

Bayrose Limited

31 Whitwell Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 March 2017. The inspection was unannounced.

At our last inspection carried out on 3 November 2016, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. The concerns were: safeguarding issues had not always been reported to the local authority safeguarding team or notified to the Care Quality Commission; staff had not always completed the training they needed to carry out their roles; medicines were not stored appropriately and records for medicines were not always present. The provider had quality audit tools in place. However these had not identified the risks to people's health and wellbeing. The environment had not always supported people's privacy and dignity.

The provider sent us an action plan in December 2016 telling us they would be compliant with all the regulations by the end of January 2017.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

31 Whitwell Road is a care home without nursing and supports people with a learning disability. The service can provide accommodation for a maximum of nine people. There were eight people living at the home at the time of inspection.

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. The registered manager advised us that they had appointed a manager with the intention that they will deregister and the new manager will apply for registration. The new manager was working at the home on the day of the inspection and it was their second day in post. We refer to the new manager as manager throughout the report, and the registered manager separately.

Relatives we spoke with were positive about the registered manager and new manager and staff and gave examples of person-centred care.

People were safe. Staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. However staff still needed reminding about safety in the environment and there was an infection control issue.

Medicines were managed safely. Emergency systems had been put in place to keep people safe.

There were enough staff to safely provide care and support to people. The provider carried out safe recruitment practices to ensure staff were suitable to work with vulnerable people.

We saw that people had choice and that staff responded to them expressing choice in a positive and supportive manner.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink and to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed. People's care was planned in a personalised way and delivered by staff that knew them well. Their support needs were monitored and reviewed to ensure that care was provided in the way that they needed.

Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand. People were supported to maintain relationships with family and friends.

The provider was introducing systems to check on the quality of service people and these needed to be embedded to demonstrate that the improvements could be sustained. The provider had acted and had taken action to improve the environment. We have made a recommendation about this.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 always safe.

The environment was not always safe and infection control practices were not always fully carried out

People were safe from harm due to abuse because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

Medicines were well managed.

Is the service effective?

Good 

The service was effective.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about their daily lives. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to help people access relevant services.

Is the service caring?

Good 

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

Good 

The service was responsive to people's needs.

People received person centred care and support.

People, were encouraged to make their views known and the service responded by making changes.

Staff had worked to ensure people had access to healthcare services.

Is the service well-led?

The service was not always well led.

The registered manager often demonstrated good management. They had an open, honest and transparent management style with people who used the service.

The provider had systems in place to check on the quality of service people received, however the systems needed to be embedded and sustained to ensure they identified shortfalls, and maintained a safe service.

Requires Improvement ●

31 Whitwell Road

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 7 March 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law). This Information helped us to identify and address potential areas of concern. Before the inspection, the provider completed 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

During the inspection we spoke with three people living at the home.

We spoke with the registered manager, the new manager and care staff and a relative. We also received information from the local authority who had been working with the home recently. We looked at the care records for three people, and medicine records and storage. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures.

Is the service safe?

Our findings

At our previous inspection in November 2016 we found issues with the environment such as broken shelving, cupboards, poor flooring in bathrooms and damaged baths. The provider sent us an action plan in December 2016 detailing the action they would take. At this inspection we found the provider had taken action and was now compliant with this regulation and had carried out work to ensure safety in the environment with some work still being carried out in one bathroom.

Whilst walking round the service with the registered manager we found in two areas, a sink in a bedroom and a shower were dirty. The shower had body fluids on the wall and was an infection control issue. The registered manager arranged for both areas to be cleaned that day and told staff that this should not have occurred.

The failure to sufficiently manage the risk of spread of infection was a breach of Regulation 12 2(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found a radiator cover had come away from the wall and loose metal parts in the lounge on the window sill and radiator cover. The registered manager believed these were from a heater cover. They could have been used by people as an object to be thrown. We also saw that a door to an ensuite shower had been removed to enable easier access for one person. However, the door had been put under one person's bed. The registered manager had not been at the service consistently for a while and the new manager shared with us plans to ensure these problems would not reoccur. We have addressed the issues relating to upkeep of premises in the well-led section of this report.

