HF Trust Limited

Davie House

Inspection report

33 & 34 New Park, Horrabridge,
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 12 and 19 June 2015 and was unannounced. The service had been taken over and registered by HF Trust Limited in August 2013 and had not been inspected since then.

Davie House is registered with the Care Quality Commission (CQC) as 33 and 34 New Park which is located in the village of Horrabridge close to the Dartmoor National Park. The two properties are adjacent semi-detached houses on a residential housing estate. The service is registered to provide accommodation with personal care for up to eight people over the age of 18 who have a diagnosis of a learning disability. When we inspected Davie House in June 2015, we were told that Davie House only consists of number 34 New Park. We contacted the CQC registration team after the inspection and were told that the provider is submitting a new registration application, so that Davie House will be registered as number 33 New Park only rather than both houses.

At the time of inspection, the registered manager of Davie House had left in April 2015 and was in the process of voluntarily de-registering. A new manager had been appointed and had submitted an application to the CQC to register as the manager.

A registered manager is a person who has registered with the CQC to manage the service. Like registered providers

Summary of findings

and nominated individuals, 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.

The service provided to people living at Davie House was delivered by sufficient knowledgeable staff, who had been trained to support people with learning disabilities. Many of the staff had supported the people living there for many years and showed an in-depth knowledge of people's history, needs and aspirations. Staff were supported to undertake training to support them in their role, including nationally recognised qualifications. Staff received regular supervision and appraisal.

Staff recruitment processes were not always safe as checks on people were not always fully completed.

People's paper based records were not always complete and accurate, although there was a computerised system which did hold up to date information.

Medicines were administered and stored safely and there were audit processes which ensured that there were accurate records of stocks of medicines.

Although there were audits undertaken to ensure the safety and quality of the care provided, some audits did not identify some issues or actions to address them. These included checks which had been undertaken of new staff files and checks on the information held in care records. However senior staff said they would review these checks and ensure that these areas were improved.

People appeared happy and relaxed and staff interacted with them in a calm, relaxed and kind manner. People were offered a choice of activities in the community and chose what they wanted to do each day. These activities included going to a local town to attend an activities club, attending a local group, going on holidays of their choice and getting involved in domestic activities. One person volunteered at a local charity shop and another spent some time relaxing by cycling on their bike.

People's needs and risks were assessed and care plans were developed to support them to be as independent as possible. Daily notes reflected the care described in the care plan. Where concerns about a person were identified, staff discussed how they could best address them. Changes were then written up in care plans and daily notes. Staff were aware of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguard (DoLS) requirements and took them into account when working with people. The staff were in the process of setting up best interest meetings to ensure that DoLS applications were submitted for people where necessary. Staff were aware of how to protect vulnerable people from the risk of abuse and knew what to do if they had concerns.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were supported to prepare and eat food, although there was not always a healthy option available at lunchtime.

We found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not completely safe.

People were at risk of abuse as staff had not always been recruited safely.

Most medicines were stored and administered using safe systems and practices. However we found some discrepancies between information about medicine dosage.

There were sufficient staff to support people at all times both in the home and when they went out. Staff had the skills and knowledge to support people safely.

Risk and needs assessments had been carried out and care plans developed to meet people's needs. However some paper records were incomplete and out of date. Where changes to a person's needs were identified, staff reviewed the assessments and plans, modifying them where necessary.

Is the service effective?

Requires improvement

The service was not fully effective.

Some areas of Davie House were in need of redecoration and refurbishment and the garden was overgrown and not usable by people safely.

Staff were knowledgeable about the people they worked with and supported them to live as independently as possible.

Staff had been trained in the Mental Capacity Act (2005) and understood the importance of it in respect of the people living in the home. The service had not applied for a Deprivation of Liberty Safeguards (DoLS) authorisation for any of the people at Davie House. However, staff had assessed people's capacity to make decisions and were in the process of arranging best interest meetings to assess whether DoLS applications needed to be submitted.

Staff communicated effectively with people using a variety of verbal and non-verbal communication methods.

People's consent was gained before staff supported them and took into account the person's preferences.

Health and social care professionals were involved in supporting staff to provide care for people.

People were supported to have meals which they helped to choose and prepare, although healthy options were not always offered.

