Striving For Independence Care Limited

Pettsgrove Care Home

Inspection report

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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?	Good

Summary of findings

Overall summary

Pettsgrove Care Home is registered as both an accommodation based care home and a community based domiciliary care agency (DCA) which delivers personal care to people in their own homes. The domiciliary care agency is run from an office within the grounds of the care home with a separate staffing group to the care home.

The care home provided accommodation, care and support for up six adults with complex needs, including learning disabilities and autism. At the time of this inspection five people were living at the care home. The care agency provided home care services to people within the local area. People using the service had varying needs, some were living with dementia and needed a range of support including personal care, prompting and monitoring. Times and days of visits varied to suit individual need. At the time of the inspection approximately five people were receiving personal care in their own homes from the care agency.

This inspection took place on 30 October 2017 and was unannounced. This was the first comprehensive inspection of the service since it was re-registered under the provider, Striving For Independence Care Limited in November 2016. Prior to this, Pettsgrove Care Home had been inspected in April 2016 under the previous provider, Striving for Independence Homes LLP, at which time it was rated "Good".

We have combined the reporting on the services provided by the care home and the care agency. Where the evidence we found related to one service we have reported this separately.

A registered manager was employed at the service and had been in the role since the service was set up. The registered manager was registered for both the care home and the care agency. 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.

Appropriate policies and procedures ensured people who used the service were safe from abuse and harm. People's relatives told us people were safe living at the care home or in receipt of care from the care agency.

People who used the service had various risk assessments and risk management plans, which ensured they were protected from harm in relation to their care. Individual risks faced by people supported in their own homes were identified with plans in place to control the risks. Environmental risks were identified at the initial assessment to ensure people and staff were kept safe from hazards inside and outside people's homes.

The service monitored accidents and incidents and learning from these was used to improve the service. We saw that accidents and incidents were appropriately documented and investigated.

There were enough staff available at the care home and to provide personal care for people in their own homes. Staff employed were appropriately checked to ensure they were suitable to work with people who used the service.

Medicines were managed safely and people who used the service received their medicines on time.

Staff had access to a variety of training, which helped them to update and maintain the skills and knowledge in relation to providing care to people. Regular supervisions and appraisals were provided to review staff performance and set learning objectives for the future.

People who used the service had choice of a nutritious, health and well balanced diet. The service ensured that people's health was monitored and if required external health care support was sought to ensure people's health and wellbeing was maintained.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. The Mental Capacity Act (MCA) was appropriately applied and applications to deprive people of their liberty lawfully had been made to prevent them from coming to any harm where they lacked capacity. The service understood their legal responsibility under this act. Decisions that needed to be made in people's best interests had been undertaken.

Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs, preferences and routines.

Staff supported people to remain as independent as possible. There were policies and systems in place to support this practice.

People told us they received care that was responsive to their needs. They were supported to participate in activities, interests and hobbies of their choice.

There was a complaints policy and procedure available and confidentiality was maintained. People had access to independent advocacy services.

There were effective quality assurance processes in place to monitor care and safety and plan on-going improvements. There were systems in place to share information and seek people's views about the running of the home.

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. People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make their own choices and promoted their independence.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was well managed.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food and were encouraged to take part in household chores.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

This service was caring. Staff were supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were compassionate and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

People were supported to raise concerns and complaints which were investigated and action taken to minimise the risk of similar concerns being raised again in the future.

Is the service well-led?

Good

The service was well led. The manager had reviewed all aspects of the service then took timely action to make any necessary changes.

We saw people were encouraged and supported to be involved in every aspect of the operation of the service.

Staff told us they found the manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

Pettsgrove 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 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 unannounced inspection took place on 30 October 2017. The inspection was carried out by one inspector.

As part of the inspection process we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the service had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We contacted the local authority for information they held about the service and reviewed the Healthwatch website, which provides information on care homes. This helped us to plan the inspection.

We spoke with one relative of a person living at the care home. People who used the care agency were able to speak with us. We spoke with two people and their relatives by telephone. We looked at a total of seven people's records across both services to see how their care and treatment was planned and delivered. Other records looked at included six staff recruitment files to check suitable staff were recruited. We also looked at records relating to the management of the service along with a selection of the service's policies and procedures.

Good

Is the service safe?

Our findings

We spoke with people's relatives on the telephone and they told us that they felt their relatives were safe and well looked after across both services. A relative of a person using the service told us, "My [relative] is happy with the care they receive [at the care home]. I feel [my relative] is safe. I have no worries with their care." Another relative told us, "I do not have concerns about my [relative's] care when staff visit their home."

