

Protea Care Homes (Kent) Ltd

153 The Parade

Inspection report

153 The Parade
High Street
Watford
WD17 1NA

Tel: 03300552205

Website: www.proteacarehomes.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

153 The Parade provides personal care to people living in supported living locations in the local community. The service is registered to provide care and support for younger adults who may have a learning disability, Autism and or a physical disability. At the time of this inspection five people were receiving personal care.

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

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

People's relatives were happy with the care and support they received. They told us the care provided was safe and supported people's independence. There were systems in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding procedures and understood how to protect the people they supported. Staff knew how to provide safe care and how to mitigate the associated risks around people's health needs. People's medicines were given to them when required and people were protected from the risk of infection through robust infection prevention processes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff and relatives were positive about the management team. Since the last inspection in January 2020 the provider's quality assurance systems and processes had been reviewed and were effective with a focus on continuous improvement. Staff and relatives felt involved in developing and improving the service and that managers listened to their views.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture reviewed at this inspection. This was because we found the ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was required improvement (published 04 March 2020) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected.

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service on 20 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 153 The Parade on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was Well Led.

Details are in our Well Led findings below.

Good ●

153 The Parade

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check whether the provider had made the improvements required from our last inspection around safe care and treatment and good governance.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people's relatives about their experience of the care provided. We spoke with two members of staff, a team leader and the operations manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed including audits, incidents and service development plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at people's care records and quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong.

At our last inspection the provider had failed to identify when people may have been at risk of harm or abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13. This was because the provider now monitored incidents more effectively and was aware when people may be at risk of harm. Staff also now understood their responsibilities around keeping people safe from harm and reporting concerns.

- People's relatives told us they felt the service was safe. One relative told us, "I think the care given to [person] has always been safely provided and I have not had any worries on that front."
- Staff understood where people required support to reduce the risk of harm. Staff were aware of when to report concerns to management, and records showed this was completed when required.
- One staff member told us, "If I see something I am concerned about, in any way worthy of reporting I do, any type of abuse, such as mistreating them, anything that would bring a person pain be that emotional or physical."
- The registered manager and management team reviewed all incidents to ensure appropriate actions were taken. Risks were reviewed to prevent reoccurrence and where lessons had been learned these were shared throughout the staff team.

Assessing risk, safety monitoring and management

- Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us detailed examples of how they managed risk. For example, staff told us how they supported people positively with behaviours that challenged. Staff were able to reflect how their approach to positive risk management enabled the person to live a life free of restriction and maintain independence.
- Risk assessments covered people's physical, emotional and environmental risks. When completed these provided clear instructions to staff around supporting areas such as mobility, nutrition and hydration. Reviews of risk were completed when people's needs changed but not always documented comprehensively. The provider responded immediately during and after the inspection and updated the risk assessments.

Staffing and recruitment

- There were enough staff to care for people. One staff member said, "Staff levels are good. We also have

three bank staff so can call on them if needed. They are used to the service and people know them well. That helps a lot, we don't get people being upset when they don't know the staff."

- Staff told us that the registered manager or provider was always available to resolve any staffing issues. ● Staff spoken with confirmed there were enough staff and told us they worked as part of a consistent team. This enabled them to understand people's needs as they worked solely with one group of people. Staff also told us although at times they were busy, they were also able to build positive and meaningful relationships with people. One staff member said, "Most of the time it's been lots of fun, there's enough of us [staff] to do the nice things that make it a worthwhile job."
- The provider followed appropriate recruitment practices. Staff files contained all the pre-employment checks required which included up to date criminal records checks, satisfactory references, proof of identity and eligibility to work in the UK.

Using medicines safely

- Medicines were managed safely. Administration records were completed when people took their medicines. Reporting procedures were in place if medicines were refused or if there was an error so healthcare professionals could be contacted to make sure the person health was not at risk.
- Staff received training in medicines management and were regularly assessed to ensure they were competent to manage and administer people's medicines.

Preventing and controlling infection

- Relatives and staff told us they felt well supported through the pandemic. One relative said, "Through lockdown I think they did the best they could do, I was obviously worried about [person] getting it, [COVID-19] but from our point of view the staff did brilliantly and kept them safe."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to operate adequate systems and audits to assess and monitor the overall quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team now completed audits of various aspects around the quality and safety of care. For example, audits had identified where ongoing improvements were needed to ensuring care records accurately documented the support people required in a person-centred manner.
- The leadership team was visible and accessible to people and staff across the service and staff understood their roles and responsibilities. Staff we spoke with were motivated and committed to improving people's lives.
- The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare.
- The provider ensured they set weekly objectives for managers on a Monday and reviewed these at the end of the week. This enabled them to monitor the quality and safety of care and mitigate quickly any risks emerging. Although the registered manager maintained a service wide improvement plan this was not shared with staff or team leaders for discussion, although they told us they planned to share this with all staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Staff were open, honest and transparent and told us they were always willing to learn and improve. The registered manager understood their duty of candour and were transparent with people, relatives and professionals if a mistake was made.
- One relative told us, "When anything happens we are told and I find they [staff] are honest and ask for our ideas about how to move forward. We are involved in the reviews of [person] so I think we are kept informed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt supported by the management team and their colleagues. Staff spoke with were happy and enthusiastic about their roles. Staff reported that team morale was good and this was reflected through initiatives to support service user engagement.
- For example, a staff member told us how they had secured an allotment to grow flowers and vegetables with people involved. They told us the provider had been supportive of the scheme, recognising the positive impact this had and provided the finance and support to develop this further.
- Managers kept staff updated about new updates and best practice, and although staff said this was helpful, they felt a more regular update would be helpful. One staff member said, "My only criticism would be that the information from head office is adhoc as opposed to on a scheduled basis. For example, for us to look at a news article, update training, it's not once a month or once a week it's adhoc. It means if we are not getting a regular weekly update when we come on shift we miss things."
- Staff meetings had been held although these were informal. The provider told us they would develop a standardised agenda to ensure team meetings were consistent and covered key areas of information, such as safeguarding, incidents or review of the action plan.

Working in partnership with others

- The service worked closely with healthcare professionals in relation to people's care. This included joint working with occupational therapists, specialist nurses and the local authority to ensure people received the care and support that was right for them.