

142 Petts Hill Care Home

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Inspection report

142 Petts Hill
Northolt
Middlesex
UB5 4NW

Tel: 02084229910

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06 February 2018

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection took place on 6 February 2018 and was unannounced. On 22 February 2016, we inspected the service and rated it Good but identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines. We inspected the service again on 5 July 2017 and found a repeated breach of Regulation 12, Safe Care and Treatment in relation to medicines management. As a result, we issued the provider with a warning notice telling them they must make the required improvements by 15 August 2017.

We undertook a comprehensive inspection on 29 and 30 August 2017 to check if the provider had made the necessary improvements. We found that the provider had not met the requirements of the warning notice and in addition was breaching other aspects of the regulation in regards to Safe Care and Treatment. As a result we rated Safe as Inadequate and issued the provider with two warning notices for a repeated breach of Regulation 12, Safe Care and Treatment and Regulation 17, Good Governance, telling them they must make the required improvements by 2 October 2017. We also found a breach of regulation in relation to Person-centred care.

At this inspection on 6 February 2018, we found that the provider had made the necessary improvements, had met the requirements of the warning notices and was meeting the Regulations they previously breached.

142 Petts Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

142 Petts Hill Care Home is a care home without nursing that provides accommodation, support and care for up to three people with mental health needs. At the time of our inspection, three people were living in the home, two of whom had been living there for over 25 years.

The home was owned by a group of family members. There was a registered manager at the service at the time of our inspection. 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.

Staff followed the procedure for recording and the safe administration of medicines. There were systems in place to monitor the management of medicines. All staff had received medicines training and had their competencies regularly assessed.

The provider carried out regular health and safety audits. There were systems in place to protect people from the risk of infection and the environment was clean and free of hazards.

Risks to people's wellbeing and safety had been assessed, and where risks had been identified, the provider had taken appropriate action to mitigate these. Risk assessments were regularly reviewed and updated.

The provider had processes in place for the recording and investigation of incidents and accidents. Risks to people's safety were identified and managed appropriately.

There were enough staff on duty to meet people's needs in a timely manner.

People felt safe when staff were providing support. Staff had received training in safeguarding adults and demonstrated a good knowledge of this and what they would do if they thought someone was being abused.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were reviewed and updated monthly or more often if necessary and included instructions for staff to follow to ensure people's needs were met. Care plans contained information about people's daily routines and preferences.

The provider had a number of systems in place to monitor the quality of the service and put action plans in place where concerns were identified.

Staff had received training identified by the provider as mandatory. This equipped staff with the skills to provide appropriate and effective care for people using the service.

Activities were organised according to people's choices and needs. People we spoke with confirmed this.

People's capacity to make decisions about their care and treatment had been assessed. At the time of our inspection, nobody was being deprived of their liberty unlawfully.

Staff received regular supervision and an annual appraisal, and told us they supported each other. Recruitment records were thorough and complete and the provider had ensured that a criminal record check was completed prior to staff starting work.

There was a complaints procedure in place and people told us they knew who to complain to if they had a problem. Relatives were sent questionnaires to gain their feedback on the quality of the care provided.

People told us they felt safe at the home and trusted the staff. They told us staff treated them with dignity and respect when providing care. Relatives and professionals we spoke with confirmed this.

We saw people being supported in a calm and patient manner.

People gave positive feedback about the food and told us they were offered choice. People had access to healthcare professionals as they needed, and the outcomes of the visits were recorded in their care plans to provide an audit trail.

People, relatives and professionals we spoke with thought the home was well-led and the staff and management team were approachable and worked well as a team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff followed the procedure for the recording and safe administration of medicines and there were systems in place to monitor the management of medicines.

There were systems in place to protect people from the risk of infection and the environment was clean and free of hazards.

Staff had received training and demonstrated a good knowledge of safeguarding adults procedures.

Risks to people's safety were identified and managed appropriately.

There were enough staff on duty to meet people's needs in a timely manner. Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Is the service effective?

Good 

The service was effective.

