

Peninsula Autism Services & Support Limited

Coolhaze

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The focussed inspection took place on the 07 and 10 August 2017 and was unannounced.

Coolhaze provides care and accommodation for up to three people. At the time of the inspection two people were living at the home. Coolhaze provides care for people with a learning disability and associated conditions such as autism.

We carried out an unannounced comprehensive inspection of this service on 14 & 15 March 2017. Since that inspection the provider had informed us about concerns relating to the conduct of staff and an incident of medicines missing at the service. In response to this we undertook a focused inspection to look into those concerns, and to see if people were safe. We also reviewed concerns from the last inspection relating to the management of the service. We found some improvements had been made. However, it was too early to know if these improvements would be sustained. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Coolhaze) on our website at www.cqc.org.uk.

The provider had an action plan in place to address issues raised at the last inspection. The quality lead for the organisation had responsibility for ensuring these improvements were actioned within the agreed timescales. Following recent concerns the provider had increased their visits to the service and reviewed quality auditing processes to help ensure people remained safe and appropriately supported.

We looked at medicines to make sure they were managed safely. Regular monthly medicines audits were undertaken by the manager and senior staff. The provider also completed audits of the service, which included medicines. However these audits had failed to identify medicines missing from the service. Actions had been taken by the provider and manager to prevent this from happening again, and to make sure that any discrepancies in stock levels would be identified and addressed in a timely manner. At the time of the inspection these improvements were underway, but not in all cases fully completed. When they have been fully implemented they should help to pick up any problems in a more timely way.

Medicines were stored safely and securely. Some were kept in locked cupboards in people's flats, and a new medicines cupboard had been fitted in the office to store medicines waiting to be used the following month. All medicines in the home were given by staff who had received regular and updated training.

At the time of the inspection a new manager was in post and was responsible for overseeing the day to day running of the service. The manager was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

.Staff undertook training in how to safeguard people from abuse and had a good understanding of the

different types of abuse that could occur. However, not all staff understood how to escalate concerns outside of the organisation. This could mean that people would not be fully protected from the risks of abuse. This was raised with the acting manager at the time of the inspection and they told us they would speak to all staff to ensure they had the information they needed to safeguard and protect people.

Staff were employed in sufficient numbers to keep people safe. Any concerns relating to staff were dealt with appropriately by the provider to help ensure people using the service were kept safe. Staff had a good understanding of people's needs and how to support their daily routines.

Staff understood and managed risk appropriately in relation to people's care and the environment.

The acting manager had previous experience of supporting people with complex needs and demonstrated a commitment to developing and improving the service. Staff said they had been well supported by the new manager. They said although there had been further changes in management they felt confident the new manager had a good understanding of the service and needs of people being supported. The acting manager was being supported in their new role by senior staff within the organisation.

Staff meetings were held as well as daily handovers to help ensure staff had the information they needed to fulfil their role. Formal staff supervision sessions took place and the acting manager said these were going to be developed to include agency staff so that all staff had the opportunity to discuss their role, development and any concerns.

We found a breach of the regulations. You can see at the end of the full report on our website what action we have told the provider to take.

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 always protected by the safe management of medicines. Medicines audits were not robust and had failed to identify discrepancies in the amount of medicines stored in the home.

People were not fully protected by staff who understood fully how to escalate concerns about abuse outside of the organisation.

Staff were employed in sufficient numbers to keep people safe. Any concerns relating to staff were dealt with appropriately by the provider to help ensure people using the service were kept safe.

Staff understood and managed risk appropriately in relation to people's care and the environment.

People were protected by safe and robust recruitment practices.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Quality audits were not always effective in ensuring the quality and safety of the service. Although action had been taken when gaps had been identified, the provider had failed to ensure robust medicines audits were in place.

People and staff were being supported by a manager who was focussed on improving the service and enhancing people's lifestyle and experiences.

Regular checks were undertaken of the environment and improvement plans were in place.

