

Care Community Limited

King Edwards House

Inspection report

18 King Edwards Avenue
Gloucester
Gloucestershire
GL1 5DB

Tel: 01452 381174

Website: www.carecommunity.co.uk

Date of inspection visit: 11 and 12 December 2014

Date of publication: 30/03/2015

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



Overall summary

The inspection took place on the 11 and 12 December 2014 and was unannounced.

King Edwards House provides accommodation and personal care for up to six people with learning difficulties and mental health disorders. At the time of our inspection there were five people living at the home.

At the time of our inspection the service did not have a registered manager. 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 2008 and associated regulations about how the service is run. The service had been without a registered manager since 2012. A new manager had been appointed who was applying to become registered with CQC.

People were not protected against the recruitment of unfit or inappropriate staff because robust recruitment procedures were not always applied. We had not been notified of some incidents affecting the wellbeing of

Summary of findings

people living at the home. CQC monitors events affecting the welfare, health and safety of people living in the home through notifications that providers are required to send to us.

People were protected from abuse by staff who understood safeguarding procedures. In addition people's medicines were managed safely.

People were supported by staff that received trained to carry out their role. There were sufficient numbers of staff to meet the needs of the people they supported. Staff were supported in their work by the management team. People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005.

People's privacy, dignity and their choices about daily activities were respected by staff. People benefited from access to a range of activities both at the home and in the community. There were arrangements in place for people and their representatives to raise concerns about the service. Monthly checks on the service had been completed by the management as a way of ensuring the quality of the service provided.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not protected from the appointment of unsuitable staff because robust recruitment practices were not always operated.

People were protected from abuse because staff understood how to protect them.

There were safe systems in place for managing people's medicines.

Requires Improvement



Is the service effective?

The service was effective.

People's rights were protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People were consulted about meal preferences and supported to eat a balanced diet.

People were supported by staff who received appropriate training to carry out their roles.

Good



Is the service caring?

The service was caring.

We observed staff taking time and showing respect when attending to the needs of people using the service.

People's privacy, dignity and their independence was promoted and respected by staff.

Good



Is the service responsive?

The service was responsive.

People received individualised care were regularly consulted about how they wished to spend their time. People took part in a range of activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good



Is the service well-led?

The service was not well led.

People had not had the benefit of receiving a service led by a manager registered with the Care Quality Commission (CQC) since January 2013.

Requires Improvement



Summary of findings

Required information in the form of notifications about events affecting people using the service had not been sent to the CQC.

People benefitted from monthly checks to ensure a consistent service was being provided.

King Edwards House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 December 2014 and was unannounced.

Our inspection was carried out by one inspector. We spoke with two people who use the service. We also spoke with management, a team leader and two members of support staff. We carried out a tour of the premises, and reviewed records for four people using the service. We also looked at five staff recruitment files.

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.

Is the service safe?

Our findings

People were put at risk of being cared for by staff who were not suitable because recruitment procedures were not thorough. Two members of staff had been employed without checks of their conduct during previous employment or their reasons for leaving previous employment which involved caring for vulnerable adults. Previous conduct information about one member of staff had been accepted by the service however the source of this reference and the role it related to, had not been verified.

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However a risk assessment had not been undertaken in relation to information supplied by the DBS about one member of staff. Therefore the registered manager did not have a fully effective recruitment process to keep people safe.

This is a breach of Regulation 21 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

People were protected from the risk of abuse by staff with the knowledge and understanding of safeguarding policies and procedures. Information sent to us before the inspection showed the majority of staff (eight out of 11) had received training in safeguarding vulnerable adults. By the time we visited all staff had received safeguarding training. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. One member of staff stated they felt confident any safeguarding concerns would be dealt with if reported to management. People using the service said they felt safe living at King Edwards House. Staff were aware of whistleblowing procedures and of outside agencies such as the local authority that could be contacted. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People were protected from the risk of financial abuse because their money was stored securely. There were appropriate systems in place to help support people to

manage their money safely. We carried out checks on money held for people and found that amounts tallied with records. Balance checks on money held were carried out at each shift change as an additional safeguard.

People had individual risk assessments. For example falls, seizures and general health. These identified potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis and staff had signed to indicate they had read them. In addition individual information had been prepared for use in the event of a person going missing from the service.

People's safety was maintained through actions taken as a result of risk assessments for the environment of the service. These ensured that people were protected from risks associated with electrical appliances, legionella and fire. Personal fire evacuation plans were in place for people using the service should they need to leave the building in an emergency.

