DRS Care Homes Limited

Number Residential Care Home

Inspection report

45-47 Pembury Road
Tottenham
London
N17 6SS

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection was undertaken on 12 June 2018 and was carried out by one inspector. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Number Residential Care Home is a 'care home' for people who have mental health needs and who may also have additional 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.

The service accommodates a maximum of 10 people. At the time of our inspection there were 10 women living in the home. Most of the people using the service had been living at the home for many years. Most of the staff team had also been working at the home for some time and everyone knew each other well.

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. People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

Risks had been recorded in people's care plans and ways to reduce these risks had been explored and were being followed appropriately.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the manager and deputy manager.

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 principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

We have made a recommendation relating to notifying the Commission about certain changes, events and incidents that affect services or the people who use it.

People were included in making choices about what they wanted to eat and staff understood and followed people's nutritional plans in respect of any cultural requirements or healthcare needs people had.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

All parts of the home, including the kitchen, were clean and no malodours were detected.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

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.

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

People were supported to raise any concerns or complaints and staff understood the different ways people expressed their views about the service and if they were happy with their care.

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 continued to be safe.	**Good**
Is the service effective? The service continued to be effective.	**Good**
Is the service caring? The service continued to be caring.	**Good**
Is the service responsive? The service continued to be responsive.	**Good**
Is the service well-led? The service was not always well-led. Notifications about certain changes, events and incidents that affect their service or the people who use it were not always being sent to the Commission. Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. Quality assurance arrangements identified current and potential concerns and areas for improvement.	**Requires Improvement**

Number Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 12 June 2018 and carried out by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.

We spoke with four people who used the service. Because it was not always possible to ask everyone direct questions about the service they received, we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We also spoke with three care staff, the registered manager and the operations manager. The operations manager wrote to us after the inspection and provided some additional information we had requested in relation to the well-led section of this report.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including two staffing files, meeting minutes, health and safety documents and quality monitoring audits.

Good

Is the service safe?

Our findings

People told us they enjoyed living at the home and felt safe with the staff who supported them. One person told us, "I'm very well treated here." Another person commented, "I've lived here for a long time. I love it here."

Staff understood what abuse was and knew how to recognise if people were being abused, bullied or experiencing discrimination of any kind. They knew about the process for raising any concerns. Staff told us they would always report any concerns they had to the manager. They knew they could also raise concerns with other organisations including the police, the local authority and the CQC.

The operations manager told us how lessons had been learnt from past safeguarding incidents. This included improving communications between the service and community teams as well as retraining staff in the importance of reporting any issues in good time.

Staff understood the potential risks to people in relation to their everyday care and support. These risks included keeping safe outside the home and what staff needed to look out for that might indicate a change in someone's mental health.

There was information for staff on how the risks identified should be mitigated. For example, staff told us they always went out with people when this was required. We noted that in two instances risk assessments did not always record risk in sufficient detail. This was mitigated by the staff knowing people well. The operations manager told us they would ensure all risk assessments were sufficiently detailed for any staff new to the home to fully understand what was required.

Everyone had a personal evacuation plan which gave advice about the most appropriate and safe way individuals should be evacuated from the home. Records of fire equipment and systems were checked regularly and the record of fire drills showed that people were able to evacuate the service in good time.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses. Any accidents were recorded and discussed with staff and analysed by the management team.

Records showed that there had been one serious accident since our last inspection. We saw that staff had responded quickly and taken the appropriate action including taking the person to the accident and emergency department as well as follow up appointments. We were informed that due to an administrative error the CQC had not been sent a notification as required. This issue is referred to in the well-led section of this report.

Domestic staff were employed five days a week and all parts of the home, including the kitchen, were clean and no malodours were detected. The kitchens had been inspected by the environmental health department recently who awarded the home the top score of five 'scores on the doors'.

Staff had sufficient amounts of personal protective equipment and had completed training in infection control and food hygiene. They understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly. We saw on the medicine administration records, supplied by the pharmacist, that people's allergies either known or unknown had not always been recorded. The operations manager noted this and told us he would contact the pharmacy to ensure this was recorded.

There had been no changes to staffing levels since our last inspection and staff did not have any concerns regarding this. People told us they were happy with the number of staff on duty. One person said, "There's quite a few staff."

