

DRS Care Homes Limited

DRS Care Home

Inspection report

41 Pembury Road
Tottenham
London
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Date of inspection visit:
21 November 2019

Date of publication:
10 January 2020

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

DRS Care Home is a residential care home that provides personal care for up to four men who have a learning disability, autism or who require support to maintain their mental health. At the time of the inspection four men were residing at the home.

DRS Care Home is a terraced house, on two floors with access to an outside area at the back. There were two 'move on' supported living units located in the garden area which have a separate entrance. Support to the people living in these is provided by another DRS scheme locally. This inspection relates to the residential care service only.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People trusted the staff and felt safe with them. The management and staff had assessed potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

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.

Staff treated people as unique individuals who had 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. Staff challenged discriminatory practice.

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.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Everyone had an individual plan of care which was reviewed on a regular basis.

All staff had clear roles and responsibilities and understood the values of the service.

Staff had been trained in the management of medicines and suitable policies and systems were in place to

ensure people's medicines were managed safely.

Staff were positive about working for the organisation and told us they appreciated the support and encouragement they received from the registered manager.

People who used the service, their relatives, staff and outside healthcare professionals had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

People knew how to complain if they needed to and were asked if they were satisfied and happy with the service on a regular basis. Everyone working at the home understood the need to be open and honest if mistakes were made.

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

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

Rating at last inspection

The last rating for this service was good (published 15 June 2017).

Why we inspected

This was a planned inspection based on our agreed inspection frequencies for newly registered services. As a result of this inspection the service has been rated 'Good'.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

DRS Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

DRS Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected by us on 15 June 2017. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met all four people who lived in the home. We were unable to speak in detail with them because they had very limited communication. We observed the interactions between people using the service and the

staff supporting them. We spoke with three members of staff including the registered manager, the deputy manager and one support staff.

We reviewed a range of records. These included three people's care records. We looked at two staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service.

After the inspection

We spoke with four relatives who were all frequently and regularly involved in the care of the people living at the home. The registered manager sent us documents and additional information we had requested at the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People are consistently safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Relatives told us they trusted the staff and felt the service was safe. One relative told us, "Yes, I do trust staff."
- Staff had completed safeguarding training and were able to explain the potential signs of abuse and the procedures they needed to follow if they suspected abuse.
- Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC.
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. 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.

Assessing risk, safety monitoring and management

- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. This matched the information in people's support plans and was being reviewed regularly.
- Relatives told us the staff understood how to reduce the risks to people's safety. One relative told us, "They'll sit with him to make sure he doesn't bang his head. Without a shadow of a doubt that makes him safer."
- Systems were in place to monitor the safety of the home environment. Regular health and safety checks were taking place.
- We noted that window restrictors in people's rooms could be opened beyond safe limits. However, the registered manager assured us that the people living in the home would not be able to undertake the complex actions required to do this. The registered manager told us they would ensure this issue was risk assessed for each person.

Staffing and recruitment

- The service regularly reviewed staffing levels and adapted them to people's changing needs. We were informed that people's dependency levels were assessed regularly to ensure there were enough staff to meet everyone's needs.
- Relatives confirmed that they always saw sufficient numbers of staff on duty at the home. A relative told us, "Yes, staff understand him and his needs very well. Oh yes, they meet his needs."
- Since our last inspection of this service, only one new support worker had been recruited. Their file 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.

Using medicines safely

- The registered manager and staff were clear about their responsibilities and role in relation to medicines. Relatives told us they knew what medicines their relatives took and were satisfied with the way medicines were managed at the home. One relative told us, "He is on one medicine every evening and staff gives it to him on time."
- We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines for each person. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly.
- All staff undertook medicine training and confirmed the registered manager carried out an observed competency check before they were able to administer medicines.
- We saw that people's medicines were regularly checked and reviewed by their GP and other healthcare professionals.

Preventing and controlling infection

- Staff followed, clear policies and procedures on infection control.
- The kitchen had been inspected by the local environmental health agency in May 2018 and had been awarded the top score of 'five scores on the doors'.
- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care.
- All parts of the home were clean on the day of our inspection and relatives confirmed the home had consistently good levels of hygiene. One relative told us, "I go there every day and I can see it is always clean."

Learning lessons when things go wrong

- Openness and transparency about safety was encouraged. Staff understood their responsibilities to raise concerns and report incidents and near misses.
- 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.
- We saw that accidents or incidents were recorded, and discussions took place in staff meetings and handovers to share any learning.
- The registered manager gave us examples of how they had learnt from past incidents and accidents and what action they had taken to reduce the likelihood of the same problems being repeated. They commented, "I believe that reflective practice should be integrated into the systems and process and in the way, we work on a daily basis."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, people's goals and care preferences were identified, and care and support regularly reviewed.
- People's care plans included the person's life history and their personal, social and emotional care needs.
- Care plans included information around the person's important relationships, culture and spiritual needs.

Staff support: induction, training, skills and experience

- The provider was supporting staff to receive the right skills to support people properly. Staff received monthly supervisions and annual appraisals where they reflected on their work and practices. One staff told us, "We discuss my work, how I am feeling. Service user's needs and things about the home. It lets me know what I am doing right or wrong and how to change."
- Staff told us that the induction process was useful and involved training as well as shadowing more experienced staff before they felt confident to work on their own.
- Staff told us, and records showed that they were provided with the training they needed to support people effectively. A staff member told us, "I do the online courses. I enrolled on autism awareness. A few at the beginning were classroom [based] and now online to refresh my knowledge."
- Staff had undertaken yearly appraisals, so they could reflect on their work from the previous year.

