

Protea Care Homes (Kent) Ltd

Ruby House

Inspection report

Suite b, Kiln House
15-17 High Street
Elstree
Hertfordshire
WD6 3BY

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05 April 2018

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 3 and 5 April 2018 and was announced.

This service provides care and support to people living in a 'supported living' setting. So that they can live in their own home 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.

Ruby house can accommodate up to a maximum of six people. On the day of our inspection, there were five people living at the service but only two people were receiving the regulated activity of personal care.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We found people had limited choice and were not consistently supported to develop their everyday living skills to reach a greater level of independence.

At our last inspection we rated the service requires improvement. At this inspection, the service had made some improvements, in particular in relation to record keeping. However, we found other aspects of the service still required attention to ensure continued compliance with the regulations.

The service has a registered manager. 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.

People were not consistently treated with dignity and respect. This was because the communal areas used by people were not well maintained and did not provide a stimulating environment for people to develop their everyday living skills and help them to become more independent.

Generally, people interacted well with staff and appeared to be comfortable in their presence. However, one person raised concerns about how staff spoke to them. The service manager agreed to fully investigate this concern.

There was no evidence of people being supported to pursue hobbies or explore or engage with topics that were of interest to them. We observed people to be sitting in a communal lounge watching television for extended periods of time.

People were not consistently protected from the risk of infection. The communal areas of the service were not well maintained or cleaned. And the provider had not taken sufficient steps to raise this with the landlord of the property.

People were protected from the risk of harm. There were effective safeguarding procedures in place and staff had received safeguarding training.

Risks associated with people's care and support had been assessed and personalised risk assessments were in place. The assessments provided staff with detailed information on how individual risks to people could be mitigated.

People received their medicines safely. There were effective systems in place for the safe storage and management of medicine and regular audits were completed.

Safe recruitment practices were followed. There were sufficient numbers of staff deployed to meet people's needs. Staff received regular supervisions and felt supported in their roles. Staff completed an induction when they commenced work at the service followed by an on-going programme of training.

Consent was obtained from people before any care or support was provided. The service operated within the principles of the Mental Capacity Act 2005 (MCA).

People received care and support which was personalised. Care plans and risk assessments gave clear guidance to staff and had been regularly reviewed and updated.

There was an effective complaints procedure. People attended day care and staff supported people with shopping and attending occasional events in the community.

The service manager who had recently joined the service operated an open and transparent culture and staff were positive about the support they received.

Quality monitoring systems and processes were in place. However, these were not always effective in identifying shortfalls such as those identified as part of our inspection. The registered manager and service manager were receptive to feedback and put immediate measures in place to address the shortfalls. We also received an action plan detailing how the improvements would be achieved.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People were not protected from the risk of infections.

People told us they felt safe and staff were knowledgeable about safeguarding procedures.

Individual risks to people were managed effectively.

Staff were recruited through a robust system.

There were sufficient numbers of staff deployed to support people in a timely way.

People were supported to take their medicines as prescribed.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People's needs were assessed but care provided did not consistently support people to achieve effective outcomes.

People's individual needs were not met by the design, adaptation or decoration of the premises.

People were not encouraged to have a balanced and varied diet.

People were asked to consent to their care, before being supported.

People had their capacity assessed in line with the principles of the Mental Capacity Act 2005 (MCA).

Staff received training relevant to their roles.

People were supported to access healthcare professionals.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

People's dignity, privacy and independence was not consistently promoted and maintained.

People were not always asked for their views, or involved in making decisions about how their care was provided.

People had not always developed meaningful relationships with staff who supported them.

Is the service responsive?

The service was not consistently responsive to people's changing needs.

People were not consistently supported to engage in activities or to pursue hobbies or topics that were of interest to them.

There was a complaints process in place and people knew how to raise concerns.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

The service provided to people was not always person centred, open and inclusive.

Quality assurance systems were not effective in identifying shortfalls we found during the inspection.

People, staff and stakeholders were not fully engaged with developments at the service.

The management team were committed to learn and improve to help ensure where improvements were made they were sustainable.