Is the service caring?

Good

The service was caring.

Summary of findings

Staff knew the people well and recognised and responded to their changing moods, working with people flexibly to ensure they were able to meet their needs and wants.

People were clearly happy and friendly with staff, talking in a relaxed way about things they had done and were going to do. Staff were observed supporting people with kindness and patience.

However, a workstation used by staff to update people's care plans with them, was located in a lounge area which did not afford people privacy.

Family and friends were encouraged to visit and staff supported people to maintain contact with people they were close to in between visits.

Is the service responsive?

Good

The service was responsive.

People had risk and needs assessments in place and care plans had been developed to address these needs. Assessments and care plans were reviewed regularly and amended when a new concern was identified.

Health and social care professionals were contacted when a concern was identified. Daily notes showed that staff delivered care according to the plans.

Activities were chosen by people according to their preferences and people were supported to undertake activities both within the home and in the community. People were supported to go on holiday of their choosing, both on their own and as a group. Staff encouraged people to become more independent and undertake activities outside the home independently.

People were aware of how to make a complaint and these were investigated and resolved in a timely manner by staff within the home and by senior staff at the provider's headquarters.

Is the service well-led?

Good

The service was well led.

Although the registered manager was in the process of deregistering voluntarily, a new manager had been appointed and had submitted a registration application.

The manager and staff were able to describe the vision and values of the home including longer term objectives.

There was a quality assurance process which the manager was starting to use, which identified areas for improvement and the actions that would underpin them.

Davie House

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 was planned to check 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 inspection took place on 11 and 19 June 2015 and was unannounced.

The inspection team comprised of one inspector.

Before the inspection, we reviewed information we held on our systems. This included statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to Care Quality Commission in September 2014.

During the two days of inspection, we met all four people using the service. We talked with the manager and five staff, including both care and administrative staff.

After the inspection we talked with two health and social care professionals who worked with people at Davie House.

We looked at care records which related to two people's individual care and two people's medicine records.

We looked at two records of staff, one of whom had started working at the home in the last twelve months.

We reviewed records which related to the running of the home, including staff rotas, supervision and training records and quality monitoring audits.

Requires improvement

Is the service safe?

Our findings

People said they liked living at Davie House and we observed people acting in a relaxed manner in different parts of the home.

However, people were not always protected from abuse and harm at the home as staff recruitment procedures were not robust. For example there was only one reference on a member of staff's file who had been appointed since the provider, HF Trust Limited, had taken over the home. Although a note on the front of the file dated 2014 indicated there was only one reference, there was no evidence that any action had been taken to obtain a second reference. We discussed this with the manager who said he would follow up on the lack of a second reference. There was evidence of a Disclosure Barring Service (DBS) check for the member of staff. However this had been undertaken for another employer rather than HF Trust Limited and was dated two days after the application for the post at Davie House and prior to the person's appointment. The manager said that this was not normal practice as DBS checks should have been undertaken at the request of HF Trust Limited once a post was offered and before staff were allowed to work at Davie House. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Another member of staff who had been recruited prior to the provider taking over Davie House, contained all the appropriate references and pre-employment checks.

Records of people's medicine were not always accurate or complete. Each person had a separate folder in which information about their medicines was held. In the folder, there was a picture of the person, information about what conditions they had and medicines they were prescribed as well as over the counter medicines they took either regularly or on an 'as required' basis. Each person's folder also contained an easy read document with a photograph of each medicine for ease of identification with information about what it was for and when it should be administered. However some of these documents were incomplete. Some sheets in the folders were also loose and not filed in the correct section. This meant that important information about people's medicines could be lost or mislaid.

One person had conflicting information about the dosage level of a prescribed drug recorded. On the medicine administration record (MAR) sheet, the dosage recorded was 20mg whereas on the person's medical emergency sheet (MES) it was recorded as 200mg. This meant that in an emergency, incorrect information about the person's medicine could be given to other providers. A senior member of staff immediately addressed this inaccuracy by replacing the sheet containing the incorrect information with a revised version.

