Proctor Residential Care Home Ltd

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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

This inspection took place on 19 and 25 January 2018 and was announced. We gave the service 24 hours' notice of the inspection because we wanted people to be available to talk to. The service is registered to provide accommodation and personal care for up to five people with enduring mental health conditions. At the time of the inspection there were five people in residence but one person was in hospital.

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

At the inspection in December 2016 we found improvements were required in practices around infection control and auditing the quality and safety of the services provided. Following the inspection the provider sent us an action plan about how they would address this and with set timescales. We found at this inspection things had improved and the overall rating had changed from requires improvement to Good.

People were safe. The staff team had received safeguarding adults training and knew what to look out for. The staff were aware of their responsibility to keep people safe, to liaise with community facilities used by people, and also how to maintain their own safety.

Risk assessments were completed for each person and ensured where risks were identified there were plans in place to reduce or eliminate the risk. There was a culture of learning following any accidents and incidents. Regular checks on the premises were undertaken to ensure the home and facilities were safe. Checks were also made of the fire safety systems, the hot and cold water temperatures and equipment to make sure they were safe for staff and people to use. Any repairs were attended to in a timely manner.

People were looked after by a small staff team, they had worked at the home for many years. Staffing levels were based upon the needs of the five people who resided in the service. The service had not recruited any new staff but would follow safe staff recruitment procedures to ensure they employed the right staff. The appropriate measures were in place to protect people from being harmed.

The management of medicines was safe. Staff who supported people with their medicines had received training and weekly stock checks of medicine supplies were undertaken. The measures in place to prevent the spread of any infection had improved so that people were protected from the risks of cross infection. However we have suggested checks on the bed mattresses be added to the infection control audit process.

The service was effective. People's care and support needs were assessed to ensure the way they were looked after was effective. There was training programme for the staff team to complete and training was refreshed to ensure the staff had the necessary skills and knowledge to care for people correctly. The training programme included the Mental Capacity Act 2005 and the service worked within the principles of

this. People were always asked to consent before receiving any support. The staff team were well supported by the registered and assistant manager and their work performance was monitored.

People were provided with sufficient food and drink and the staff team took account of their likes and dislikes in respect of food and drink. The staff took the appropriate action where people were at risk of losing weight. There were good arrangements in place to ensure people saw their psychiatrist, GP or other healthcare professionals as and when needed.

The service was caring. Staff knew the people they were looking after well and spoke respectfully about them. People were prompted and encouraged to maintain good personal hygiene, and to change their clothing regularly, although at times this was not achieved. The staff team used accessible communication methods in order to let people know important facts. People were encouraged to express their views of the service and be involved in making decisions or agreements about their care and support.

The service was responsive to people's individual care and support needs. The care and support people received was adjusted when their care needs changed. There were good assessment and care planning arrangements in place, which meant people were provided with a person centred service that met their own care and support needs.

The service was well led. The staff team was led by a registered manager and an assistant manager, who provided good leadership and support. The registered provider had a regular programme of audits in place, which ensured that the quality and safety of the service was checked. These checks were completed on a daily, weekly or monthly basis.

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.

The staff team had received training in safeguarding and knew what to do if concerns were raised. Recruitment procedures ensured suitable staff were employed.

Risks to people's health and welfare were managed. The premises were checked regularly and repairs carried out in a timely manner. Infection control measures had improved but checks must be made of the mattresses.

There were sufficient staff on duty at all times to ensure people's needs were met and they were safe. People's medicines were managed safely.

Is the service effective?

Good

The service remains effective

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service had improved to Good.

There was good leadership and management in place. People's views and experiences were sought and staff were well supported to carry out their roles.

There was a programme of checks and audits in place to ensure that the quality of the service was measured. Any events that occurred were analysed to see if there were lessons to be learnt.

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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 was 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 was announced and was undertaken by one adult social care inspector. We gave the provider 24 hours' notice of the inspection because we wanted key people to be available.

Prior to the inspection, we looked at the information we had received about the service since the last inspection. This included notifications. Notifications are information about specific important events the service is legally required to report to us. We also looked at the action plans the provider sent to us after the last inspection in December 2016. This plan told us about the action they planned to take to address the improvements we asked them to make. We had not asked the provider to complete their Provider Information Record (PIR) prior to this inspection.

