

Striving for Independence Homes LLP

Pettsgrove Care Home

Inspection report

SFI Care Homes
3 Pettsgrove Avenue
Wembley
Middlesex
HA0 3AF

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12 April 2016

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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 12 April 2016 and was unannounced. At the last inspection on 16 July 2015 we had found that while some improvements had been made from the inspection of December 2014, there were still breaches of regulations. These were in respect of safe management of people's finances, insufficient arrangements to deal with emergencies to reduce risks to people, not having regard to treating people with dignity and respect at all times and not operating effective systems and processes to make sure they assessed and monitored their service.

Pettsgrove Care Home is a care home that provides care, support and accommodation for up to six people with learning disabilities. At the time of our inspection there were five people living in the home.

We took enforcement action following the inspection on 16 July 2015 and imposed conditions on the provider's registration regarding concerns we found about the management of people's finances. We also served a warning notice in respect of a breach for not operating effective systems to monitor the quality of the service.

We carried out this inspection on 12 April 2016 to check what progress had been made in respect of addressing the breaches identified at the July 2015 inspection and also carried out a comprehensive ratings inspection.

At this inspection the home was supporting five people. There was a manager but no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The current director had submitted an application for registration as a registered manager by CQC..

We found considerable improvements had been made in each key question. People's relatives felt the service was safe and that staff treated people well. The conditions we had imposed and the warning notice we had served had been complied with. There were appropriate records of people's finances including their spending. Staff carried out daily and weekly checks of people's finances to reduce the risk of financial abuse. Risks to people were identified and monitored.

There were sufficient staff to meet the needs of people and the service had conducted appropriate recruitment checks before staff started work.

People had been involved in the planning of their care. We also saw that their relatives were involved as appropriate. Support plans and risk assessments provided clear information and guidance for staff on how to support people. This included guidance about meeting people's nutritional needs.

Staff received adequate training and support to carry out their roles. They asked people for their consent

before they provided care and demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff respected people and involved them in decisions about their care. People's independence was promoted and supported.

Staff told us there had been improvements at the home following our July 2015 inspection. Audits had been carried out to identify any improvements that were needed. Staff felt confident they were heading in the right direction. The director of the service felt the service had recruited the right staff and management team to move the service forward.

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.

Risks to people were assessed and monitored, and guidance was available to staff on how to safely manage identified risks.

People received appropriate support with the management of their finances. There were procedures in place for the safe handling of their money.

There were arrangements to deal with emergencies. Staff had a good awareness of how to respond and were clear about actions to take if evacuation was required.

Staff recruitment procedures were effective and there were sufficient numbers of staff to meet people's needs. Staff knew how to protect people from abuse or neglect.

Is the service effective?

Good ●

The service was effective.

Staff completed an induction when they commenced work. Staff had received regular training relevant to the needs of people using the service. They also received regular supervision to support them in their roles.

People were supported to maintain good health. They had access to healthcare services to make sure they received effective healthcare and treatment. They were supported to have a balanced diet and their dietary needs were assessed and monitored.

Staff asked people for consent before they provided care. They were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring. People were supported and staff understood individual's needs.
People were treated with respect and staff maintained privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People were involved in developing their support plans in collaboration with their family and staff.

Staff were knowledgeable about individual support needs, their interests, and preferences and actively supported people.

People and their relatives knew how to make a complaint and complaints were responded to and resolved appropriately.

Is the service well-led?

Good ●

The service was well led. Staff told us things had improved since our last inspection.

Staff had confidence in the management plans. The service director and staff knew there was still progress to be made and were open about this.

People's views were sought about the running of the service and audits were completed to identify any problems which were then addressed.

There were a range of processes in place to monitor and improve the quality of the service.

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 inspection took place on 12 April 2016 and was unannounced. The inspection team consisted of two inspectors.

As part of our planning we looked at the information we held about the service including information from any notifications the provider had sent us and audits. A notification is information about important events that the provider is required to send us by law. We also asked the local authority monitoring team for their views of the service.

During the inspection we looked at support plans and risk assessments of four people, six staff files, people's medicines charts and other paperwork that the service held. We also spoke with a local authority social worker and two health care professionals.

Is the service safe?