Relatives told us people were safe. One relative said, "[Person] is absolutely safe in the service".

The rotas showed there were two members of staff on duty to support the eight people living in the service. There was also the new manager who had started work the day before our inspection. The registered manager told us that two people were able to go out themselves without support. We saw this on the day. They further told us that people's support had been reassessed and it was possible that more staff could be appointed in the future to support people in their chosen activities. Staff told us staffing levels were sufficient to meet people's needs, when activities are planned.

At the last inspection in November 2016 we were concerned that safeguarding alerts to the local authority had not been made as needed. This was a breach of Regulation 13 (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in December 2016 detailing the action they would take. At this inspection we found the provider had taken action and was now compliant with this regulation. The local authority informed us they had no concerns about the home and felt they were contacted appropriately. We discussed with the new manager when it was appropriate to notify the local authority and the Commission.

Staff had a clear understanding of their responsibilities to identify and report any concerns relating to abuse.

Staff knew where to report outside of the service if they felt people were still at risk of abuse. One member of staff told us, "I would report to [Name] or I would contact you guys (Care Quality Commission (CQC))".

People were protected from avoidable harm because staff understood their responsibilities in relation to safeguarding and were able to explain what signs they would look out for if they suspected that somebody was being abused or neglected. They were also clear about what action they would take if they suspected abuse was taking place.

At our inspection in November 2016, we found that people's medicines were not managed, or administered safely and not all staff had undertaken medicines training. This was due to the fact that medicines administration records (MAR) were not always completed and medicines were not stored safely. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in December 2016 detailing the action they would take. At this inspection we found the provider had taken action and was now compliant with this regulation.

At this inspection we found that action had been taken and medicines were stored and disposed of safely. People's medicines were held in their rooms in locked cupboards, which had been newly fitted in some cases. Inside were further locked boxes for any medicines that were being treated as controlled drugs. The medicine records we saw had been completed. The storage of extra / stock medicines had been improved with a new locked cupboard having been installed. All out of date medicines had been returned to the pharmacy. The local pharmacy had also visited the home and carried out an audit for them. We saw that staff had completed their medication administration training.

The registered manager had oversight of incidents and accidents. Incidents and accidents were recorded, and followed up to minimise the risks of the incident occurring again. There were no recent incidents.

People's care plans contained risk assessments and where risks were identified there were plans in place to manage the risks. Risk assessments included risks relating to: leaving the home unaccompanied; road safety; travelling in vehicles; fire evacuation and risks in the community. Risk assessments documented the risks to people and others and what staff should do to support people to manage the risk. For example, one person's file included risks associated with their activities and there was detailed guidance in place to show how these risks were managed. There was record of personal emergency evacuation plans (PEEP), in case of any incidents.

Risk assessments had been reviewed on a regular basis to ensure they reflected people's changing needs. Risks associated with people's behaviours were detailed and contained clear guidance for staff. One person experienced behaviour that may be seen as challenging to themselves and others. The person's care plan contained detailed guidance on the techniques for staff to support the person when they experienced this behaviour. Guidance included, "Talk in a clear, calm voice and use simple language. Use keywords, no more than three at a time". Staff we spoke with knew the person well and were able to describe how they supported the person to manage the risks when they experienced this behaviour.

Records relating to recruitment of new staff contained all the relevant checks. These checks had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

We saw staff offer support appropriately and we saw that people could approach staff to request support with daily activities. Staff responded well.

At the last inspection in November 2016 we were concerned that staff had not received appropriate training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in December 2016 detailing the action they would take. The action plan stated that they were changing training requirements and that mandatory training was to be completed within the first two weeks for all new staff (during shadowing period when extra to shift). At this inspection we found the provider had taken action and was now compliant with this regulation.

Staff told us they had undertaken training since our last inspection. The training matrix we received showed that all staff had been enrolled on the Care certificate. The Care Certificate is the new minimum standards that should be covered as part of the induction training of new care workers. All staff had completed some or all of the training that would ensure they could meet people's needs. Staff had also been assigned to complete first aid practical training; two of the seven staff had completed this in 2015. The date for all staff to complete this was June 2017. All staff had completed epilepsy training in February 2017.