People who lived at the care home were supported to manage their finances. There were procedures in place for the safe handling of their money. A personalised financial support plan was in place for each person. It described what support they needed with their finances. The service had an arrangement with the local authority, which ensured people's finances were audited on a regular basis. For example, the registered manager checked people's finances at regular intervals and these internal audits were also checked by the local authority periodically to reduce the risk of financial abuse.

There were systems in place across both services to ensure that people were safe and protected from abuse. The service had a safeguarding policy and procedure. This policy provided guidance to staff on identifying and responding to the signs and allegations of abuse. Staff understood the procedures they needed to follow to ensure people were safe. They described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. Staff were also aware they could report allegations of abuse to the local authority safeguarding team and the Commission if management had taken no action in response to relevant information.

There were safe recruitment procedures in the care home and the care agency. Records showed that pre-employment checks had been carried out. The Disclosure and Barring Service checks (DBS) had been undertaken prior to staff commencing work. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with people receiving care. Other checks that were carried out before staff could commence work included evidence of identity, permission to work in the UK and a minimum of two references.

There were sufficient staff available at the care home and also to provide personal care for people in their own homes. We looked at the staff rota and discussed staffing levels with the registered manager. The staffing levels at the care home normally consisted of the registered manager and three staff during the day shift and two staff during the night shifts. The registered manager and staff informed us that the staffing levels were adequate and if needed, extra staff would be on duty to provide assistance or escort people on outings or appointments. We observed that when people requested support this was provided on time.

Staff working in the community for the care agency thought there were enough staff available to support people. The relatives of people told us that staff were always on time. One relative told us, "I have never had concerns about time-keeping. [My relative] is attended to on time." People using the care agency where asked what days and times they would like their support. The registered manager checked the preferred times with staff availability and matched the times requested where possible. The care tasks people required support with were recorded in their care plans.

Risks to people's safety and welfare within the care home setting and in people's own homes had been assessed and measures put in place to mitigate these risks. The risk assessments contained information for reducing potential risks such as risks associated with going out into the community, nutrition, choking, and electrical equipment. We saw that these plans were regularly reviewed which meant staff had up to date and accurate information on how to keep people safe. Individual risks faced by people supported in their own homes had been identified and we saw plans were in place to control the risks. Environmental risks were identified at the initial assessment to ensure people and staff were kept safe from hazards inside and outside people's homes.

There was a record of essential maintenance carried out at the care home. The service carried out regular safety checks to ensure the premises and equipment were safe for people. There was regular testing and monitoring of water temperatures, portable appliances and electrical installations. The service had a contract with external services who undertook safety checks on equipment and the premises to ensure this was safe. The registered manager was aware they had a duty of identifying and reporting concerns about the safety of the homes where they provided care.

The service had a business continuity plan in place to ensure people would continue to receive care following an emergency. We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the care home. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

Accidents and incidents continued to be recorded and monitored within the service. Both the care home and the care agency had a system to record incidents as soon as they happened. One incident recorded by the care home showed action taken to reduce risks of incidents reoccurring. The information had been reviewed and the outcome of the investigation had been implemented. We saw that information arising from the incidents was used to identify areas to improve.

People received their medicines as prescribed. We checked medicine administration records (MAR) for people receiving care in their own homes and the care home and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took. There were PRN (as required) medicine guidelines for staff with details of what signs the person may show should they need medicines to manage behaviours or pain. There was a medicines policy and staff had completed training in order to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.

Good

Is the service effective?

Our findings

People received care from staff that had the training and experience to meet their needs. Staff understood the needs of people receiving care. Newly recruited staff completed an induction programme in accordance with the Care Certificate to prepare them for their responsibilities. The Care Certificate assesses staff against a specific set of standards. New staff also worked with experienced staff until they were confident they could work independently with people. There was a system in place to ensure staff received regular supervision and annual appraisal. Observational 'spot' checks were carried out while staff worked in people's homes in the community. This ensured staff were supported to set personal goals for development and allowed the managers to monitor their competence.

There was a training programme that was delivered to staff as part of the mandatory training. A matrix record was available which showed the training that staff had completed. Training included topics such as, medicines management, health and safety food hygiene moving and handling, equality and diversity, dementia and MCA 2005. The registered manager told us training was delivered either via eLearning or face to face. Where people had specific diagnosis we saw that additional training was provided, including dementia and epilepsy training. Staff felt well-supported in their roles. One staff told us, "I have received training to support me in my role." Another staff member told us, "On-going refresher training is provided as needed."

Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible.

Staff completed mental capacity assessments to check whether people were able to make complex decisions about their care. For example, mental capacity assessments were in place in relation to the management of people's finances. People's support plans showed which decisions had been made in their best interests. Staff had received training in the MCA 2005. They were able to tell us about the key aspects of the legislation. We observed staff obtaining consent from people before they could proceed with any task at hand. Their care files contained consent forms. Where people were not able to express views we saw that there was a system in place to seek support from advocates. Staff asked people if they needed any assistance. This ranged from personal care, offering drinks or if people wanted to participate in activities. We observed people could choose where they wanted to sit and what they wanted to eat.

