

DRS Care Homes Limited

# DRS Annexe Care Home

## Inspection report

2-4 New Villas  
Baronet Road  
London  
N17 0LT

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14 September 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

DRS Annexe Care Home is registered to provide accommodation and personal care for up to 12 people with mental health needs and learning disabilities. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 11 men living in the home.

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.

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.

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

#### Right Support:

The model of care and setting maximised people's choice, control and independence. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. The provider had an effective system in place to ensure people's consent was obtained in line with legislation.

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.

#### Right Care:

Care was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People using the service were protected from abuse because staff had a good understanding of safeguarding and how to report concerns. People told us they were safe living at the service. Care records contained risk assessments with clear guidance for staff to follow. Medicines were managed safely. Staff were recruited safely. The premises were clean and well maintained.

#### Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service lead confident, inclusive and empowered lives. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People's needs had been assessed before using the service. Care plans reflected these assessments. Relatives told us they were involved in people's care planning and reviews. Staff were competent in their roles as they had the skills, experience and knowledge to provide quality care. Staff understood people's needs and worked well with health care professionals. The provider had effective auditing systems in place to monitor the quality of care. The service was well-led because the registered manager was knowledgeable and had good oversight of the service and the needs of people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 November 2018). At this inspection we found the rating remained the same.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management, staffing levels, staff recruitment and medicines. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe

### Is the service effective?

Good ●

The service was Effective

### Is the service well-led?

Good ●

The service was Well-led

# DRS Annexe Care Home

## Detailed findings

### Background to this 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

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

#### Service and Service Type

DRS Annexe Care Home 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. DRS Annexe Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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.

#### 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. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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.

During the inspection

We spoke with nine people who use the service and three relatives. We spoke with the registered manager, the director of operations and four care staff. We reviewed four people's care plans including their risk assessments and healthcare records. We looked at four staff files and quality audit records.

# 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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do this.
- When asked do you feel safe living here one person said, "Yes, I feel comfortable and safe here." Another person said, "I feel safe here, very good staff."
- One relative told us "If I don't feel [my relative] is safe [my relative] would not be there, if I see anything I will tell them any concerns, but there are no issues here."
- Staff understood how to recognise any signs of abuse and told us they would report it to the manager immediately. One staff stated, "I would report it to the manager, if no response, I can even tell CQC, if physical abuse, I would call the police."
- The registered manager had notified us of a recent safeguarding alert, in this case the registered manager had put in place extra measures to ensure people were safe. For example, a new alarm was installed that alerted staff when a person opened the exit doors. This enabled staff to respond quickly to situations that may become harmful to people.

Assessing risk, safety monitoring and management

- The service had systems in place to monitor and manage people's safety and protect them from harm.
- Staff told us they would know what to do if someone became unwell. They would call the GP or an ambulance if required.
- We observed staff interaction with one person who had become agitated during our visit, staff used de-escalation techniques outlined in their risk management plan and the person responded positively. The person was re-assured.
- Risk assessments carried out for people included areas such as falls prevention, medicine, environment, diabetes, behaviour and eating and drinking. Assessments outlined guidance for staff on how to keep people safe from harm.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- When asked if there was enough staff on duty one person said, "Yes, once they are ready, they come to me and help me."
- The registered manager told us staffing hours were based on meeting people's needs, the rota reviewed showed there was enough staff to meet people's needs.
- Recruitment files showed appropriate checks had been completed, these included checking potential

employee's criminal background using 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. Other checks included obtaining references from previous employers and a full employment history.

- We observed staff supporting people with their activities and going out with people into the community. People were supported in a timely manner, staff were not rushed and people did not have to wait for support.

#### Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- We observed people being supported with their medicines. Staff followed the agreed protocols outlined in people's care records. For example, one person was observed signing for their medicine, when prompted by staff, which promoted their independence.
- We reviewed four people's medicine records and found them to be up to date and accurate.
- The registered manager told us all staff had training in the safe administration of medicines and medicine competency assessments were carried out for staff. Training and staff records reviewed confirmed this.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- During our visit we observed staff were not wearing face masks, we spoke to the registered manager about this who stated the local authority advised it was up to staff, however the current government guidance is for care staff to wear face masks. This was implemented immediately by the registered manager. We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimize the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The registered manager told us "There are no restrictions here, families can come at any time." Relatives confirmed they could visit at any time. Relatives also said they could contact the home and speak to their relative at any time.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The registered manager informed us of a recent safety incident which had led to additional safety measures being put in place to keep people safe from harm. This incident was discussed with the team and lessons learned were documented.
- Staff told us they regularly discussed accidents or incidents during team meetings and their one-to-one meeting.





# 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 our last inspection we rated this key question as good. At this inspection the rating for this key question has remained good. 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- A relative told us, "[Person] has a care plan, they [staff] let me know about things, yes I am involved in the review."
- We observed people being offered choices. For example, staff asked a person what food they would like from the weekly menu, staff also asked people what activities they would like to do, staff were patient and waited for people to make informed decisions.
- People's care needs were assessed prior to living in the service. Input from families and healthcare professionals was evident in these assessments. Care plans reviewed showed they were comprehensive, and all identified needs were being met.

