

2 Gloucester Road (Management) Limited

Honeybourne Gate

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

The inspection took place on the 12 July 2017 and was announced. This was the services first inspection since their registration with CQC.

Honeybourne Gate is a retirement complex which provides a personal care and support service to people in their own accommodation as required. At the time of our inspection there were two people receiving personal care from the service.

Honeybourne Gate had 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.

People were happy with their care and support they received from staff. They told us they felt safe amongst staff and were treated with kindness. They were supported to maintain their independence and were consulted about their care. However, people were at potential risk of receiving care from unsuitable staff because robust recruitment procedures of new staff had not been applied.

Systems were in place to check the quality of the service provided including regular meetings; however this did not include the monitoring of the provider's recruitment processes. Some of the provider's policies did not reflect the practices of the service. This meant people were at risk of not being supported by staff who were familiarise with the service's protocols or current legislative guidance.

People's care, risk and support needs had been assessed and recorded. People received a care package which was tailored to their needs and preferences. People took part in a range of activities and had opportunities to socialise with others. Where required, they were supported in planning and preparing their meals according to their wishes. People's medicines were safely managed and administered correctly.

Staff had been trained to carry out their role and report any concerns or incidents. The registered manager was accessible to people and staff and dealt with daily concerns.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the service's recruitment and governance processes. 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 consistently safe.

People were not always cared for by suitably recruited staff.
Robust recruitment procedures were not in place to ensure staff were fit and proper.

Staffing levels were flexible to meet people's personal care needs.

People's individual risks were assessed and managed in line with their care needs. People's medicines were managed, administered and recorded correctly.

Staff had been trained in protecting people from abuse and improper treatment.

Is the service effective?

Good 

The service was effective.

People were being cared for by staff who had been a trained and supported to meet their needs.

Staff consulted with people before supporting them with their personal care.

People's dietary needs and choices were catered for. People were supported in meal planning and preparation according to their wishes.

Staff supported people to access health care services as required.

Is the service caring?

Good 

The service was caring.

Staff interactions with people were kind and caring.

Staff encouraged people to retain their levels of independence.

People were positive about the staff who cared for them. Staff respected people's dignity and privacy when supporting them with their personal care.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and were being met by a flexible staff workforce.

Opportunities were made available for people to socialise within the retirement complex and local community.

The registered manager and provider dealt with any issues from people and their families on a day to day basis and had acted on some people's concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems to monitor and assess the recruitment processes were not in place.

Some of the provider's policies did not reflect the practices of the service.

People and staff spoke positively about the registered manager and felt the service was well-led.

Honeybourne Gate

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 12 July and was announced. The provider was given 24 hours' notice because the location provides a small personal care service and we needed to be sure that someone would be in. Before the inspection the provider completed a provider information return (PIR). The PIR 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. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

The inspection was carried out by one inspector. We spoke with two people using the service. In addition we spoke with the registered manager, the general manager and two care staff. We reviewed records for two people using the service and checked records relating to staff recruitment, support and training and the management of the service.

Is the service safe?

Our findings

The service's recruitment practices did not ensure that people were supported by staff with the appropriate experience and character. At the time of our inspection, the company's director had taken the responsibility of reviewing and holding the staff recruitment files at the service's head office. Whilst the registered manager had been part of interviewing process, they had not overseen the documents which related to staff being employed for the purpose of carrying out the regulated activity of personal care. This meant the registered manager had not been reassured that the staff were 'fit and proper' to carry out their role.

Copies of five staff recruitment files were made available on our inspection. Records showed that staff criminal checks, their curriculum vitae and some references had been sought. However there was no recorded evidence that gaps in staff's employment, reason for leaving their previous employment or their medical histories had been requested or explored. The provider did not have sufficient information about the employment history of one agency staff member.

The provider had not ensured staff were fit and proper to carry out the regulated activity of personal care. This is a breach of Regulation 19, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Staff were made available according to people's needs. Rotas showed that there were sufficient numbers of staff to support people in line with their care plan. People's preferences to be cared for by a specific gender of staff were catered for. All staff had received mandatory training which allowed staff to cover scheduled and unplanned support as required. For example, a staff member was on duty every night to deal with any general and personal support emergencies. Staff were also supported by an out of hours on call system.

Individual risks assessments had been completed when risks to people's safety and welfare had been identified. Staff took steps to help people to manage their personal care risks. People's care records provided detailed instructions for staff to follow to reduce to the risk of harm or injury to people such as risks associated with moving and handling or self-administration of their medicines. People who required support with the management of their medicines were supported by staff who had a good understanding of their needs and requirements. The registered manager had developed and implemented a system to support people who required support with the management and administration of their medicines, including those medicines which could be misused by others. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Staff encouraged people to be independent in the administration of their medicines. For example, staff had sourced an automatic medicines dispenser box for one person which prompted them to take their prescribed medicines at the required time and dosage.