Staff had the skills and knowledge to meet people's needs. One relative told us, "Staff, are very good at calming [person] down. I have never seen a situation they haven't been skilled to deal with their behaviour."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been requested when needed and most had been authorised. On the day of the inspection an advocate was visiting one person and that was a condition of their DoLS, the DoLS had only been authorised for six months and was due for renewal or cancelling in June 2017. Staff were aware of the conditions.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. We saw that people had been assessed for safety around money and travelling. Staff had an understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required.

People had enough food and drink to meet their needs. People were provided with food and drink when requested and were encouraged to be involved in preparation of food and drink. Care plans included information relating to people's specific dietary requirements. For example, one person was on a gluten free diet. We saw people assisted with the meals and some prepared their own drinks when they wanted them. People discussed with staff what they would like on the menus and if they changed their mind an alternative was available. One person had been assessed as being less than their ideal weight and needed encouragement to eat however, they only favoured one food. Staff ensured that this was available for them whenever they wished to eat. They also received supplement drinks.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such as a dietician, psychiatrist, dentists and opticians. People were supported to attend annual health checks with their GP. There was information in place for people to take with them if they were admitted to hospital. This described information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

Is the service caring?

Our findings

Relatives were complimentary about the staff supporting people. Comments included: "They are wonderful" and "The service and staff have been supportive. I can't fault them."

People in the service had been there for a number of years and were supported by staff who knew them well. Throughout our visit we observed people being treated in a caring manner. Staff were patient, calm and compassionate in all interactions. For example, one person became anxious at our presence. A member of staff quickly acknowledged the person's concern and gently held the person's hand to reassure them.

People and staff had mutual value and respect for each other and we observed positive interactions between people who knew each other well. For example, people returned to the house after a day out. People and staff were in the kitchen helping to make cups of tea. People responded to polite requests to get the milk from the fridge and gentle prompting to make the drinks. There was chatter and laughter during this time and it was clear caring relationships had been developed.

People were treated with dignity and respect. People's privacy was respected and they were supported to spend time in their rooms if they chose. The concerns raised at the inspection in November 2016 regarding the privacy of a window in an ensuite shower room had been resolved.

People's choices were respected. Staff ensured people understood what support was being offered and that they wished to accept the support before staff helped them. There were two shared rooms and there were screens to use to provide privacy. We spoke with the registered manager about the removal of a shower door, as its removal impacted on the privacy and dignity of both people who shared the room and ensuite.

People were involved in decisions about their care. Relatives told us they were involved in people's care plans. One relative said, "We're very involved in [person's] care. We have an annual review to look at progress over the past year and plan what will happen in the next year."

People were encouraged to maintain and improve their independence. Staff had a clear understanding of the importance of maintaining and developing people's independence. One member of staff said, "We encourage and promote independence. That's our job."

Some people had personalised their rooms in line with their particular likes and preferences. However two bedrooms and the lounge were cream woodchip and there was no sense of the individuals personality in the bedrooms and the lounge was not homely. We also saw that one chest of drawers in a person's room had labels telling the person what was in them. We discussed this with the manager as this appeared institutional. Staff told us that the labels did not make any difference in supporting the person to put away their clothes or to find them so were not needed and said they would be removed. The registered manager and manager said they were going to talk with people about the lounge and with the people who shared rooms, about decorating them.

Is the service responsive?

Our findings

Relatives and the local authority told us that the registered manager and staff were responsive to any queries they may have and that they sought support in response to people's changing needs.

We observed staff responding to people with patience and people told us they could ask staff for help whenever they needed it. Interactions we saw, indicated that staff were responsive to people's needs, for example for personal care, food and drink as well as activities.

People's care plans were detailed and included information to ensure people's needs were met in a person centred way. Staff were knowledgeable about people's needs and told us care plans contained sufficient information to enable them to meet people's needs. Care plans identified the importance of routine to people in the service. For example, one person's care plan included detailed routines which ensured the person was supported in a way that was familiar to them.

People were involved in writing their care plans and associated risk assessments. Records were written from a position of the person's strengths, for example describing to staff what the person was good at, and what they needed support with. We saw people had signed their care plans to show they had helped to write them and agreed with the contents.

