

Completelink Limited

Prestwood House

Inspection report

Wolverhampton Road, Stourbridge, West Midlands,

DY75AL

Tel: 01384 877440

Website: www.prestwoodcare.co.uk

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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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 4 November 2014 and was unannounced. We had carried out a previous inspection on 26 November 2013 where it was identified that the provider needed to improve the way in which people received care and welfare. Following this inspection the provider sent us an action plan to tell us that the required improvements had been made. We found that the provider had made the necessary improvements.

Prestwood House provides residential and nursing care for older people with physical disabilities or dementia. The Home offers accommodation for up to 59 people. There is a registered manager in place who has been in post at the home for several years. 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.

There was an effective staff recruitment process in place ensuring that staff were fit to work with adults.

There were personalised risk assessments in place to help keep people safe. People who used the service felt safe with staff, but some people felt that there was not always enough staff around when they needed help.

Summary of findings

We found that some people may not have received their medication as prescribed because medication procedures were not always adhered to.

People who used the service received care which was based on best practice because staff had the knowledge and skills to meet people's needs. Staff induction, training and supervision were good and staff felt supported in their roles.

Consent to some care and treatment had been sought but there was a lack of staff knowledge around mental capacity. People with reduced capacity to make decisions had not undergone a mental capacity assessment.

People who used the service were supported to have enough to eat and drink and maintain a balanced diet. People's nutritional needs were monitored well.

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

People who used the service felt that staff were kind, helpful and respectful towards them. Staff developed positive caring relationships with people and respected and promoted people's dignity and privacy.

There was little evidence of participation in care plans, but people who used the service felt supported to express their views and felt involved in their care.

Care plans contained information about how people liked to receive care but not everyone thought that the

care they received met their personal needs. Some people thought that there was not always enough staff around to provide the right care to them at the time they wanted it.

Care plans contained information about people's interests and there was some activities and entertainment arranged. Some people who used the service thought that life in the home was boring.

People who used the service and their families felt able to raise concerns and knew that they would be addressed by the staff and/or manager.

The provider had developed a positive culture by ensuring that people were included and listened to. There was an open door policy in place and visiting at any time.

The service was well managed and there had been consistency of manager and senior staff over the years. People who used the service felt that the manager was approachable and helpful.

There were systems in place to help drive improvement and deliver high quality care but the current system of audits had failed to identify areas for improvement. These included safety procedures relating to medication and manual handling and the provision of person centred care.

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?

The service was not consistently safe.

People told us that they felt safe however, people were put at risk because procedures around medication and manual handling were not always followed.

Staff were recruited properly and knew how to raise concerns about abuse and/or poor practice.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People who used the service did not have their mental capacity appropriately assessed. Staff had the skills and experience they needed to meet the needs of those in their care but did not have a clear understanding of mental capacity.

People had their health and welfare needs met. For people requiring assistance at mealtimes, staff supported them to have sufficient to eat and drink.

Requires Improvement



Is the service caring?

The service was caring.

Staff were kind and respectful towards people who used the service and had developed positive caring relationships with them.

People's privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was not consistently responsive.

People did not always receive personalised care that was responsive to their individual needs. Some people felt that they did not receive the right care at the right time.

People felt able to raise concerns and suggestions for improvement were obtained from people who used the service and their families.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

Auditing systems were in place to monitor the quality of services but these had failed to highlight where improvements were needed. This included shortfalls in medication, safety procedures and person centred care.

People who used the service and staff who worked there were supported by the manager and given the opportunity to share their thoughts on the service.

Requires Improvement



Prestwood 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.

The inspection took place on 4 November 2014 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by experience had experience of care of elderly people including people with dementia care needs.

The local authority told us of areas for improvement they had identified during a quality monitoring visit carried out on 24 June 2014.

The provider is required, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, to keep CQC informed of events by sending us relevant

notifications. The provider had sent us relevant notifications as required. We had not received any significant safeguarding or whistleblowing alerts and had not received any complaints about the service.

We spoke with two professionals who visited the service to gain their views on the service.

We spoke with 12 people who used the service and met with eight relatives. We observed how people's needs were met by the staff who worked at the home including how staff interacted with people. We looked at care plans, daily care records and records relating to medication for three people who used the service and observed how their care and support needs were met.

We looked at the provider's staff training plan and record of staff training. We looked at records relating to the recruitment of four staff members. We also looked at records of their induction training and supervision.

