

Vijay Enterprises Limited

Tolverth 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 responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Tolverth house provides care for primarily older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 14 people. On the day of the inspection 13 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

We carried out this unannounced focused inspection of Tolverth House on 23 February 2016. At this visit we checked what action the provider had taken in relation to concerns raised during our last inspection in September 2015. At that time we found breaches of legal requirements related to the service as: the current staffing levels were not able to meet people's needs safely at all times: a lack of training and supervision for staff: not ensuring that care plans were in place or up to date and ineffective auditing systems.

This report only covers our findings in relation to the 'Safe', 'Effective' and 'Responsive' and Well Led' domains covered in this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tolverth Houser on our website at www.cqc.org.uk

There had been no registered manager in post since January 2014. 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 manager stated they had attempted to submit an application to be considered as a registered manager in the past but it was not accepted. At the last inspection the manager reassured us they would resubmit this application but it still had not been received.

At the last inspection we found staff had not received regular training or support to provide them with the knowledge and skills to carry out their roles safely. Supervision sessions with the manager had not occurred. This meant staff did not receive effective support and any on-going training needs or personal development requests may not have been acted upon. The manager told us, that supervision had commenced plus an annual appraisal. We saw some staff supervision records but could not be confident that supervision had been provided to all staff.

There was a planned programme of refresher training in place. The registered provider had organised for a trainer from one of the other company's care homes to come to the service in March. Training in the areas of moving and handling training, infection control, safeguarding and medicines were planned. The manager told us this would mean all staff would be up to date in these areas. A visiting trainer from the local college told us that they were supporting some staff with their training needs and supporting one person to complete their care certificate.

At this inspection we found the recruitment process was not robust. We found that each candidate had

completed a Disclosure and Barring check to show people were suitable and safe to work in a care environment. However we found candidates had not completed an application form and references were lacking. This meant the recruitment process was not safe.

At this inspection we found that the manager was still unaware of the outcomes of the quality audits that the registered provider had completed and therefore was not confident of its findings. As the manager was unaware of the results of the provider's quality assurance assessments they were unable to address any areas of concern these assessments may have identified. This meant the service's quality assurance processes were not operated effectively as these systems had failed to identify areas of significant concern, For example recruitment records as outlined in the safe section of this report.

At this focused inspection we found some improvements had been made. The registered provider and manager had reviewed staffing levels. From this review they identified the need for an increase in staffing hours in the morning time. In addition staff roles, such as the domestic's role, had been reviewed. This meant care staff no longer made the beds and therefore gave them more time to undertake caring duties. Staff and the manager felt the increase in staffing and role allocation had a positive impact as carers had "More time to be with people. We don't need to rush as much as we did," and "When they (people) ask us for anything we can respond more quickly." People also commented that staff had more time and were prompt to respond to their requests for assistance. The increase in staffing meant that the manager had more time to undertake management responsibilities in the service

Care plans were now in place for every person at the service. The manager had reviewed every person's care plans. We found they were reflective of people's current care needs, were well laid out and comprehensive. Staff commented that care plans directed, informed and guided them in how to provide care for people so that consistent care was provided. Staff commented "The managers' worked hard updating all those care plans. They are now accurate. They are really good and so informative."

The manager told us they had received support from a 'mentor' who works within the care sector who planned to visit four times a year. This had helped the manager as they reviewed the systems of the service and provided advice. The manager also has monthly visits from the registered provider.

Continued environmental improvements to the service were evident, for example new flooring had been laid since our previous visit. An on going maintenance plan to ensure that all areas of the service were safe was in place.

People told us they were completely satisfied with the care provided and the manner in which it was given. We saw staff providing care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner.

We found three Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the 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?

The service was not always safe in that staff recruitment processes were not robust.

Staffing levels met the present care needs of the people that lived at the service

People felt safe living in the home.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Staff supervision and up dated training was in progress.

Requires Improvement ●

Is the service responsive?

The service was responsive. People's needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

Good ●

Is the service well-led?

The service was not well-led. A registered manager application had not been submitted.

The service's quality assurance processes were not operated effectively as these systems had failed to identify areas of significant concern. Where areas that required improvement had been identified from the last inspection, actions were being taken to address them. Not all actions had been completed.

