

Completelink Limited

Prestwood House

Inspection report

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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 

Summary of findings

Overall summary

This comprehensive inspection visit took place on the 7 August 2018 and was unannounced.

Prestwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Prestwood House is registered to accommodate 59 people in one building. Some of the people living in the home are living with dementia. At the time of our inspection 40 people were living at the home. Prestwood House accommodates people in one building and support is provided on three floors. There are a variety of communal areas that people can access.

There is a registered manager in place. 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.

Some people were placed at an increased risk as we saw poor moving and handling during our inspection. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. Improvements were needed to the environment to support people living with dementia.

The actions plan the home had in place did not identify all areas of improvements. Improvements were needed to how complaints were responded to. We found concerns with some information including how pressure management was documented within the home. There were no systems in place to review documentation in the home however the provider had identified this as an area of improvements.

We found people were happy with the care they received. They were supported in a kind and caring way by staff that were trained and knew them well. New staff had the opportunity to participate in an induction which they enjoyed. Staffs suitability to work within the home was checked by the provider. People's privacy and dignity was maintained and people were supported to remain independent and make their own choices. Friends and visitors felt welcomed by staff and were free to visit at any time.

Risks to people were considered and reviewed and this included the environment and equipment. There were enough staff available to offer support to people and they had received training and were aware of procedures to protect people from potential harm. Staff were also aware of whistleblowing procedures and were confident to follow this if needed. They felt supported and listened to by the home manager.

Medicines were managed in a safe way. The home was clean and well maintained and infection control procedures were in place and followed. The home worked alongside health professionals and when needed referral and support was provided. People enjoyed the food and were offered a choice. People also had the opportunity to participate in activities they enjoyed.

Audits were taking place and information was used to make improvements within the home. The provider sought feedback from people and relatives. We were notified of significant events and the provider was displaying their rating.

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 always safe.

People were not always transferred in a safe way. Other risks were considered and reviewed. There were enough staff available to offer support to people. Safeguarding procedures were in place and followed. Medicines were managed in a safe way. Infection control procedures were in place and followed. There was a system in place so that when things went wrong in the home lessons could be learnt. The provider ensured staff suitability before the starting working in the home.

Requires Improvement ●

Is the service effective?

The service was not always effective.

When needed capacity assessments were not always in place. It was unclear when people lacked capacity how the decision had been made. The home was clean and maintained; improvements were needed to the environment for people living with dementia. Staff received an induction and training and knew people well. The home worked jointly with health professional to ensure people received the correct support. People enjoyed the food and were offered a choice.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported in a kind and caring way by staff they were happy with. People's privacy and dignity was maintained and they were encouraged to remain independent and make choices for themselves. Relatives and visitors were free to visit at any time and were welcomed by the staff.

Good ●

Is the service responsive?

The service was not always responsive.

Improvements were needed as to how information was documented. When people had sensory impairments, this had not been fully considered. Improvements were needed as to how complaints were responded to. People had the opportunity to participate in activities they enjoyed.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The systems in place had not always identified areas for improvement within the home. Audits were being completed and when needed improvements made. Feedback was sought from people and relatives. The home worked jointly with other professionals. Staff felt listened to and supported by the home manager. We were notified of significant events within the home and the provider was displaying their rating in line with our requirements.

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.

This inspection visit took place on the 7 August 2018 and was unannounced. The inspection visit was carried out by one inspector, a specialist advisor 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. A specialist advisor is a professional who has expertise in a specific area; our specialist had knowledge and expertise in nursing.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the most recent quality monitoring report that had been completed by the local authority. We used this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with nine people who used the service, six relatives or visitors, and four members of care staff the kitchen assistant, and the activities coordinator. We also spoke with two nurses and the home manager. We also spoke with a visiting health professional. One of the providers attended our feedback session at the end of our inspection.

We looked at the care records for seven people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home, policies and actions plans the home manager had implemented. We also looked at staff files so we were able to review the provider's recruitment process. We gave the provider the opportunity to send us any information after the inspection for us to consider. The day after the

inspection we received information from the provider this included a training matrix and a quality assurance plan. We considered this information as part of our inspection.

Is the service safe?

Our findings

We saw two people were transferred between their arm chair and their wheelchair or to a standing position. Two staff did this by standing either side of the people and lifting them under their arms. One of the staff members was also holding on to one of the people's upper arm. This practice is unsafe and does not meet the guidance from the health and safety executive for moving and handling in care homes. We checked the records for both people and there was no detailed documentation in place for staff to follow. Records for one of the people stated, 'requires assistance from two staff following a fall'. There was no other information documented including that this person was to be transferred to a wheelchair, and then would use the wheelchair to mobilise. We spoke with the management team who provided us with a detailed explanation as how the person should mobilise. They told us staff did not need the detail as they were trained and experienced in moving and handling. As staff had used an unsafe practice this meant these people were not transferred in a safe way and were placed at risk. There was also not the necessary guidance in place for staff to follow. We saw other people were transferred in a safe way and in line with information that was recorded in their care plans.

