

DRS Care Homes Limited

New Villas Office

Inspection report

2 New Villas, Baronet Road
London
N17 0LT

Date of inspection visit:
10 October 2022
24 October 2022

Date of publication:
20 December 2022

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

New Villas Office provides care and support for up to 55 people with a learning disability or mental health needs living in 7 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 7 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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.

People had their risks assessed to reduce the risk of potential harm to them. People who may become anxious or distressed had proactive plans in place to reduce the need for restrictive practices. Recruitment checks were carried out to ensure staff employed were safe to work with people. Systems were in place to report and learn from any incidents where restrictive practices were used.

People were cared for and supported by staff who were suitably trained and supported to effectively perform their roles and responsibilities.

Right care

Care was person-centred and promoted people's dignity, privacy and human rights. People were safeguarded from the risk of abuse as staff knew how to report concerns should they suspect or witness abuse. People had their communication needs met and information was shared in a way that could be understood. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and well.

Right culture

The ethos, values, attitudes and behaviours of management and care staff promoted a service which was inclusive, empowered and encouraged good outcomes for people who used the service. Relatives and staff spoke positively of the registered manager. Managers ensured that staff had relevant training, supervision and appraisal. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. Staff worked well with other services and professionals to improve outcomes for people.

Relatives told us the registered manager was approachable and took action to resolve issues where needed. Staff told us they were well supported by the registered manager and were listened to and encouraged to discuss their views regarding the service.

Systems for monitoring the quality of the service were in place and regular audits took place. Continuous learning took place to improve the quality of the service provided to people. However, frequent management changes meant sometimes there were inconsistencies in the way the service was managed by different people.

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 rated good (published 14 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the provider in relation to the management of the service, staffing levels, recruitment and medicines management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

New Villas Office

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.

Inspection team

This inspection was carried out by 2 inspectors. An Expert by Experience made calls to relatives. 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

This service provides care and support to people living in 7 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 10 October 2022 and ended on 24 October 2022. We visited the location's office on 10 October 2022.

What we did before 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. 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 spoke with 2 people who used the service and 4 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager, operations manager and 2 support workers.

We reviewed a range of records. This included care records for 4 people who used the service, including care plan, risk assessment and daily records of care. We also reviewed medication administration records for 2 people. We looked at 4 staff files in relation to recruitment and staff supervision. We also looked at a variety of records related to the running of the service, including policies and procedures, quality assurance and audits.

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 safe using the service. People we spoke with said they were happy at the service, and we observed people looked comfortable in staff presence and well cared for.
- We received mixed feedback from relatives. A relative told us, "The staff are ok...I visit rarely, but I am given information about how the [person] is doing...I don't know the staff." Another relative told us, "Yes [relative is safe], he's been there [at the home] for some time."
- Staff we spoke with had a clear understanding of the safeguarding procedures and their role in ensuring people's safety. Staff knew the types and signs of abuse, and the actions they would take if they had any concerns. Staff were aware of the whistleblowing procedures. They knew who to call if the provider failed to act appropriately. A staff member told us, "It is very important, it allows us to safeguard our clients against all forms of abuse – verbal, physical, racial, neglect. If we notice any signs, then we are to report to our manager immediately."

Assessing risk, safety monitoring and management.

- People had their risks assessed, reviewed and managed.
- Risk assessments identified individual risks and measures were in place to mitigate these. Risks covered areas such as accessing the community, people who are expressing emotional distress, self-harm, self-neglect, handling money and missing persons.
- Risk assessments provided guidance for staff on how to manage risks posed. For example, in one risk assessment relapse signs for staff to look for that someone might be becoming unwell, included, "Irritation and distress, trying to abscond, poor self-care, self-neglect, aggressive behaviour, not listening to staff members." This helped staff to manage the person's risk and take appropriate action to keep them safe.
- Staff knew risks to people and how to mitigate them. There were individualised and detailed risk assessments in place. They provided sufficient information and instructions for staff to follow to meet people's needs safely.

Staffing and recruitment

- At the time of our visit staffing levels met people's individual needs. We observed 2 people being supported by a staff member in their own home. They were smiling and appeared comfortable in staff presence and freely mobilised around their home.
- Staff told us that the staffing levels were enough to meet people's needs, they had no concerns. A staff member told us, "We are okay...They always make sure staff absences are covered. People who need support to go to the community get appropriate staffing."
- Another staff member told us, "I think in terms of the levels [staffing], we have a good ratio, especially New

Villas, 2 members of support workers that support all the time plus myself and [service manager] alternating between two services. I believe the levels are good."