The systems to ensure that all staff knew what was contained within the folders relating to people's medicines were not robust. For example, staff had been requested to sign and date a sheet at the front of the folder to indicate that they had read the information. However we found that four staff had not signed this sheet. We discussed this with a senior member of staff who said the staff had been repeatedly asked to read the information and sign the form, but they did not have evidence that this had occurred.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's medicines were stored safely in locked cupboards in their own bedrooms. None of the people at Davie House managed their own medicines. Medicines were administered by staff who were trained in medicine administration and completed the MAR sheets fully and accurately. There was evidence that stocks of medicines were regularly checked. Staff had an annual review of their practice in medicine administration and where a medication error had been identified; there was evidence that senior staff took appropriate action to address the issue. This included providing additional training and supervision as well as undertaking further reviews of their administration practice.

Staff were able to describe the types of abuse and how to safeguard people from them. Staff had received training in safeguarding vulnerable adults and were able to explain

Requires improvement

Is the service safe?

how they would put this into practice to support people, if necessary. There was evidence that where a safeguarding concern had been identified, appropriate actions had taken place to address the concern.

People's needs had been assessed and, where risks were identified, there were care plans in place which addressed these. Risk assessments and care plans were stored on a computerised system but the home held paper copies to ensure that in the event that access to the computer system was not possible, they were able to access relevant information. However some paper records were incomplete and out of date. A senior member of staff said that they were in the process of revising the system and would make sure that all the folders contained all the latest information.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was evidence that staffing levels had been established to support people's needs. The rota showed there were sufficient staff on duty to enable people to support people safely. Staff described how they had been able to increase staffing levels when a person had been unwell. The manager described how they worked with the commissioning authority to increase support for people when needed.

People were supported to do activities of their choice safely. For example, one person who enjoyed cycling was able to ride in the immediate area outside the home. Staff said they ensured the person wore a cycle helmet whilst on their bike and the person knew where it was safe for them to bike.

Requires improvement

Is the service effective?

Our findings

Some areas of Davie House were in the process of refurbishment to meet people's need, for example one bathroom was being converted into a wet room. Two bedrooms were also being redecorated. However parts of the house and grounds were in need of improvement. For example the back garden had become completely overgrown and was not usable. The manager said they had recently obtained approval for contractors to undertake work on the garden so that it could once again be used by people.

On the first day of inspection we found the lounge was in need of redecoration and the carpet in the lounge was stained and marked. On the second day of inspection, the manager said that he had arranged to get a carpet cleaner in order to clean the lounge carpet. A health professional commented that the home felt "quite tired".

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. Staff received an induction when they first started working at Davie House which met the nationally recognised standards set by Skills for Care. The manager said that staff completed a three day induction programme including training and work shadowing. They said the induction had been recently reviewed to bring it into line with the national Skills for Care Certificate. Staff records confirmed that new staff had completed their induction. A senior member of staff had signed to say that the new member of staff had completed their induction and was now able to work on their own with people using the service.

Staff were supported to undertake nationally recognised qualifications. One member of staff said they had undertaken a level three qualification in health and social care. They also said they had attended short courses in a range of subject areas including safeguarding adults, health and safety, food safety, the Mental Capacity Act (MCA) (2005) and Deprivation of Liberties (DoLS) as well as specific courses to support individual needs. For example, staff had received training in dementia awareness. A senior care worker said "I have been identified as the dementia champion" and described how they were able to support staff with more detailed knowledge.

People had capacity to manage aspects of their life, however some people required support at all times in the community. People were free to move around Davie House, but staff said some people had been assessed as not having capacity when in the community and therefore needing to be accompanied and support if they left the home. No application had been made under the Mental Capacity Act (MCA) 2005 for a Deprivation of Liberty Safeguards (DoLS) authorisation for any of the people at Davie House. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The manager said that they had recognised the need to apply for DoLS authorisations for these people and had plans to undertake a best interest assessment and submit applications for each person based upon these assessments.

Staff had undertaken training in the MCA and understood the need to support people taking this into account. Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. For example, one person attended activities on their own, whereas the other people were accompanied when they went out.

Staff had received regular supervision where their performance was discussed and training needs identified. Records showed there were systems in place to monitor supervision and annual appraisals had taken place. There was evidence in supervision records that concerns had been addressed with staff to support improvement in their practice.