Our findings

At the last inspection in July 2015 we had found a breach of regulation in relation to the way people's money was looked after. We took enforcement action to impose conditions about how people's money should be handled. The provider complied with these conditions. At this inspection we found significant improvements had been made. Financial risks to people had been identified and action taken to reduce the risks.

People received appropriate support with the management of their finances. There were procedures in place for the safe handling of people's money. Each person had a 'financial profile', which described what support they needed with their finances. The money belonging to people was subject to a regular audit or checked at regular intervals by the responsible person to reduce the risk of financial abuse. Each entry on the individual account record was countersigned to provide a witness to each transaction. The money belonging to each person was kept securely in a locked place with the key held by the person in charge of each shift. A financial audit trail was kept for each person using services and this audit trail was made available for inspection by responsible local authorities.

At the last inspection in July 2015 we had found a breach of regulation as there were inadequate arrangements to deal with emergencies to reduce risks to people. There were no assessments about people's support needs in respect of evacuation (Personal Emergency and Evacuation Procedures). We took enforcement action that required the provider to send us an action plan to confirm how they identified and monitored risks. The provider complied with these conditions. At this inspection we found significant improvements had been made. The fire alarm was tested weekly to ensure it was in working condition. At least four fire drills had been completed in the last 12 months. The last fire drill was carried out on 21 March 2016. The home had a fire risk assessment. Personal emergency and evacuation plans for people had been prepared.

Risks to people had been identified and action taken to reduce the risks. There were procedures in place for monitoring and managing risks to people receiving care. There was a health and safety policy available. We looked at files of people receiving care and each contained an individualised risk assessment and management plans. The risk assessments contained guidance for minimising potential risks such as risks associated with going out alone to the shops, risks from traffic and electrical equipment.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boiler and electrical installations. The hot water temperatures had been checked prior to showers or baths being provided for people. We saw that these were documented and they were no higher than 43 degrees centigrade. Staff were aware they needed to check the temperatures were safe.

The home had a current certificate of insurance. The premises were clean and no unpleasant odour was noted. Staff we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy and there was a cleaning schedule. We visited the laundry room and discussed the laundering of soiled linen with a care worker. They were aware of the arrangements for soiled

and infected linen.

We observed that people were cleanly dressed and appeared well cared for. Staff were constantly present and ensured that people were safe. We saw them assist people into the people carrier taking them to the day centre. Staff interacted regularly with people and greeted them warmly when they returned. Staff were able to explain how they would keep people safe and understood how to report it if they thought people were at risk of harm. A relative told us, "I do not have any concerns about [my relative's safety]. I trust [the service] with my relative's life."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Staff had received training in safeguarding people. There was a policy on safeguarding adults so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff understood the procedures they needed to follow to ensure people receiving care were safe. Care staff described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

We examined a sample of four records of staff who were recently in post. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

We looked at the staff rota and discussed staffing levels with the registered manager. On the day of inspection there was a total of five people. The staffing levels normally consisted of the manager and three care workers during the day shift and two care workers during the night shifts. The manager and staff informed us that the staffing level was adequate and if needed, extra staff would be on duty to provide assistance or escort people on outings or appointments.

The arrangements for the recording, storage, administration and disposal of medicines were checked. There was a medicines policy and staff had been provided with appropriate training. No unexplained gaps were noted in the medicine administration charts (MAR) we examined. There was a system for auditing medicines. Records of medicines received and disposed of were kept. The temperature of the fridge and room where medicines were stored had not been recorded to ensure that they were within the recommended range. The registered manager took prompt action and confirmed to us soon after the inspection that they had started recording them.

Is the service effective?

Our findings

At the last inspection in July 2015 we had found people were not always supported to make choices for food. At this inspection we found that significant improvements had been made to facilitate people's food choices. Support plans included information about how people were involved in decisions about their food. Staff told us and records showed that pictures of food and meals were available to support people with choosing meals. We observed staff helping people to choose meals using pictures of food.

Staff were knowledgeable about people's individual nutritional needs including particular dietary needs. For example, some people in the home had diabetes. We discussed their care with the service director and staff and they were knowledgeable regarding the particular needs of people and the need for sugar free food. There was evidence that appointments had been made with healthcare professionals for people's medical needs to be reviewed.