Staff received the necessary training to deliver care and support to people effectively and were suitably supervised and appraised.

People's needs were assessed prior to receiving a service and care plans were developed from the assessments.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were protected from the risks of inadequate nutrition and hydration.

Staff supported people to access healthcare services and liaised closely with healthcare professionals so people's needs were met.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a friendly and caring way. Relatives and professionals told us people using the service were well cared for.

Care plans contained people's background and their likes and dislikes. People were supported with their individual needs in a way that valued their diversity, values and human rights.

People were able to make choices and told us staff respected these.

Is the service responsive?

Good ●

The service was responsive.

Care plans were comprehensive and contained details of people's background and care needs. These were regularly reviewed and updated to reflect changes in people's needs.

There were organised activities and these took into account people's individual choices and needs.

There was a complaints procedure in place and people told us they knew who to complain to if they had a problem.

Is the service well-led?

Good ●

The service was well-led.

The provider had put a number of systems in place to monitor the quality of the service and put action plans in place where concerns had been identified. This had led to an overall improvement in all areas of the service.

Relatives were sent quality questionnaires to ask their views in relation to the quality of the care provided.

People, relatives and professionals we spoke with thought the home was well-led and the staff and management team were approachable and worked well as a team.

142 Petts Hill Care Home

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 6 February 2018 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including the care plans for all three people who used the service, three staff records and records relating to the management of the service. We spoke with two people who used the service and three staff, including the provider, the registered manager and one senior support worker.

Following our visit, we contacted six healthcare and social care professionals who were regularly involved in the care of people using the service to gather their views about the service. We obtained feedback from one by email and one by telephone.

Is the service safe?

Our findings

At our last inspection on 29 and 30 August 2017, we found a repeated breach of Regulations in relation to the management of medicines. We issued the provider with a warning notice telling them they must make the necessary improvements by 2 October 2017. At this inspection, we found the provider had made the necessary improvements and was meeting the requirements of the warning notice.

Following our last inspection, the Clinical Commissioning Group (CCG) had carried out a medicines audit which we viewed. We saw they had found that improvements had been made and there were no identified concerns.

People told us they were happy with the way in which they received their prescribed medicines. We checked medicines storage and medicines records for all three people who used the service. All medicines were in date and appropriately stored in a locked cabinet in a locked office. There was a medicines fridge and a temperature chart was in place and within targets. The room was well ventilated and the temperature was monitored and recorded.

We viewed the Medicines Administration Record (MAR) charts for all the people using the service. We saw these were completed and signed appropriately and staff signatures corresponded to the stocks of medicines we checked.

Loose medicines such as pain killers were correctly dispensed and stocks of these were checked regularly. One person had been prescribed a course of antibiotics and we saw these were being administered as prescribed.

There were regular medicines audits and we saw evidence that these were thorough. Where action was required, this was recorded. For example, during an audit, it had been noticed that one staff's initial resembled a code for 'refused', so this had been addressed to prevent any ambiguity.

The provider had a policy and procedure for the administration of medicines. Staff received regular training in the administration of medicines and had their competencies assessed regularly.

At our last inspection, we found a breach of Regulation in respect of safe care and treatment in that the provider did not always ensure the safety of people, visitors and staff. There had not been up to date health and safety checks and some areas of the home were unsafe. At this inspection, we found that improvements had been made.

The communal living rooms and upstairs landing had been de-cluttered and there were no visible trip hazards. The environment was clean and hygienic and systems were in place to protect people from the risk of infection. All cleaning products were safely locked away.

The provider had a health and safety policy in place, and staff were aware of this. There were processes to

ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent health and safety checks. This included fire safety equipment such as fire extinguishers.