Staff communicated with people they were working with effectively, using a range of communication methods. As well as communicating verbally in a clear, calm and unhurried way, staff also used other forms of non-verbal communication. For example, one member of staff helped a person select a dessert at lunchtime by showing them the choices in the fridge and giving them time to see each one

Requires improvement

Is the service effective?

before making a choice. The member of staff talked to the person whilst showing them the options and went through them twice in a different order as they said sometimes the person opted for the last one rather than the one they would really prefer. This showed that the member of staff had an understanding of the person and helped them in ways that empowered them to make choices.

People's consent was sought before any care was given and staff respected people's wishes if they did not want to receive care at a particular time. Staff knocked on people's bedroom doors before entering the room and spent time asking them what they wanted to do before helping them to do it.

People's physical and mental health needs were addressed by staff working with health professionals. This included people's GP, dentist, a psychiatrist, the learning disability team and a speech and language therapist. Health and social care professionals said staff were very good at communicating with them about any concerns. For example, one health professional described how staff had contacted them to discuss a particular person's medical needs which had changed. People were supported to have the equipment they needed to ensure they were able to manage in the home. The provider had a specialist team who worked with staff in the home and external health and social care professionals. The specialist team arranged for the equipment needed to be purchased and installed in the home. For example, one person who required a particular bed had this organised by the team.

Staff said that people had a weekly meeting at which they decided the evening meal menu for the week, based upon a majority decision. They said that sometimes people would change their mind on the day about what they wanted for an evening meal, so would choose to have an alternative. People were supported to choose and prepare breakfast and lunch of their choice. On the first day of inspection we observed three people choosing something different for lunch, which each person then helped to cook and serve. However, all the lunches prepared were from tins or packets (two people had canned soups with sliced white bread and one person had noodles with sliced white bread), rather than fresh ingredients. We raised the nutritional value of the lunches with the manager who said that he would consider how to introduce healthy option alternatives at lunchtimes. He did say that evening meals were prepared from fresh ingredients.

One person was at risk of choking as they had difficulties swallowing (dysphagia). Their care record had detailed information which had been written by a speech and language therapist about what food they could eat and how it should be prepared. There was also information about how the person should be supported when sitting at the table to eat. Staff were able to describe what dysphagia was and how to support a person who had dysphagia. There was evidence that staff ensured that the instructions on food preparation and consumption for this person were followed.

Good

Is the service caring?

Our findings

Throughout the inspection we observed people and staff interacting really positively to each other. Staff knew people's history and were able to talk knowledgeably to them about their family and friends. People said they liked the staff and that they were caring. One person went to the hairdressers during the inspection and, on their return, all the staff complimented them on their hairstyle and how nice they looked.

Throughout the two days of inspection, staff showed care, patience and understanding of people's needs. People were relaxed, happy and chatted with staff about what they wanted to do. One person said they liked going on boats and chatted to a member of staff about a boat trip they had taken together.

People living at Davie House each had a pen portrait which was written in the first person and described their likes and dislikes as well as a description of their normal routines. Staff described how one person, who enjoyed cycling, went on a holiday each year to Centre Parcs where they were able to do lots of cycling on safe routes.

However we noted on the first day of inspection, that a computer used by staff to update people's care information was located in the lounge. Staff said they sometimes used the computer to update records whilst sitting with the person concerned. We discussed this with the manager as it did not provide a confidential environment in which to have a private and personal discussion with a person. The manager agreed to discuss this with staff at the provider's head office. On the second day of inspection, the manager said they had arranged that computer would be replaced by a laptop which staff could then use in a room which would provide privacy if working with a person.

Where one person had a personal hygiene issue, staff discreetly supported them to return to the bedroom to get changed.

Most staff had known the people for a number of years and were able to quickly discern if something was worrying or troubling them. Staff talked to people about their activities, for example some people had been to an activities group on the first day of inspection and staff asked them how it had gone and whether they had enjoyed it.

Staff supported people to have meaningful relationships with friends outside the home. For example one person was supported to meet with another person who had previously lived at the home and was now living in other accommodation in a nearby town.

People were encouraged to get involved in decisions about the décor of the home. Staff said that people could choose decoration for their bedrooms and the communal areas in which they lived. People were supported to manage their own money and spend it on things or activities they wanted. For example people were supported to go on individual holidays of their choice.