We looked at records relating to quality monitoring including internal and external audits. We looked at the log of complaints and compliments and we looked at records relating to the maintenance of the building and equipment.

We spoke with the provider, the registered manager, a nurse, a kitchen assistant and four care staff.

Is the service safe?

Our findings

We saw that there were risk assessments in place in relation to the environment and use of equipment and we observed staff carrying out safe practices in relation to how other people were supported to move. People who used the service told us that they felt safe with the staff. One person said, “The staff keep me safe, well and happy. When they move me it’s always safely done especially when they move me from my wheelchair to an armchair.” Another person said, “Staff are very kind to me and keep me safe and well.” The majority of manual handling techniques we observed were carried out by staff in a safe way, but we did witness two incidents of people being moved in wheelchairs where staff members had let people’s feet drag on the floor placing these people at risk of sustaining an injury. The manager told us that staff had received training in correct manual handling techniques but in light of what we saw this would be discussed and reinforced.

Some people who used the service and their relatives thought that there was not always enough staff around to keep them safe and meet their needs. A relative told us, “I’ve come in at tea time and there’s no staff in the room for up to 20 minutes. Once I picked a lady up off the floor when there was no one around. Sometimes people wait along time to go to the toilet. One person said, “The staff are kind but there just isn’t enough of them.”

We observed a person who used the service sitting in the lounge and calling out for help. After three minutes the only member of staff present left the lounge area. The person called out for a further three minutes before going quiet. No one attended to them and they fell asleep. There were no other staff around to talk to at the time and we discussed this with manager who said that she would review at the deployment of staff throughout the home.

People who used the service benefitted from the skill mix and experience of the staff team but people’s dependency needs had not been assessed when planning staff provision. This meant that there may not always be enough staff on duty to keep people safe and meet their needs.

There was a comprehensive staff recruitment procedure in place. All relevant employment checks had been carried out to ensure that staff employed by the provider were suitable to work with vulnerable adults.

We saw that medication was not always managed safely. Some people had not taken their prescribed medication as we saw tablets left in pots but staff had signed to say that the person had taken this. We discussed this with the manager who said that a meeting would be held with nursing staff to discuss the importance of adhering to the correct medication procedures.

Staff said that they would report poor practice and/or abuse. A staff member said, “I would have no hesitation in reporting abuse if I saw it.” New staff received training in safeguarding adults as part of their induction training and all staff received regular training updates in this area. The registered manager was aware of the procedure for referring allegations of abuse and had done so in the past. There was a Whistleblowing procedure in place and staff were confident that they would be able to raise concerns anonymously and that their anonymity would be protected by the provider.

The provider took account of accidents and incidents. These were recorded, regularly reviewed and action taken to improve safety and bring about improvements. We saw where, following assessments, assisted technology had been introduced in people’s bedrooms to help stop people falling. This included the introduction of sensor mats so that staff would be alerted to when a person got out of bed and would be able to prevent further falls.

The manager informed us that they took account of how many people had acquired/developed pressure ulcers. The manager said that these were reviewed regularly and that there was a close working relationship with the tissue viability nurse specialists. Two nurses we spoke with confirmed that pressure ulcers were closely monitored at the home.

Is the service effective?

Our findings

The Mental Capacity Act sets out the requirements that ensure decisions are made in people's best interest when they are unable to do this for themselves. Deprivation of Liberty safeguarding (DoLS) are part of the Act and aims to make sure that people are looked after in a way that does not inappropriately restrict or deprive them of their freedom. We saw, and were told, that there was inconsistency of care when people lacked the capacity to consent and make decisions for themselves. It was documented that a person lacked capacity and was unable to make important decisions for themselves but there was no mental capacity assessment in place to support this decision. For another person, staff knew the person well, could tell us about their needs and about how to care for the person. When we looked at their care plan it was documented that the person lacked capacity and was unable to make decisions for themselves. Consent to care and treatment had been obtained from the person's family as part of a best interests meeting.

Discussions with staff identified that they knew people well enough to know what decisions people could make but formal mental capacity assessments had not always been carried out. The manager told us that staff would be receiving training in Mental Capacity and that they were starting to undertake MCA assessments. We did not see anyone who we thought was deprived of their liberty.

People who used the service could be sure that new staff would be able to meet their needs. New staff received comprehensive induction training which enabled them to support people effectively. Staff were supported to undertake annual health and safety training and specialist training so that they were equipped with the skills to meet people's specific care needs.