Staff said they were supported by management and worked together as a team

Requires Improvement ●

Tolverth 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 took place on 23 February 2016 and was unannounced. The inspection was carried out by one inspector. The inspection was planned to check if the service had met specific needs identified following the last inspection in September 2015. Before the inspection we reviewed the action plan provided by the service following the last inspection, previous inspection reports and other information we held about the home. We also looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with five people who were able to express their views of living in the service. We looked around the premises and observed care practices.

We spoke with three care staff, administrator and the manager. We looked at two records relating to the care of individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Is the service safe?

Our findings

At the last inspection we had concerns that the current staffing levels were not able to meet people's needs safely at all times. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection we found that the provider had met the shortfalls in relation to the requirements of Regulation 18 described above.

Since the inspection the registered provider and manager had reviewed staffing levels. From this review they identified the need for an increase in staffing hours in the morning time. Staffing levels from 8am to 12pm were increased from two to three care staff. Domestic duties had also been reviewed so that they had the task of changing and making beds, which previously care staff undertook. This meant that care staff had more opportunity to undertake care tasks and spend time with people.

Staff and the manager felt the increase in staffing had a positive impact as they had "More time to be with people. We don't need to rush as much as we did," and "When they (people) ask us for anything we can respond more quickly." People also commented that staff had more time and were prompt to respond to their requests for assistance.

The rota for the service showed three care staff were on duty in the mornings, with two care staff in the afternoons/evenings and two waking night staff from 7pm to 8am. A domestic was employed as were administrators and a cook. The cook prepared the lunches and teas. An activities coordinator was employed for 32 hours a week. The increase in staffing meant that the manager had more time to undertake management responsibilities in the service.

The manager told us there were no staff vacancies as they had recruited staff since our previous inspection. On our previous visit the manager was unable to locate staff recruitment files and therefore they were not inspected. On this visit we reviewed three newly recruited staff files. We found that each person had completed a Disclosure and Barring Service (DBS) check to show people were suitable and safe to work in a care environment. However we found candidates had not completed an application form. In addition we found in two files that no references had been received. Therefore we concluded that staff recruitment processes were not robust and that people that use the service were being put at risk due to these failures. .

This is in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous visit we reviewed the management of people's monies. We noted that some people's money exceeded the amount stated in the service policy that the service would be able to keep. The manager and registered provider reviewed this system. They opened a 'resident's fund' bank account so that if people wanted the service to hold money on their behalf, this was deposited in this account. We discussed how the service would be able to review each person's deposits/ withdrawals if people's money was in a pooled

account. The manager showed us they continued to keep individual records of all transactions and expenditure so that all monies held were accounted for at all times. The manager stated no policy had been written in this respect and would raise this with the registered provider.

People told us they felt safe living in the service. We saw throughout our visit people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

Staff were confident about the action they should take if they believed anyone was at risk from abuse. They told us they would report any concerns to the manager and were confident appropriate action would be taken but if not they would report concerns to the Care Quality Commission (CQC) or local authority. Up to date information regarding the process for reporting abuse was accessible to staff.

Care plans contained risk assessments for a range of circumstances such as moving and handling, falls and eating and drinking. Where a risk had been identified there was guidance for staff on action they could take to minimise this. This helped ensure staff took a consistent approach to supporting people. There were also risk assessments in place for people whose behaviour could be challenging for staff and others.

Continued environmental improvements to the service were evident, for example new flooring had been laid since our previous visit. An ongoing maintenance plan to ensure that all areas of the service were safe was in place.

Is the service effective?

Our findings

At the last inspection we found staff had not received regular training or support to provide them with the knowledge and skills to carry out their roles safely. Supervision sessions with the manager had not occurred. This meant staff did not receive effective support and any on-going training needs or personal development requests may not have been acted upon.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that supervision had commenced, and was planned to occur four times a year plus an annual appraisal for each member of staff. Two staff confirmed they had a supervision session since the last inspection and reviewed their training needs. Staff told us they felt well supported and said; "Things have improved." Staff felt able to approach the manager at other times if they needed to. We saw staff supervision records but they had not been dated or signed. We also saw duplicate records for the same individual and an absence of records for other staff. Therefore it was difficult to evidence when supervision had occurred.

Whilst improvements were in evidence this was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to a visiting trainer from the local college. They told us that they were supporting some staff with their training needs and supporting one person to complete their care certificate. There was a planned programme of refresher training in place. The registered provider had organised for a trainer from one of the other company's care homes to come to the service in March. Training planned were in the subjects of moving and handling, infection control, safeguarding and medicines. The manager told us this would mean all staff would be up to date in these areas.