We saw that people had been involved in developing menu plans and choices were regularly adapted in line with their preferences. The cook explained that some people could not choose from the menu and alternatives were always provided. At this inspection we saw that an alternative of sandwiches was available for people who may not have liked the hot meal. We saw people entering the kitchen and requesting drinks or fruit and this was responded to positively. People used gestures, by way of nodding to confirm they had enjoyed their lunch.

There was a nutrition and hydration policy to provide guidance to staff on meeting the dietary needs of people. We observed people eating their lunch. The meals were presented attractively and dessert was available. Monthly weights of people were recorded. Staff were aware of action to take if there were significant variations in people's weight. They stated that they would report it to the manager and if necessary, they would also report it to people's GP.

At the last inspection in July 2015 we had found that Health Action Plans (HAP) for people had not been completed. HAP is a personal plan about what a person with learning disabilities can do to be healthy. It lists any help people might need to keep healthy, such as what services and support people need to live a healthy life, healthy foods and when to go for a check-up. As a result there was a risk that some people's needs might not be met. At this inspection we found that significant improvements had been made to ensure people's health needs were met. Each person had a health action plan with details of their needs and professionals involved. Their healthcare needs were closely monitored by staff. Support plans of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of mental health problems. 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.

People were supported by staff who were knowledgeable regarding their needs. Staff told us and records

confirmed that they were supported through regular supervisions. One staff member told us, "I feel supported. I get supervision regularly. The manager has always been there when I needed assistance." A local authority social worker told us, "Since [my client] moved here, we have had no concerns. Staff have managed the whole process well."

New staff had undergone a period of induction in accordance with the Care Certificate to prepare them for their responsibilities. The topics covered included policies and procedures, staff conduct, information, person centred care and health and safety. The director of the service informed us that six new staff had been enrolled on the Care Certificate. The director of the service carried out supervision and annual appraisals of staff. Staff confirmed that this took place and we saw evidence of this in their records. They informed us that communication was good and that the management were approachable.

Training records showed that staff received regular training that supported them in their role. We saw copies of their training certificates which set out areas of training. Topics included first aid, equality and diversity, moving and handling, health and safety and the administration of medicines.

The Mental Capacity Act 2005 (MCA) 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act 2005 and the associated DoLS with the director of the service. The directors of the service and staff knew they had to make decisions for people they supported and if needed. We saw that when people could not make a specific decision this had been correctly assessed and decisions were made in the best interests of the person.

The service had written information on the Mental Capacity Act 2005 so that staff had access to important information to uphold people's rights. Staff knew that when people had the mental capacity to make their own decisions this would be respected. They understood their responsibilities in making sure people were supported in accordance with their preferences and wishes. Records confirmed staff had received training in MCA

People freely accessed areas of the building, including the lounge, kitchen, and dining room when they wanted to. This showed that people could have the independence and freedom to choose what they did with as little restriction on their liberty as possible. The director of the service knew how to submit a request for DoLS authorisation. Two people using the service were subject to a DoLS for their safety.

Is the service caring?

Our findings

At the last inspection in July 2015 we had found breaches in regulations as people using the service were not treated with respect and dignity at all times while they were receiving care. At this inspection we found significant improvements had been made. We saw staff treating people with respect and checking what their preferences were. Staff knocked on people's doors before they could enter their rooms. The care plans described how people should be supported so that their privacy and dignity were upheld. A member of staff told us, "I knock on the door and wait to be told to come in." This showed that staff had an awareness of the need to respect people's privacy and dignity. A compliment from a relative read, "[My relative] is always clean, well dressed, looks healthy and happy."

The support plans described how people should be supported so that their privacy and dignity were upheld. These were regularly reviewed, to ensure staff understood when people may need more support and attention. This showed that staff had an awareness of the need to respect people's privacy and dignity.

We saw that people were clean and well dressed. Their rooms were clean and each person had personalised their rooms with their own belongings, souvenirs and family photographs. We found there was a caring and supportive atmosphere throughout the inspection. We observed staff speaking with people in appropriate way throughout the inspection. A healthcare professional told us, "Staff are extremely caring. They think of [my relative's] welfare." This view was supported by another healthcare professional.

Staff understood the needs of the people using the service and could describe how people liked to be supported. A new member of staff told us how they read people's care plans to learn more about them. The staff member told us, "I read the care plans to see if they have allergies; for their likes and dislikes and dietary needs."