People felt safe living at Prestwood House. One person said, "I Feel safe here as there are people about to assist and see I have everything I need." Another person told us, "I feel safe as there are staff about if you want them." Other risks to people had been considered and assessments were in place. When incidents such as falls had occurred within the home, these risk assessments had been reviewed. When people needed equipment, this had been maintained and tested to ensure it was safe to use. This showed us these people were supported safely. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home in an emergency situation. Staff we spoke with were aware of these plans and the levels of support people would need.

When incidents and accident occurred within the home, forms were completed and these were reviewed by the home manager. We saw incident and accidents were investigated and action taken to ensure lessons could be learnt in the future when things went wrong within the home. We saw the home manager had documented the necessary information stating how changes had been shared with staff and how improvements had been made.

Staff understood safeguarding procedures and told us they had received training in this area. The provider had a safeguarding procedure in place. One staff member said, "It's protecting people from harm or a situation that may cause them harm." Another staff member said, "It's having a responsibility to people who are or can be vulnerable." They went on to say, "I would report my concerns to my senior or the home manager. I am confident they would report it appropriately." We saw when needed procedures were followed to ensure people were protected from potential harm.

There were enough staff available and people did not have to wait for support. One person said, "I use my buzzer in the night when I need the toilet and they come shortly." Another person told us, "Someone is at hand if you need them." We saw staff were present in communal areas and when people requested support

this was provided in a timely manner. The home manager told us they had a system in place to work out staff levels and this was based on occupancy and people's levels of dependency.

People were happy with how they received their medicines. One person said, "I am happy with how my tablets are managed." We saw staff administering medicines to people in a safe way. Staff spent time with people once they had given them their medicines ensuring they had taken them. We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines. When people received medicines on an as required basis we saw there was guidance in place for staff to follow. We saw there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

There were infection control procedures in place within the home and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was available to them. One staff member said, "There are no concerns they are everywhere." The provider also completed an audit in relation to infection control, this included mattress and environmental checks. We saw when needed action was taken to make improvements. For example, mattresses had been condemned. The environment was clean and maintained. We saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for five staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. There was also a system in place in to ensure that nurse's registrations were checked and up to date.

Is the service effective?

Our findings

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 or 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Mental capacity assessments were not always completed where needed. For example, when people had restrictions placed upon them such as bed rails or covert medicines. For some people we saw best interest's decisions had been made however capacity assessment had not been completed for the care that was agreed. When capacity assessments had been completed we did not see how the decisions had been made. For example, what information had been asked or shared with the person to assess their capacity and the persons responses. This meant the principles of the MCA were not always followed.

Staff told us they received training in MCA and demonstrated an understanding in this area. One staff member said, "It is supporting people to make decisions when they haven't got the capacity to make them themselves." Another staff member told us, "It's about consent. It is important we gain consent from people either through paperwork or by talking to them as you are delivering care." When restrictions were placed upon people the provider had considered this and made the relevant referrals.

Staff knew people well and were provided with an induction and training. One staff member who had recently started working at the home told us, "I did four days of group training which covered fire, moving and handling and other mandatory training. After that I was given a buddy who I worked alongside for a week." They told us they had found this helpful in getting to know people. Another staff member told us they were completing the care certificate as part of their induction. The home manager confirmed to us that new starters completed this as part of their induction. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care.

People enjoyed the food and were offered verbal choices. One person said, "I am offered hot and cold drinks and can ask." Another person told us, "Meals very good, very nice, choose the day before, if I don't like the main meal I have a salad." and "The meals are very good, I get a choice, curry or lamb today which I don't like but offered plenty of alternatives." At lunchtime we saw people had a variety of meals. Tables were presented well at meal times and there was a variety of condiments for people to use. Some people preferred to eat at the dining room table whereas others preferred a small table in front of their individual chairs. People were offered a choice of drinks with their meals and throughout the day people were offered

a choice of drinks and snacks. We saw during our inspection staff asking people what they would like for their meals the following day. When people needed specialist diets this was provided for them in line with their recommendations. The provider was also receiving feedback from people and they had the opportunity to complete a meal time satisfaction survey.

People received support from health professionals when needed. One person said, "I can get to see the doctor if I am feeling under the weather". Records confirmed that referrals were made to health professional when needed and people had access to health professionals including physiotherapists and the GP. During the inspection we saw a professional was visiting the home. They spoke positively about the staff and told us they had no concerns. The home manager and visiting professional told us they work jointly to ensure they delivered effective care and support to people.