The registered manager confirmed that more staff would be deployed if people's level of dependency increased and we saw this was being monitored regularly. We saw that staff were not rushed and took time with the people they were supporting. Only one new member of staff had been appointed since our last inspection. One person told us, "Everyone's been here for a long time now. We know them and they remain the same."

We checked staff files and saw that the provider was following appropriate recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the applicant. This meant the provider could be assured they employed staff suitable to working in the caring profession.

Good

Is the service effective?

Our findings

We saw assessments and care planning was carried out holistically and in line with the values of the organisation. The system used to assess people's needs who had mental health issues was a nationally recognised tool which was developed specifically for people with mental health needs. The tool focused on measuring outcomes which enabled people using services to measure their own recovery progress, with the help of mental health workers or others.

Staff had a good understanding of the needs and preferences of people living at the home. This matched information detailed in people's care plans as well as what we observed. Care plans detailed how staff were to encourage people's independence in a safe and supportive way.

Supervisions and appraisals were taking place for all staff and were used to develop and motivate them, review their practice, behaviours, and focus on professional development. One staff member told us, "I want to know how things are going." Another staff member commented, "It's about what's going well and what I need to improve."

People told us they had confidence in the staff team's abilities. One person told us, "They have obviously been trained well." Staff were positive about the training provided and gave us examples of how training had improved their working practice.

Training was repeated each year and staff told us how useful this was for them. One staff member told us, "The manager makes sure refresher training has been booked."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must always offer as much choice to people as they could. Staff knew people very well and explained how individuals communicated their choices about menus, clothes and activities.

For safety reasons some people needed staff to accompany them when they went out of the home and we saw the management had applied to the local authority for the relevant DoLS legislation. However, the CQC was not always being notified of these applications. The operations manager told us there had been some problems in the time it took to hear from the local authority. We have addressed this issue in the well-led section of this report.

People told us they enjoyed the food provided. One person told us, "It's really nice and sometimes we go to the restaurant." Staff were responsible for cooking meals at the home and had undertaken food hygiene training. Menus were chosen by people at regular house meetings by using pictures and pointing to the meals they wanted for the week ahead. Staff had a good knowledge of people's dietary preferences and any special diets that people required. We saw that culturally meals were provided and this was confirmed by people we spoke with.

The service comprised of a terraced house just like the other houses in the street. There was nothing about the house either in design or adaptation that had an institutional appearance. Everyone had their own room and there was a communal lounge and kitchen so people could be together if they wished.

People were appropriately supported to access health and other services when they needed to. One person told us, "They always take us in the car or van. Mainly just for health check-ups." Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. We saw examples of where people had regularly accessed doctors, dentists, chiropodists and opticians. We saw that people's healthcare needs were recorded in their care plan and discussed at staff team meetings.

Good

Is the service caring?

Our findings

People were relaxed with staff and we saw that positive and supportive relationships had developed between everyone. Staff and people using the service had been together for many years and this had led to a strong feeling of community and friendship. One person told us, "You are treated with respect." A recent comment from the home's suggestion box stated, 'Very welcoming, good atmosphere and a happy team'.

Throughout the inspection we observed and records confirmed that everyone was encouraged to be as independent as they could be. We saw people were moving around the home with staff supporting them only when they required support or encouragement.

Care plans detailed how staff were to encourage people's independence in a safe and supportive way. There was information about what the person could do for themselves and when they needed staff support. Staff knew what support people required and were aware of people's likes, dislikes and life history.

Staff told us that everyone could express their views and preferences and make decisions about their care. Because some people had different ways of communicating, there were clear instructions in their care plans about their way of communicating. For example, one person's care plan stated, "Use short, simple sentences." This meant that people were not disadvantaged because of the different ways they communicated.

Staff understood how issues relating to equality and diversity impacted on people's lives. They told us they made sure no one was disadvantaged because of, for example, their age, gender, sexual orientation, disability or culture.

One person told us, "They respect my religious beliefs. "Another person commented, "I go to church every Sunday. I see people I've known for a long time."

