

Protea Care Homes (Kent) Ltd

153 The Parade

Inspection report

153 The Parade
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20 January 2020
30 January 2020

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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

About the service

153 The Parade is the head office for Protea care providing a regulated activity of personal care to people living in supported living locations in the community. The service is registered to provide care and support for younger adults who may live have a learning disability Autism and or a physical disability. At the time of this inspection 7 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were quality assurance systems and processes in place however they had not been effective in identifying the issue around the management of people's finances. The provider and operations manager had developed and strengthened the quality assurance procedures to ensure they were much more robust and enabled them to have improved oversight of all aspects of the service.

People's experience of using this service and what we found

We received mixed feedback in relation to peoples experience of the service. The people who used the service were unable to provide verbal feedback.

Staff were aware of how to identify and report when people may be at risk of abuse. Risks to people's safety and welfare were assessed and if any risks identified, measures were put in place to help reduce and mitigate risk. People's medicines were safely managed and administered when required. Staff followed good practice guidance to help reduce the risk and the spread of infection.

Staff received regular training, individual supervision and team meeting and felt supported in their roles. People were supported with shopping and meal preparation where required. People were supported to attend health appointments and to access healthcare professionals when required. Consent to care was obtained and staff were aware that people had the right to make their own decisions and respected this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's relatives told us they felt the staff were kind and caring and that overall, they were well cared for.

People's privacy and dignity was respected and promoted. People confidential information was stored securely to ensure information and records were protected and remained confidential.

People's needs were assessed before they began to use the service and care plans were developed from this information. Care plans were kept under regular review and updated when people's needs changed. People's relatives were aware of how to raise concerns to the management team.

People's relatives and staff members told us since the management arrangements had changed notable improvements had been made across the service. Staff told us the operations manager had fully supported the service in the interim. The provider confirmed they were in the process of recruiting a new manager for the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first rating for this service based on the date of registration.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently Well Led

Details are in our well led findings below.□

Requires Improvement ●

153 The Parade

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and supported living settings in the community.

The provider had applied to become the registered manager with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service operates across different locations and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 January 2020 and continued to the 30 January 2020. We visited the office location on 14 January 2020.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We were unable to speak with people who used the service due to limited verbal communication but received emailed feedback from two relatives about their experience of the care provided. We spoke with two members of staff, the operations manager and the provider. We looked at records relating to people's care and a variety of records relating to the overall management of the service, including recruitment records, audits, and training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records. We spoke with one health professional who has experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since the service was registered on 25 January 2019. At this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the time of our inspection there was an ongoing investigation in relation to safeguarding people from financial abuse.
- The provider's systems had not identified the potential financial abuse which meant that action had not been taken in a timely way to safeguard people from further abuse.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments had been undertaken for people as part of the care planning process. Although these were not always effective in protecting people from harm and abuse. Since this had been identified the risk assessment process had been reviewed and made more robust. However, other areas of risk such as environmental and general health and safety had been completed for individuals who lived at the service.

Systems and processes to safeguard people from the risk of abuse

- People were unable to communicate verbally with us, so we requested feedback from family members and staff. One relative told us a person who used the service told us, "I do feel that [Name] is in safe hands at the service. However, due to the recent issues with safeguarding, which cannot be left out of the safety aspect of [Names] care. I am reassured that practices have been put in place to improve safety,
- Staff had undertaken training and were able to demonstrate they knew what they should look out for and how to report any concerns. One member of staff told us "I would always report any concerns to the management team. Although we don't have a manager on site [Name] is always at the end of the phone, and does take on board what you say."

Staffing and recruitment

- There was a robust recruitment process in place with a designated staff member responsible for ensuring all the pre-employment check were completed prior to staff commencing work. These checks helped employers make safer recruitment decisions and continued to ensure as far as possible that new staff were suitable to work at the service. The checks undertaken included, obtaining references, and seeking a criminal record check through the Disclosure and Barring Service.
- A dependency tool was used to determine the number of staff needed on each shift, to meet people's care and support needs. The staffing levels varied depending on people's activity schedule and other factors.