The service demonstrated they worked in partnership with other agencies.

Requires Improvement ●

Ruby 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 checked 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.'

When we last inspected the service in November 2016 the service was rated overall requires improvement. This was due to concerns about obtaining peoples consent, a lack of evidence in respect of how concerns and complaints were managed. Well led too was rated requires improvement because of issues in relation to record keeping. We found the service was in breach of regulation 17 - Good Governance; this was due to a lack of suitable evidence to demonstrate compliance.

The inspection took place on the 3 and 5 April 2018 and was announced. We gave the provider 48 hours' notice because the service is supported living. We needed to make sure managers were available to support our inspection. The inspection was undertaken by one inspector. We visited the office location on 3 April to see the registered manager and office staff; and to review documents and policies and procedures. On the 5 April we visited the service to speak with people who used the service and staff and to observe how people were being supported.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information on 1 August 2017. We reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events, which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection, we spoke with two people who used the service, two support workers, the service manager, compliance manager, a human resources officer and the registered manager.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and associated risk assessments of two people who lived at the service, and also checked medicines administration records to ensure these were reflective of people's current needs. We looked at two staff recruitment files, the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed quality monitoring records to see on how the quality of the service was monitored and managed to drive future improvement.

Is the service safe?

Our findings

People told us they felt safe generally. However one person told us "I do not like the way staff speak to me sometimes and they raise their voices and it does not make me feel safe". The service manager reassured the person that they would investigate this concern and would ensure the person would be supported to be kept safe.

We found that the supported living property was not well maintained and people had not received the appropriate support to ensure the property was maintained to a safe and hygienic standard. The kitchen which was used by all people who were supported at the service was not clean. The cupboards were soiled and stained. The sink and draining board was soiled. The work surfaces were ill fitting and the joins had parted leaving residual food and debris underneath them.

All different food types were found to have been placed in the fridge and were all together including meat products along with dairy and vegetables were all on the same shelves which could lead to cross contamination. There was a hole in the kitchen wall. Kitchen units were old shabby and had cracks in them and corners had become scuffed providing risk of contamination. Roasting trays we found to be rusty and very soiled.

We discussed this with the service manager and registered manager. They told us that they had not raised these concerns with the landlord of the property who was responsible for the maintenance of the building. However the registered manager agreed to take action when the concerns were identified during the inspection.

Risks to people were assessed and measures put in place to mitigate risks where possible. For example risk assessments included people's safety which was assessed when they went out in the community to help keep people safe. Staff were knowledgeable and understood the measures in place to mitigate risks. People were encouraged and supported to take positive risks for example people were being supported to manage their own medicines. Risk assessments in people`s care plans were up to date and identified what actions were to be taken by staff to mitigate the risks further. For example by going out with people so any risk of harm to them could be reduced.

Recruitment processes were robust and we saw that pre- employment checks were completed before staff commenced work at the service. These included a disclosure and barring check (DBS). References were taken up from previous employers. Potential staff were asked to provide proof of identity and eligibility to work in the UK. This helped to ensure staff employed by the service were of good character and suited to work in this type of service.

Staff were knowledgeable about how to keep people safe from harm. Staff told us they received safeguarding training and they knew how to report their concerns internally and externally to local safeguarding authorities if required. They were able to tell us possible signs of abuse and how to document and report their concerns.

Staff managed people's medicines safely. We saw that staff followed safe working practices while administering medicines and records checked were completed consistently. Medicines were stored appropriately in people's individual bedrooms, in locked cabinets. Medicine administration records (MAR) charts were signed after staff gave people their medicines. There were PRN protocols in place which ensured staff had guidance in how and when to give people medicines prescribed on as and when required basis.

Is the service effective?

Our findings

At the last inspection on 9th November 2016, the service was rated requires improvement in effective. This was due to a lack of evidence with regard to the recording of people's consent. At this inspection, we found that people's consent had been obtained and recorded in their support plans. Staff took the time to ask people if they wanted to be assisted and told us they respected people's wishes if they refused support.