Staff gave us examples of how they upheld and respected people's diversity which included making culturally appropriate meals and by celebrating various religious and cultural events. Care plans identified people's religion, ethnicity and culture as well as how staff were to ensure people's cultural needs and preferences were followed and respected.

People told us their privacy was respected and upheld. One person commented, "They knock on the door. There are locks on the doors." Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Records showed that the General Data Protection Regulation (GDPR) and the implications of this on people's records had been discussed at a recent house meeting.

Good

Is the service responsive?

Our findings

People told us their care and support needs were assessed and kept under regular review so any changes could be made when required. One person told us, "I see my key worker. My key worker asks me about my life here."

Another person confirmed that they were involved in planning their care and developing their care plan. They told us, "I'm involved, you have to be to sign it [care plan] at the bottom."

Care plans were person centred and gave staff information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. Where people's needs had changed, we saw the necessary changes to the person's care plan had been made so all staff were aware of and had the most up to date information about people's needs. Staff communicated and updated each other about people's changing needs at regular staff handovers and through daily progress notes for each person.

People told us they were happy with the provision of activities. One person told us, "They support me every day with my activities." Everyone had an individual activity plan which included both community activities as well as activities within the home. These plans had been developed by the staff with input from the individual and reflected their interests, spiritual and cultural preferences. On the day of our unannounced inspection some people were getting ready to go to a day centre that was also run by the same provider.

Records showed that people were asked if they had any concerns or complaints at regular house meetings. People confirmed this and told us they had no complaints about the home but knew how to make a complaint if they needed to. One person told us, "I know what to do." Another person commented, "There's a complaints pamphlet near the front door." We saw that the complaints procedure was on display on various notice boards throughout the home.

The registered manager told us that currently no one using the service was being supported at the end of their life. People had lived at the service for a long time and their wishes and preferences in relation to aging and dying were recorded in their care plan. Some people's care plan did not contain this information but we saw that people had been asked but, at present, had not felt ready to discuss this. The service had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed to ensure people had a comfortable, dignified and pain-free death.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were positive about the registered manager and the management in general. One person told us, "[Registered manager] does a very good job. She knows her staff." Another person commented, "[The registered manager] is very caring and compassionate." And another person said, "She's okay, I trust her." People told us the service was run well and their views were sought and taken in to account. One person commented, "The staff are very helpful. If you need anything they never seem to run out of things."

Staff understood the values of the organisation and told us how these were promoted and upheld by the registered manager and the management team. A staff member told us, "[The registered manager] is very good, she likes everything to go the right way." We asked the operations manager how they promoted equality and inclusion for staff. They told us, "DRS is an inclusive organisation that sees the positive input that all individuals can make and has policies that allow individuals to be confident to challenge or confront discriminatory practice if they see this."

The operations director and management team carried out regular audits including health and safety, staff training, infection control, and care records. We saw that environmental risk assessments and checks regarding the safety and security of the buildings were taking place on a regular basis and were detailed and up to date.

As referred to elsewhere in this report, the management had not always sent us the required notifications in respect of a serious incident and Deprivation of Liberty Safeguards. We discussed this with the registered manager and operations manager who told us they had experienced some administration problems due to annual leave and had faced a backlog in terms of the DoLS applications.

We recommend that the service review its systems and procedures to ensure that any notification required by our regulations are sent to the Commission without delay.

Records showed that meetings took place on a regular basis and people had expressed their views about how the service was run. Surveys had also been used to gain people's views and included questions about safety and staff kindness and compassion.

Staff told us they could comment on the way the service was run and make suggestions for improvement. The operations manager told us, "All our staff are able to contribute to decisions that affect them. For example, they participated in the reconfiguration of one of our service's from a residential care home to supported living service. In the consultations they were able to share ideas with management and in

identifying priorities and enabling and together we negotiated the delivery."

The operations manager explained to us how the service worked in partnership with other agencies and organisations. This included working with the local authority safeguarding team and commissioning. They wrote to us after the inspection to tell us how they worked with the local community. They told us, "We have developed links with the local authorities, colleges, hospitals, police stations, local shops, our GP practices and pharmacies, safer neighbourhoods, and Haringey Association of Voluntary and Community Organisations (HAVCO). We have good connections with the liaison contacts at the different services and this allows good access for our customers."