People's care needs were met because there were sufficient numbers of suitable staff. The manager explained how staffing levels were maintained to meet people's needs. People said there was enough staff to meet their needs. Staff also told us there were sufficient staff on shifts. One staff member commented there were "enough staff at the moment" whilst acknowledging the need to recruit more bank staff to cover staff absences. Another member of staff said that staffing levels were "quite good" and were positive about the levels provided for activities away from the home.

We saw evidence of how staff were managed in terms of their conduct and performance with an example of how the service took action when unsafe practices by a member of staff had been identified.

People's medicines were stored securely and the temperature of the storage cupboard was monitored and recorded. Apart from two dates in June 2014, storage temperatures had been maintained within correct limits. Medicines were administered, handled and disposed of safely. One person using the service commented they had "no complaints" about how their medicines were managed by staff. Another person confirmed their medicines were given at the right time. Staff administering medicines took time to ensure that they were taken by people and in the correct way.

Is the service safe?

Staff responsible for administering medicines had received training and completed competency checks twice a year. Medicines Administration Records (MAR charts) were accurate and individual protocols were in place for medicines prescribed to be given as necessary, for

example, to control seizures. There were records of medicines being received into the home and being disposed of when required. Stock checks were carried out twice daily.

Is the service effective?

Our findings

People using the service were supported by staff who had received appropriate training for their role. They confirmed that staff knew what they were doing. Staff told us they had received training in handling medicines, manual handling, positive behaviour management and mental health. They told us they felt the training provided by the service was enough for their role although one member of staff commented that training “could get better”. Information sent to us before the inspection visit confirmed the training that staff had received. We saw evidence of further training planned which was relevant to the needs of people using the service. For example one person using the service had recently been diagnosed with a medical condition. Training for staff in how to support the person to manage their condition had been arranged.

People were able to receive consistency of care through communication of important information about their needs between staff at shift handover. Information had been recorded for reference between each shift in a communication book and on a handover record. Information handed over between each shift included medication changes and appointments.

Staff had regular individual meetings with senior staff and management and gave positive comments about these. Sessions with the management or senior staff covered issues with residents, staff issues and the staff member’s own working practices. They told us how supervision sessions could be arranged at short notice for urgent issues. One member of staff commented that their most recent supervision had been “useful” in relation to the situation in the home at time. Another told us that support from management was “very good” and they received individual supervision sessions every six weeks.

People’s rights were protected by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack

the capacity to make certain decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. Staff told us they had received training in the MCA and demonstrated knowledge of the need to assess people’s mental capacity around specific decisions. We saw evidence relating to two people using the service where both standard and urgent applications had been approved to restrict people’s liberty. Where people lacked capacity to make certain decisions, assessments had been made of their mental capacity. We saw assessments relating to managing finances and taking medicines.

People were regularly consulted about meal preferences. Minutes of the weekly residents’ meeting showed how people were asked for their meal choices. People were offered breakfast on a flexible basis at the time suitable for their daily routine. One person told us they did not eat red meat. Staff had a good awareness of the person’s preference and explained how this was met through providing alternatives at meal times. One person had been identified as at risk of malnutrition and appropriate risk assessments were in place.

People’s healthcare needs were met through regular healthcare appointments. People attended their GP surgeries, dentists and appointments with the podiatrist. In preparation for the winter, people had recently received influenza vaccines. One person told us they had visited the dentist “about a month ago”. People had health action plans and hospital assessments. These were written in an individualised style and a statement indicated that they may form part of each person’s ‘person centred plan’. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. We saw evidence of people attending health care appointments in the form of letters about hospital appointments and letters regarding referrals to health care professionals. Staff told us how they supported people to access health care appointments through ensuring that appointments were attended and providing practical support such as transport.

Is the service caring?

Our findings

People were treated in a caring way by staff and spoken with in a respectful manner. Staff checked with people if they were happy for us to view their rooms when we looked over the home. When staff interacted with people they took time to explain their actions and checked for understanding. People we spoke with described staff as “friendly” and told us they treated them with kindness. Staff described the importance of giving people choice when providing support and demonstrated knowledge of important individual choices in relation to how people spent their time and their dietary preferences.

The provider information return stated “We ensure people who use our service are listened to and their needs, preferences and choices are met”. People told us how they had been involved in the planning of their own care and support and this was evident when we looked at support plans. One person told us how their choices about daily activities were respected by staff.