Requires Improvement 

Coolhaze

Detailed findings

Background to this inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection was prompted following concerns raised in relation to the conduct of staff and the management of medicines. We inspected the service against two of the five questions we ask about services: is the service safe, and is the service well-led? This was because the concerns related to only these two key areas.

The inspection took place on the 07 and 10 August 2017 and was unannounced. An Inspector and a pharmacy inspector undertook the inspection.

Prior to the inspection we looked at information we held about the service. This included notifications the provider had sent us. This is information about important events the provider is required to send us by law.

People who lived at Coolhaze had complex care needs and communication difficulties due to their learning disability and associated conditions, such as autism. People were not able to tell us verbally about their experience of living at Coolhaze, or about issues relating to safety, staffing or the management of the service. So we spent short periods of time with people seeing how they spent their day and observing interactions between people and the staff supporting them. These observations helped us understand if people were happy and safe within the service.

In addition to these observations we spoke with five staff, which included the acting manager, three agency staff and one support worker. We looked at care records of people living in the service, including care plans, risk assessments, medicines documentation and daily monitoring forms. We also looked at some records relating to the running and safety of the service, including policies and procedures, staff recruitment records and quality audits.

Following the inspection we asked the provider to send us information about how they had assured

themselves people were safe in relation to the concerns received.

Is the service safe?

Our findings

At the last comprehensive inspection on the 14 and 15 March 2107, we found the service was safe. The service was rated as Good in this area of the report.

Since the inspection in March 2017 we have received concerns from the provider about the conduct of staff and that a quantity of medicine was missing from the home. We undertook this focussed inspection to check if people using the service were safe, and at this inspection we found some improvements were needed.

Medicines were checked to make sure they were managed safely. Regular monthly medicines audits were undertaken, however these had not picked up an incident of missing medicine in the home. The incident was still under investigation by other agencies, however the provider told us there had been no impact or risks as a result of this incident on the health and welfare of people using the service.

The manager explained changes that were being put into place to prevent a similar incident happening again, and to make sure that any stock level issues would be picked up by senior staff. A full medicines audit had been undertaken by the manager and quality lead for the organisation and an action plan with timescales for completion was in place. The action plan was being reviewed weekly by the quality lead to ensure action was taken within agreed timescales. The manager said new recording systems were being introduced to make the quantity of each medicine which should be available in the home clearer so that the manager could undertake regular spot checks and counts. Changes were also being made to the way the regular audits were followed up and checked. Although these improvements were underway, they were not at the time of this inspection completed. Therefore, it was not possible to see if the improvements and actions taken would be sustained and continue to improve the quality of the service. We will continue to look at these improvements as part of our on-going inspection of the service.

Medicines were stored safely and securely. Some were kept in locked cupboards in people's flats, and a new medicines cupboard had been fitted in the office to store medicines waiting to be used the following month.

People received their medicines in the way prescribed for them. We checked two people's medicines administration record charts (MARs) and their medicines. Charts were completed when medicines were given, or reasons recorded if doses needed to be omitted. Any creams or other external preparations that were applied were also recorded on these charts. There was detailed guidance for staff on when it would be appropriate to administer any medicines prescribed to be given 'when required', for each person.

Systems were in place for ordering, receiving and disposing of medicines. Medicines were signed in and out when taken out of the home, for example when residents were going on trips out. However, the quantities of medicines were not checked on each occasion. This could mean the correct amount of medicines would not always return to the home. We discussed this with the manager who told us they would be review the signing in and out of medicines when they were taken out on visits with staff. When medicines were handed

over to non-staff members, for example if residents went home for visits, then quantities were recorded in line with the home's medicines policy.

All medicines in the home were given by staff who had received training, and had been checked to make sure that they gave medicines safely.