We saw the home was clean and decorated in accordance with people's preferences. People's personal belongings were in their room, including photographs of people who were important to them. Improvements were needed to the environment as some people at Prestwood House were living with dementia. We did not see any suitable signage or adaptations that would offer appropriate support for people living with dementia. For example, there was no signage throughout the home guiding people to communal areas such as the bathrooms.

Is the service caring?

Our findings

People and relatives, we spoke with told us they were happy with the staff and the care they received. One person said, "Staff are excellent, caring, thoughtful, lovely, nothing is too much trouble." Another person said, "Staff caring and conscious of my needs, get on well with staff" and "It's very nice living here, staff very good." A relative commented, "Staff very friendly, they seem very kind, the residents seem happy." We saw positive interactions from staff throughout the day. Staff had time to talk with people and offered them support when they needed. For example, we saw one staff member offer choices and support to a person when they were having a drink. During activities and lunchtime people received support when needed and staff spoke with people whilst offering them assistance. People's comfort was also considered and people's positions were adjusted when they were seated in the sunshine. This meant people were supported in a kind and caring way.

People were involved with making choices. One person said, "You go to bed and get up when you want to". We saw staff offering people choices about the level of support they needed, where they would like to sit and what they would like to do during the day. Staff were able to provide us with example how they supported people to make choices. One staff member said, "I never just assume, so in a morning I will get the men a few shirts out of their wardrobe and ask them which is their preferred one for the day." Some records we looked at reflected how people made choices and what was important to them.

People's privacy and dignity was promoted. One person said, "Staff knock door prior to coming in and close door if doing personal care". Staff gave examples of how they treated people with respect and promoted their privacy and dignity. One staff member said, "If I am supporting someone to have a wash in bed I use a towel to help them cover up". Another staff member said, "I try and consider what's important for the person, so some of the ladies like their hair to look nice and their jewellery on. I think that is supporting people's dignity." We saw that people's dignity was maintained; when people were transferred using equipment blankets were used to cover people's lower bodies and staff shared information about people discreetly when needed.

People's independence was promoted. One person said, "The staff give me time to do what I can, they are very patient with me." One staff member said, "It is about giving people space and time to do what they can for themselves. We are there to enable people." We saw when people could walk independently with walking aids their equipment was in reach so they could mobilise when they needed. This demonstrated people were supported to maintain their independence.

Relatives and visitors, we spoke with told us the staff were welcoming and they could visit anytime. A relative said, "They bring me a drink without asking, I am made welcome, if it's someone's birthday I get cake." We saw relatives and friends visited throughout the day and they were welcomed by staff.

Is the service responsive?

Our findings

At our last inspection we found people did not always receive care in their preferred way and in line with their preferences. Care needs were not always recorded to ensure people received support when needed and they had not been involved with reviewing their care. At this inspection we found improvements had been made however further improvements were needed.

The documentation that was in place did not always support the care people received. Although we were told by staff and the records we reviewed showed that pressure areas were healing or improving when people had pressure areas there was no detailed up to date guidance for staff to follow, including the dressing that should be used. For example, staff described to us one person's wound. They provided us with a detailed account of the care this person received including how the wound was dressed, this did not match the information that was documented in June 2018. We checked records for this person and saw no guidance [detailing what the nurse had told us] was in place for staff to follow. One of the nurses we spoke felt guidance should have been in place for staff to follow, to ensure consistent care. Another person had a moisture lesion. There was no reference to this in the persons care plan review that had been completed in July and August 2018. The nurse confirmed the person had a small moisture lesion and described how this was being treated. This meant staff did always have up to date relevant guidance to deliver consistent care to people.

When people needed a change of position for pressure relief the documentation we reviewed did not always match the guidance that was in place. For example, one person needed two hourly turns. We saw documented that they had been repositioned at 0200 and the 0700. We also saw on the previous day on two occasions documented was that they had been repositioned after three hours. This meant documentation was not always accurate.

The home manager and staff did not demonstrate an understanding of the accessible information standards (AIS). AIS were introduced by the government in 2016; it is a legal requirement for all providers of NHS and publicly funded care provision to make sure that people with a disability of sensory loss are given information in a way they can understand. The home manager confirmed that some people living at Prestwood House did have sensory losses they confirmed they had not considered AIS for these people. For other people we did not see information was available in different format such as pictures or visual prompts, when they were unable to communicate verbally. The home manager also told us they were not considering support people may need in relation to their protected characteristic, including sexual orientation or gender. The home manager told us this was not currently part of the pre- assessment process. The pre-assessment did consider any cultural needs people may have however the home was not currently supporting anyone with any specific needs.

