

Draycombe House Care Limited

# Draycombe House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection visit took place on 12 December 2016 and they were given 24 hours' notice. This was because the service was small and we wanted to ensure people were available to talk with.

Draycombe House provides care for a maximum of six adults with a learning disability. It is a large detached property, which is relatively close to shops and local amenities. Accommodation is situated on the ground floor with some en suite facilities available. Private car parking is available in the grounds. There were five people living at the home at the time of the inspection. The service also provides a small personal care service to three people in the local area. This includes one person who lives independently on the premises of Draycombe House.

There was a registered manager in place who also owns the service. 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.

At the last inspection in August 2015 we found the service was rated requires improvement and made three recommendations. These were in relation to risk assessments to people's health and safety and governance of the home. The provider sent us an action plan saying they would meet the recommendations by November 2015. During our inspection visit on 12 December 2016 we found these actions had been completed.

We looked at two care records of people who lived at the home. Risk management had now been improved and well documented. They contained an assessment of people's needs, including reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. Risk assessments were developed for when people were out in the community in order to keep people as safe as possible.

We found the provider had made improvements in the processes they had to monitor people's safety and welfare. Audits had been developed to monitor and assess the quality of the service provided. This was so they could continue to develop and monitor their performance. The manager showed us new documentation intended to monitor and improve oversight of the service's quality assurance.

During this inspection people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes both at Draycombe House and when out in the community.

We observed people's medicines were dispensed in a safe manner and they received their medicines on time. Staff had received related training to ensure medicines were administered correctly by knowledgeable staff.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People were supported to eat their meals where they chose and were offered a variety of meal options. Comments from people who lived at the home included, "We help make the meals so they are always nice". Also, "Plenty and yes I love the food here."

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The registered manager discussed the applications which had been authorised and the restrictions in place to make sure people were safe. We saw staff were working within the law to support people who may lack capacity to make their own decisions.

People who lived at the home and who were supported in the community said staff had a kind and caring approach to care. One person we visited in their own accommodation said, "They come when I need them and they are so kind and caring."

Staff said the manager was approachable and supportive in their roles. They held regular meetings to obtain staff comments, suggestions and concerns about the ongoing improvement of the home. One staff member said, "[Registered manager and manager] were always approachable. [Manager] is hands on and good to work for, very supportive."

## 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.

From our observations and discussion with people we found there were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

The provider had improved risk assessments and they were now reviewed regularly so that people were kept safe.

Procedures were in place to ensure medicines were safely administered.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff that were well trained.

The registered manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

### Is the service caring?

Good ●

The service was caring.

We observed staff treated people with respect and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home. Also staff had a good understanding

of people's needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people to act on any comments straight away before they became a concern or complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had an open working culture and the management team had a visible presence within the home.

A new quality assurance monitoring system had been developed and regular audits of the service had been completed.

The views of people who lived at the home and staff were sought on a regular basis.

# Draycombe 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 was planned to check 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 was an announced inspection visit carried out on the 12 December 2016. The inspection visit was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information as part of the evidence for the inspection. We also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

During the inspection visit we spoke with four people who lived at the home, one person who lived in a self-contained flat on the premises and three staff members. We also spoke with the manager. In addition we spoke with a social worker who was visiting a person who was living at Draycombe House. The registered manager was not available on the day of the inspection. We had information provided to us from external agencies including the local authority contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. Two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home and receiving a domiciliary service.

# Is the service safe?

## Our findings

At the last inspection In September 2015 we found the registered person had not protected people against the risk of unsafe care. This was by means of keeping risk assessments updated to ensure people were kept safe. We made a recommendation to update their risk assessment systems and keep documentation updated.

The management team had developed and reviewed risk assessments to protect people from unsafe care. During this inspection we found the registered provider had addressed the issues. For example risk assessments had been further developed both in the home and in people's own homes. They were now being regularly reviewed and updated if changes occurred. Environmental risk assessments had been carried out to make sure people were aware of any risks around the building. Procedures were put in place to minimise risks to keep people safe. We visited a person who received a service in their own home and found an environment risk assessment had been carried out. This was to make staff aware of any potential hazards such as electrical equipment.

We spoke with people who lived at the home about the service they received from staff and if they felt safe at Draycombe House. Comments were positive from everyone we spoke with and included "I feel at home and safe." Another person said, "Of course I feel safe here and would not want to be anywhere else."

The management team had systems to monitor and address accidents and incidents to manage people's safety. Records we looked at evidenced staff outlined the accident, actions they took and the follow-up management of incidents. This showed they had suitable arrangements to maintain everyone's safety and to reduce the risk of reoccurrence.

We looked at information we received and we found there had been no safeguarding concerns raised with the local authority. Discussion with the manager confirmed they had an understanding of safeguarding procedures. We found by talking with staff they were aware of the process for reporting safeguarding concerns. One staff member said, "Yes I know the routine should I come across any signs of abuse."

