

Ferncross Care LTD

Draycombe House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Draycombe House is a care home providing accommodation and personal care to up to 6 adults who have a learning disability. 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 and used as domestic premises. At the time of our inspection there were 4 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 the service was not providing personal care to anyone living in the community.

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

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.

Right Support:

Although people felt safe, some aspects of the safety of the service needed to be improved. People were placed at risk because some risks had not been adequately assessed. The registered manager had not ensured checks were completed on the safety of the premises and equipment. The registered manager arranged for the risk assessments and safety checks to be carried out during our inspection.

The registered manager lacked knowledge of the checks required to be carried out on the premises and equipment. They undertook to seek support to improve their knowledge.

At our last inspection, people did not enjoy fulfilling and meaningful everyday lives because they were not supported to access activities in the community. Following our inspection, the registered manager had introduced opportunities for people to follow activities in the community, which improved people's quality of life. People told us they enjoyed the activities they followed in the community. One person told us, "We went to club last night, I like going to club."

People also enjoyed a range of activities in the home. Staff knew how people enjoyed spending their time and gave them support as they needed to follow the activities of their choice.

People had a choice about their living environment and had personalised their rooms. People told us they liked their accommodation.

Staff supported people to access routine and specialist health care services to ensure their health and

wellbeing. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making. They communicated with people in ways that met their needs.

Right Care:

People received kind and compassionate care from staff who knew them well. Staff protected people's privacy and dignity, and treated people with respect. One staff member told us, "Each [person] has their own unique qualities."

People were protected from abuse. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff knew how to recognise and report abuse.

The service had enough staff to meet people's needs. People liked the staff and enjoyed laughing and joking with them.

People could communicate with staff and understand information given to them because staff knew their individual communication needs.

Right culture:

At our last inspection we found the culture in the service did not maximise people's choices or support them to lead fully inclusive and empowered lives. At this inspection we found the culture in the home had improved and people were supported to enjoy a good quality of life.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Staff placed people's wishes, needs and rights at the heart of everything they did. They knew people well and were responsive, supporting them to live a quality life of their choosing.

People and those important to them were involved in planning their care. Staff knew how to give people choices about their lives and support, and respected the decisions they made.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 June 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, although we found some improvements had been made, the provider remained in breach of regulations.

At our last inspection we recommended that the provider sought advice about staffing levels to support people's social needs. At this inspection we found people's social needs were being met.

The last rating for this service was requires improvement (published 14 June 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 8 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve dignity and respect, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

During our inspection we identified a concern with the safety of the service, so we widened the scope of the inspection to include the key question of safe.

This report only covers our findings in relation to the key questions safe, responsive and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Draycombe House on our website at www.cqc.org.uk.

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 have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

During our inspection the provider made improvements to the safety of the service.

Enforcement

We have identified breaches in relation to managing risks to people's safety and monitoring the quality and safety of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was 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.

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.

Inspection team

The inspection was carried out by one inspector.

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 can provide personal care to people living in their own homes in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 July 2023 and ended on 22 August 2023. We visited the service on 13 July 2023. We arranged to return to the service on 10 August 2023 to look at additional records around the safety of the premises. After our visits we contacted staff to gather their views and reviewed information we had asked the provider to send us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 4 people who lived in the home. We observed how staff interacted with people. We also spoke with the registered manager and 2 members of the care team. We looked around the accommodation.

We reviewed a range of records. This included 2 people's care records and medication records. We also looked at 2 staff files in relation to recruitment and at staff training records. We looked at records relating to the safety and management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

- People were not protected against the risk of harm and infection because some risks had not been assessed and some risk assessments were not robust.
- Some checks on the safety of equipment had not been carried out.
- Some staff had not completed training around how to ensure people were safe. The registered manager was aware of the issues with staff training and had arranged for staff to complete the required training.

Systems had not been established to assess, monitor and mitigate risks to the health and safety of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. One person said, "I'm safe and I'm happy."
- Staff knew people well and gave people advice about maintaining their safety.
- The registered manager learned lessons to improve the service. They learned from, and acted on, feedback to improve the safety of the service.
- During our inspection the registered manager arranged for the required risk assessments and equipment safety checks to be completed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

At our last inspection we recommended the provider sought advice about appropriate staffing levels in the care home to support people's social needs. The provider had made improvements.

- People received the support they needed because there were enough staff deployed in the home. The provider had arranged for additional staff to be deployed to support people to attend activities in the community. People told us they enjoyed following activities in the community. One person said, "We went to club last night, I like going to club."
- Staff knew people well. They knew the activities people enjoyed and people liked spending time with the staff. One person told us, "I like [staff member] she's my friend."
- The provider carried out checks on new staff to ensure they were suitable to work in a care service. New staff had to provide evidence of their good character and were checked 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff understood how to identify and report any concerns. The service worked well with other agencies to protect people from abuse.
- Staff told us they would report any concerns to the registered manager or to the local safeguarding authority.

Using medicines safely

- People received the support they needed to take their medicines. Staff had been trained to manage medicines safely. They gave advice to people about their medicines.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people were 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People told us they had returned to activities they enjoyed before the COVID-19 pandemic, including attending local clubs and visiting their families and local amenities. They said they were "happy" they could enjoy activities in the community again.
- Staff knew people well and provided person-centred care which took account of people's needs, wishes and preferences.
- Staff knew the activities people liked to engage in. They offered people the opportunity and support to engage in activities they enjoyed. People were encouraged to develop skills and independence. Staff praised people for their achievements.
- The registered manager had reviewed people's care records to ensure they were up to date and included information for staff on how to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how people communicated and provided information to people in a way they could understand. They gave people the time and support they needed to express their wishes. People received information in a way which met their individual needs.

Improving care quality in response to complaints or concerns

- The provider had systems to investigate and respond to concerns raised. They investigated all concerns and complaints and learned lessons from the results.

- Following concerns raised at our last inspection, the provider had ensured people could access activities in the community.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- The registered manager had links with local and specialist services which could support people as they reached the end of life.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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, safe care.

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

At our last inspection the provider had failed to establish systems 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems to assess the safety of the service were not always effective. The registered manager did not have effective oversight of required safety checks and people were placed at risk of harm.
- Risk assessments had not been carried out to assess and manage some aspects of the safety of the service. Some risk assessments were not robust to ensure risks were controlled. The systems to assess the quality and safety of the service had not identified these issues.
- The registered manager also lacked knowledge around some areas of their responsibilities in relation to assessing the safety of the service.

Systems had not been established to assess, monitor and mitigate risks to the health and safety of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acted during our inspection to improve the safety of the service. They also undertook to address areas where they lacked knowledge.

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 experienced good outcomes because staff put people's needs and wishes at the heart of everything they did.
- There was a 'homely' and relaxed atmosphere in the home. Staff provided people with person-centred care and treated people with respect. One staff member told us, "Each [person] has their own unique qualities."

- The registered manager was visible in the service and had acted on feedback following the last inspection to improve outcomes for people. People had been included in choosing activities in the community which they wanted to engage in.
- People knew the registered manager and were confident approaching them.

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 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 registered manager and staff worked cooperatively with other services.
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to ensure the quality and safety of the service. Regulation 17(1)