Staff support: induction, training, skills and experience

- The provider had a system in place to ensure staff had enough training to be competent in their care role.
- Staff said they had a lot of training and found it useful for their role. Staff records confirmed there was a period of shadowing for new staff which enabled them to work with full supervision of experienced staff.
- Training records reviewed showed staff had training in medicines, fire safety, first aid, moving and handling, food hygiene, epilepsy and the Mental Capacity Act 2005. These were mandated by the provider.
- Staff told us they were supported by the managers and had regular one to one meetings as well as handover and team meetings. This meant they were able to discuss any issues they had in their job roles.

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

- People were involved in choosing their food, shopping for, and planning their meals.
- People stated they enjoyed the food and had choices. One person said, "I enjoy pizza, pasta and fish, and the staff will get me my special food." Another person said, "Sometimes it is takeaways, sometimes I go to family for food, and sometimes I can come to make some sandwich or a cup of coffee."
- A relative said, "The food is good, my [relative] enjoys it."
- We observed staff supporting people to eat and drink during lunchtime. The food looked appealing and smelled nice, the atmosphere was calm and relaxed. The dining area was pleasant and there was a pictorial menu available for people to help them to decide what they wanted to eat.
- Care records reviewed showed that people's hydration and nutrition had been assessed and the advice of

health care professionals had been sought. This enabled people to maintain a healthy balanced diet.

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- When asked what staff would do if they became unwell, one person said, "Staff would call the family and ring the doctors for me."
- We asked a relative about health care needs and they said, "Yes, they do health care here, we go together, they will update me on any issues, I can make suggestions and they listen to me."
- The registered manager told us people had regular health checks. We saw in people's health action plans that health care professionals were involved in people's care on a regular basis. Referrals to specialist teams were made regularly.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People showed us their bedrooms, they were clean, tidy and they had chosen the decoration in their rooms.
- One relative said, "The home is spotless, the room is lovely, it has a big double bed."
- The home was spacious, and the furniture was comfortable. People seemed relaxed in their environment.
- The registered manager told us there were plans to adapt part of the home to include a sensory area for people.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care and support were provided in line with the requirements of the MCA. Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- Staff told us they understood the principles of the MCA and followed these when providing support to people. Staff explained they would always ask for consent before supporting a person.
- We observed staff asking people for their consent before supporting them. One staff asked the person if it was okay to assist the person with their medicine.
- Care records contained details of how to obtain consent from a person if they were unable to communicate in words. For example, in one care plan the person's body language was described in detail so staff could support the person to make informed choices.
- The provider had the correct legal authorisations in place and records showed mental capacity

assessments had been completed for some people.

# 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 good. At this inspection the rating for this key question has remained good. This meant 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

- Management was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The registered manager and director of operations had a clear vision for the service. They told us the purpose of the service was to promote people's independence.
- We observed staff supporting people to become independent, for example, we saw one person taking and signing for their medicine. Another person was being supported to wash their own dishes.
- Staff told us the managers listened to them, one staff member said "There is a "no blame" culture here, we can say what we think, and it will be listened to and valued."
- Care records were recorded in a person-centred way, these records showed that people and their families were involved in the care planning and reviewing process.
- We observed behaviour risk management plans were discussed during the daily handover of information. This enabled staff to offer support in a consistent way.

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

- Staff gave honest information and suitable support and applied duty of candour where appropriate.
- The registered manager was aware of the need to be open and honest when things go wrong. The registered manager had recently notified us of a safety alert, this was reported to the local authority and the family involved. The registered manager had taken all appropriate steps to address the concern.
- Records reviewed showed the duty of candour regulation had been followed by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the services they managed.
- A relative said, "I like the home and the staff, and my [relative] is happy there."
- Staff told us they were well supported by the registered manager. One staff said, "I feel listened to and valued, they support us, they are approachable, I get enough support to learn things, they tell me if I make a mistake, they are polite."
- The staff we spoke with understood their role and wanted to provide good quality care for people.

- The registered manager knew which incidents and event required notification to CQC and notified us when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People were asked for their views about the service in the form of a survey, the results showed that people responded positively overall and seem to be happy with the service. During our visit when asked about making improvements to the home, one person said they would like to go to more places of interest. We spoke to the staff about this, and they informed us this would be addressed as soon as possible.
- Feedback from one relative stated, "My [relative's] room was clean and kept up to standard. The staff were very helpful. My [relative] is happy to continue living here."
- Staff told us they had completed a staff survey in November 2021. The responses showed that staff were overall happy to work at the service.
- Care records showed the provider had considered people's backgrounds when arranging care and support. For example, one person had a food preference which was part of their religious beliefs, this preference was recorded and available for the person.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider had an effective system for auditing and monitoring the service. Areas covered included medicines, mealtimes, mattress audit, health and safety and care plans. The registered manager had recently introduced an additional audit for mealtimes, and this enabled staff to make improvements in this area such as playing music in the background to create a nice atmosphere.

Working in partnership with others

- The registered manager told us they had a good working relationship with the local authority, healthcare professionals, specialist teams and social workers.
- Care records showed evidence of these partnerships. For example, one care plan contained a positive behaviour plan which had been developed with input from a specialist team, this enabled staff to use effective and detailed guidance when engaging with the person.