Cumbria County Council

Petteril House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection over two days, the 16th and 24th of November 2015. We last inspected Petteril House on the 9th and 12th of March 2015 when all the regulations we inspected were met.

Petteril House is a care home registered to provide accommodation for 37 people requiring personal care. The home is located on the outskirts of Carlisle and is close to local shops and public transport routes.

The property is a two storey building with a passenger lift to assist people to access the accommodation on the first floor. People live in small units, each with its own sitting and dining area. One unit specialises in providing care for people living with dementia and other complex needs. At the time of our visits there were 29 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We found at this inspection that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not always sufficient numbers of support staff to meet the assessed needs of people living in the home.

You can see what action we told the provider to take at the back of the full version of the report.

We made the following recommendations.

We recommended to the registered manager that staff should receive further training in how best to support people with complex needs and behaviour that may challenge the service.

We recommended that details of an advocacy service be accessed and the information be on display throughout the home.

We spoke to people who lived in Petteril House and received favourable comments about the care and support they received. They said, "I like living here and I feel safe. The staff are very kind and nothing is too much trouble".

We spent time on all three units speaking to people and their relatives. On the first day of our inspection visit we saw there was only just sufficient staff to meet all the assessed needs of the people. Staff said, "We are short today so we are very busy. If we had any more people we would not be able to manage".

We saw, from the care plans that people had nutritional assessment in place with weights being regularly

monitored and recorded.

Medicines were being safely administered and stored and we saw that accurate records were kept of medicines received and disposed of so they could be accounted for.

Some activities were provided if people wanted to join in. People could follow their own interests and maintain relationships with friends and relatives.

Staff were recruited correctly ensuring only suitable people were employed to work at Petteril House

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.

There was insufficient numbers of care staff at times to meet the assessed needs of people living in the home and in emergency situations.

Staff had completed training in the protection of vulnerable adults and were aware of their responsibility to keep people safe from harm or abuse.

Medicines were managed appropriately. People received their medicines in line with their prescription.

Is the service effective?

Good

The service was effective.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Staff training appropriate to people's roles and responsibilities was in place.

Is the service caring?

Good

The service is caring,

All the people we spoke to told us they were well cared for and supported to live a full life.

Staff were knowledgeable about the people they supported and treated people in a dignified and caring manner.

Relatives spoke highly of the attitude of the staff and were very happy with the care provided.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff did not always have accurate information to refer to in care plans to ensure an appropriate level of care was given to people who had behaviours that may challenge the service.

Some activities were provided if people wanted to join in. People could follow their own interests and maintain relationships with friends and relatives.

There was a complaints procedure in place. People were listened to when they raised any concerns.

Is the service well-led?

Good

The service was well led.

Quality audits were used to monitor care planning, medicines management, the environment and service provision.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

Staff told us they felt supported and listened to by the registered manager and supervisors and that they could discuss their work and practices.

Petteril 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 unannounced inspection took place over two days, the 16th November 2015 and the 25 November 2015. The inspection team consisted of two adult social care inspectors and an expert by experience.

An expert by experience is a person who has personal experience in caring for and supporting older people and those living with dementia.

We did not receive a provider Information Return (PIR) as one had not been sent for completion. A 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. We had received a PIR earlier in the year prior to the last inspection visit.

We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority that purchase care on behalf of people. We planned the inspection using this information.

During our inspection we looked at six care plans and checked on records relating to the provision of care. We looked at details of the medicines managed on behalf of people in the home. We checked on the records related to ordering, administrating, storing and disposing of medicines and looked at four weeks staff rosters. We toured the building inspecting the environmental standards in the home and looked at records pertaining to maintenance.

We spoke to six visitors, seven people who lived in Petteril House and five members of staff. We spent time with the registered manager, the supervisors on duty and the operations manager who was in the home on the first day of our inspection visit.

Requires Improvement

Is the service safe?

Our findings

People we spoke to during our visit told us they felt safe living in Petteril House. One person told us, "It is very nice here and I feel safe". Another said, "I am more than happy with my care and I think it is safer than living by yourself". A relative said "My sister and I are in all the time and we have never seen anything to worry us. There seems to be enough staff and the girls are lovely"

We observed the staff working on all three care units and found staff were working continuously from room to room attending to peoples' needs. We saw that there was insufficient staff to meet people's needs. All of the people who lived on the ground floor unit required the support of at least one member of staff to help them to mobilise and there were only two staff on duty on that unit. This meant that people who required assistance had to wait an unreasonable time until a member of staff was available to help them. Staff told us, "We are short today so we are very busy. If we had any more people we would not be able to manage". However during our time in the home we saw that people did not wait very long before their call bell was answered.

