Precious Homes Support Limited

Chandos Road

Inspection report

167 Chandos Road
London
E15 1TX

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30 November 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Chandos Road is a residential care home providing personal and nursing care to six people with acquired brain injury, aged 50 and over. The service can support up to seven people.

People's experience of using this service and what we found
Most relatives told us they felt the service was safe. Risks related to behaviours that challenge did not always ensure staff and people were safe. People were not always protected from the risk of acquiring an infection because we were not assured that infection prevention practices were always followed.

People took part in various activities to improve their wellbeing. Most people were supported to maintain relationships with their family member.

Systems were in place to audit and monitor the quality of the service. However, we received mixed feedback from relatives about the management of the service and staff did not always feel supported in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 24 October 2018).

Why we inspected
We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about safe care and treatment, staff support and management of the service. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection prevention and control and management of the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, caring,

responsive and well-led sections of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to risk management, infection control and management of the service at this inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Chandos Road

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by two inspectors.

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

The service had a registered manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had left the organisation in July 2020 and an application to cancel their registration is currently is in progress. A new manager had recently been appointed and was in the process of making an application to become the registered manager.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to carry out a risk assessment in relation to the coronavirus pandemic to ensure the safety of the inspector, people using the service and staff.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
People using the service were either out in the community or not able to communicate with us due to their brain injury and cognitive abilities. We observed interactions between people and staff. We spoke with the operations manager, manager, deputy manager and two care staff. We reviewed records related to staff attendance, incidents and accidents and staffing levels.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who worked closely with the service. We reviewed a range of records. This included three people's care plans and risk assessments, including medicine administration records for two people. We reviewed two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with four relatives about their experience of the care provided and emailed staff members for their feedback. We received six responses from staff.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not always assured the service was meeting infection prevention and control requirements related to shielding and social distancing and the wearing of personal protective equipment (PPE). Government guidelines related to wearing of PPE in care homes had not been followed.
- Staff not able to wear masks had been working with people without masks since May 2020. This may have put people and staff at risks related to Covid-19. At the time of our inspection neither staff nor people at the home had tested positive for Covid-19. The operations manager told us they had sought advice from a clinical infection and prevention control lead nurse, who had provided advice about wearing an alternative face cover, such as a visor without a mask. They were advised that this would not be effective without wearing a mask.

We found no evidence that people had been harmed however, risks relating to the health safety and welfare of people were not always fully assessed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the manager sent us pictures of a staff member wearing a new face mask which the operations manager told us had been ordered prior to our visit. They had also approached Public Health England for further guidance and advice and awaiting a response.
- We observed the environment was clean and free from malodour. This was confirmed by relatives who told us the home was always clean and tidy when they visited. A relative told us, "It's [the home] always been clean and tidy when I go there, I have never seen it dirty."
- Regular cleaning took place and audits carried out to check staff were meeting the standard of cleaning expected by the provider.
- Systems were in place for testing people using the service and staff and preventing visitors from catching and spreading infections.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed, however, we found where people who presented with behaviours that challenged, the service had not considered the impact on other people living at the home who may be put at risk of harm. We found a number of incidents involving staff having to lock themselves in the office to protect themselves and others, this meant that people in their rooms or moving about were put at risk of harm.

● The operations manager told us, people would normally remain in their rooms during an incident, which meant they were unlikely to be put at harm.
● Assessed risk included; managing behaviour that challenged the service, falls, financial abuse and medicines.
● Staff and records confirmed they had completed specialist training in dealing with behaviours that challenged the service. This included strategies, skills and physical intervention safely used to manage these behaviours. A staff member told us, "I use [specialist training] with my other shift member [staff] to handle [people who challenged the service] as we trained for it and sometime by diverting their mind, I can calm them down."
● Where physical intervention had been used this was documented in records.

We recommend the provider seeks guidance and advice from a reputable source in relation to managing behaviours that may challenge the service and risk management.

● Since our inspection the provider informed us, where incident reports did not clearly detail other staff present to support people at the time of these incidents, this had now been taken forward as a learning point.

Learning lessons when things go wrong
● Records of incidents did not always show that learning had been recorded after the incident. We have addressed this issue in the well-led section of this report.
● Records of three incidents stated that the risk assessment, care plan and positive behaviour plan had not been updated after the event and staff had not been informed of learning points. This meant there was a risk what had been discussed, and proposed actions were not recorded for staff to be aware and take appropriate action.
● Staff knew the process for reporting accidents and incidents. A staff member told us, "You record in accident book and complete incident report form."
● The operations manager told us lessons learnt discussions took place at staff meetings and senior management level.

