142 Petts Hill Care Home

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Inspection report

142 Petts Hill
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

At our last inspection in November 2013 when we found the service was meeting all of the standards we inspected.

This inspection was unannounced.

142 Petts Hill is a care home without nursing that provides accommodation, support and care for up to three people who have mental health needs. When we inspected, three people were living in the home. The registered manager told us the service provided a 'home for life' if this was what people using the service wanted. Two of the three people using the service told us they had chosen to live there for 25 years.

The home is owned by a partnership. One of the partners has also been the registered manager with the Care Quality Commission since 2010 and she holds a

Summary of findings

recognised management qualification. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People were treated with dignity and respect and there was a good atmosphere during our inspection. People spoke highly of the staff and told us they were kind and caring.

Although staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), we found staff were not always meeting the requirements of the DoLS with respect to the care of one person using the service. This meant restrictions were placed on the person's liberty without authorisation.

People's care plans considered their health and personal care needs. Care plans were reviewed annually or more regularly if the person's needs changed.

Staff said their training had included issues of dignity and respect and they were able to tell us how they included this in the way they worked with people using the service.

People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to agree the care and support they needed.

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?

Requires Improvement

Some aspects of the service were not safe. People we spoke with told us they felt safe in the home. People told us there were enough staff working to make sure they did not have to wait for care and support.

People had assessments of possible risks to their health and welfare and these were reviewed regularly.

We found the provider was not meeting the requirements of the Deprivation of Liberty Safeguards. Staff had been trained to understand when an application should be made, and in how to submit one. However, this had not happened when an application was needed with regards to restrictions placed on one person to ensure their safety.

Is the service effective?

Good

The service was effective. People's health and social care needs were assessed and they told us staff understood and provided the care and support they needed.

People's care plans were detailed and covered all of their health and personal care needs. Staff made sure the plans were reviewed annually, or more regularly if a person's needs changed.

People's nutritional needs were assessed and recorded and records were maintained to show people were protected from risks associated with nutrition and hydration.

Is the service caring?

Good

The service is caring. People told us staff were kind and caring. They said they were offered choices and staff knew about their preferences and daily routines. Their comments included "we are very well looked after" and "no problems, I am very happy here."

People were involved in making decisions about their care wherever possible. Where people were not able to make decisions about their care, the provider worked with other people to make sure decisions were made in the person's best interests, in line with the Mental Capacity Act 2005.

Staff told us their training had included issues of dignity and respect and they were able to tell us how they included this in their work with people.

People were treated as individuals. We saw people were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's care plans included their personal history, individual preferences, interests and aspirations. People were encouraged and supported to develop and maintain relationships with people that mattered to them.

People told us they knew how to make a complaint but this had not been necessary. Staff told us people's concerns were resolved as soon as possible and the provider's formal complaints procedure had not been used.

Is the service well-led?

Good

The service was well-led. The home had an experienced manager who promoted high standards of care and support and was registered with the Care Quality Commission. Staff told us they felt well supported by the manager and they understood their roles and responsibilities.

People using the service, their relatives and representatives were asked regularly for their views on the care and support provided.

We saw evidence the home worked well with other health and social care agencies to make sure people received the care, treatment and support they needed.

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Detailed findings

Background to this inspection

Before our inspection we reviewed information we held about the service, including notifications received from the provider and the last inspection report. We asked the provider for information about the service before we inspected, but we did not receive this before our visit. The provider told us they had not received the request to provide information about the service.

We visited the home on 16 July 2014. The inspection team consisted of an Inspector and an expert by experience who had experience of services for people with mental health needs. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with all three people living in the home, the provider, registered manager and two members of staff. Following the inspection we also spoke with one relative and one healthcare professional.

We looked at all communal parts of the home and people's bedrooms, with their agreement. We also looked at three people's care records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "There's no problems, it's very safe here." Another person added, "I've lived here a long time, I'm safer here than anywhere else." A relative told us, "I don't worry about [my relative] I know he's safe where he is."

Although all staff had completed training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), the provider had not fully met the requirements of the DoLS. One person using the service had restrictions placed on them to ensure their safety. These included locking the front door of the home and providing a member of staff to go out with the person each time they wanted to leave the service. Although the provider said this was done in the person's best interests, they had not recognised that the restrictions placed on the person could amount to a deprivation of liberty and had not made an application to the local authority, a requirement of the DoLS. We discussed this with the provider, manager and staff and they agreed an application would be made to the local authority without further delay. The two other people using the service had a key to the front door and were able to leave the building unaccompanied by staff. We saw no restrictions were placed on these two people.

Staff were able to tell us what about the kinds of abuse people may be vulnerable to and the actions they would take. They told us they were able to raise concerns within the organisation and would be supported by the manager and providers of the service. They told us they were confident the manager would investigate and address concerns raised by staff or people who used the service. The manager told us there had been no safeguarding incidents at the home since the previous inspection in November 2013, but was able to describe the actions they would take if an incident did occur.