People's human rights were protected because the requirements of Deprivation of Liberty (DoLS) were being followed. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called DoLS. We observed that people had free access of the all areas of the building, including the manager's office, the lounge, kitchen and dining room when they wanted to. This showed that people had independence and the freedom to move around with undue restriction on their

liberty. The registered manager told us two people at the care home were subject to a DoLS for their safety. We confirmed this from records.

People were supported to access healthcare when needed. They were supported to attend regular health appointments and if people were unwell we saw the service sought advice from their GP in good time. There was a Health Action Plans (HAP) for all people with learning disabilities. A HAP is a personal plan about what a person with learning disabilities can do to be healthy. Each HAP listed details of people's needs and professionals involved. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. Two healthcare professionals gave positive feedback about the ability of staff to follow guidelines and also their record keeping. We saw that guidance obtained from the external healthcare professionals was included in people's support plan. This meant staff had current and relevant information to follow to support people in meeting their health needs.

There were arrangements to ensure that people's nutritional needs were met. We saw that people's dietary requirements, likes and dislikes were assessed and known to staff. The care home provided a variety of healthy foods and home-cooked meals for people to choose from. We spoke with the cook and she could tell us people's personal preferences, including those who were at risk of choking or those who had particular needs because of diabetes. Records showed that pictures of food and meals were available to support people with choosing meals. Drinks and snacks were available on request throughout the day. We saw adapted crockery was readily available for people to eat or drink with ease. On the care agency part of the service, we saw that in most examples, people's relatives prepared their meals. However, where required, service staff supported people to prepare and eat their meals.

There was a nutrition and hydration policy to provide guidance to staff on meeting the dietary needs of people. Monthly weights of people were recorded where necessary. Staff were aware of action to take if there were significant variations in people's weight. They told us that they would report any concerns to the manager and if necessary, people's GP.

Good

Is the service caring?

Our findings

People who were supported in their own homes were happy with the care given to them by staff. They told us all staff were caring in their approach and upheld their respect and dignity. One person told us, "Staff respect my choices." Another person told us, "Staff are always happy. I enjoy their company." Although the people living in the care home could not verbally give us their views about the attitude of staff, we saw that people were relaxed when at home and communicating with staff. We could tell from their gestures and smiles that they were happy. We asked one person if they were happy, which they confirmed by nodding and a thumbs up. We spoke with one relative of a person living at the care home who told us was happy with the care their relative received. The relative told us, "I have never had any reason to worry about the care provided. Staff are kind and caring." A compliment from a relative of another person who had recently left the care home read, 'The care and attention that was afforded to my [relative's] wellbeing was outstanding. All staff showed compassion'. Professionals were also complimentary. One social care professional wrote a letter commending the service for the work they had carried out with a person who used the service.

Although there was no Accessible Information policy in place, the service had taken steps to ensure people who used the service understood the information they were given. People's care plans, including HAPs and communication passports were written in pictorial format. One person's care plan described how they communicated, 'I tend to use gestures, facial expressions, pictures and hand signals to try and get my point across.' People were able to make choices using signs and gestures about what they wanted to eat and drink. This showed the service had taken steps to ensure people were able to communicate their needs and understood information that was given to them. Following this inspection, the registered manager told us the Accessible Information policy was now in place.

The service had a policy on ensuring equality and valuing diversity. This instructed staff to ensure that the personal needs and preferences of all people were respected regardless of their background. Staff spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences. People were supported with their religious observances, including visits to church. One person living at the care home was supported to attend church services by staff. Another person receiving care at their own home was Jewish. The care agency ensured their dietary preferences and choices were met because staff understood kosher dietary requirements.

People were supported to be as independent as possible, and where possible, staff assisted people to increase their independence skills. For example, staff encouraged and prompted people to attend to their personal care as opposed to staff doing everything for them. The care plan of another person reminded staff that the person could change and dress themselves with little assistance. Where people were being supported in their own home, staff supported people to maximise their independence and offered support only when needed. One care plan reminded staff to offer help where this was needed as the person could manage their own personal care.

Staff respected people's privacy and dignity. There was a dignity champion who ensured people were treated with dignity. Staff knocked and waited for a response before they entered people's rooms. We saw

that people were well groomed and wore clean clothes. Their rooms were clean and personalised with their belongings and family photographs. Staff spoke with people in an appropriate way throughout the inspection. The support plans described how people should be supported so that their privacy and dignity were upheld. On the care agency side staff understood that people's home were their private space. Prior arrangements were in place for gaining access to people's homes.