Systems and processes to safeguard people from the risk of abuse
● Systems and processes were in place to minimise the risk of abuse. Most relatives told us they felt their relative was safe at the service. A relative told us, "Yes, he is safe. I think they are doing very good, big change in him since he arrived. We are quite happy." Another relative said, "Oh my god yeah, I really do…" A third relative had concerns about the impact on others where behaviours challenged the service and for this reason felt their relative was not always safe.
● Safeguarding policies and procedures were in place and provided guidance to staff about what to do if they suspect abuse, including their role and responsibility in reporting and acting on abuse.
● The operations manager told us staff were encouraged to whistle blow if they suspect any abuse or witnessed poor care.
● A staff member told us they would report any concerns to their line manager as, "There is no room for any kind of abuse in the care field." Another staff member told us, "I would speak to a member of management, or take it further if I didn't see action being taken."
● Where concerns had been raised the service worked closely with the local authority to investigate and address these.

Using medicines safely
● Systems were in place to manage medicines, however we found gaps in MAR chart records. We have

addressed this issue in the well-led section of this report.

● MAR charts reviewed contained gaps in recording. For example, the MAR chart for one person showed they had gone out earlier in the day, there was no record or signature of their evening medicine being administered despite the care plan stating the person should be reminded to take their medicines. This meant we could not be assured that the person had received their medicine as prescribed.

● The operations manager told us where medicine errors occurred, these were recorded as a medicine incident and followed up at meetings. Weekly medicine audits were carried out by the manager and deputy manager. Where medicine errors had been identified, this was picked up during the audit and immediately addressed with staff.

● Protocols for administering medicines prescribed 'as required' such as behaviours that challenged the service, detailed guidelines for staff to follow.

● Policies and procedures for managing medicines included management and administration of control drugs.

● A training matrix sent by the operations manager showed staff had completed medicine training and had their competency assessed.

Staffing and recruitment

● Staffing levels were sufficient to meet people's needs. The operations manager told us staffing levels were based on level of need. A staffing level risk assessment identified the minimum and maximum staffing levels required to provide a safe service. Where there had been a change in need for people, staffing levels had been increased. Records reviewed confirmed this.

● Relatives told us they felt there were enough staff to meet people's needs. A relative who last visited three months prior to our visit, told us, "They have a good bit of staff there, very attentive." Another relative said, "Yes [enough staff] at the moment, six months ago they were very short-staffed, they have increased the staff, they use agency staff, with this Covid-19 scare about." The regional manager told us, although they used agency staff in the past, the same staff were used. This meant they were familiar with the service and people's needs. They were not currently using agency staff at the service.

● Robust recruitment practices were in place and the necessary employment checks carried out to ensure staff were safe to work with people, including criminal record checks, references and right to work in the UK. The service had a human resources department who worked with them to recruit staff and carry out all the necessary checks.

Inspected but not rated

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Ensuring people are well treated and supported; respecting equality and diversity

- People were respected and treated well by staff. During our visit we observed good interactions between staff and people who used the service. Most relatives told us their relative was treated well by staff. Comments from relatives included, "Yes, [staff] are very kind and caring," "Oh yeah definitely, a lot of staff been there a long time, some old members there since [relative joined service]. I often wonder why the managers don't stay that long," and "Some are and some haven't got the time."
- Records showed staff completed equalities and diversity training as well as dignity and person-centred care. A staff member told us, "By knocking on [people's] doors before entering their private space. Say please and thank you. talk to [people] in a respectable manner."
- Care plans contained information about people's sexuality, cultural and religious needs.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and respected their privacy. A staff member told us, "[You have to] respect [people's] personal space and possessions. Ask for consent before engaging in any activity involving their body and always explain what you are doing. Support them to be more independent." Another staff member said, "We knock and ask permission before entering rooms. We leave the room if they are having a personal phone call. We try to encourage them to do things for themselves with our support rather than doing things for them, whenever possible."
- During our inspection we observed people going out into the community with staff and independently.

Inspected but not rated

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans were personalised and prepared with people's involvement. Care plans clearly stated people's likes and dislikes. People were supported to meet regularly with their support worker (named member of staff) to discuss progress with their plan of care.