- The registered manager told us staffing levels were based on people's individual level of need. We were shown by the registered manager, the rota for the service, this showed staff allocation and hours of support and care delivered to people using the service. This took into account for example, level of dependency in terms of personal care, physical health, activities, risk management and additional hours for specialist training for staff. Records confirmed this.
- The provider had a safe recruitment process in place. Records showed relevant recruitment checks were completed before employing new staff. The checks included obtaining references for the applicant, right to work permits and proof of identification. The registered manager told us original biometric residents permits were used to check applicants' right to work in the UK status. Prior to expiry the online government check in service was used to ensure staff right to work status was up to date.
- The service had appointed a head of human resources to oversee recruitment. This helped to ensure care staff were suitable to work with the vulnerable people they cared for.
- Staff files showed other checks, including criminal background checks using a Disclosure and Barring Service (DBS). These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems were in place to manage medicines safely.
- Staff received appropriate medicines training and had their competency assessed before they started to administer medicines. Staff competency records confirmed this. Records showed people received their medicines as prescribed.
- The registered manager told us no one was currently prescribed 'as required' PRN medicines. However, procedures were in place should this be required in the future.

Preventing and controlling infection

- People were protected from the risk and spread of infection.
- Staff received training and followed good infection prevention and control procedures. A staff member told us, "We have decided to wear face masks as compulsory. For service users it's their choice. In terms of PPE [personal protective equipment] we have a lot of stock. We get delivery every month; aprons, masks and gloves." Another staff member told us, "When I arrive first thing in the morning, I wash my hands with soap and water. Then wash my hands before cooking. When providing personal care, I wear PPE. I did the training as part of my induction and online training."
- 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 minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and systems for recording these were in place. A staff

member told us, "If there was an incident or accident, we have to clear the area, and make sure the person is safe and so are others, by getting them out of the unsafe environment. We have to complete incident forms. If there was an accident, I would call 999 for an ambulance and stay with the person until they arrive. I would follow their instructions. I will also alert my manager."

- The registered manager told us where an incident had occurred, there was learning from these. Monthly review sheets showed that the manager looked at the total number of accidents and incidents and any concerns. The last 3 months' records showed there hadn't been any accidents or incidents.

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 this key question was rated good. At this inspection the rating for this key question has remained good.

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

- People's needs were assessed prior to joining the service. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Relatives provided mixed feedback on how people's individual needs were met. A relative told us, "The clothes situation is poor...He has many clothes belonging to others." Another relative told us, "[Person] goes to the day centre regularly but doesn't like it." A third relative told us, "[Relative] is well kept, clean, and their room is clean. [Relative] can verbalise their needs, and is [aware] of what you are saying by [responding with] yes or no." A fourth relative told us, "[Relative] has a daily routine and they [support staff] stick to it. Staff are nice, they know [relative], their likes and dislikes... They communicate in pictures."
- The registered manager told us, "The issues regarding clothing are historic, whereby people would wonder into other people's rooms and take their cloths. No recent concerns have been raised. We have different laundry days, if any complaints we always address it." The registered manager told us people who attend the day centre have a choice, "There are different activities, everything is by choice." On the day of our visit we saw 1 person who chose not to attend day centre did not wish to go as this was their choice. Where people do not attend, they were offered alternative activities, such as going for a walk, watching TV, whatever they wanted to do.
- We saw needs assessments that were sent by the local authority. These were comprehensive and detailed. The registered manager told us they carried out their own pre-assessment to establish whether they could meet the person's needs. These records were kept at the registered manager's office. Assessment of need considered specific areas of care and support, including communication, medical history and background, culture and religion, social activities, relationships and identified risks, this was used to develop an individualised care plan. This enabled staff to better understand people's needs and provide care in accordance with people's plan of care.
- Staff knew people well and told us how they cared for them. A staff member told us, "Through interactions we get to know more about our services users and the kind of care they need. We also go to the day centres and parks with them [people using the service]."

Staff support: induction, training, skills and experience

- Staff completed mandatory training in various areas, such as moving and handling, fire safety, health and safety, oral care, introduction to learning disabilities, as well as specialist training in positive behavioural support. A staff member told us, "I have been given a lot of training to support people well." Another staff member said, "In terms of the training we are offered an online course...We are also given additional training that we feel would be useful. The training is very good here. They also offer external training and sometimes professionals come to deliver training via [the local authority]."