People’s privacy and dignity was respected. Staff gave us examples of how they achieved this when providing care and support such as providing personal care in people’s individual rooms and ensuring others did not enter. Staff acknowledged the importance of people’s privacy and dignity in how the service was provided. They told us they

knocked on doors before entering rooms and we observed them doing this. Confidential information about people contained in their support plans was locked away securely under the control of staff.

People’s independence was promoted and respected. We saw how staff offered support through verbal prompts to encourage the independence of one person with mobility problems. Although this took some time staff were patient and later described the importance of their interventions in promoting the person’s independence. Staff also told us how they would always promote people’s independence when supporting them with personal care.

People were able to choose where they spent their time, either in their rooms or in one of the communal areas of the home or the garden. One person was involved in keeping their own shower room clean and tidy.

People spent time away from the home visiting family where appropriate. The provider information return stated “We ensure that the people who use our service are supported to maintain relationships with the people that matter to them outside of the home”.

Minutes of the most recent house meeting showed how some people were preparing to spend time with relatives over Christmas.

Is the service responsive?

Our findings

People had support plans for staff to follow. These included 'pen pictures' consisting of a summary of important information about the person. Support plans were written in an individualised way. We observed that support was provided to people on an individual basis at their pace and relevant to their needs. One person with particular communication needs had their own activities notice board which was used as an aid for staff communication with the person. Staff described how the use of the notice board helped to relieve any anxieties the person may have had about their activities on a daily basis. People told us that they felt involved in planning their care and support. Support plans had been kept under review with additional reviews undertaken through the monthly inspection visit by the management of the provider.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of residents meetings demonstrated how people using the service were able to express their views. Meetings were held on a Sunday and people were consulted about activities for the week ahead. We observed staff offering people choices for meals and drinks and discussing plans for activities with them. People confirmed they were offered choices about meals and how they spent their day and staff respected their wishes.

People were supported to take part in activities and interests both in the home such as arts and crafts and in the wider community such as shopping and visits to a

social club. Activities for the week were displayed on a notice board in the main communal area. Another person told us how they were planning for social leave to visit relatives and stay overnight.

There were arrangements to listen to and respond to any concerns or complaints. Information explaining how to make a complaint was available in a format suitable for people using the service. This was on display in the entrance to the home and individual copies had been given to people.

The service told us they had not received any complaints in the previous 12 months. However we were unable to check if the service had received any complaints before this. Information relating to any past complaints could not be found during our visit. The lack of a complaints book in the home had been noted during a monthly inspection visit by the management in November 2014. A new complaints folder had been set up.

We were able to see how the service had responded to an incident about a person using the service who had not received adequate care and support. This included correspondence to the person affected explaining how the service had responded to the incident and including actions taken.

People told us they would approach staff if they were unhappy or had any concerns. Minutes of a house meeting showed how people using the service had expressed their unhappiness at a communal bathroom being out of order. However staff were able to inform them about arrangements to repair this and bring it back into use. This work had been completed at the time of our inspection visit.

Is the service well-led?

Our findings

We found Deprivation of Liberty Safeguards had been put in place for two people using the service in 2014. However we had not been notified about the outcomes of the two applications made by the home. CQC monitors events important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the time of our inspection the service did not have a registered manager. The previous registered manager left in 2011. A manager had recently been appointed whose intention was to apply to become the registered manager for King Edwards House. On a day to day basis a team leader was in charge of the care home. People we spoke with were positive about the management of the home.

Staff said they were supported by the management team and were generally positive about the current management of the service. Staff told us how managers from the provider organisation visited at least twice a week and were in regular telephone contact with King Edwards House.

People were kept up to date with the changes in the home through newsletters. The newsletters informed people of changes to staff and management and described recent activities such as a Halloween party.

People benefitted from quality assurance checks to ensure a consistent and high quality service was being provided. Monthly inspection visits by a representative from the management team of the provider had been recently introduced. This was the main quality assurance tool in use by the service. The visits covered a range of areas including inspection of the premises, activities provided, menus and interviews with people using the service and staff. Reports included matters arising from visits and action to be taken with deadlines for completion. For example action had been taken to maintain the bathroom as a result of the issue being highlighted at a recent monthly provider inspection visit. However the management of the service had previously failed to identify the lack of effective staff recruitment procedures.

At the time of our inspection visit a plan was in place to send satisfaction surveys to people using the service, their relatives and relevant health and social care professionals.

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	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person had not notified the Commission of incidents which occurred whilst services were being provided in the carrying on of a regulated activity. This included the outcome of authorisations to deprive service users of their liberty.</p>