Improvements were need to how complaints were managed. There was a system in place for managing complaints; however it was unclear when complaints had been made if they had been responded to in line with the providers procedure. Relatives told us they had made complaints however the home manager told us they had not been made these formally. We saw these 'grumbles' had been recorded and action taken to

try to resolve these however the relatives had not always been offered a written response in line with the providers procedure and therefore were not always happy with the outcome. One of the complaints we reviewed had been a written complaint. Despite this being raised in March 2018 we were told this was ongoing and it had not been resolved. There was no documentation to evidence the complaint had been responded to or updated during this time.

People received care in their preferred way however further improvements were needed so people were involved with their care. One person said, "They asked me on arrival how I like things and will change them." Another person said, "You can go to bed when you want to." Although we saw multi agency meeting had taken place for some people, we did not see any evidence that reviews of others people's care were taking place and they had been involved with these. For example, we saw care plans had been reviewed and these were dated. However, there was no information stating how people had been involved with this. One person told us, "Staff know me as an individual but we don't have a formal chat about how I like things done". A relative commented, "Never any reviews." This meant improvements were needed to show how people were involved with their care.

People spoke positively about the activities within the home. One person said, "I brought in colouring books and word searches, I watch TV from three when deal or no deal comes on." and "I enjoyed the cocktail party last Saturday and joined in bingo winning the first two games." Another person told us, "I enjoy cooking including eating it. I have been out once on the mini bus to Mary Stevens park." and "When it was my birthday staff arranged a Chinese meal and an evening for friends." We saw there were activity coordinators employed within the home. We saw they supported people to participate in activities they enjoyed individually or as part of a group. For the royal wedding the home had sent a card to the royal couple which was from the people living at Prestwood House, the royals had sent a response and thanked people for this. We saw one of the activity coordinator was sharing this with people. We also saw a quiz was taking place and people had the opportunity to complete puzzles. Information was displayed in communal areas about up and coming event. There were also photographs of past event that people had participated within the home. This meant people had the opportunity to participate in activities they enjoyed.

There was nobody currently receiving end of life care within the home. Although we did not review this as part of our inspection we saw that some people had advanced decisions in place and anticipatory medicines had been considered.

Is the service well-led?

Our findings

We saw the home manager had an action plan in place this was used to monitor how improvements within the home were progressing. Some of the areas identified were concerns we had found during our inspection. The action plan had identified that improvements were needed to the care planning audit tool and that more detail were needed to client care plans to make them more personalised. However, the action plan had not identified other areas including improvements were needed to capacity and moving and handling. After our inspection the provider sent us a copy of their quality assurance plan for 2018/19. We had reviewed this as part of our inspection. The quality assurance plan showed us wound care should be completed weekly and audited monthly, as we found concerns with documentation in relation to wound care and did not see an audit in place we could not be assured this had been implemented and was effectively being used within the home.

Other Quality checks were completed within the home. These included checks of incidents and accidents. We saw the information was collated together so that any trends could be analysed to identify any specific areas of concern. We also saw other audits were being completed including medicines. When errors had been identified nurses had shared this information with the home manager who had taken action to resolve this before the next audit was completed. For example, several medicines had been missed by an agency nurse. The home manager had ensured the person was safe, contacted safeguarding for advice and shared the information with the agency involved. This showed us when improvements were needed action was taken to improve the quality of the service.

Feedback was sought from people who used the service and their relatives. We saw most of the feedback that had been received was positive. Alongside meetings that were held with people and relatives we saw surveys were completed by the provider. Although the information had been gathered from people and relatives we could not see the outcomes of this survey. The home manager told us this was currently being collated and would then be displayed in the homes newspaper which they produced quarterly as a way of sharing information with people. We looked at this newspaper and saw the previous one had shared the outcomes of the employee's survey which had taken place.

There was a registered manager in place. Although they introduced themselves to us they were not part of the inspection and did not attend feedback. Relatives and staff referred to the home manager as the manager of Prestwood House and spoke positively about them. The home manager had been working at the home for approximately five months. One person said, "I know the home manager by sight, very pleasant." Staff were happy to raise concerns and felt the home manager was approachable and would take action. One staff member said, "She is approachable and will listen to what you have to say." Staff told us they had supervisions and had the opportunity to attend staff meetings. Staff also told us they were aware of whistle blowing procedures. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would have no worries raising anything like this I would be concerned about, I know if it was against a resident the home manager would take action." We were told there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

The home worked alongside other agencies to ensure people received safe care and treatment. Throughout the inspections we saw health professionals attending to offer support to people. The provider also told us they were working jointly with the local university. The provider also told us in March 2018 the care home has been reaccredited with the Investors in People award, held since 1999 and the home is an employer of excellence, a member of Peninsula Business Service.

The provider understood their responsibility around registration with us and notified us of significant events that had occurred within the home. This meant we could check to ensure appropriate action had been taken. In line with our requirements we saw the poster displaying the previous rating was on show in the home and displayed on the website.