People's needs were assessed but care provided did not consistently support people to achieve effective outcomes. People had limited choices in respect of their routines. For example, people could not choose who provided their care or specific times as staff were often supporting other people. This meant that people did not always receive person centred care that reflected their personal preferences. People were not always encouraged to make decisions about their care and their day to day routines and preferences.

The service is registered as 'supported living' and the registered manager told us "We support people to become more independent". The objectives of the service set out in their statement of purpose included information about retaining independence, choice and control. However people's daily routines did not explore objectives or monitor people's achievements to demonstrate that they were achieving maximum levels of independence. This meant that the service provided to people was not always effective. For example people did not have specific goals with plans on how they would be achieved such as preparing a meal from scratch with support.

People were not supported with choices about healthy eating and to maintain a balanced and varied diet. We observed that there was a 'shared' kitchen for all five people who used the service. The service manager told us that people choose their own food but we saw that was mainly 'ready meals'. They told us that this was an area that they hoped to develop in order to provide people with information to support them to make healthier and informed choices. We saw that people were restricted from choosing when to prepare and eat their meals due to the limited communal areas of the home.

People had limited choices about when they cooked and ate their meals due to the shared use of the kitchen and dining area. The kitchen and utensils in the kitchen were poorly maintained and did not provide people with a stimulating or interesting environment to work in.

People had their capacity assessed in line with the principles of the Mental Capacity Act 2005 (MCA). 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. We saw that two people were restricted from leaving the service on their own due to concerns about their safety. Applications had been submitted to the Court of Protection in accordance with the statute to authorise these restrictions.

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and provided staff with the skills they needed to care for people who used the service. Staff were regularly supported by the service manager and had regular supervision and appraisals. One staff member said "I feel well supported; we get regular training and have team meetings as well as individual time to discuss anything like development and the people who use the service if there are any changes."

People were supported to access healthcare professionals. People told us that they were supported by staff to attend health care or hospital appointments, as well as GP and dentists, or any other medical professional when required.

Is the service caring?

Our findings

People's dignity, privacy and independence was not consistently promoted and maintained. We observed on the first day of our inspection that a person remained in their pyjamas at 4pm in the afternoon. We asked staff about this and were told this was their choice. However, staff did not explain how or what they had done to encourage the person to accept assistance with personal care and to get dressed. We then saw the person going to the supermarket with a staff member with outer clothing on over the top of their pyjamas. This did not respect, promote or maintain the person's dignity and privacy. The person had capacity but this fluctuated depending on their mental health status.

In relation to people's dignity, we found the bedrooms of people required attention and redecorating in order some work to provide a more stimulating environment for people, in which to live. We did note that people's rooms had been personalised. One person told us they would like their bedroom painted in a colour of their choosing as their room had been decorated prior to them moving into the service, by the provider. The service manager agreed to explore this and arrange for this person's room to be redecorated. We also noticed that the paintwork was chipped and wallpaper ripped. The provider had failed to do everything reasonably practicable to ensure that people's individual needs and preferences were taken into account in providing a homely environment that reflected people's individual personalities.

We observed people were not always appropriately groomed and staff told us people often refused personal care. We found no guidelines or strategies in place for staff to follow with regard to how to support people who refused personal care.

People were not always asked for their views, or involved in making decisions about how their support was provided. People told us they were not sure if they were involved in discussions about how their care was provided. One person told us "The staff usually helps me when I need help but I don't think I can make a choice about my support". The person looked to their keyworker for agreement and reassurance. The person appeared uncomfortable to talk about their support and displayed signs of anxiety such as constantly rubbing their eyes, clasping and unclasping their fingers and playing with their hair.

People had not always developed meaningful relationships with staff who supported them. One person told us "The staff sometimes make me feel uncomfortable and said that they felt some of the staff 'were not very nice to them'. They went on to say staff shouted at them and this made them upset, and when this happened they went to their room. The service manager was present and confirmed they would fully investigate this allegation.

