as part of developing their independent living skills, were encouraged to cook for themselves. People told us they mainly cooked 'ready meals' from the local supermarket. Staff told us they tried to get people to cook but this was often a challenge. One staff member told us, "Sometimes they want a certain thing so I help them find the recipe." Another staff member commented, "We don't have anyone on a specific diet but we encourage healthy eating but, at the end of the day, it is their choice."

People told us they were supported to attend healthcare services and appointments. One person told us, "They remind me of the appointments I have with my GP or other specialists. When I receive a letter or appointment they record it in a book."

Support plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. Records showed that people had regular access to healthcare professionals such as dentists and opticians and people's health was being regularly reviewed by their GP, community psychiatric nurse and community mental health team. A staff member told us, "If someone is having social anxiety we will support them. We will remind them they are due for a dental or an eyesight check. We will book once they consent to it."

Is the service caring?

Our findings

People who used the service told us staff were kind and caring, and they had developed meaningful relationships with them. People's comments included, "Staff change all the time but they seem to be helpful," "I am looked after very well here," "There is one support worker who is very caring. I trust him" and "Staff are kind and trying to help."

Staff had a good understanding of people's likes, dislikes and life history. This matched the information we saw in people's support plans. One staff member told us, "You get to know their quirks and know how they are. As much as you are professional, it gets personal but you always have to be professional. You get to know what makes them laugh and what makes them sad. It's neighbourly."

Staff told us people were able to make decisions about their care and gave us examples of how they helped to provide information about other key services available including advocacy. The registered manager told us, "We use [advocacy service]. It is about signposting. When someone needs a particular service we can't provide, we will signpost them. We ask so they can speak on the person's behalf to find out what they really want."

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against by law.

Staff gave us examples of how they valued and celebrated people's differences. Staff told us that it was important to respect people's culture and customs and gave us examples of how they did this in relation to religious observance, language and culture. A staff member told us, "We do have people from Asian backgrounds and West African backgrounds. It will depend on what preferences with shopping and food they like. Only two people have religious needs." Other staff told us they would ensure that a staff member who spoke the same language would accompany a person to healthcare appointments if they had problems communicating in English.

People confirmed they were treated with respect and their privacy was maintained. Staff gave us examples of how they maintained people's dignity and privacy in terms of care tasks, respecting people's space and that personal information about people should not be shared with others. Personal information, held by the service, relating to people using the service was being treated confidentially and in line with legal requirements.

The registered manager informed us, "We have procedures in place for sharing of information about the people we care for and their families, with other agencies. These are set out in the Information Sharing Policy, Safeguarding Adults, Child Protection Policy and GDPR." The General Data Protection Regulation (GDPR) is a ruling intended to protect the data of citizens within the European Union. The GDPR is a move by

The Council of the European Union, European Parliament, and European Commission to provide citizens with a greater level of control over their personal data.

Is the service responsive?

Our findings

Support plans were person centred and gave staff clear information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. These plans also covered what staff and other healthcare professionals needed to do to make sure people's health was optimised as much as possible.

People using the service had been involved in assessing, planning and reviewing their support needs. One person told us, "I do have one [support plan]. I looked at it about 6 months ago. [Staff] listen to you." We looked at records of key-worker sessions with the people they supported. These contained people's reflections on the service they received and how they were moving toward achieving their goals and aspirations.

People's ongoing support needs were kept under regular review so any changes could be made when required. Where people's needs had changed, we saw the necessary changes to the person's support plan had been made. Staff told us the importance of reading people's support plans to ensure they understood people's current needs.

The registered manager wrote to us after the inspection to explain how they complied with the Assessable Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. They told us, "We ensure that people we support and where appropriate, their carers and representatives, receive information in formats that they can understand, and that they receive appropriate support to help them to communicate. This helps us to effectively and accurately engage and communicate so that people access services and support appropriately and are supported to make decisions about their health, wellbeing, care and treatment."

People told us they were aware of the complaints policy and knew how to raise a concern. One person told us, "If I needed to, I would go to [the registered provider]. But no need cause everything they do is good." The deputy manager told us, "We have the contact list in everyone's room so it is clearly mentioned who to contact for complaints."

We saw the record of complaints. In the period between February 2018 and December 2018 there were five complaints recorded. We saw action had been taken to address people's concerns. However, two people told us they had made a complaint but couldn't remember if they had received a response. We spoke with the registered manager about this and they told us they would review the complaints log to double check people had received a response. The registered manager told us that any concern was used as an opportunity to learn.

The registered manager told us that currently no one using the service required end of life care. However, training would be made available to staff and the relevant policies and procedures were in place so that

staff understood this important aspect of care should it be needed.

Is the service well-led?

Our findings

People using the service were positive about the registered manager and the way the service was run. One person told us, "[The registered manager] is good. He speaks boldly about people's mental state in a way you can understand and where the problem can be taken." Another person commented, "It seems the service is run well."

Staff were positive about the management of the service and told us they felt valued by the registered manager and their views and suggestions were listened to. They understood their role and responsibilities and told us they had confidence in their leaders and managers. One staff member told us, "[The registered manager] is very well informed. When you ask him something he will tell you exactly. He is supportive. For me, he is quite approachable."

It was clear from discussion with the registered manager that they understood their responsibilities with regard to legal requirements including the submission of notifications and other required information.

Staff had a very clear understanding of the vision and values of the organisation and told us how these were promoted and upheld. One staff member, summing up what these values meant to them, told us, "We have to put ourselves in their shoes."

There were systems in place to monitor the quality of the service provided. This included feedback from regular tenant's meetings, staff meetings, and regular quality audits.

The provider employed the services of an independent governance lead who carried out quality assurance visits as well as organising surveys for people using the service. We looked at the most recent quality assurance survey. The responses were positive and included, "Staff are flexible and compassionate," "I was delighted with the care I received. Staff were excellent in every way. I could not have managed without them after my discharge from hospital" and "I'm involved in planning my care."

The outcomes of all the meetings and monitoring systems were shared and used to look ways to improve the service and to learn from any mistakes. People were asked for their views about their care and these views were being recorded and monitored.

The registered manager told us how they worked with other agencies to improve the service. They told us, "We attend forums organised by the local authority where we share information and learn from other providers. We also gather information from services local to us that may be of interest to those we support and we are also responsible for sign posting to these services."