At our last inspection, we found that risk assessments did not always reflect people's individual risks and were not always reviewed. At this inspection, we found that improvements had been made.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. Risk assessments included self-neglect, absconding and falling. These were detailed and comprehensive and included control measures to mitigate the risks identified. For example, we saw "Avoid any stressful situations" and "Observe for any side effects of medication" for a person who suffered with anxiety. We also saw that another person who was at risk of falls had an up to date falls risk assessment, and staff had consulted a physiotherapist for advice in keeping the person mobile and safe. This included adapting their environment, regular exercise and a walking aid. Risk assessments were reviewed and updated regularly and were signed by people or their representatives.

People told us they felt safe at the home. Some of their comments included, "I feel very safe and happy here. It's my home. I love it" and "I feel safe. Everybody is good." One healthcare professional confirmed this and added, "I do believe people are safe there. I have noticed improvements in the environment."

People were protected through the provider's safeguarding procedures. Staff had completed training in safeguarding adults and records confirmed this. The provider knew how to raise alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also knew to notify the Care Quality Commission (CQC) as required of allegations of abuse. There had not been any safeguarding concerns since our last inspection.

The provider had a policy and procedure for the management of accidents and incidents. These were clearly recorded and included details such as time and place, action taken, outcomes and steps taken to prevent re-occurrence. There had not been any accidents or incidents since our last inspection.

The service had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. The service carried out regular fire drills and weekly fire alarm tests. These helped to ensure that all staff were able to follow the fire procedure in the event of a fire. All drills and tests were recorded and included any actions taken if a fault was found. People's records contained personal fire risk assessments and Personal Emergency Evacuation Plans (PEEPS) which took into account people's abilities and needs, how many staff were needed to support them and any specialist equipment they needed.

The provider had commissioned an external fire safety risk assessment. We saw that three recommendations had been issued and these had been addressed without delay. They included placing the fire procedures by the front door and replacing some fire extinguishers.

People told us there were enough staff on duty to keep them safe and meet their needs. One person said, "They are always around. I can call them and they come. Anytime." The manager told us, "We are always here. Day and night. There is never a problem because we respect each other as a family and respect the residents. We are never short staffed." We viewed the staff rota for the last four weeks and found that there was adequate cover at all times.

Recruitment practices ensured staff were suitable to support people. We looked at three staff files and saw these included checks to ensure staff had the relevant previous experience and qualifications to work at the service. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

Is the service effective?

Our findings

At our last inspection, we found a breach of Regulation in respect to person-centred care in that staff did not always follow instructions from healthcare professionals and people's healthcare needs were not always met. At this inspection, we found that improvements had been made.

We saw evidence in people's care plans that recommendations from healthcare professionals had been recorded and were being adhered to. For example, one person had been supplied with a walking aid to help with their mobility and prevent falls and they showed us how they used it. They told us, "I have a stick now. I don't need to use the zimmer frame. I am much better now. They remind me to use my stick, so I don't fall." Staff told us they ensured they supported the person with their recommended exercises and this had helped them become mobile again. They said, "It's great how [person] has improved. They will soon be able to go back to the day centre. [Person] is very excited about that."

People were given the support they needed to stay healthy. The provider was responsive to people's health needs. One person told us, "I see the doctor when I need to. They take me." A healthcare professional told us the service was "responsive to people's healthcare needs" and said, "Whatever we recommend is adhered to. They are very quick to respond to people's needs." Records showed that people's health was monitored and any concerns were recorded and followed up. There was evidence that, when necessary, people had been referred to the relevant healthcare professional, and appropriate treatment was in place. For example we saw referrals to a skin care specialist and a dementia link worker. Care plans contained individual health action plans. These detailed people's health needs and included information about their medical conditions, mental health, medicines, dietary requirements and general information. This showed that the service was meeting people's health needs effectively.

Decisions about care had been made by the person or in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this.

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider understood the principles of the MCA and had followed its requirements. The manager had identified people for whom DoLS had to be put in place and had taken appropriate action to make sure these were in people's best

interests and were authorised by the local authority as the Supervisory Body.

Staff told us they encouraged people to be as independent as they could be. The manager told us, "We used to do everything for them but recently we have encouraged them to do more for themselves and become more independent. I think it is important so they don't lose their skills." During the inspection, we saw that people were consulted and consent to their care and treatment was obtained verbally. We saw evidence in the care records we looked at that people were involved in regular reviews of their care.