We saw that staff chatted with people and responded when people asked a question. Staff demonstrated they knew people's needs well. Staff were able to describe people and their conditions and care and support plans contained specific and detailed information. However, it was not clear how the documentation related to the support provided as our observations identified that people were not always supported in a way they chose or that demonstrated that they had control and independence.

We observed that staff knocked on people's doors before entering and asked for people's permission to show us around their bedrooms. This showed that people's privacy was respected in relation to their personal space.

Is the service responsive?

Our findings

At the last inspection on 9 November 2016, the service was rated requires improvement in responsive. This was due to a lack of evidence with regard to how complaints and concerns were recorded and investigated. At this inspection, we found that improvements had been made. There was a complaints process in place and people knew how to raise concerns. The procedure was available in pictorial format to help people understand the process and follow the simplified process.

The service was not consistently responsive to people's changing needs. what we observed on the day was not in line with the information contained within peoples support plans For example we saw that in the case of one person their care plan was very detailed and contained information under the heading of 'A day in the life'. However, what was provided was not in line with the information contained within their care and support record.

We found that people's support records lacked strategies in order to help manage and encourage people when they presented with behaviours which challenged others. This meant that people's changing needs were not always appropriately managed. In particular, when people's mental health deteriorated or when people had a decline in their mood.

One staff member told us that people often changed their minds. For example, if people had a late night they then would not attend day care. However, the service manager told us this meant that the person then stayed in bed the following morning, which was not stimulating or conducive with maintaining their mental health. The person then sat in the communal areas of the service most of the day. They told us that they 'overthought things' when they were on their own. The service manager told us that they were doing some work with staff to develop their skills with regard to both encouraging people to make informed choices and to support them to achieve their objectives.

People were asked for their feedback. However, there was little evidence to demonstrate that any action was taken as a result of the feedback provided. One person told us "I am not sure if they would listen to me or not". The registered manager told us "We do listen to people and respond accordingly". However, the examples provided referred to reactive responses and not proactive when people's needs changed. One example was in relation to supporting a person to manage their medicines more effectively when going on home visits. Another example given was when a stakeholder made a negative comment they recorded this as an 'informal complaint'. They then looked at the procedure that was in place and as a team look at how they could improve the service, they provided to prevent this becoming a formal complaint. This demonstrated that complaints were reviewed and staff used reflective practice to try to learn from events.

Is the service well-led?

Our findings

At the last inspection on 9 November 2016 the service was rated overall requires improvement in Effective, Responsive and Well led. This was due to concerns with regard to the records that related obtaining people's consent, a lack of evidence in respect of how concerns and complaints were managed. Well led was rated Requires Improvement due to issues in relation to record keeping and the availability of suitable evidence to demonstrate compliance with regulation 17.– Good Governance. At this inspection, we found improvements had been made in respect of record keeping across all areas. However, quality assurance systems and processes were not always effective in identifying shortfalls we identified during our inspection.

The service provided to people was not always person centred, open and inclusive. Records were detailed and contained person centred information. However, care and support provided did not always mirror what was in the support plans. This was an area that required development and improvement.

Quality assurance systems were not effective in identifying shortfalls we found during the inspection. We found that the cleaning and infection control measures at the service were not effective and had not identified shortfalls in the upkeep and maintenance of the communal areas of the service.

People, staff and stakeholders were not fully engaged with developments of the service. The registered manager told us they held residents meetings where people could discuss the service, developments or future plans. However, people we spoke with appeared to be unaware of plans for the development of the service, which suggested that they were not fully engaged with decision making in relation to the direction of the service.

The management team were committed to learn and improve to help ensure where improvements were made they were sustainable. The management team were receptive to feedback and told us they were committed to addressing the issues that were identified during the inspection process. Following the inspection we had been provided with an action plan, which detailed how they were going to address the shortfalls and the dates by when this would be achieved. This demonstrated a commitment to drive improvements to achieve better outcomes for people who used the service.

The service demonstrated they worked in partnership with other agencies. The registered manager told us they worked in partnership with a number of other professional organisations. This included the community mental health team, dieticians and healthcare professionals. We saw evidence of records, letters and communications from healthcare professionals, which demonstrated partnership working.