Support plans had a section with people's personal histories, likes and dislikes. Staff were able to tell us, in detail what each person liked and enjoyed. This was reflected in the interactions that we observed between staff and people.

The service had an up to date policy on equality and diversity. Staff had received training on equality and diversity, as part of their induction. People were supported with their religious observances, including visits to church. One person was supported to attend church services by staff. We saw care plans had been completed to indicate people's preferences and where they may be supported to maintain a level of independence; eating meals for example.

People maintained personal relationships with family and friends. Relatives told us they were involved in reviews of their care. Since the last inspection some relatives had been invited to attend reviews of people's care.

Is the service responsive?

Our findings

People received personalised care and support. Their care records identified their needs and we observed staff knew about people's needs. The format of care plans had been changed since our last inspection. The service director told us they wanted the plans to be more person centred. We saw that the new plans were in pictorial format and contained clear guidance about meeting each person's individual needs. The plans were reviewed at regular intervals and updated to ensure they remained relevant. A compliment from a relative read, "The home put people's care first and they have always been focussed on meeting their service user's needs." Asked if the service was meeting people's needs, a relative told us, "Yes. I feel happy with the care [my relative] gets."

People's care plans were personalised and reflected how people wanted to be supported. For example, one person displayed behaviours that challenged the service and we saw there was a positive behaviour support plan for this person. The family of the person, the local learning disability team, and Pettsgrove staff had been involved in developing the plan. The positive behaviour support plan instructed staff to recognise targeted behaviours, what statements or cues staff needed to use to intervene, what staff should do to replace targeted behaviours and how staff should alter the environment so targeted behaviours could be replaced. The support plan was flexible and responsive to the individual. A local authority social worker told us that the home had regular meetings about this person and was positive about the way the home was supporting this person. Healthcare professionals who had been involved in the care of this person told us, the service was responsive to the needs of the person citing the recent increase of staff to two, to support the needs of this person. Healthcare professionals said staff had communicated well and had followed the clinical guidelines.

People maintained personal relationships with family and friends. Support plans reflected the importance of maintaining these relationships for people. We saw from their support plans that people regularly saw family and friends.

People were encouraged to have a full and active life and follow their interests. There was a programme of activities organised by the home in collaboration with two other homes owned by the provider. This 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 home 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 home 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.

The director told us they had received one complaint since our last inspection and we saw this was responded to within the recommended timescales.

Is the service well-led?

Our findings

At the last inspection in July 2015 we had found breaches in regulations as systems to monitor the quality of the service were not always effective at identifying shortfalls. We took enforcement action that required the provider to send us an action plan, which identified how they planned to monitor the quality of the service. The provider sent us an action plan, which we saw they had complied with and significant improvements had been made at this inspection. There were audits and checks of the service carried out by the service director and senior care workers. They included checks on the health and safety of the premises, equipment used, care documentation. These were completed at monthly intervals and recorded. Checks on medicines were recorded daily.

There had been a noticeable difference in staff attitude and ways of working throughout the home. Staff were confident to talk with us about the values of the organisation, including the importance of promoting choice and independence for people. Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff who had been employed at the service during our previous inspections felt there were considerable changes since the last inspection. Equally new members of staff had a positive outlook of the service. A new member of staff told us, "The [director] is very supportive. I have raised issues, and they have been resolved satisfactorily."

The service had a system for ensuring effective communication among staff. Regular meetings had been held with staff to update about the service and to obtain their views. Staff informed us that there were meetings where they could discuss the care of people and the management of the service. We read minutes of the last staff meeting, and we saw a range of topics were discussed, including 'What has happened in last 6 months'; 'What we can expect this quarter'; 'What is not working well' and 'What is working well'. In each topic area, staff were free to express their views and suggestions. For example, under 'What is not working well', staff discussed how they could improve the management of people's money, which we saw had been improved at this inspection. Staff also discussed 'What is working well', including the improvements in risk assessments and care plans.

The service had also gathered feedback from staff and people through surveys, meetings and one to one discussions. There was an annual satisfaction survey that was carried out in December 2015. This survey indicated people and their representatives were positive regarding the services and care provided.

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

We also saw that accidents that occurred within the service were appropriately documented and investigated by the service director. The outcome of investigations led to a monthly analysis of all accidents and incidents to identify any areas of increased risk. The results of this analysis were shared with staff to

raise awareness of identified areas of increased risk within the service.