Staff undertook training in safeguarding adults. The training covered a range of issues relating to safety and abuse, such as types of abuse and the action staff should take if they suspect abuse could or had occurred. Policies and procedures, including whistleblowing were available to staff and information about how to report abuse was posted clearly around the service. However, despite staff having information about how to report suspected abuse we had been informed about a recent incident when staff had failed to report a concern in a timely manner. We asked the manager how they had addressed this issue. They said they had addressed this with the staff team and staff member concerned. Safeguarding was also being discussed as part of team meetings and supervision and staff were being supported to feel confident to raise concerns in a timely and appropriate manner. Staff we spoke with were familiar with issues relating to abuse and most were confident in how they would report any concerns. However, one staff member was unsure how to escalate concerns outside of the organisation, for example to the local authority safeguarding team. This issue was raised with the acting manager at the time of the inspection, and they said they would address this with the staff member concerned and reinforce safeguarding processes and contacts to all the team.

Prior to the inspection concerns had been raised with the home about the conduct of staff and how this could impact on the safety and well-being of people using the service. The acting manager had sent us information about the provider's immediate action to safeguard people in response to these allegations. At the time of the inspection we were told investigations within the home and by the local authority safeguarding team were on-going, therefore we did not look directly at these incidents, but looked at the current staffing situation to check if people were safe.

We saw staffing levels were organised dependent on the needs of each individual. One person had one staff member to support them at all times in the home and two staff when they went out. Another person was supported by three agency staff, with an additional staff member to assist with administering medicines. We saw these staffing levels were in place. We were told due to a recent incident staffing arrangements had been changed for one person, which included the introduction of new agency staff to support them. The acting manager said as this person required consistency they had ensured one member of the care team was always on shift who knew the person well and was familiar with their needs and routines. We met this person and the staff supporting them. New staff were being well supported by more experienced staff and had access to information they needed to meet the person's needs.

Investigations into staff concerns, whistleblowing and other incidents were undertaken by the manager and senior staff within the organisation. Action plans with timescales were put in place to address any identified risks. We saw any issues in relation to staff conduct were investigated in line with the provider's policies and procedures. Action had been taken to safeguard people using the service when required. An on-call system was in place to further ensure staff had support in the event of an incident. Following a recent incident the provider had reviewed the on-call system to ensure it remained effective in supporting staff during a period of reduced numbers of senior staff working in the service.

We saw risk assessments and risk management plans were in place. These assessments included details of any potential risks and how these should be managed and minimised. Risk assessments related to the environment and people's particular needs and lifestyle. One person had known risks in relation to their behaviour, which could at times result in them causing injury to themselves. Records described how to

support this person to minimise the risks and to protect the person from behaviour which could impact on their health and well-being. Staff were aware of these guidelines and records confirmed prompt action had been taken to minimise risk and harm.

Staff were recruited safely. Recruitment processes were thorough to make sure staff were suitable to work with people. Records confirmed all employees, including agency staff underwent the necessary checks prior to commencing employment to confirm they were suitable to work with vulnerable people. A one page profile was held in the service in relation to agency staff and this included information about their skills and background as well as confirmation of checks undertaken by their employer. The acting manager said they liaised regularly with the agency, and were able to raise any issues with them regarding any agency staff working in the home.

Is the service well-led?

Our findings

At the last comprehensive inspection on the 14 and 15 March 2107, we found the leadership and management of the service had not been consistent over time and did not always ensure people's needs were overseen and managed appropriately. We also found quality audits were not always effective in ensuring the on-going quality of the service. The service was rated as requires improvement in this section of the report. The provider sent us an action planning telling us how they would address these concerns and by when.

Since the inspection in March the provider has told us about concerns they had received in relation to medicines and the conduct of staff. We undertook this inspection to look specifically at these areas of concern. We also looked at the concerns raised at the previous inspection and found some improvements had been made in relation to quality monitoring and management of the service. However, as it had only been six months since we had previously undertaken the inspection it was not possible to see if the improvements and actions taken would be sustained and continue to improve the quality of the service. We will continue to review these improvements as part of our on-going review of the service.

At this inspection we found some improvements had been made in quality auditing and the management of the service. However, quality audits in relation to medicines were still not always effective and had failed to pick up an incident of missing medicines in the service.