- Staff received two monthly supervision and felt supported by the service manager and registered manager. Supervision covered areas such as work performance, roles and responsibilities, staff workload, service users' needs, motivation and key working sessions.

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

- People received the support they needed to eat and drink and maintain a balanced diet.
- People with special dietary needs had their needs met. A staff member told us for one person they prepared food that is soft due to their oral health needs.
- Staff told us they encouraged people to help with meal preparations where possible. A staff member told us, "We go shopping with them. We encourage them to get involved in cooking. [Person] joins in preparing dinner. [Person] would help out in whichever way [they] can, like getting ingredients ready, getting everything to the kitchen table."

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

- People had access to health professionals to help staff to meet their healthcare needs.
- Records confirmed healthcare professionals were involved in people's care. Staff demonstrated their role in enabling people to access community healthcare services. The registered manager had an in-depth knowledge about relevant services available for people. For example, controlled drugs and injections were administered by the community clinical teams.
- Care records detailed healthcare professionals' involvement in people's care, such as multi-disciplinary team, GP notes, dentist and optician. Staff supported people to attend routine and specialist healthcare appointments and they maintained a record of appointments and outcomes. A staff member told us, "I take them [people using the service] to the optician and dentist. The office books those appointments."

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 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 MCA.

- Staff had a good understanding of the MCA and how to seek people's consent before providing care. There were detailed mental capacity assessments and best interests decision documents in people's files. All people had deputies appointed by the Court of Protection to make decisions on their behalf and records confirmed this.
- People were asked for their consent before staff provided support or care. A staff member told us, "We ask them verbally before providing support. Give them alternatives and choices so that they can choose what they would like to do. We use PECS (Picture Exchange Communication System) for some people who prefer this." PECS is a way for autistic people to communicate using cards with pictures, symbols, words or photographs.

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. At this inspection the rating has changed to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback from relatives about communication with management. A relative told us, "The manager changes, I am confused, I find out accidentally. Communication is very weak. The place is nice, but the care is basic. It's like a luxury hotel." Another relative commented, "The manager is lovely. They answer the phone quickly and they listen. I would certainly recommend this [service]." The registered manager told us they were aware of communication issues and had been working with relatives and the local authority to ensure this was resolved.
- An annual survey report in December 2021 showed people were satisfied with the care they received, and their needs were met in line with their care plan. Comments included, "Staff are punctual and polite. I am involved in planning my care. The staff are flexible and compassionate.". These had pictures with different facial expressions to enable people to respond easily.
- Staff felt supported by the service manager and registered manager. A staff member told us, "I would say I have been well supported by the managers." Another staff member commented, "[Service manager] is amicable and knowledgeable. [Service manager] is very good, he always wants to bring the best out of people... They are good leaders and very approachable."
- Staff meetings covered areas such as safeguarding, people's care and staff wellbeing, staff were given the opportunity to give their views and contribute to the way the service operated.
- A recent staff survey conducted by the service identified areas staff liked most about the service, "staff development, training provided, teamwork." Areas for improvement were, "good communication, proper handover and timekeeping." The registered manager told us they had followed up on these areas and showed us a record of actions taken, including the introduction of a communication and staff signing in/out book. This was monitored by the registered manager and discussed in staff meetings. A copy of the service improvement plan sent to us confirmed this.
- Residents meeting minutes showed that monthly meetings were carried out and people were consulted regarding the services.

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

- Staff understood their roles and responsibilities. The registered manager told us they had overall responsibility for the running and overseeing the management of the service. The service had recently appointed a service manager responsible for the day-to-day operations of the service.

- Systems were in place for auditing and monitoring the service. This covered areas such as medicines, infection control, care plans and accident and incidents.
- The registered manager told us they were consistently learning to improve the quality of care delivered to people using the service. This included the rolling out of training in non-abusive psychological and physical intervention (NAPPI) in relation to positive behaviour support. This approach was adapted following an incident, the service looked at the environment and training needed for staff to provide the right care to the person in a safe way. This meant there was continuous learning and development of the service. Records confirmed this.

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 registered manager understood their responsibilities under duty of candour, including being transparent when things go wrong. They knew the types of incidents which would be reportable, such as serious incidents and safeguarding.

Working in partnership with others

- The service worked together and with other health and social care professionals to meet people's needs and to assess and plan ongoing care and support.
- The registered manager kept up to date with good practice in the provision of support for people with a learning disability and autistic people, including the recent Oliver McGowan mandatory training on learning disability and autism.
- The service had been accredited by the National Autistic Society in 2020 and was part of the risk reduction network which focuses on how services work with people to reduce restraint.