During our inspection we spoke with four people who lived at Proctor. People responded in varying degrees when we asked them to tell us about their experience of living in Proctor Residential Care Home. This was because of their enduring mental health conditions. We spoke mainly with the assistant manager and only briefly with the registered manager because of other commitments they already had planned. We also spoke with two staff members.

We looked at the five people's care files and other records relating to their care. We looked at three staff employment records to check recruitment procedures and checked staff supervision and training arrangements. We looked at key policies and procedures, the audits completed to ensure the quality and safety of the service was maintained. We looked through the minutes of the meetings with the staff team.

We received feedback from two health or social care professionals. We asked them to tell us their views and experience of the care and support people received. The feedback has been included in the main body of the report.

Good

Is the service safe?

Our findings

The service had improved to Good. When we last inspected this service in December 2016 we found that improvements were required with infection control and prevention measures and there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). After that inspection the provider told us about the improvements they planned to make. We checked the bathroom, the shower room and the utility room for the improvements they told us about and these had been completed. On day one of the inspection we saw two staff members deep cleaning bedrooms using strong chemical substances to make the rooms hygienically clean. The staff were wearing appropriate personal protective coverings to safeguard themselves. We saw that two people's mattresses on their beds were soiled and the outer waterproof coverings were split. On day two of the inspection one of the mattresses had already been replaced. We reminded the provider that a second mattress needed to be replaced and that the infection control audit needed to include checks on the bed mattresses.

People said, "I feel safe", "Yes it is alright here, I am not worried" and "No worries". From our observations during the inspection it was evident there was a good relationship between the staff and people and they appeared at ease in each other's company.

Staff had completed safeguarding awareness training and knew what to look out for and the signs that a person may be being abused. Because of the nature of people's mental health, the staff team were aware of the need to prevent a person's behaviours impacting upon the others and also members of the public when out in the community. The staff were aware of their responsibility to keep people safe, to liaise with community facilities used by people, and also how to maintain their own safety. Staff said they would report any concerns they had to the registered manager or assistant manager. The two staff members were unaware they could report directly to the Police or the Care Quality Commission however the registered manager lived on site and one of the managers were always available.

The service had effective safeguarding systems in place. They had a safeguarding policy in place and had followed this when raising two safeguarding alerts in May 2017. Both alerts had been appropriate (staff were not implicated in these concerns) and measures taken to prevent reoccurrence.

Risks to people's health and welfare were well managed and risk management plans were in place. Risk assessments were person centred and based upon the person's own care needs or behaviours. For one person there was a residency behaviour contract in place because of aggression shown towards staff members in the past. In this instance there was a robust management plan to safeguard the staff team. We saw other risk assessments in respect of infection control, smoking and safety when out in the community. A personal emergency evacuation plan (a PEEP's) had been prepared for each person. These set out the amount of support the person would require in the event of a fire and the need to evacuate the home. The service aimed to involve people in making decisions about how risks were managed however they were often reluctant to engage and participate in this.

There was an open culture of learning from any accidents, incidents and 'behaviour events'. The assistant

manager was regularly analysing these events in order to identify any themes. This meant the chances of reoccurrence were reduced or eliminated.

The provider had a programme of checks of the building and each person's bedroom. Any repairs were identified quickly and attended to, by the staff team. Checks of the fire safety equipment were carried out on a weekly, monthly and quarterly basis and the records confirmed these had been completed. Fire drills were completed on a monthly basis but it was noted the people who lived at the home did not participate in the drills despite encouragement from the staff team. The provider had a fire risk assessment in place – this had been prepared in June 2017. Each staff member had completed fire safety training in 2017. Hot and cold water temperature checks were completed and all electrical equipment was tested and certified. Fridge and freezer temperatures, hot food temperatures and food storage arrangements were satisfactory and the staff team had daily and weekly cleaning tasks to complete.

The provider had a small but stable staff team. The registered manager (and provider) covered 26 hours of staff support at the weekends and were available overnight if needed. The assistant manager worked 40 hours between the hours of 10am to 6pm Monday to Friday. There were two other members of staff who covered day time shifts and overnight sleep-ins. One person was provided with a one to one carer each week for support out in the community. For the current level of needs of the five people, these staffing levels were adequate. The provider was able to use staff from their sister home to cover any shortfalls and did not use agency staff at all.