People's care and support needs had been assessed before they started using the service. Assessments we viewed were comprehensive and people and/or their representatives had been involved in discussions about the care, support and any risks that were involved in managing the person's needs. Areas assessed included personal care, continence, communication, emotional needs and hobbies and interests. Two of the people had been living at the home for over 25 years. They told us they were happy with the care and support they were receiving. One person said, "They look after me here. They are lovely." Staff told us they aimed to deliver a personalised service to each person who used the service.

People were supported by staff who had appropriate skills and experience. Staff told us they were able to access the training they needed to care for people using the service. The manager had identified training courses they considered mandatory, such as first aid, infection control, health and safety and safeguarding. They had also ensured that all staff received training in the administration of medicines. Staff received training specific to the needs of the people who used the service, such as MCA and equality and diversity training. Training records confirmed that staff training was delivered regularly and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver care to the expected standard.

People were cared for by staff who were well supported. During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us they received regular supervision with their line manager. The manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

People's nutritional needs, likes and dislikes and cultural preferences in regards to food were met. The provider recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People told us the food was good and you could request anything. One person told us, "I like the food. My favourite is tuna and I like custard cream biscuits. They are my favourite" and "They give me chocolate." Another person said, "You can ask for something and the staff will prepare it for you."

People were offered a choice of food at each mealtime and staff told us the menus were decided with people during one to one conversations. We viewed the menus for the month and saw that they changed daily and were rotated over a three week period. Evening meals were themed and included, 'Pasta day', 'International day', 'Pizza day', 'Fish and chips' and 'roast dinner'. Staff told us the menus were subject to change depending on people's choices and preferences on the day. Refreshments and food were available throughout the day and whenever people wanted them.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People and relatives were complimentary about the care and support they received. One person told us, "The staff are lovely. All of them. They look after me. They spoil me", "Everyone is kind here" and "It's nice. They look after everyone." Staff were seen to knock on closed doors before entering and said they always respected privacy and dignity by ensuring that people's choices were respected and closing doors when they supported people with personal care. A healthcare professional told us that people were "cared for and safe" and added, "I have no concerns at all."

Service user guides were issued to all people living at the service. They included a statement of purpose, a service agreement and information about the service and the organisation, its aims, objectives and values. It also included an easy read complaints procedure.

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Staff we spoke with knew people well and were able to tell us their likes and dislikes.

All staff displayed a gentle and patient approach to caring throughout the day when they supported people in the home. We observed that staff communicated with people clearly and appropriately, making eye contact and offering choice. They were attentive when people needed assistance and understood how best to talk with different people according to their communication needs.

We did not see people waiting for support and staff responded in a very caring way when people needed assistance. Staff were attentive and offered people a choice snacks, tea, coffee or water throughout the day. The atmosphere was relaxed. Staff engaged well with people. They were cheerful and good natured and took time to speak with people, interacting and chatting with them throughout the day.

Staff were clearly aware of people's needs, routines and behaviour and were able to explain how they supported different people. We saw evidence of kind and empathetic care. Care notes were recorded daily and included details of each person's wellbeing and their activities for the day. We saw these were written in a person-centred way.

People told us they could have visitors anytime they wanted. One person told us keeping in touch with their relative was important to them and staff respected this.

Is the service responsive?

Our findings

At our last inspection of 29 and 30 August 2017, we found a breach of Regulation in respect to person centred care in that care plans were not always reviewed and updated and did not always contain up to date information about the care people needed. At this inspection we found that improvements had been made.

Care plans were developed from the people's initial needs assessment, were comprehensive and contained sufficient information to know what the care needs were for each person were and how to meet these. Each person's identified needs included the person's view, their short term and long term goals and interventions needed to meet the person's needs. For example, one person's condition meant they were often disorientated to time and place. We saw that interventions to support the person included, "Staff will engage [person] in therapeutic games and activities as much as possible", "Staff will liaise with organisations such as Dementia Care and Alzheimer's Society and obtain as much information as possible which will help [person]." We saw evidence that staff spent time with the person on the day of the inspection and supported them with recommended activities. Care plans contained up to date information, and were reviewed and updated whenever people's needs changed.