● Most relatives felt staff understood people's needs. A relative told us, "They [service] are more about empowering [relative] than disabling [them]." However, another relative who felt staff did not always understand their relative's needs said, "[Staff] don't always think and are not trained to understand people with brain injuries."

●This was in contrast with feedback from staff and records showing all staff had completed training in acquired brain injury.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People took part in various activities of their choice and encouraged to maintain contact with their relative. Although most relatives felt able to maintain relationships with their family member, not all did. Comments from relatives included, "Everything is done by phone. As far as we're concerned, they give an excellent service…. All staff are very helpful and very nice," and "I'm not happy at this moment, I was before. From lockdown I don't think [staff] are thinking about [person's] mental health. [Person] now getting frustrated... needs some family time and social interaction, can't sit in care home all day."

● The operations manager told us they worked closely with relatives to ensure their family members were able to keep in touch. However, the service faced challenges due to Covid-19 lockdown which restricted visits to the home.

● People were supported to enjoy activities of their choice with their support worker, these included going for walks, playing pool, gardening and attending places of worship.

● To further develop independence, people were encouraged to carry out daily living tasks such as emptying rubbish to reduce risks of hoarding and maintaining a clean-living space. The operations manager told us where people had hoarding needs, support staff and the provider's behaviour therapist had worked closely with them to reduce the clutter. They also told us further consideration for specific professional help related to the hoarding would be sought by the service.

● A staff member told us, "We prompt service users to make phone calls and video chats. When possible, we set up Covid-safe meetings with family outside."

● During our visit we saw people went out with staff for walks to the park and to the local shops. Some

people were able to independently go out alone.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been changes in management at the service over the past six months and this had impacted on staff and the overall management of the service.
- A new manager started in October 2020 and the deputy manager was appointed in May 2020. They were supported by the operations manager who had been actively involved in the overall running of the service since the previous manager left in July 2020.
- The operations manager told us regular audits were carried out on the service and covered areas such as infection control, medicines, health and safety and care records. However, we found some gaps in records related to medicine MAR charts and incident reports, also risks to people who used the service were not always fully assessed.
- Staff said they did not always feel supported by management and sometimes felt unsafe at work. Staff told us, "Management should listen more to [staff] as we are the ones spending most time with [people who used the service] and know them best…Everyone would work better if we were spoken to more respectfully by all management," and "No, as I don't feel like the management addresses the concerns of myself and other staff members."
- Relatives provided mixed views about the way the service was managed. Comments included, "…It was well managed; over the years it has gone down," and "Yes, I think so. I'm very, very happy."
- The operations manager told us the provider had revised and implemented a new quality assurance system, which includes improvements to the way the service is monitored.
- Following our inspection, the provider sent a copy of a weekly medicine audit. However, where the provider had identified missing signatures in MAR charts, the actions taken after to reduce future risk had not always been recorded. There was also no record that this information had been shared with staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The duty of candour policy and procedure outlined the importance of openness and transparency when things went wrong, including apologising to the relevant people involved. The operations manager told us the duty of candour is about, "Putting your hands up and saying sorry and putting it right and making sure it doesn't happen again, promoting no blame, but making sure we are accountable and responsible for what we have done and sending a letter of apology."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were asked their views about the service. A survey conducted at intervals between January 2020 and August 2020 showed most people were generally happy with the service. Where areas for improvement was identified, this had been detailed in an action. However, dates of when they hoped to complete these actions were not included. At the time this included the need to increase activities following the ease on Covid19 restrictions.

● Relatives told us they were asked their views about the service. One relative said, "We have filled in forms before, the last I did not fill it in as I get information from [relative]." Another relative told us, "I think so, a few years back, [asking for feedback] is down to lack of consistency with managers, every manager does things differently."

● The operations manager told us relatives were asked their views about the service and regularly contacted with updates on the care of their family member.

Continuous learning and improving care

● The operations manager told us the service had gone through a major transition with changes to the management structure, but they continued to strive towards improvements.

● The service worked in partnership with various professionals to meet the needs of the people living at the home. A professional involved in best interest decisions told us, as well as being well led and responsive, they felt the service was very open, honest and transparent.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to fully assess risks to people related to infection control practices in the carrying on of regulated activities. Regulation 12(1)(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to establish and operate effectively systems and maintain accurate, complete and contemporaneous records related to people who used the service and to fully assess and manage risks related to people and staff. Regulation 17 (1)(2)(b)(c)