In addition to this we were told that currently, there were only two staff working across three units at night. This showed that when a person required the assistance of two people to mobilise or attend to their personal care in one of the units the other two units were left unattended. This included the unit that provided care for people who lived with dementia. This meant people were left locked in with no member of staff to ensure their personal safety.

We were told by the registered manager that, until recently, there were three members of night staff working across the three units and the four weeks rosters we were given confirmed this. However, just prior to our inspection visit this was reduced to two staff on several nights throughout the week. The registered manager told us that permission had been given by the senior management to recruit new staff to ensure there was a minimum of three staff on duty seven nights a week.

We looked at how the provider calculated how many staff were required to support people at Petteril House. We could find no evidence that staffing levels had been set based on people's needs. They were in fact based on historical figures, for example we were told the service had always had two staff working at night. The provider was aware that the needs of the elderly population were changing with more people being supported for longer within their own home. This meant that people who used the service were likely to have an increased amount of needs requiring an increased amount of support. The provider had made no provision for this.

We looked at records relating to falls in the home, we saw that there were a large amount of falls documented as unobserved. We judged that this may be a direct consequence of having insufficient staff to ensure that people were kept safe. We saw there had been a number of unobserved falls which could also be a consequence of shortage of staff on the units.

We noted an absence of auxiliary staff such as cleaners, we were told due to long term absences the home

was short of cleaning staff, laundry staff and the part time administrator was about to return after annual leave. The manager confirmed that domestic staff would be working for the remainder of the week but there were still vacant hours to fill. The provider had made no provision to replace these vital roles on a temporary basis and care staff had been expected to ensure that these duties had been completed.

We spoke with the manager and asked what measures had been taken to ensure there were sufficient staff. The manager explained that they had recruited staff but were waiting for checks to be completed. In addition the manager had requested that the home be closed to admissions until such a time as there was sufficient staff to ensure the safety of the people who lived there.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not sufficient numbers of support staff at all times to meet the assessed needs of people living in the home and in emergency situations.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up.

We saw, from the care plans we looked at, that risk assessments were in place. However some care plans did not adequately reflect people's needs as identified in the risk assessments. For example one person in the home was known to become upset and aggressive at times. The intervention for this in their care plan stated, 'talk to them and tell the supervisor'. There was no other information that told the support workers what strategies were in place to ensure that this person was safe or ensure that those around them were kept safe. Furthermore the care plan did not reference the use of any other techniques such as medication, deflection or any action to take in response to the identified risks. We recommended to the registered manager that staff should receive further training in how best to support people with complex needs and behaviour that may challenge the service.

Although medicines were administered by the supervisor on duty most of the support workers had completed training in the safe handling of medicines at level two. We checked the records for the receipt, recording, administration and disposal of medicines and found them to the up to date and correctly completed.

Medicines audits were the responsibility of the supervisors and checks were completed each week. Details of the audits were shown in red on the Medicines Administration Record (MAR) sheets.

We checked the storage and recording of medicines liable to misuse, called controlled drugs, and this was being managed well. There were clear records of administration, checked by two members of staff and recorded in the appropriate register. We counted the medicines held and found the numbers tallied with those recorded in the controlled drugs register.

During our inspection visit we toured the building looking at the environmental standards within the home. We found that the home was tidy and there were no lingering unpleasant odours despite the lack of domestic staff.

The moving and handling equipment we saw in use, such as hoists, and ceiling tracking were clean and being maintained under annual service level agreements. We saw that people had been assessed for its safe use. We noted that there were many areas of the home that needed some redecoration for damaged and chipped woodwork in bathrooms and on corridors. There was damaged plaster in various places

throughout the building which needed attention. It looked as though there had been little or no remedial work carried out for some time. We discussed this with the operations manager during our visit and he told us that there were plans in place to redecorate corridors and some bedrooms. This work had been started by the second day of our inspection. Petteril House is a large home and it will take a considerable amount of time and funding for it to be brought up to a good standard of decoration.

We asked the staff working in the home if they were confident that people were safe living there. They told us they were aware of their role to keep people safe from the risk of abuse or harm. We were told by one support worker, "If I saw anything at all that gave me cause for concern I would certainly talk to the manager or one of the supervisors. I know too that they would listen to me and do something about it".

Good

Is the service effective?

Our findings

People we spoke to made many positive comments about the support they received from the staff in the home. One person told us, "Staff ask me regularly how I am" and another said, "They (the staff) know all my likes and dislikes."

A relative said "We were involved in my relative's care plan, they tell us straight away if anything is wrong. Communications are excellent". Another relative said "They let us know if anything happens. My relation took a tumble the other day and they told us straight away". Another relative said they had been involved in relative's care plan and were always informed of any changes to the support that was needed.