People told us they were able to engage in activities of their choice and staff supported them with these. One person told us, "This is what I like to do. Playing cards. I play all the time." We saw staff sitting with the person playing cards and interacting with them. Another person told us their favourite activity was drawing and colouring and proudly showed us their artwork displayed on the wall of their bedroom. Staff told us they took people out whenever they wanted and aimed to go out more when the weather improved. People were consulted daily on an individual basis about what they wanted to do and supported with their choices.

People's end of life wishes were discussed and recorded in their care plans and included how and where they wanted to spend their final days. For example, one person's wishes included a service from the Prayer Book, and favourite prayers and readings. Another person's care plan stated, "[Person] would like [provider] to inform his [family member]." Staff had received training in end of life care and we saw evidence of this, however, they had not received a refresher since 2014. We raised this with the manager who told us they would address this.

People's complaints and concerns were investigated and acted upon. The service had a complaints procedure in place and this was available in an easy read format. People told us they knew how to make a complaint and were confident that their concerns would be taken seriously. One person told us, "I have no complaints. It's really good" and another said, "I have no complaint." We saw that there had been no complaints received in the last year. Staff told us they regularly reminded people how to make a complaint using the complaints procedure.

Is the service well-led?

Our findings

At our last inspection of 29 and 30 August 2017, we found that the provider had failed to meet the requirements of the warning notice we issued in relation to the management of medicines and we found additional breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that although the provider had systems to assess and monitor the quality of the service, these had been ineffective and had failed to identify issues such as the lack of care plan reviews and specific risk assessments and shortfalls with medicines management and the safety of the environment. Therefore we issued the provider with two warning notices telling them they must make the necessary improvements by 2 October 2017.

At this inspection, we found that improvements had been made and the provider was meeting the requirements of the warning notices. The provider had ensured that the audits they carried out to review the quality of the care provided were regular and effective. These included medicines audits, staff training, policies and procedures, environmental checks and health and safety checks. Audits were evaluated and when necessary, action plans were put in place to make improvements in the service. We viewed a range of audits which indicated they were thorough and regular. This meant there were systems that helped to protect people from the risks that could arise because the provider had effective quality assurance processes.

People were cared for in a well-managed service. People we spoke with were complimentary about the staff and the manager. People thought that the home was well managed and the staff worked well as a team. One person told us, "They are all really good" and "They always come and talk to me, play games. They know me well."

Staff told us they supported each other and worked as a team. They told us they loved their jobs and cared about the people who lived at the home. Staff told us they had regular meetings and records confirmed this. The items discussed included health and safety, appointments and visits, inspection reports and issues concerning people who used the service. Meeting minutes we viewed indicated that communication was effective and the team worked together to put action plans in place and make recommended improvements. For example we saw that a person's medical needs were discussed at length and the person was receiving all the support they needed to meet their needs.

We viewed a sample of quality questionnaires which had been sent to relatives and returned to the service. The questionnaires included questions about the quality of the care and the suitability of the staff. We saw that all areas were rated highly and indicated people's satisfaction of the care received. One comment stated, "Very happy with the care [family member] has been receiving in this home."

There was a business plan in place which was regularly reviewed and updated. This included the company's care objectives and values, business values and plans for improvements.

The service worked closely with healthcare and social care professionals who provided support, training and

advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One healthcare professional agreed and said, "As far as I am concerned, the service is very good and well managed. They are very responsive."

The management team kept themselves abreast of developments within the social care sector by attending conferences, care exhibitions and managers' meetings organised by the local authority. They also attended monthly meetings organised by Mind, a mental health charity, to enable them to expand their understanding of mental health including dementia and Alzheimer's disease. Additionally, they had recently attended a workshop about life saving skills.