We looked at care records for all three people using the service and saw risk assessments were completed when required. These covered fire safety, compliance with prescribed medicines and nutrition. Where risks were identified, staff were given clear guidance about how these should be managed. Staff told us people's risk assessments were reviewed at least every six months or when their support needs changed. Staff also told us if they noticed changes in a person's behaviour they would report to the manager and a risk assessment would be reviewed or completed. For example, staff told us one person's medicines had been reviewed as a result of a recent risk assessment review with the person and their relative.

We saw where one person displayed behaviour which challenged others, staff responded promptly and appropriately to make sure the person was reassured and safe. Staff we spoke with told us they had been trained to manage behaviours that challenged the service and they were able to describe clearly the person's behaviours, triggers and management techniques. This meant staff understood how to support people safely.

Staff had the training and information they needed to make sure people were safe. We saw the provider had training records for staff working in the home and all staff had completed safeguarding training as part of their induction and regular refresher training.

People were safe because there were sufficient staff to meet their needs. We looked at the staff rotas for the two weeks prior to the inspection. We saw there was a minimum of two staff on duty during the day and at night there was one person on call in the home to support people, if required. We saw during our visit that staff were present when people needed their help and were able to respond to requests for support without delay.

People told us there were enough staff to support them during the day and at night. One person said "there's always enough help if you need it. You don't have to wait." Staff we spoke with also said they felt there were enough staff on duty at all times.

We checked the staff files for two people who worked in the home. The files showed the provider carried out all the checks required to make sure staff employed were suitable to work with people who used the service. Checks carried out included identity and criminal records checks and references from previous employers.

We saw there were plans in place for emergency situations, such as an outbreak of fire. The staff we spoke with understood their role in relation to these plans and had been trained to deal with them. There were also arrangements in place for the regular servicing and maintenance of equipment used in the home.

Good

Is the service effective?

Our findings

People told us they enjoyed the food provided in the home. One person said “the food’s good. There’s always enough and I can choose what to eat.” Another person told us “no problems with the food, it’s always good.”

We saw from the provider’s records that people’s preferences, likes, dislikes and cultural needs were recorded and they were involved in planning the daily menu. Two people told us they had chosen to live in the home for more than 25 years. We saw staff understood their preferences very well and the menus we saw reflected these. The menus showed people chose to have a cooked breakfast each day, a sandwich at lunchtime and an evening meal. People using the service told us they were asked by staff about the food they wanted and they said this was always provided. Staff told us they made sure there was a variety of food offered and they ensured a balanced diet was provided. They also told us they would contact health care professionals if they noticed people were losing or gaining weight and needed support.

People told us staff had the knowledge and skills they needed. One person said “the staff are very good, they know what they’re doing alright.” We checked the provider’s training records and saw all staff had completed the training they needed to support people using the service. This included mandatory training, including managing medicines, fire safety, safeguarding adults, health and safety, infection control and food hygiene. Where required, staff had also completed refresher training to make sure their knowledge was up to date. The training records we saw confirmed this.

The provider told us two members of staff who worked occasional shifts in the home to replace permanent staff were both being supported to complete a recognised qualification in health and social care. This meant that staff were provided with training to provide them with the knowledge and skills to care for people effectively.

People were supported to maintain good health and access the health care services they needed. They told us they were registered with local GP’s, a dentist and visiting optician. During our inspection we saw a community nurse visited one person and the optician delivered a new pair of glasses for a second person. One person also had an appointment with the dentist in the afternoon. We saw staff offered to accompany them and then respected their decision to go on their own.

The staff we spoke with understood each person’s health care needs. People’s care plans included information about their mental and physical health care needs and how these should be met in the service. We saw appropriate referrals were made to healthcare professionals and evidence staff worked with other agencies to make sure people were cared for and supported appropriately. Staff made sure the plans were reviewed annually or more regularly if a person’s needs changed.

Good

Is the service caring?

Our findings

People we spoke with and their relatives told us they were listened to and involved in planning and reviewing the care and support they received. One person described how their care plan had changed over a number of years and said they had regained a degree of independence. They told us "I'm able to do things for myself now that I haven't been able to do for years." A relative told us "we have no concerns, we're told how my [relative] is doing and if there's anything we need to know, they tell us."

We saw staff treated people with respect and in a caring, professional manner throughout our inspection. Staff spoke with people respectfully, gave them opportunities to make choices and decisions about their care and support and made sure they had sufficient time to make these decisions. We saw one person was anxious about their daily routine when we inspected. Staff took time to reassure the person and gave them a sheet of paper with their planned programme for the day. They took the time to explain what was happening that day and made sure the person understood. Staff told us they did this regularly so the person was helped to understand what they needed to do each day, although this could be changed if the person chose to do different things.