Staff felt supported in their job roles and thought that the training and supervision they received was good. The staff we spoke with enjoyed working at the home and said that there was a good staff team there. People who used the service were complimentary about the staff and felt that the staff knew how to support them well.

People who used the service were supported to have enough to eat and drink although were not given the opportunity to sit at the dining table if they wished to as

there were not enough dining tables and chairs in order for them to do this. One person said, "I would prefer to sit at a table at least for my lunch." We observed staff assisting people to eat and drink where required.

People who used the service were given choices in relation to food and drink. We saw a member of staff going to each person and asking them for their food choices for the next day. They were given two food options per meal. We saw that people were given what they had asked for the previous day. A staff member told us that people with dementia and other people might forget what they had ordered and so were shown the two choices of menu each day and could change their minds.

People thought that they had enough to eat and drink. One person said, "The foods good, very good and we have lots of choices as well. There is plenty to eat and drink during the day with hot drinks whenever I need them." Another person told us, "The food is good and nice and tasty and there are lots of things on the menu to pick from. Staff make sure that I have plenty to drink and offer me all kinds of things to drink."

Each person had undergone an assessment of their nutritional needs and a care plan had been developed. People were weighed monthly or more often if required and, where required, people were referred to a dietician for advice. Some people were provided with special diets. This included diabetic diets and soft/pureed diets. We also noted that some people had been prescribed nutritional supplement drinks to ensure they received the nutrition they needed to maintain their health. Records of food and drink intake were maintained for people who required this monitoring.

People who used the service had access to health care professionals. We saw records of visits from GPs, dieticians, community psychiatric nurses, opticians, chiropodists and tissue viability nurses. Referrals to relevant professionals had been made quickly and staff worked in conjunction with health professionals to ensure people received prompt care and treatment. A relative told us, "We are very happy with the care and treatment that our relative gets here, it's wonderful. We know [person's name] is safe and contented. When [person's name] has a GP's appointment staff call us and tell us what has happened."

Is the service caring?

Our findings

People who used the service thought that the staff were kind and caring towards them. We received the following comments from people who used the service and their relatives, "I couldn't wish for any more." "Yes I think she is looked after very well." "The staff are respectful and good and attentive. I am happy with all of them. They are very kind." "The staff are lovely and the care is good." "Moms been very happy and comfortable here. The staff are extremely good and efficient. They treat mom with respect and dignity."

We saw kind and caring interactions between staff and people. Staff knew people by name and people were comfortable and relaxed in their care. We saw how one person was supported to move with the support of a hoist into a wheelchair. The person was distressed and crying out. The staff supported the person and comforted the person continually throughout the procedure.

People who used the service felt involved in decisions about their care and knew that staff would listen to them and respect their views. A relative said, "I like the way staff talk to each other and include [person's name] in their conversations. When they move [person's name] they explain what they want to do and go at [person's name's] pace. If I had any concerns I would chat to the staff and I know I would be listened to."

People's privacy and dignity was respected by staff. We saw staff interacted with people in a respectful way. A person told us, "They [the staff] talk to me nicely and dignified. When they do my personal care they respect my privacy and dignity by closing the doors and curtains they are lovely like that."

People who used the service felt that staff were caring and spoke to them in a friendly way. A person said, "They talk to me as if I'm a friend rather than a resident. Staff talk to me making sure that I'm happy and making sure I'm not in any pain or anything else like that."

People's relatives thought that the staff were kind and caring. A relative said, "I'm very pleased with the care [person's name] gets here. The staff are really good at keeping [person's name] safe and well. Staff often stop and chat and make me feel welcome with a drink and a chat saying 'how things are going?'"

There was an open visiting policy in place and relatives were pleased about this. A relative said, "What is very heartening is I can come and see [person's name] at any time, night or day which gives me great relief as I have to use public transport to get here."

People who used the service and visitors felt that there was a good feeling and 'a warm friendly atmosphere' about the home.

Is the service responsive?

Our findings

People who used the service did not always receive care in a personalised way which was tailored to meet their individual needs. Almost everyone seated in the ground floor lounge was drinking from plastic beakers and wearing fabric aprons at both breakfast and lunch time, irrespective of whether these were required. There were cups and beakers on the tea trolley. One person was handed a beaker of tea. We asked them if they would prefer a cup, they said they would prefer a mug as 'you don't get much tea in a cup.'