As part of the quality monitoring process regular monthly medicines audits were undertaken by the manager and senior staff within the home. Provider audits were also undertaken by senior staff within the organisation and included checks of medicines and medicines records. However, recent concerns received by the provider had identified discrepancies relating to medicines and these had not been picked up as part of these audits. The new manager for the service told us they had not completed the monthly managers' checks during their first three months in post and had delegated this responsibility to a senior staff member in the home. Auditing systems and provider checks had not identified gaps and discrepancies in medicines during this time.

The provider did not have sufficient systems in place to identify where quality and/or safety are being compromised and to respond appropriately and without delay. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager and regional manager told us about changes that were being put in place to prevent this from happening again, and to make sure that any stock level issues would be picked up by senior staff. A full medicines audit has been undertaken by the acting manager and a quality assurance lead. New recording systems were being introduced to make the quantity of each medicine which should be available in the home clearer so that the manager could undertake regular spot checks and counts. Changes were also being made to the way the regular audits were followed up and checked. Although these improvements were underway, they were not at the time of this inspection completed. Therefore, it was not possible to see if the improvements and actions taken would be sustained and continue to improve the quality of the

service.

Following the inspection we wrote to the provider to ask how they had assured themselves people were safe following recent concerns in relation to medicines and staffing. We were told a full medicines audit had been undertaken as well as increased visits and spot checks by senior staff within the organisation. The regional manager visited the home on a fortnightly basis and met with the manager for quality and supervision session as well as talking to people and staff. Disciplinary processes were being followed and support provided to staff when required. Concerns and shortfalls in the service and the care provided had been considered and any lessons learned used to help further improve the quality and safety of the service.

We spoke with the regional manager and quality lead for the service. They shared with us the action plan following the last inspection, which included the appointment of a new manager and an improved induction plan for managers to help ensure they were sufficiently supported and fit to fulfil their role. The quality lead regularly visited the service and spoke with the acting manager on a weekly basis to review and monitor the action plan to ensure the required improvements were being made within the agreed timescales.

The new manager had been in post for three months and at the time of the inspection was in the process of registering with the Care Quality Commission. They had previous experience of supporting people with complex needs and demonstrated a commitment to developing and improving the service. They were aware of the concerns found during the last inspection and spoke weekly with the quality lead for the organisation to review the action plan and to discuss progress on improvements being made. For example, a plan was in place to improve one person's environment in way that would further promote their independence and privacy. The action plan and timescales confirmed this work had started and was being undertaken in a timely and appropriate manner.

They said they had spent time with staff discussing ideas about how to improve the experiences of people in the service and also to encourage staff to think about 'What are our goals' and 'How can we work as a team?'. They said they recognised working on a one-to-one basis with people in their own flats could be quite isolating and it was important for staff to be supported by a manager who they saw regularly and who led by example. They said they had spent time working alongside staff and had increased opportunities for staff to discuss and share practice and experiences.

Staff said they had been well supported by the new manager. They said although there had been further changes in management they felt confident the new manager had a good understanding of the service and needs of people being supported. Comments included, "The manager always comes to see us at different times of the day, they ask us if we are ok, and check we are organised for the day", and "Since the new manager came people have been doing so much more, they are keen for people to be out and about trying new things".

Staff meetings were held as well as daily handovers to help ensure staff had the information they needed to fulfil their role. Formal staff supervision sessions took place and the acting manager said these were going to be developed to include agency staff so that all staff had the opportunity to discuss their role, development and any concerns.

The acting manager said since being in post they had been supported by a registered manager from a nearby service as well as the regional manager and other senior staff within the organisation. A recent incident had meant the acting manager had been required to undertake some quality audits as well as deal with staffing issues and changes to people's care arrangements. They said this had taken time and meant

they had not been able to spend as much time with people and staff as they would have liked. However, they told us they had felt supported by senior staff within the organisation.

Records showed monthly audits had been undertaken of the environment, equipment and vehicles and the acting manager had completed a full fire audit and regular checks of fire safety equipment.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services were not protected by the systems to assess, monitor and improve the quality and safety of the service. Quality auditing systems were not sufficiently robust to enable the provider to identify where quality and/ or safety are being compromised and to respond appropriately and without delay.</p> <p>Regulation 17 (1)(2)(a)</p>