The service followed safe recruitment procedures although they had not recruited any new staff for many years. The measures that were used ensured unsuitable staff were not employed. Pre-employment checks were undertaken and included an interview, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

The processes in place for ordering, receiving, storing and disposing of medicines were safe. People were administered their medicines by the staff but where they had been assessed as able to self-administer some of their medicines, this was monitored to make sure they remained safe. Staff had received safe administration of medicines training and were regularly checked to ensure competence. The assistant manager did a weekly stock check.

Good

Is the service effective?

Our findings

People did not provide any feedback to us regarding this area. One social care professional told us the senior staff worked well with them for the benefit of the person they supported.

Each of the people who lived at the service had done so for many years. Prior to taking up residency,, their care and support needs would have been fully assessed. Information was gathered from health and social care professionals and formed the basis of their care plan and these were reviewed regularly to take account of any changes in needs.

The service had not recruited any new staff to the service for many years but any new employee would have an induction training programme to complete at the start of their employment. The registered provider must ensure their induction programme meets the standards of the Care Certificate. The Care Certificate was introduced in April 2015 and covers a set of standards that social care and health workers must work to.

The provider had a programme of mandatory training the staff had to complete. This included fire safety, safeguarding adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), infection control and food safety. There was a training plan for the year and this showed the assistant manager was due for refresher training in fire safety and food hygiene in February 2018. This has already been planned for. The training programme ensured staff had the necessary skills to meet people's needs.

The assistant manager had regular supervision sessions with the two members of staff and had regular meetings with the registered manager/registered provider. Both staff members said they felt they were well supported and discussed care issues with the assistant manager and 'house' issues with the registered provider. The service had systems in place to ensure the others were made aware of any changes in people's care and support needs, and used a communication book to pass on messages.

People were provided with sufficient food and drink. There were no concerns regarding the current five people who lived at the home although the staff team were aware they needed to make sure two people ate enough. The assistant manager said when there had been concerns regarding a loss of body weight for one person they had been weighed regularly. People were able to make their own hot drinks and snack foods. The main meal of the day was served in the evening but the five people did not eat together – they ate their meal at a time chosen by them. Staff prepared fresh home cooked meals and took account of individual preferences. One person told us the food was good.

The service worked together with health and social care services relevant to the people they looked after. Each person's care file evidenced how the staff had worked with psychiatric services and social workers. The assistant manager talked about how they supported one person who would not visit their own GP but had health concerns. People were supported to maintain good health and this included monitoring of their mental health. For people subject to a community treatment order the staff team worked within the legislation and ensured the person's mental health needs were monitored and appropriate actions were taken as necessary involving mental health services.

The home was located within a suburb of Bristol and externally did not look different from neighbouring houses. The premises had been adapted to provided five bedrooms, communal areas, a kitchen, bathroom and shower room. There was access to a rear courtyard, a smoking room and utility area. There was an on-going need for running repairs to the premises and the furniture and fittings because of the destructive behaviours of some who lived there.

Each person's capacity to make decisions about their care and support needs were kept under review to ensure their rights were protected. This ensured the service worked within the principles of the Mental Capacity Act 2005 (MCA). MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. People were encouraged to make decisions about their day-to-day life and have a say regarding how they wanted to be looked after. We saw in people's care records where agreements had been made regarding acceptable behaviours in order to ensure people complied with their care plans. Staff were aware of the need to ask for people's consent.

Good

Is the service caring?

Our findings

The five people who lived at the home were reluctant to speak with us but said, "I am OK and I don't need to speak with you or tell you anything", "Yes it is alright here and they (the staff team) help me" and "Everything is fine. I have come downstairs for my tea. They know when I like to eat my tea".

Despite the fact each person had significant mental health challenges and behaviours that were difficult to manage the staff team were respectful towards them. People were prompted and encouraged to maintain good personal hygiene, and to change their clothing regularly, although at times this was not achieved.