Using medicines safely

- People were supported to take their medicines regularly by staff who had received training in the safe administration of medicines. Staff competencies were checked, and regular audits were completed to ensure any medicines administration errors were quickly identified and addressed.
- Staff administered, stored and disposed of people's medicines appropriately, using good practice guidance.

Preventing and controlling infection

- Staff were aware of the risk and spread of infection and had received training and information to help follow good hygiene standards. Staff told us that they supported people with day to day cleaning tasks and there was a cleaning schedule in place. The staff member told us that cleaning did not always get done according to the schedule, but they encouraged people to maintain a clean-living environment.
- Staff were aware of their responsibility to use PPE person protective equipment such as gloves and aprons appropriately.

Learning lessons when things go wrong

- The operations manager told us that they always 'reflected' when things went wrong to see if there was any learning, which could be shared to prevent reoccurrences of similar incidents.
- These were discussed at staff meetings. This enabled staff to discuss a range of issues, learn from each other's experiences and share good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before the service commenced. The operations manager confirmed people's care and support needs were thoroughly discussed before the person moved in to the supported living service.
- The information collected during the assessment process helped senior staff make a decision about whether the service was the right place for the person to live and to ensure they could fully meet their needs.

Staff support: induction, training, skills and experience

- Staff told us they received regular training. One staff member told us they had an induction when they started working at the service. However, they did not feel it was sufficient to give them the full knowledge required to meet people needs effectively.
- They told us that they 'learnt on the job' and from observing other staff and found that method of learning really helpful."
- Staff confirmed that they received regular supervision and we saw evidence that the operations manager visited the service on a weekly basis to support the staff. One staff member told us "Things have definitely improved in the last few months [Name] is much more available and approachable."
- Staff told us they felt comfortable to approach the management team if they required additional support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with meal planning and preparing a shopping list and staff accompanied people to buy their shopping. Where people were assessed as requiring support with eating and drinking, appropriate support was in place with any special dietary needs and preferences clearly documented.
- Staff at the service liaised with other professionals, such as GP's community workers, speech and language therapists, (SALT) if required.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff and the management team worked in partnership with other organisations and agencies to ensure that people received appropriate joined up and seamless care.
- People were supported to attend appointments with healthcare professionals when required.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were asked to consent to their care and support and it was documented in their care plans.
- Staff we spoke to were aware of the principles of the Mental Capacity Act, and how it applied to their support of people who lived at 124 Watling street. Staff encouraged and supported people with day to day decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us "All of the Carers at Watling Street now are amazing. We can see through [Name of person] enjoyment at the home that they are well looked after and enjoys life"
- Another family member told us "All Carers are approachable, and we can see the effort they put in to make [Name] laugh, smile and ensure all needs are met."
- Staff treated people in a way that respected their individuality and ensured equality and diversity was recognised and celebrated. One staff member told us, "The guys are so different, and we have got to know them really well now and can just communicate by knowing their body language. Just treating them as individuals. I see the person and how to care for them in a way they want. "

People told us they were treated as individuals by a team of staff, with whom they had developed positive relationships. One person told us, "The carers are very helpful."