People's involvement in their care planning was confirmed by the care records we looked at. Care plans included assessments of the person's health and social care needs, life history and information about their likes, dislikes, hobbies and interests. Care staff told us the assessments and other information were used to develop a detailed care plan and risk assessments. One member of staff said "the care plans remind us about the support each person needs. They are important, especially when people first come to live here." We saw people were asked regularly about their preferences and checks were carried out to make sure they were receiving the care and support they needed.

Care plans showed people were involved in reviewing the care and support they received. Where people could not make an informed decision about the support they received we saw staff had worked with their relatives and professionals involved in their care to agree decisions that were in the person's best interests, in line with the requirements of the Mental Capacity Act 2005.

Staff told us their training had included issues of dignity and respect and they were able to tell us how they included this in their work with people. For example, they told us they addressed people by their preferred name and always knocked on doors before entering people's rooms.

People told us they were able to have visitors whenever they wished and this was confirmed by the provider and relatives we spoke with. One person said "I can see visitors in my room or the garden if I want to." A relative said "we visit when we can, we've never been told there's any restriction." People also told us the staff supported them to maintain contact with relatives, friends and other people important to them. During the inspection we saw staff reassured one person they would be able to speak with a relative later in the day.

We saw all confidential information about people using the service was kept securely in the office.

Good

Is the service responsive?

Our findings

People told us they were supported to take part in a range of activities, some independently and others with support from staff. One person told us "I go out by myself but I tell the staff where I'm going and when I'll be back."

People's care plan files included questionnaires that had been completed by visitors to the home. Staff told us they gave the questionnaires to relatives and other visitors to get their views on the service. We saw a questionnaire was completed in March 2014 by a visitor who had commented very positively on the support provided to people using the service.

Care records also showed staff met regularly with each person to complete a review of activities, appointments, community involvement and any significant events. The weekly activity plans and daily care notes we saw showed people were supported to take part in a range of activities in the home and the local community that were in line with their recorded preferences.

We saw the provider's care planning systems were centred on the individual. Care plans were based on people's views, wishes and aspirations. Plans included considered people's care and support needs, including those related to their age, disability, gender, race, religion or belief and sexual orientation. For example, one plan included information about the person's religious beliefs and how these should be respected and met by staff working in the service. Staff told us this person chose not to attend a place of worship but they would offer this option regularly in case they changed their mind.

People told us they had their choices respected and we saw this happened consistently. During the inspection, we saw people were offered and provided with choices of drinks and food at lunchtime and throughout the day. One person was also asked if they wanted staff to accompany them to a healthcare appointment and staff respected their decision to go alone.

We saw the provider had a complaints procedure that was displayed in the office. A copy was also kept in each person's care plan file. People told us they knew they could complain but said they had not needed to. One person said "of course there are complaints, but the staff always sort things out with us, there's nothing serious." The provider also told us most concerns were resolved by staff in the service, before the formal investigation stage was reached. Any complaints made using the provider's procedures would be investigated, but this had not been necessary.

Good

Is the service well-led?

Our findings

People had a clear idea of the structure of the management team. We asked people how well-led they thought the home was and if they knew who the manager was. One person told us, “the staff are all good but [the manager] is in charge.” A second person said, “I know who the manager is.”

A relative commented positively about the home’s staff team and said, “they are all great, you can talk with anyone.” Staff also told us they trusted the manager and enjoyed working in the home.

People using the service, their relatives and representatives were asked regularly for their views on the care and support provided. People told us the manager and staff asked them for their views on the service and how their care could be improved. One person said “if I don’t like the way they do something, it’s changed.” A relative also told us they were able to speak with the manager and staff about standards in the home. They said “we were asked if there is anything they could do differently that would improve things but we think they do a good job.”

The home is owned by a partnership. One of the partners has also been the registered manager with the Care Quality Commission since 2010 and she holds a recognised management qualification. People living in the home told us “the manager is very kind, she knows us.” We saw the manager interacted well with people who used the service and it was clear she had a detailed knowledge of each person’s care and support needs.

We saw the providers had a clear statement of purpose that detailed their philosophy of care. This included promoting and respecting people’s individuality and diversity. We discussed with the provider the need to update this information to include details of the Care Quality Commission as the current regulator of social and health care services.

The providers told us they regularly checked people’s care plans, risk assessments, finances and medicines and we saw these checks were recorded. The manager also told us accidents and incidents would be discussed in a staff meeting to learn lessons and the staff we spoke with also confirmed this. For example, the manager told us training had been arranged for staff in de-escalation techniques to enable them to care for one person safely. This had followed an incident where staff had found it difficult to manage the person’s changing care needs.

We saw evidence the home worked well with other health and social care agencies to make sure people received the care, treatment and support they needed. The provider ensured people were supported to make and maintain contact with community healthcare services, including GP’s, dentists, district nurses and community mental health services.