The small staff team had formed long term relationships with each of the five people and had a good understanding of each person's specific care and support needs. The staff were able to relay information to us about agreements in place to help one person manage their finances, another to manage a person's aggressive behaviours and maintain their own safety and thirdly how they maintained a person's bedroom when it became contaminated. The staff were not judgemental about the people they looked after but ensured they continued to look after them.

Because of people's behaviours when they were out in the community the staff team had to advocate on behalf of people when members of the public became upset by certain behaviours of people. The assistant manager was able to talk about how they had liaised with local shop owners when concerns had been raised.

The staff team used accessible communication methods in order to let people know important facts. For example for one person who would get anxious about their finances had notes displayed in key areas explaining and reminding them of the agreement regarding how this was managed. For another person whose first language was not English the service had used an interpreter but also used an on-line translation service.

People were supported to express their views and be actively involved in making decisions about their care and support however their mental health was monitored to ensure their choices did not endanger themselves, the staff team or the local community.

Good

Is the service responsive?

Our findings

People did not provide any feedback to us regarding this area. One social care professional told us the senior staff responded well to people's changing mental health needs and looked for solutions when presented with problems.

Each person's care and support needs were assessed and a plan of care was in place detailing how those needs were to be met. The care plans covered all aspects of the person's daily life, any healthcare needs and the person's preferred life style choices. We looked at all five care plans and found them to be detailed and provided accurate information about the person's current care and support needs. The plans were person centred and were evidently based on a long term knowledge of the person. Some people had signed their care plans and it was recorded when others had declined to do this. Each of the plans had been regularly reviewed and when people's needs changed, their new needs were identified and a new plan devised. Care plans were reviewed on a three or four monthly basis or as often as necessary.

During care plan reviews people's satisfaction in the care and support they received was checked. The service had a complaints policy and a copy of this was displayed in the front lobby. The registered provider had also put a suggestion box in place. The service maintained a log of any complaints received. Two complaints had been logged in the previous 12 months. The assistant manager had analysed these to see if there was any trend. By doing this the service would then be able to make improvements to reduce or eliminate the chance of a reoccurrence.

Good

Is the service well-led?

Our findings

The service had improved to Good. At the inspection in December 2016 the provider did not have effective auditing systems in place to assess the quality and safety of the service. Since the inspection the provider had introduced a quality compliance system (QCS) and a programme of audits were now in place to check on the quality and safety of the service. The QCS policies and procedures had been adapted to be relevant to the service and whenever any changes were made to these, staff had to read and sign, confirming they had understood the changes. There was a programme of monthly and six monthly checks to be completed by the assistant manager. We saw an audit of the facilities and maintenance – this covered ventilation, heating and lighting. A number of shortfalls had been identified in this audit and an action plan had been written – all but one item on this plan had been rectified. We also saw an audit regarding infection control and prevention procedures. This audit had failed to identify the concerns we had regarding bed mattresses and we had a discussion with the assistant manager regarding adding this to the audit form. Other audits were completed in respect of room inspections, food hygiene and kitchen checks, health and safety, care documentation and the management of medicines. These measures meant the service was able to identify any shortfalls and take remedial action.

People did not provide any feedback to us regarding whether the service was well led. Staff said they felt they were well supported by the registered manager and the assistant manager and they both provided good leadership. During the weekend days management support was provided by the registered manager at the provider's sister home (situated nearby). The registered manager was on-call each night if the sleep-in staff member required assistance. The registered manager had completed a level four foundation management course in 2000. The registered manager did not provide us with any other details regarding more recent training they had received in order to satisfy us that the registered manager was up to date with legislation changes and effective best practice. They told us it was the plan that the assistant manager apply to be the registered manager in the future but there was no date for this to happen. The assistant manager had recently completed a level five diploma in leadership and management in preparation for this role.

The assistant manager regularly analysed any accidents or incidents that occurred in order to identify any trends. Complaints and safeguarding alerts were analysed as well. The assistant manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

The assistant manager had tried to gather feedback from people, their family and health and social care professionals using quality assurance survey forms in December 2017. People had not been willing to engage with this process or had only provided yes/no answers. The GP had declined to provide feedback and the other health and social care professionals had not responded so far. The assistant manager had reflected upon the survey forms and planned to make changes to the layout and length of the forms.