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

- People chose their meals with guidance from staff. Relatives told us they advised staff about people's personal preferences and religious observance. A relative told us, "He likes the food there and he must eat Halal food and they make sure he gets that." Another relative commented, "Absolutely a lot of healthy food. He eats really well. Always fruit and vegetables and cereals he likes."
- Where risks had been identified with regard to eating and drinking, there were clear instructions in people's care plans about how risks should be reduced. Staff understood these risks and followed the advice given by dietitians and other health care professionals to ensure risks were mitigated. People's weight was being monitored and action taken if concerns were identified.

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

- People experienced positive outcomes regarding their health and well-being. Relatives told us they were happy with how staff supported people to attend healthcare appointments. A relative commented, "He regularly sees his psychiatrist and sees his GP if he's feeling unwell."
- Care 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.

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

- People had their own rooms with their own shower room and we saw they had individualised their rooms as they wanted. There were pictures on some people's rooms which helped them with sequenced tasks such as getting dressed. There was also information around the home in pictorial format to help people orientate themselves.

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.

- Consent to care was obtained in line with law and guidance.
- Relatives told us the staff obtained consent and made sure, as far as possible, that people made their own decisions around what they wanted to do. A relative commented, "He tells them what he wants to do, and staff listen to him."
- We saw that, where people lacked the capacity to make major decisions, 'best interest' meetings had taken place, with the relevant stakeholders to discuss what was best for the person.
- Staff understood the ways people communicated their consent including how people expressed themselves non-verbally.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff developed caring relationships with people using the service and we observed staff treating people with respect and compassion.
- Relatives told us staff were caring. A relative commented, "When he first [arrived here] he was distressed because of his previous home. But since coming here we think it's really, really good. He's a lot happier. The staff are really good with him, he gets on with the staff."
- Staff explained how they got to know people and worked to build up a good rapport. Staff talked about people in a caring and respectful way.
- Staff received equality and diversity training. Records included details of people's spiritual and cultural needs and staff were able to give us examples of how they met these needs.
- Discussions with the registered manager and the deputy manager demonstrated they respected people's sexual orientation so lesbian, gay, bisexual, and trans people (LGBT) could feel safe, accepted and welcome in the service.

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

- Staff had a good understanding of people's individual needs and preferences and understood the different ways people, who did not communicate verbally, expressed their feelings and views.
- Relatives told us they were involved in decision making and felt included.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and without discrimination. Relatives told us staff treated people with respect, dignity and encouraged people's independence. A relative told us, "They do encourage him to do things by himself."
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw that, as far as possible, people were involved in decisions about their care. Relative's views and comments had been included in care plans where people were not able to plan their own care. A relative told us, "Yes, we were involved. They asked me about his needs and likes such as about his culturally specific dietary needs and what he likes doing."
- Staff understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.

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.

- The registered manager was aware of the AIS and records showed they had identified people's individual communication needs and recorded this for staff. Staff spoke to people in a way they understood and, in line with their individual communication requirements, as detailed in their care plan.

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

- People's interests were recorded in their individual care plans and this important information was known to staff. Everyone had an individualised activity programme which was in pictorial format where required.
- Staff supported people to carry out activities and encouraged them to maintain links with the community and their family and friends. Relatives confirmed this and told us the staff were always welcoming when they visited.

Improving care quality in response to complaints or concerns

- The provider improved care quality in response to complaints.
- Complaints had been investigated by the registered manager appropriately.
- Relatives told us they had made minor complaints in the past and were satisfied with the response and felt their concerns had been taken on board. A relative told us, "Sometimes I have made informal complaints, but they are very quick in responding and address it quickly." Another relative said, "Yes, I have raised concerns about his health. Yes, they did address them promptly."

End of life care and support

- The provider had an end of life care planning policy.

- The registered manager told us that currently no one using the service required palliative care. However, 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

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. These values were discussed at staff meetings and during supervision sessions.
- The registered manager had a clear understanding about person centred care and how this was communicated to staff. Staff confirmed they understood the principles of putting people at the heart of their own care planning and decision making.
- Relatives were positive about the registered manager and how the service was run. A relative told us, "The manager is alright, quite easy to talk to, very available."
- Staff told us they felt valued, respected and supported in their role. One staff member told us, "He has helped me a lot with my level 5. Anything I need I can go to him." Another staff commented, "He gives the right support. He knows what is going on in the house."
- Staff confirmed there was equal treatment of employees.
- Records showed that audits took place on a regular basis to make sure the continued safety of both people using the service and the staff supporting them.
- Staff assisted people to complete a pictorial monthly well-being survey. Topics covered included satisfaction with staff, making choices, keeping clean, eating and drinking, feeling safe and activities. We saw people were overall very positive about the service.
- There were regular surveys for relatives and visiting healthcare professionals. The results from these surveys were positive about the service. A relative told us, "Every year they send us a feedback form and we complete it. I will definitely recommend it to others. I am very happy with the care home [my relative] likes living there. Staff know him well and how to support him."
- The registered manager told us that all the information captured by the various quality assurance systems fed into a larger service improvement plan which was regularly discussed with the provider and staff.

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

- Both the registered manager and staff understood their responsibility to be open and honest if mistakes were made.
- Staff told us that the registered manager had spoken to them about this issue at team meetings.

- The registered manager told us, "We have an open relationship with relatives. We are honest and open. We would complete a risk management [plan] to avoid it happening again. We would hold our hands up."

Working in partnership with others

- From discussion with the registered manager, staff and relatives, it was clear the registered manager was transparent, collaborative and open with all relevant external stakeholders and agencies.
- We saw the registered manager worked in partnership with key organisations to support care provision, service development and joined-up care. These included local authorities, community groups and health care professionals.