People benefited from a safe service where staff understood how to keep people safe and their responsibilities to report accidents, incidents or concerns. Staff had completed safeguarding training and they understood how to implement the service's policies to safeguard people from the risk of harm or abuse. People told us they felt safe amongst staff when they were being supported with their personal care. One person said, "I feel very safe here. If I have any problems or need some help, I can press the red button

(pointing to their wrist alerts) or pull the call bell or ring down to the office. There is always someone around to help." Accidents and incidents were recorded and monitored to identify any areas of concerns and steps that could be taken to prevent accidents from reoccurring.

Is the service effective?

Our findings

Staff supported people to access health care services as needed and sometimes made referrals on behalf of people with their consent such as arranging chiropody, optician's appointments and visiting their GP as required. An effective handover and communication system was in place to ensure that all staff were fully aware of the current health and welfare needs of people.

Where people required assistance with their meals and drinks preparation; they were supported to plan a balance diet and prepare and cook meals of their choice. Their dietary needs and support requirements were documented and known by staff. One person explained how staff gave them the choice to be supported to plan and shop for their meals for the week as well as having meals in the onsite restaurant. People frequently enjoyed meals in the restaurant such as Saturday brunch and Sunday Lunch. We were told these were social occasions and added to the community spirit at Honeybourne Gate.

People received effective care from skilled and knowledgeable staff. People told us they were confident in the staff's ability and their knowledge to support them. New staff had received an appropriate induction programme which introduced them to the service's processes and policies including fire awareness and health and safety procedures. New staff were required to complete the care certificate as well as receiving regular support meetings during their six month probation period to ensure they had the skills to carry out their role and understand the needs of people.

Each staff member had an individual learning and development plan in place to monitor their skills and knowledge. Staff were trained in subjects that were deemed as mandatory by the registered manager to ensure they had the skills to meet people's personal care needs. The registered manager had introduced a system to monitor the training requirements of staff. The system indicated that some staff had not yet received all their training but plans were in place to ensure they would be trained to carry out their role as the needs of people increased.

Staff knowledge about medicines management and fire awareness were assessed annually to ensure they were fully aware of the expected practices. Records showed that where gaps had been found in staff knowledge, they had been addressed and reviewed to ensure the staff members were competent to carry out their role.

Staff felt supported in their role and could freely seek support and advice from the managers of the service. We were told that staff would receive six supervision meetings (private one to one meetings) a year plus an annual appraisal. Records showed that staff had received additional support meetings where there had been concerns about their skills and knowledge to ensure people remained safe.

People were involved in the planning of their personal care and support. They were asked for their consent before their personal care was delivered. At the time of inspection, everyone who received support with their personal care had the mental capacity to agree and make decisions about their care. However, staff were knowledgeable about how they would support people who did not have the mental capacity to make

decisions about their care. Staff were able to describe the principles relating to the Mental Capacity Act (MCA). 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. The registered manager had been on an advanced course in the understanding of the MCA and had documents pending in relation to the assessment of people's capacity to be used as required.

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). For care agencies, restriction in people's liberty are managed by the Court of Protection. There was no one who was being restricted from their liberty at the time of our inspection.

Is the service caring?

Our findings

People were very complimentary about the staff and the support they received. They told us staff were friendly, compassionate and attentive to their needs. One person said, "I wouldn't swap the staff here for the world." Another person explained how they got on with staff and said, "They (staff) are great here. We have a laugh, they are good fun." People were involved in making on-going decisions about their care and support. The service was able to provide a service which was flexible and bespoke to people's care requirements. People gave us examples of how staff had accommodated their wishes and requirements. One person said, "They (staff) are really kind and always at hand to help me if I call them." People and relatives who responded to our questionnaires felt that they were always introduced to their care staff before they started to provide support and were happy with the care and support they received.

People were supported by staff who respected their dignity and privacy. We observed the interactions between staff and people and found that staff spoke to people with dignity and respect at all times. Staff adapted their approach and manner according to people's needs. Staff valued people's decisions and privacy. We observed, staff respecting people's home and belongings and asked their permission before they went into another room. They explained the purpose of our visit to people and requested their permission for us to speak to them.

Staff explained how they supported people respectfully. One staff member said, "We must be respectful at all times, to them and their home, especially when supporting them with their personal hygiene." Staff were able to describe to us how they cared for people in a person centred manner.

Staff promoted people's level of independence and encouraged people to enhance their daily activity and personal care skills. They were supported to make decisions for themselves and take positive risks. Staff gave us examples of how they had supported people to remain independent or made a difference in their lives. For example, one person was supported to shower independently but monitored from a distance by staff.

People were asked about their life history and what was important to them during their initial assessment. Staff understood people's history, likes, preferences, needs and supported people to maintain their independence. People confirmed that the staff treated them equally and with respect. One person said, "The staff are lovely and always speak to me respectfully just as I would speak to a friend."

Is the service responsive?