- Staff spoke about people in a kind and caring manner. It was clear they cared about people and their quality of life and what was important for them. One member of staff told us "It becomes such a part of your life, they are like family and I miss them when I am not at work."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported as much as possible to be involved in making decisions about their care and to participate in care reviews.
- Relatives told us that they felt the staff knew what they liked and how they liked to be supported. One relative told us, "Yes, I think they really do their best to meet [Name of person]'s needs."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a respectful approach when they talked about people's support needs. They were able to give examples of how they provide care, which respected people's privacy and maintained their dignity, such as ensuring privacy when supporting people with personal care.
- Staff supported people to be as independent as possible and do what they could for themselves, to help them achieve the highest level and independency and learn to do small everyday living tasks. One member of staff member told us, "If you do the task for the person they will not learn whereas if you support them they will become confident and be able to do it themselves, for example when preparing simple food or drinks."
- Records were stored securely and were only accessible to staff who were supporting the person. Staff told us they understood the need for people's confidentiality to be maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had their individual needs assessed and they were kept under regular review to help ensure the care and support provided remained current. Information about people's preferences, likes and dislikes was recorded.
- Feedback relating to people's experiences of consistency in their care and support varied. One relative told us there were frequent changes of staff. However, the operations manager and records demonstrated that the workforce was quite stable with people having an allocated key worker.
- People's religious or cultural needs were taken into account, and if any specific needs were identified staff told us appropriate support would be provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us that they ensured that people's communication needs were met by providing information in different formats if required. One staff member told us "We find a way to communicate. We usually can tell by the persons body language or by displaying different emotions." Staff told us they spoke clearly and often repeated what they were saying to give the person a chance to understand what they were saying.

Improving care quality in response to complaints or concerns

- There was a robust complaints procedure in place, also provided in an easy read pictorial format to help support people to be aware of how to raise a concern. We saw that where concerns were raised they were properly investigated with an outcome and any learning recorded.
- Staff told us that if people needed support to raise any concerns they were there to support them. The operations manager was positive about receiving complaints and saw it as a way of improving the service.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, if a person who used the service required end of life care staff and external health professionals would support the person in accordance with their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service was not consistently well managed and well-led. Leaders and the culture they created promoted did not always provide high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.; continuous learning and improving care

- The management team completed audits of various aspects of this service. However, these were not always effective in identifying shortfalls in the quality of the service provided. There was a lack of management oversight at one of the supported living properties. For example, Neither the nominated individual or the operations manager had been aware that the service was providing the regulated activity of personal care.
- One relative told us "I found a lack of accountability/ communication by the manager coupled with unsatisfactory audit findings in respect of the management of client funds. I do not now believe that the Home was well-led in certain aspects."
- At the time of our inspection the nominated individual was in the process of registering to become the registered manager. The previous 'registered Manager' for Protea homes had left the service six months prior to the inspection.
- The manager of one of the supported living properties, had left the service without notice. The operations manager supported the service on a regular basis while they have been trying to recruit another manager.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have adequate systems and audits in place to assess and monitor the overall quality and safety of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and operations manager was aware of their responsibilities under the duty of candour. The operations manager told us that as soon as she uncovered problems at the service she communicated with people who used the service, family members and staff to keep them updated on development.
- The operations manager had notified CQC of important incident and events. Notifications of these incidents showed that people and their relatives were kept informed in accordance with the duty of candour requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The operations manager operated in an open and transparent way, was receptive to feedback and worked hard to make continual improvements. They were passionate about delivering person-centred care

and achieving good outcomes for people.

- Staff told us they felt much more supported in recent months since the operations manager had taken over the interim management of the service. Staff were supported with individual supervisions and team meetings which had been established and embedded.
- One member of staff told us "Things have improved in the last few months. It will be better when we get a permanent manager at the service. We do all work well as a team but having a manager on sight is definitely better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback on people's care experience was sought, However robust and consistent systems were not yet fully embedded and further work was required to make the obtaining and acting on feedback more effective..
- Regular staff meetings had been introduced which gave staff an opportunity to discuss any concerns they may have about people who used the service. These also gave staff opportunities to discuss changes at the service and to identify areas for improvement.

Working in partnership with others

- The management team and staff had developed good partnership working with external agencies and organisations such as the local authority, GPs, district nurses and dental practices. This helped make sure people received more seamless care.

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
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have adequate systems in place to ensure service users were protected from abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to consistently monitor the quality and safety of the service.</p>