We looked at the documentation in relation to Do Not Attempt Cardio Pulmonary Resuscitation (DNAR CPR). We saw that the service had undertaken a full review of all DNAR CPR's using the guidance issued by 'deciding right'. Deciding right is an initiative in the north of England that shares best practice for helping people to make advance decisions about their care which includes DNACPR. One supervisor had delegated responsibility for this process and she had almost finished going through each person's care plan to ensure all the required paperwork was in place. DNACPR's in the home had been greatly improved though the manager admitted that it was very much a work in progress and there was still further work to do to bring the records up to date. The supervisor who was on duty told us they were working very closely with the families, the people who lived in the home and the GP surgeries to complete this work.

We asked the staff what they knew about 'best interest meetings' and they told us the link workers were always involved in any meeting that took place. A link worker is a member of the support staff team that has special responsibility for a small number of people that lived in the home. The supervisor explained that the care staff were involved as they knew the people they supported well and had information that was relevant to the best interest meeting.

Best interest meetings were held to discuss what is best for people with no or limited capacity to make important decisions about their care and how they want their care to be delivered.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The registered manager knew when a Deprivation of Liberty Safeguard was required to protect an individual's rights. We saw that the registered manager had raised potential restrictions with the managing authority to make sure they were acting in line with the legislation and supporting people's rights.

Training records showed that many of the support staff had completed training in the MCA in September of this year. The registered manager told us the remaining staff would be completing this as soon as possible. We asked one member of staff if she had found the training useful. She said, "I found it very useful even though it is not always easy to understand. It did teach me that we must always assume, in the first instance, that people have capacity to make their own decisions and take it from there".

We saw, from the care plans that people had nutritional assessment in place with weights being regularly monitored and recorded.

We observed bowls of fruit around the home. There were jugs of water and juice available throughout the day. The kitchen areas were attached to the lounge/diners so extra drinks could and were offered as residents wanted them. We also observed visitors being offered refreshment whilst visiting.

We saw that breakfast was served when people wanted it. A breakfast choice list was displayed on the wall. Staff would ask people for their meal choices the day before but check again at service. Lunch was a light choice, sandwiches, soup, cake, yoghurts, and fruit. Tea was a hot meal and a light supper later. People were happy with their meals. They said, "The food is very good, too much sometimes, I've put a bit of weight on". People were given time to at their own pace. No one required help in eating but some prompting and guidance were given in an unobtrusive manner.

We spent time talking to the cook on duty who demonstrated their knowledge around the nutritional support of people who used the service. They were able to tell us who had food allergies and who required a fortified diet. In addition the supervisors kept them informed of people's progress in terms or gaining, losing or maintaining their weight.

We spent some time in the unit that provided care for people with complex needs or may have behaviour that challenged the service. We spoke with the three staff on duty and asked them about the management of behaviour that challenged. They told us that they had received minimal training in how to support people who demonstrated this type of behaviour. Furthermore they had not been taught any techniques to minimise the risk of them being assaulted in the course of their work. Whilst staff managed these situations well we have recommended that further training would be of benefit to staff and the people who use the service.

Good

Is the service caring?

Our findings

We spoke to seven people who lived in Petteril house and they all told us they were happy with the care they received. One person told us, "I am very happy here thank you. I came for two weeks respite and decided to stay as I like the company. There have been a couple of blips but these have been sorted out and everything is fine". Another person told us, "It is very nice living here and I know that I cannot manage at home on my own".

Families told us that they were pleased with the care given to their relatives. One family member said, "I am very happy with my relative's care and the staff keep me informed about everything I need to know".

From our observations during our time in Petteril House we saw that the staff knew the people they supported very well. We saw good, caring interactions between the staff and the people they supported. People were relaxed with some sitting in the communal areas of the home and others in their rooms.

We observed, throughout our inspection visit, staff interacting well with people in a warm, friendly and caring manner. We saw and heard staff reassuring people who were upset or distressed. We observed staff having friendly conversations with people they were supporting. We heard the same happy chatter from peoples' rooms as they were assisted with their personal care.

We heard one staff member say to one person who was still in bed "You are on antibiotics, you've had a chest infection, it won't do to lie down flat. Why don't you sit up and something to eat and drink". The support worker then coaxed the resident to sit up and have breakfast.

We spent time in the unit that cared for people living with dementia and other complex needs. Staff in this unit were aware of the complex needs of the people that were supporting and treated people with respect.

We saw that visitors to the home were well received and all were known to all the staff on duty. Relatives told us they were more than satisfied with the care provided and thought the staff "did a very good job".

We spoke to the registered manager about the use of an advocacy service. She told us that, currently there was nobody living in the home who had no relatives or friends that could speak on their behalf. We recommended that details of an advocacy service be accessed and the information be on display throughout the home.