A person who used the service told us, "The buzzers go off all night outside my door. It's terrible, I can't sleep." When we spoke with a staff member about this they said that they were aware that the buzzers disturbed the person all night but that they needed to be on for the care staff to hear them. No other action was planned to their knowledge.

Care and support was not always delivered with a personalised approach. A relative told us, "Sometimes mom gets up earlier than she wants to and it could be up to an hour or two before breakfast." One person who used the service said, "I do think they should have more staff, they come to put us to bed at 7.30 and it's too early. It takes them such long time for them to put us to bed." A visitor said that they felt there was not always enough staff around. They had asked for their relative to be helped to bed in the afternoon but that this had not happened.

Other people we spoke with felt that care and support took into account their views and preferences. A person who used the service told us, "I get up when I want and go to bed when I want." A relative said, "I have had several discussions with the manager, she is very good. The nurses are very good. Mom is treated fantastically." Another relative who were visiting said to us, "We are very grateful and happy for the way staff care for [person's name] who is really poorly at the present moment., They have been very supportive. We think [person's name] is well cared for and their needs are been met. If there are any changes staff keep us informed."

People did not always contribute to the assessment and planning of their care but they felt that the staff knew how they preferred their care and support to be delivered. A person told us, "Staff know what my needs are. I don't know if there is a care plan for me but they are very good at their jobs. Staff often check on me to make sure that I'm ok and if I need anything." Another person said, "I'm not sure about a care plan or if there is anything written down anywhere but staff know what I need so that's ok and I feel well cared for."

People who used the service felt able to raise concerns/complaints. They felt that they would be listened to and taken seriously. A person told us, "I can't remember if we have had a residents' meeting or not. If I needed to I would complain to the staff but staff do ask if everything is ok and if I need anything else." A family told us, "We discuss any concerns with the nurses who are excellent. Staff discuss with us any changes in [person's name's] care plan. We have completed a quality survey asking about the home and we have made our comments."

There was a formal complaints procedure in place and the provider kept a copy of concerns and complaints received. These had been acted upon and addressed within the timescales laid down in the complaints procedure. Investigations had taken place and complainants had received written responses. The outcome of complaints was discussed with staff during staff meetings and any improvements were implemented.

There was a programme of activities and entertainment in the home, this included visits from outside entertainers. People who used the service were encouraged to maintain any hobbies or interests. Some people had books and talking tapes in their bedrooms and others had CDs they liked to listen to. People felt that there was some things to do to keep them occupied but there was a general feeling that this could be improved upon and that sometimes it was 'boring' in the home.

Is the service well-led?

Our findings

There was a system in place to help ensure that people who used the service benefitted from safe quality care. We had identified areas where the provider's own quality monitoring system had failed to highlight as requiring improvements. This was in relation to medication, safety procedures and person centred care delivery. We had also highlighted a need for the provider to assess people's mental capacity and to review the provision of staff within the home. The audits carried out by the provider had failed to identify these shortfalls.

There was good visible leadership of the home. The registered manager had been in post for several years. The manager was aware of their responsibilities towards regulation and we were kept informed of events by notifications from the provider. The registered manager was supported by the directors and providers who worked alongside them and were regularly present at the home. There was also a care manager in place who was responsible for overseeing day to day care in the home, a training manager and a recruitment manager.

People who used the service and their relatives felt that there was an open culture at the home. Most people felt that the manager would listen to them and deal with any

concerns they had. A relative told us, "If we had any concerns we would speak to the manager she is very good and often stops and talks to us making sure everything is alright."

The open culture of the home enabled staff who worked there to feel confident to report poor practice under the Whistleblowing procedure. This helped to safeguard people who used the service from harm.

The provider ensured that there were resources available to drive improvements. Staff were motivated and supported. A staff member said, "You can always go to the manager with any concerns" and "They are very good with training and support. No problems there." The provider delivered an intensive programme of staff induction, staff training and supervision. This included staff completing core values training and gaining Competence Based Qualifications (QCF). Staff gained skills and knowledge to meet specific needs of people who used the service. We saw and were told that staff competencies were regularly audited to ensure that training was effective.

We saw and people told us that the provider sought the views of people who used the service. Relatives told us that they had recently completed a quality survey about the home and were waiting for any feedback from the results. They said that they were sure that any suggestions they made would be taken seriously and considered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.