Care plans detailed people's likes and dislikes which included food choices, activities and clothing choices. Care plans contained information in relation to people's diagnosed conditions. For example, one person was diagnosed with autism. The person's care plan detailed how the condition impacted on the person's communication and included the person's areas of strength when communicating. The care plan identified they had a good ability to remember events, people and holidays from their past. It also stated the person liked doing new things. This information was used to ensure staff considered the 'whole' person when responding to them, rather than just the person's behaviours.

Staff were able to support people's communication as there was clear guidance in people's support plans. For example, one person did not always communicate verbally and often became frustrated. Their plan explained what staff could do to support their frustration in a way that enabled them to say what they wanted.

Staff confirmed they understood people's individual skills, abilities and preferences and this enabled them to respond to their needs promptly. Staff understood what people wanted or needed and were able to make sure people could have their say. We observed staff responded to people's needs promptly and took time to make sure they understood what the person needed.

We saw a weekly chart in the dining area which helped remind people which days they were going to day services and weekly dances/clubs. People went out with the staff whilst we were there one person was supported to go to the shops to buy their daily snacks, and others went out on an errand with the opportunity to get an ice cream. Whilst they liked the activity the ice cream also boosted their calorie intake.

The home had a complaints policy in place which detailed how a complaint should be responded too. There was an easy to read version which contained pictures. The registered manager told us no complaints had been received. Relatives told us they felt comfortable speaking to any staff if they had a complaint or concern and felt confident the complaint would be looked into by the registered manager.

Is the service well-led?

Our findings

At the last inspection in November 2016 we were concerned about the lack of action regarding the safety of the environment and medicines. Audits had not been undertaken regularly due to the circumstances of the registered manager at the time. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in December 2016 detailing the action they would take.

At this inspection we found the provider had taken action and was now compliant with this regulation. The action plan stated that they had undertaken work to ensure the safety of the environment with some work ongoing and medicines were now safely stored. In addition appropriate safeguarding alerts and notifications were being made to the relevant authorities such as the local authority and the Commission. However, an infection control issue was identified on the day of the inspection and there were shortfalls in the way in which matters relating to upkeep of the premises were addressed.

We recommend the provider ensures that their approach to quality assurance sufficiently addresses audits of the physical environment, and that they take action to improve their practice. We will check this at the next inspection.

We found that other improvements had been made since the last inspection. For example the registered manager who is also a director of the provider company had appointed a manager to take over the daily running of the home. The new manager would be seeking registration, and the current registered manager was planning to deregister. We spoke with the new manager and they sent us an outline of the action they wished to take going forward. For example six weekly supervisions to be booked for all staff by the end of March 2017 weekly/bi-weekly meetings to be held with manager, deputy manager and senior carer to communicate outcomes and discuss issues or concerns.

Relatives and other professionals were complimentary about the service and the care and support it provided. They were aware of the limitations of the environment and carrying work out, and ideally everyone would have their own room, but told us improvements had been made recently. It was clear there was a culture that put people at the centre of all the service did. One relative told us, "They [staff] put [person's] needs first".

The registered manager shared with us that they had established good links with the local authority and planned to have meetings every four weeks initially then every six weeks. The role of the link professional from the local authority was to provide regular advice and support in addition to assessing/ensuring the quality of the service. During the visit the manager and link professional would consider the following headings: environmental, safeguarding concerns, staffing levels, care plans and risk assessments.

The registered manager and manager told us that in April 2017 a new quality auditing system will be introduced. This will incorporate surveys for service users, carers/families and staff and an in depth auditing system to monitor improvements and identify further development opportunities. Survey outcomes will be

used to inform ongoing service development work. An online staff survey will be created and results fed back to the team at the March staff meeting. The six monthly Infection Prevention and Control Audit was due in March 2017.

The registered manager was aware that the new systems once in place will take time to embed into the service. The service needed to demonstrate that improvements made since the last inspection and on-going progress plans would be actioned and the improvements sustained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to sufficiently manage the risk of spread of infection was a breach of Regulation 12 2(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.