We had a walk around the home and found it was clean, tidy and maintained. Equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home and who received a service in their home. For example staff included management, senior care staff and care staff.

We found the management team followed safe procedures to ensure suitable staff were recruited, including checks of gaps in their employment history. The same procedures were in place when we last visited the home. No new staff had been employed since the last inspection visit.

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for people following the lunchtime medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. People we spoke with told us they were in agreement their medicines were managed for them. They confirmed they received their medicines when they needed them.

A member of the management team completed audits to check the safety of related procedures. Staff confirmed they completed relevant training and were not permitted to administer medication until they were safe to do so. This showed the management team had systems to safeguard people against the unsafe management of their medicines.



# Is the service effective?

## Our findings

People who lived at the home we spoke with said experienced well-trained staff supported them to live an independent life as possible. For example one person who lived at the home said, "I like to do things on my own and the staff know how to treat me and guide me." Another said, "All the staff are very good at what they do." One person who received a service in their own home said, "I am independent but are so grateful to the staff they are here to help me and remind me of my limits."

The provider had a range of training to assist staff development, skills and understanding. This covered, for example, fire safety, infection control, and first aid. The manager had completed a training programme for all staff to follow to make sure they were well trained and equipped to support people. Staff also completed recognised qualifications in health and social care. Comments from staff included, "Training is good and [manager] supports us to develop our training and skills." Also, "No problem with sufficient training opportunities here." One staff member said, "I have just done some autism awareness training which I found quite hard. We discussed the course as a team and I did pass the course." This showed the management team supported development of staff to a good standard to protect people from poor practice.

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis with the management team. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

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).

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

People who lived at the home told us they enjoyed their meals. People told us they were offered an additional alternative meal if they did not like what was on offer. Staff and people who lived at the home worked together to prepare food and decide what choices they would have. For example people were supported to provide their own meals with guidance and supervision if required. One person who lived at the home said, "We have what we choose and I like cooking and helping the staff out." We found staff were

aware of the dietary needs of people who lived at the home. For example we observed lunch with one staff member and a person who lived at the home preparing the meal together. The staff member was only there for guidance and the person cooked their own meal. One staff member said, "Meal times are a joy and residents help themselves to the food and we try and promote healthy eating options which the residents enjoy." A person who lived at the home said, "The food is good and no problem with choices and quantities."

We found kitchen cleaning records in place and noted the kitchen and food storage areas were clean and tidy. Staff had maintained records of food and appliance checks, as well as cleaning schedules, to maintain effective food safety. All staff who prepared food had completed food hygiene training to assist them to maintain food safety standards.

Staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. Staff we spoke with confirmed this. People's care records in the home and in the community included evidence the service had supported them to access GP's and other healthcare professionals. One person who received support in their own home said, "If I need to go to the doctors or somebody else they would come with me if needed."

# Is the service caring?

## Our findings

We observed during our inspection visit people who lived at the home and staff were relaxed, happy and comfortable. One person who lived at the home said, "I am very happy now I am here." A person who received a service and lived in their own accommodation said, "They come when I need them and they are so kind and caring."

We observed staff interacted with people in a friendly, respectful and caring manner. Staff demonstrated a good level of awareness and understanding of people's needs.

We were shown around the building and we observed staff knocked on people's doors and addressed individuals by their preferred names. Staff told us they treated people with respect and respected their privacy. One person who lived at the home said, "They would never come in without knocking." The manager told us they felt it was important people were supported to retain their dignity and independence. One person who received a service we visited said, "Always polite, always tell me who they are before I let them in. Wonderful people."

We observed the routines within the home to be relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. Draycombe House had a homely environment and people wandered in and out of rooms as they pleased.

People who lived at Draycombe House told us staff supported them in ways that maintained their individuality and independence. We observed staff supported them in ways that promoted their decision-making and freedom with a kind and courteous approach. For example, we saw one person was encouraged to make their own lunch. The staff member was on hand to offer support and guidance and the person took their time and prepared themselves a meal. The person who lived at the home said, "I enjoy cooking and making my own drinks and things."

We found the manager and staff assisted people to personalise their bedrooms with furnishings and family photographs. One person who lived at the home invited us into their own room and showed us all their pictures and ornaments.

Care records contained information about people's personal histories and detailed background information. This helped the staff and management team to understand what had made people who they were and how events in their past history had impacted on them.

We saw evidence in care records people had been involved with and were at the centre of developing their care plans. This was also the case with records we looked at of people who received visits to their own home. People we spoke with told us they were encouraged to express their views about how their care, aspirations and wishes would be supported. Care records contained information about people's needs as well as their wishes and preferences. Daily records completed by staff members were up to date and

maintained. These described daily support people received and their routines both in and out of the home. The records were informative and enabled us to identify how staff supported people with their daily routines. In addition people who received a service had care plans available that showed they had been involved in the support and tasks they required.