Good

Is the service responsive?

Our findings

People's relatives described how staff supported people in a responsive way. One relative told us, "Staff always know if there are any changes to the care of my [relative]." Another relative said, "I have been contacted for my views regarding any changes to my [relative's] care." We saw from records that when there had been changes in people's conditions, specialist input into their care had been sought immediately. For example, a person at risk of choking had their care plan updated to reflect changes to their care.

Assessments had been completed prior to people moving to the home or using the care agency to ensure the provider could meet people's needs. People or their relatives were involved in developing their support plans. Information in support plans identified people's personal and healthcare needs. Care records on both the care agency and the care home were personalised and reflected how people wanted to be supported. All the information that staff would need to know about people's care and support needs was available in easy to read step by step format. For example, a care plan gave information about what support one person needed from staff. It stated, 'I have high blood pressure and diabetes, so I am encouraged to have low fat diet and a low sugar and salt diet'. There was also detailed guidance around, foot care, exercise and regular monitoring of weight, blood pressure and blood sugar. Another care plan of someone using the care agency reminded staff of what they needed to do to support one person with their medicines. It stated, 'Prompt [the person using the service] to take their medicines with a glass of water and record in the log book'.

People's support plans were regularly reviewed by care staff. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. The support plans covered a range of areas including medical conditions, leisure, hobbies and interests, nutrition, personal care, religion, activities, communication and medicines. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member care needs.

This service had measures in place to ensure continuity of care. There was a handover at the end of every shift which ensured any changes to people's needs were discussed with staff working the next shift. The service also used a diary system or a communication book for staff to refer to where there had been any changes to people's care. For example, a relative of a person receiving care from the care agency had requested night visits and we saw this information had been shared in handover and changes to care had been updated in the person's care records to ensure that staff had up to date information. The service also ensured there was continuity of care between services. For example, when people attended day centres, their diary was shared between the home and the day centre to ensure useful information about the person was recorded. This showed the service was responsive to people's needs and any changes in their needs.

People were offered a variety of activities and outings both in groups and as individuals. There was a programme of activities organised by the service. Activities included regular outings and day trips to museums, pub lunches, trips to a park and use of an allotment as well as access to a sensory room and the on-site day centre where people could do arts and crafts, puzzles and games.

We saw that a statement of purpose and details about the service were made available to each person in their room along with a complaints policy written in relatively easy read style. There was a pictorial version of the complaints procedure. This was on display in the communal area of the service which helped to make it accessible to people. The complaints procedure included details of who people could complain to if they were not satisfied with the care. Relatives told us they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.

Good

Is the service well-led?

Our findings

People's relatives were happy with the way the home was run and thought their relatives received a good service. One relative told us, "The manager is always available if I need support." Another relative told us, "The manager offers opportunities to discuss concerns."

People and relatives were regularly asked for their views on the quality of the service being provided. This included key workers spending one to one time with people, meetings and annual surveys. We spoke with relatives who confirmed their views were considered and that they had in the past been asked to complete surveys. We saw the results of the survey from 2017 were positive. The registered manager advised that the monthly one to one keyworker meetings were a better way to seek the views of the people living at the service as this enabled staff to respond promptly and in a person centred way.

Staff spoke positively regarding the registered manager. They told us the registered manager was supportive and always responded to any queries or concerns they had. Another staff member said they felt well supported by the registered manager, who they described as approachable, supportive, and hardworking. They felt free to raise any concerns knowing these would be dealt with appropriately.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Accidents and incidents were documented and had been regularly monitored by the registered manager to ensure any trends were identified and addressed. The registered manager carried out an analysis of any accidents or safeguarding and determined any emerging patterns. The results of this analysis were shared with staff to raise awareness of identified areas of increased risk within the service.

The service had a range of audits to review people's care records. For example, we saw audits were carried out on health and safety, safeguarding, complaints, infection control and medicines. Where audits had identified issues, we saw that actions were taken to address these. For example where documentation was not completed, staff were reminded to double check they had completed this. The service jointly audited the safekeeping of people's money with support from the local authority. This included an audit trail of where monies were being spent.

There was an open and inclusive approach to the running of the service. Regular staff meetings took place and staff were free to express their views. We looked at a sample of staff minutes and saw that they covered numerous topics for discussions, including people's care plans, the need for detailed handovers, accident and incident reporting, annual development plans, CQC regulations, maintenance and infection control. We saw from the minutes that staff could make suggestions for improvement and we saw that these were acted on.

Care documentation contained essential information such as updates on people's health and details of care reviews. These were up to date. There was a record of visits made to people by social and healthcare professionals. There was a range of policies and procedures to ensure that staff was provided with

appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.