Our findings

The service was responsive as people received support which was responsive to their personal care requirements. People told us they were supported with their personal care needs according to their individual needs and preferred requirements. One person said, "I can do a lot of things for myself, but the staff here help me when I need it, even the small things. They are very good. I can't complain at all." The registered manager explained that they were able to provide a service which was tailored to people's needs and preferences. For example, some people preferred a set routine whilst others requested a flexible service. There was sufficient staff on duty to remain flexible and assist people as required such as going to the shops to get milk for them or take them to an appointment if families were not available. As part of the service level agreement of the retirement complex, people had access to an on call emergency system which alerted staff who were on duty if they needed support outside their contracted hours.

Staff supported people with personal care needs, such as their medicines, shopping, meal preparations and personal hygiene. People were involved in the decisions and assessment of their care needs. The registered manager carried out an initial assessment of people's requirements and developed a care file reflecting their risks, needs and care plan. People's current situation, expected outcomes and actions to be taken to support people to meet their requirements were documented. People's care files provided staff with information they required to support people and any associated risks. A summary of people's care requirements also provided staff with a quick overview of their support requirements.

Staff completed daily notes which described the support they had provided and the person emotional and physical well-being. People's care records were reviewed monthly with them or earlier if required, ensuring they reflected people's support requirements. A shorter care plan was in place for those who required infrequent support; however the daily notes completed by staff indicated that staff had on occasions provided additional minor support to one person such as supporting them with dressing their lower half although this element of personal care was not stated within their care plan. This was raised with the registered manager who said they would immediately review the person's care plans and ensure the care plan reflected their support requirements.

Incidents and the actions staff had taken was recorded and shared with other staff such as successful ways of supporting people who had become agitated. This ensured people were supported in a consistent manner by staff and helped to reduce any risks to their physical and mental well-being.

People told us about activities and trips that staff had supported them to attend such as shopping, visit the local cathedral and garden centres. People had access to events within the retirement complex such as a cinema, swimming pool and hairdresser. People enjoyed events in the onsite restaurant such as afternoon tea and had access to the communal lounges and roof garden. Plans were in place for staff to take one person on holiday. Staff had helped the person to research, plan and book the holiday and transport.

People were provided with a variety of opportunities to speak to staff and share any concerns about the service they received. The managers had an open door policy and we observed people confidently approach

the manager's office and speak to the senior managers about concerns and have a friendly chat with them. When people moved into the retirement complex they were provided with an A to Z guide of the services and facilities provided including how to make a complaint. At the time of our inspection, there had been no formal complaints about the personal care service.

The managers attended a weekly coffee afternoon with people who resided at Honeybourne Gate. A television screen in the communal areas displayed events and information relating to the retirement complex. A communication book was used by staff to share information about the premises, people and any booked appointments or events. As the service develops, the registered manager assured us that other approaches to capture people's experiences and feedback about would be considered.

Is the service well-led?

Our findings

Honeybourne Gate is a new development of retirement apartments which provides additional support if required such as personal care. A registered manager was in post who was developing the processes and systems around the delivery of the regulated activity of personal care. They were supported by a general manager who was responsible for the hospitality services and the premises. The registered manager told us their role to develop and implement a personal care service at Honeybourne Gate had been challenging but enjoyable. They said, "I'm really enjoying my role and I am liking the challenges it brings and developing this service." At the time of our inspection only two people were receiving the regulated activity of personal care. People told us they were happy with the service they received and felt the service was effectively led. There was an open and flexible culture in the service to ensure that people received the care and support that they required.

The registered manager had implemented a selection of quality assurance process to monitor the quality of the service being provided. However, systems to assess and implement the regulatory requirements of the recruitment of staff had not been carried out to ensure people were cared for by fit and proper staff. As part of the registration with CQC, the registered manager had developed a series of policies to guide staff with the service's procedures and expected standards of care. The policies were used as a source of information for staff and new staff were required to familiarise themselves with the policies as part of their induction programme. The policies were supported and reinforced in the staff's on-going training. However we found some policies did not provide staff with the guidance they needed to carry out their role. This meant people were at risk of not being supported by staff who were familiarise with the service's protocols or current legislative guidance.

This is a breach of Regulation 17, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had implemented other governance and quality assurance systems to monitor the service being provided and drive improvement such as monthly medicines and infection control audits. Staff routinely reported and recorded any accidents and incidents. The registered manager recorded summaries of the incident to review if there were any patterns or trends occurring. There was an open and transparent culture about the service. Systems were being implemented to ensure the service could cope with an increased number of people requiring personal care support as the people moved in the retirement complex.

Staff were positive about their role and complimented the provider and managers of the service. One staff member said, "They treat the staff well. There is lots of respect which I like." Staff told us they felt supported and could approach the managers with any questions or seek advice. The registered manager had received additional management training in subjects such as supervision and appraisal management. They received support and supervision from the general manager; however the general manager had limited health and social care experience. This meant the registered manager did not always have access to direct support with any issues relating to the management of a personal care service or their professional development.

We recommend the service seek advice and guidance from a reputable source, for the management team, about their professional development and practice support.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Adequate records in relation to people employed and the management of the regulated activity were not in place.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured staff were fit and proper to carry out the regulated activity of personal care.