We found care plans were reviewed with people and updated on a regular basis or when care needs changed. This ensured staff had up to date information about people's needs.

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager had information details that could be provided to people and their families or representatives if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

As part of the inspection process we received information from external agencies about the service. They included the commissioning department at the local authority. We received positive comments about care and support people received living at Draycombe House and people who received a service.

## Is the service responsive?

### Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was based on them as individuals. People who lived at the home told us they were encouraged to make their views known about the care and support they received.

Care plans we looked at were detailed and provided a good level of information about people's individual needs, wishes and what was important to them. This supported staff and the management team to provide care that was centred on the individual. Staff we spoke with demonstrated a good knowledge of the needs of people who lived at Draycombe House. We also found people who received a service in their home had their support plan discussed with them. Copies were kept in their own accommodation. People who used the domiciliary service told us when their care was being planned at the start of the service, the management team spent time with them. This was to find out about their preferences, what support they required and how they wanted it to be delivered. This was confirmed when we spoke with a person who received a service.

The management team completed an assessment of people's needs to ensure the home was suitable to maintain their care. This included checks of, for example, medication, physical health, and mental health and personal care requirements. They then transferred identified needs to the person's care plan. Staff had a good level of information about each individual's abilities, recognised needs and agreed support plans. One staff member said, "The care plans are much better and provide a lot of information about the resident." We found care plan reviews were in place and updated where changes had occurred so that up to date information was available for staff.

People who lived at the home told us they felt staff were responsive to their needs and offered them choice in all aspects of their care and helped them be as independent as possible. A person who lived independently and received support from the domiciliary service said, "They come when they should do and respond quickly if I am not well. They are very flexible which is what I like."

People who lived at the home were involved in various activities within the community. For example some people attended the 'rainbow club'. This was an arts and craft centre. People we spoke with told us they enjoyed going there and joined in with activities that occurred at the centre. To assist people to do their chosen hobbies and activities the manager had extra staff on certain days of the week. This meant one to one activities could take place and give people more choice in what they want to do. One staff member said, "It works well and helps people do their own individual hobbies." A person who lived at the home said, "I like to go out with [staff member] for a coffee and I enjoy the chats."

We found the complaints policy the registered manager had in place was current and had been made available to people who lived at the home. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those

organisations. The service had not received any complaints.

The manager told us constant engagement with people who lived at the home and professional stakeholders such as social workers, helped develop relationships. This enabled them to address any issues straight away. This encouraged people to discuss any issues before they became a concern or complaint. The manager told us they had an open door policy and regularly consulted with relatives and professional health and social care staff. This was to obtain their views on any issues and be involved in the care of people who lived at the home and those who received a service.

We spoke with a person who received support from the domiciliary service about complaints and they said, "Never had to complain but would talk with the staff and the manager, they are always around and available."

# Is the service well-led?

## Our findings

At the last inspection in August 2015 we recommended the provider formally conducted audits and found ways of seeking views of people who lived at the home. This was to ensure the service continued to develop and monitor the quality of care they provided. We found during this inspection they had addressed the issues.

During this inspection visit we found the management team supported people to provide feedback about their experiences whilst living at Draycombe House. This was done through formal 'resident' meetings and informal discussions with people on a daily basis. Outcomes from resident meetings had been documented and for example the last holiday to Scotland was decided between the people at a resident meeting. Comments include from people who lived at the home, "We all discussed it at a meeting and decided we wanted to go to Scotland." Another person said, "Loved Scotland it was great."

Staff meetings were also taking place and documented. This gave staff the chance to discuss any issues or put forward ideas to improve the service. One staff member said, "Yes we do have meetings and they are useful. In fact we have just had one."

The service had developed quality audit systems so they could monitor and develop the service provided for people who lived at the home and for those who received a service in their own home. For example audits included medication, care records, accidents and incidents and the environment. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. An environment audit carried out in November 2016 highlighted a need to complete a cleaning rota to ensure the building was kept clean and maintained. This was dealt with by the manager and was now in place so staff were aware of cleaning and maintenance duties and when they were completed.

The manager was part of the staff team on duty and supported people with their care and support needs. One staff member said [Manager] is always involved with all the residents she is part of the team."

There was good visible leadership shown by the manager during our inspection visit. The manager had a good knowledge of staff roles and responsibilities. We discussed people's care with the manager and senior carer and they demonstrated an understanding and an awareness of people's needs. This included people who lived in the home and for those who received a service in their own home.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the management team worked with them and showed good leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. One staff member said, "[Manager] makes herself available anytime she knows all the residents very well."

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and

services involved in people's care and support.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This is a legal requirement from 1 April 2015.