Family and friends were encouraged to visit whenever they wanted and staff supported people to have regular and frequent contact with relatives.

Good

Is the service responsive?

Our findings

People received personalised care which had been planned to meet their individual needs. Care records contained details including a personal profile, which described their likes and dislikes, their fears and their preferred routines. The care records also included detailed risk assessments. The care records, which were stored on a centralised computer system, had been reviewed regularly and were up-to-date.

Daily notes showed that staff followed the information in the care plan and recorded not only what had happened but also where there were concerns. There was evidence in care records that staff took the necessary actions when these concerns arose. For example, staff had identified concerns about one person and had contacted their care manager to discuss the issues and arrange a meeting. A health professional said that staff were knowledgeable about the people and would keep them updated of changes to a person if necessary.

People were encouraged to take part in activities they enjoyed either on their own or as a group. For example, one person had been supported to volunteer at a local charity shop and also used a taxi service to attend activities at an organisation in a local town on their own. Others chose to attend a weekly activities session as a group. The manager said they were hoping to expand the range of activities on offer so that people would have a greater choice.

People knew how to make a complaint and there was an easy read form to support them to understand the process. Complaints and concerns were investigated and dealt with in a timely manner and to a satisfactory conclusion. For example, one person had complained because a care worker had said they had to leave a party in order to get home and have their medicines. The complaint was investigated by the manager and then reviewed by a head office member of staff. The manager said the complaint was upheld and appropriate action had then been taken to address the complaint with the member of staff concerned.

A health professional said that the person they commissioned care for had an advocate who the person used when they wanted help with issues.

Good

Is the service well-led?

Our findings

At the time of the inspection, the previous registered manager was in the process of deregistering with the Care Quality Commission (CQC). A new manager had been appointed and was in the process of registering with the CQC.

The manager described the vision and values for the service and was able to discuss longer term objectives. This included a possible move to a nearby town, which they said would improve people being able to access more activities. A member of staff said that the move would also support people to make choices about who they lived with. The manager and staff were able to describe improvements to the service which were planned, including the development of a day service activity centre which people would be able to access.

The provider had systems to monitor the quality of the service through an audit process, which included audits conducted by staff working at Davie House as well as audits conducted by head office. However some of the audit processes had not been robust as they had not picked up issues in staff records and in care records. During the first day of inspection the manager and senior staff said they would check the information in the paper based staff records and care records to ensure they were up-to-date and stored in a single file for each person.

The manager showed us a newly introduced self-audit system which they were required by the provider to complete electronically each month. The system was aligned to the CQC's new inspection methodology and addressed questions to identify whether the service was safe, effective, caring, responsive and well led. The manager explained that they were completing the audit for the first time in June 2015 and had identified areas for improvement. They explained that based upon this audit, they were expected to draw up an improvement plan to address shortfalls.

Staff were clear about their role and were able to get support when needed from senior staff and the manager. For example, the manager described work that had recently taken place to resolve some communication issues with management that staff had raised concerns about. The manager explained that this had been resolved through talking to the team and implementing a new approach which included rostering team leaders into some shifts to enable better communications. They said staff had reported that they felt happier. We spoke to one member of staff who said that although the changes in provider had meant it had been "A bit of a roller-coaster" they thought that things had improved and they felt that the provider was "Good".

Staff were supported when returning to work from an episode of sickness. For example, one worker described how they had been off work for a period of months during the time of transition from the previous provider to the current provider. They said had been supported back to work by undergoing the new provider's induction which they had found very helpful. They said this had also included all the training they were expected to refresh which meant that they were up to date.

There were regular audits and checks to monitor and improve the quality of care and service. For example, during the inspection, a care worker worked with a person to do the weekly maintenance check.

Other audits included safety checks, checks of the administration and stocks of medicines, training supervision and appraisal of staff and care records.

There was a log of incidents which was reviewed regularly. An analysis of accidents and incidents was undertaken to establish whether there were any patterns or trends, which might help support a reduction in recurrences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were not always protected from abuse and harm at the home as staff recruitment procedures were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Records of people's medicine were not always accurate or complete. Staff had not always signed to say they had read the information relating to people's medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Some paper records were incomplete and out of date.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment some aspects of the building and grounds were in need of maintenance, redecoration and refurbishment.