At the previous inspection there were no care plans in respect of how to support people with behaviours that may challenge. At that time staff told us a person sometimes expressed themselves in ways that challenged them. When asked staff had different ways to respond to the person and therefore the person was not supported in a consistent way by all staff. At this visit the manager had reviewed all people's care records. We saw in people's care plans that where a person may display behaviour that challenged this had been identified and staff had not been provided with appropriate guidance on how to support this person when they exhibited behaviours that challenged others. This meant staff had been given clear strategies about how this behaviour could be prevented or instructions for staff on how they should respond when it occurred.

Is the service responsive?

Our findings

At the last inspection we found that care plans were out of date. We also found that one person did not have a care plan. There was no assessment of the individual's needs from which a comprehensive care plan could be developed to describe how care should be delivered to meet those assessed needs. Staff said they felt they were able to meet the person's needs by getting to know them. There was no evidence that people, or their families where appropriate, had been involved in care planning or that they consented to the plan of care that was in place.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection we found that the provider had met the shortfalls in relation to the requirements of Regulation 9 described above.

At this inspection we saw care plans had been updated. The new care plan format was well laid out and contained a comprehensive amount of information covering all aspects of people's care needs. The care plans were very detailed and gave a good synopsis of the person's social, emotional and physical care needs. This meant staff now had a clear understanding of what support was to be provided to people. Care plans were reviewed to ensure they reflected people's current care needs. Staff commented "The managers worked hard updating all those care plans. They are now accurate. They are really good and so informative." Assessments such as waterlow, general health and safety and, nutritional assessments were now also completed.

Is the service well-led?

Our findings

At our previous inspection we found systems were not being operated effectively to assess and monitor the quality of the service provided. The manager said the provider undertook some audits but the registered manager was not aware of what these audits entailed and was unable to produce any reports or tell us their findings. As the manager was unaware of the results of the provider's quality assurance assessments they were unable to address any areas of concern these assessments may have identified. This meant the service's quality assurance processes were not operated effectively as these systems had failed to identify the areas of significant concern detailed in the last inspection report. This included concerns around staffing levels, which impacted on the amount of time the manager had to complete their management responsibilities. We also identified that care plans were not up to date and were in one case absent, that staff files were not complete, as were also supervision and training records. We also found that policies and procedures were not up to date.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the manager was still unaware of the outcomes of the quality audits that the registered provider had completed and therefore was not confident of its findings. As the manager was unaware of the results of the provider's quality assurance assessments they were unable to address any areas of concern these assessments may have identified. This meant the service's quality assurance processes were not operated effectively as these systems had failed to identify areas of concern, For example recruitment records as outlined in the safe section of this report.

The service is required to have a registered manager. There had been no registered manager in post since January 2014. There was an acting manager in place, who had the day to day responsibility for running the service. The manager told us they had attempted to submit a registered manager application but it had not been accepted. At the last inspection the manager reassured us they would send their application to CQC but this has not been submitted. The manager told us they needed to locate certain personal documents and apply for a Disclosure and Barring Service check.

Therefore we concluded there was a continuing breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

However, we also noted that they had been some improvements. For example we found that staffing levels had been reviewed. This resulted in staffing levels being increased in the mornings and the domestic role had been reviewed. This meant that staff had more time to provide care and support to people. In addition the manager had more time to undertake her management duties.

This was evident as care plans were now in place for every person at the service. In addition care plans were now up to date and accurate. These comprehensive care plans described how care should be delivered to meet a person's assessed needs. We also found that care plans were reviewed so that the persons current

care needs were provided for. Staff were positive about the implementation of up to date care plans.

We were told that the services policies and procedures were being reviewed to reflect current practices within the service.

The manager told us they had received support from a 'mentor' who works within the care sector who is to visit four times a year. This had helped the manager as they reviewed the systems of the service and provided advice. The manager also has monthly visits from the registered provider.

Staff spoke positively about the manager and registered provider and felt able to raise concerns with them and were confident they would be listened too. Staff told us they were encouraged with the recent changes and were proud to work at Tolverth house.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures must be established and operated effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service failed to provide staff with sufficient support, training, professional development and appraisal to enable them to meet people's care needs.