We saw that relatives visited the home at different times of the day and were greeted by name and always offered refreshment. Relatives told us, "The girls are lovely "and "We are very happy with everything and I admire them for their care"

One person told us, "The girls are wonderful, they do everything I want, sometimes before I ask, sometimes some people don't want to know you when you are deaf". This person had everything written down on a pad

and there was buzzer to hand and newspapers and puzzles.

Requires Improvement

Is the service responsive?

Our findings

During our visit to Petteril House we received many complimentary comments about the care and support provided to people who lived there. We were told that routines within the home were flexible and people were given choices about when to get up or go to bed. One person said, "I was told at first what I was to go to bed early but that has now been sorted out and I stay up as late as I like. It was just a misunderstanding".

The activities coordinator was not in the home on the day of our inspection but people told us she organised some activities for them. There was a dedicated activities room and we saw a list of speakers who had been booked to visit the home to talk about things like Carrs Biscuits, Metal Box and the Romans in Carlisle. One person was using their tablet computer (there was wi fi connection) and in one sitting room there was a desktop computer with a large letter keyboard.

Some people were sitting in the upstairs lounge squirrel watching (there are a number of mature trees in the grounds). They told us, "We see greys, not so many reds now, we like to watch them". Unfortunately the grounds and garden area were not maintained well and needed attention to make them more 'people friendly'

We looked at care plans for people who lived on two of the units including that which provided support to people with complex needs. All contained assessments of a person's needs including some information on their likes and dislikes and risk assessments. However, some care plans did not sufficiently reflect people's needs as identified in the risk assessments and assessments of needs. For example one person in the home was known to become upset and aggressive at times. The intervention for this in their care plan stated 'Talk to them and tell the supervisor'. There was no other information that told the support workers how to ensure that this person was safe, that those around them were safe or how to keep themselves safe. We saw that the care plan did not reference the use of any other techniques such as medication, safe and appropriate intervention. There were no suggestions as to what carers should 'talk' about when attempting to engage with the person.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the assessments of people's care, treatment and support needs were not in detail to support person centred care and did not include all their needs and possible risks that needed to be managed.

We saw, in the care plans, that people who lived in Petteril House had a 'hospital passport'. It contained information about the person, their health and care needs, medication and what they wanted in order to support them. This document was ensured that, should a person need to transfer to another care setting quickly all the relevant information about their needs and preferences would be available to go with them.

Some people needed a variety of hoists or walking aids to help them mobilise around the building. We observed these being used correctly by staff, including supervising one resident with a walking aid who could only move very slowly who said, "But I do my walk every day, it's good for me". We saw that all the

equipment was maintained regularly through annual service level agreements. We saw that two of the bedrooms had ceiling tracking fitted that could easily be moved to a different room should this be necessary. One member of staff told us, "It makes such a difference to have tracking like this. It is much better for the people we support and easier for the staff".

There was a complaints procedure with comment booklets placed at the front door for people to complete. The registered manager also showed us a file of complimentary letters and cards that had been sent to the home.

We asked people if they knew how to make a complaint and they said, "I would speak to any of the staff and they always sort things out for me. I have never really had a big complaint to speak about. I do know though I would be listened to". Relatives told us that communication with the managers and staff was very good and any concerns they may have were always sorted out within the timescale set down in the complaints procedure.

Good

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they were well supported in the home and felt that they could speak with the manager or supervisors at any time. They told us the atmosphere in the home had improved over the last six months and they all worked together as a team. They said they had regular staff meetings and individual supervision to discuss any training needs, share ideas, any problems and any areas for development.

We asked relatives and people who lived in the home if they thought the home was well run. Relatives told us, "I think it is well run. We can see the manager at any time, we don't need an appointment. There is always at least one supervisor duty to speak to if we have any questions".

We spent time with the registered manager and she told us she knew there was much work to be done to improve the standard of support provided to the people who lived in Petteril House. She said, "I know the actual care provided by the staff team is very good but our paperwork and recording needs to improve. Although we are getting there".

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority. There were also regular visits from the operations manager for the service to do their own checks on aspects of the service and monitor the standards in the home.

The registered provider had systems in place to assess and monitor the service provided. An internal auditor from the organisation completed an annual audit to ensure everything was up to date.

Audits or checks were carried out by the manager or supervisors on medicines management, infection control, peoples' personal monies, care plans and the environment. The registered manager had discussed the state of the environment with the operations manager, having identified that most parts of the building needed attention. She had been told there had been an amount of money allocated to be used to re-decorate some corridors and rooms. This work had started when we returned on the second day of our inspection visit.

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 9 HSCA RA Regulations 2014 Person-centred care The assessments of peoples' care, treatment and support needs were not in detail to support person centred care and did not i9nclude all their needs and possible risks that needed to be managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We found there was not always sufficient staff to meet the assessed needs of the people who lived in the home. Regulation 18 (1)