Striving for Independence Homes LLP

Pettsgrove Care Home

Inspection report

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Date of inspection visit: 11 and 12 December 2014
Date of publication: 06/05/2015

Ratings

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

Overall summary

This was an unannounced inspection carried out on 11 and 12 December 2014. Pettsgrove Care Home provides accommodation for a maximum of six people with learning disabilities. At the time of our visit there were five people using the service. At our last inspection in January 2014 the service had met all the regulations we looked at.

The service did not have a registered manager. 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 and associated Regulations about how the service is run.

At this inspection, the service director was managing the service pending the appointment of a

registered manager.

Summary of findings

The complaints procedure was not accessible to people using the service and their relatives or representatives. We have given a recommendation about this.

The service worked closely with funding local authorities and other healthcare providers, including the local hospitals and general practitioners. People had access to healthcare professionals when required, such as their GP, hospital consultants, a psychiatrist and a dietician.

People were supported to make choices about their care. Care plans included information about people's likes and dislikes and a description of daily routines and personal preferences. However, in some cases the care plan folders we reviewed lacked details and there were some inconsistencies in the contents. The discrepancy in the written information may have exposed people to the risk of being given the wrong care and treatment. We have also given a recommendation about this.

Care plans explained how people wished staff to help them meet their needs, encourage their independence, respect their lifestyle and help them meet their goals. However, the provider had not always responded to people's needs in a timely manner. In one example, one person had not been referred to an appropriate healthcare professional until the intervention of their social worker. In other examples, people had not received health action plans in a timely manner.

The provider did not have an effective quality assurance system. The system did not systematically ensure that staff were able to provide feedback to their managers, which meant their knowledge and experience was not being properly taken into account.

The director and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to ensure that people's rights in relation to this were properly recognised, respected and promoted.

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

We found that the registered person had not protected people against the risks of inappropriate or unsafe care by means of the effective operation of systems to assess and monitor the quality of services provided. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

Good

The service was safe. The staff that we spoke with understood the procedures they needed to follow to ensure that people were safe. Staff understood their role in safeguarding the people they supported.

Procedures for dealing with emergencies were in place and staff were able to describe these to us.

There were procedures in place for the safe administration of medicines.

Is the service effective?

Requires improvement

The service was not always effective. People were assessed to determine whether they were at risk of malnutrition and where risks were identified care plans were put in place to assist staff in meeting their needs. However, in two examples the provider did not ensure care records were accurate, up-to-date and consistent in respect of care and treatment of people who used the service.

People had access to a GP and other health professionals when required to help maintain their general health and wellbeing but health action plans had not been drawn up.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The director was able to describe the circumstances when an application should be made and knew how to submit one.

Is the service caring?

Good

The service was caring. There were positive interactions between the staff and people living in the home. We saw that staff knew people well; they took time to explain things so that people knew what was happening.

Our observations of the care provided and records we looked at told us that individual wishes for care and support were taken into account and respected.

Care plans included information about people's communication needs. We saw staff used a range of methods to communicate with people.

Is the service responsive?

Requires improvement

The service was not always responsive. The complaints procedure was not accessible to people using the service and their relatives or representatives.

Care plans were person-centred with details of people's likes and dislikes, their wishes and preferences regarding social activities and their favourite foods and dishes.

Summary of findings

Each person had been assigned a key worker who assisted them and supported them through meetings, discussions and reviews of their care needs.

Is the service well-led?

Requires improvement

The service was not always well led. The service did not have a registered manager. However, an application had been submitted to CQC to register a new manager.

There was evidence the provider had taken on board recommendations from local authorities. However, there was no system to ensure the provider developed action plans from its own system of quality assurance.

The provider did not have in place a system to monitor quality in important areas of service delivery, such as care plans and other relevant assessments.

Pettsgrove Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out on 11 and 12 December 2014. The inspection team included two inspectors and a bank inspector.

During the inspection visit we spoke with six staff members, two members of the provider's management team, a professional and observed how staff interacted with the people who used the service. We were not able to speak with people using the service because they had complex needs and were not able to share their experiences of using the service with us. We gathered evidence of people's experiences of the service by reviewing their care records and observing care.

Some people had complex needs so we used the Short Observational Framework for Inspection (SOFI) to observe the way they were cared for and supported. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home.

Good

Is the service safe?

Our findings

The staff that we spoke with understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the CQC if management staff had taken no action in response to relevant information.

Risk assessments had been carried out for people. The care plan folders included risk assessments on issues such as road safety, domestic chores, healthcare issues, travelling and transport. The risk assessments included actions and guidance for staff to follow to reduce the risk to people. Information about these risks was shared in staff meetings, review meetings and staff handovers. We observed staff were aware of risks people faced.

All medicines in use were kept in the medicine cupboard. Prescribed medicines were dispensed from dosette boxes by the local pharmacist. Medicines kept in individual containers were clearly labelled with the name of the person and the date of opening. All repeat medicines had been supplied and received weekly and had been accurately recorded.

We checked the Medicines Administration Record (MAR) charts and found staff had completed and signed them correctly, except for one gap in one person's MAR chart. We found the gap was not explained on the reverse of the MAR chart. We saw the omission had been investigated and action had been taken to make sure it did not happen again.

We found a form in use for the administration of 'when required' (PRN) medicines. The form had been correctly completed, signed and dated by a member of staff, with the reasons given for administering the prescribed medicines.

A senior member of staff told us only senior care workers administered medicines to people. We observed medicines were administered to people appropriately and on time on the day of our inspection. Staff had received training on the handling, storage, recording and administration of medicines. The director confirmed they had carried out regular checks to make sure staff had followed the medicines policy and procedure, which was due to be updated in 2015.

At this inspection there were sufficient staff to meet the needs of people.The director told us staffing levels and staff skill mix was informed by people's dependency levels. On the day of this inspection, the care home had six people , including one person on respite care over the weekend, who was due to return home the following day. The service had two senior care workers and two support workers. During the day, there were additional staff from the provider's two other services and the provider's day centre, as people from the three sites would meet at Pettsgrove before leaving together in the people carrier for the day centre or to go on arranged outings. We noted one member of staff had been allocated to supervise two people from the sister home who had stayed on until around 4pm.

We looked at six personnel records of staff and saw that each contained a pre-employment checklist. Each file contained two references from previous employers, criminal records checks, proof of identity and address, along with documents confirming the right of staff to work in the United Kingdom (UK). The director told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed. This ensured that staff employed by the service were safe to work with the people they cared for.

There was a fire safety risk assessment and an evacuation plan for staff and people who used the service to follow in the event of a fire. The fire alarm and doors were regularly checked. Staff had completed health and safety training.

Requires improvement

Is the service effective?

Our findings

People had limited verbal communication. However, their facial expressions and the sounds they made showed they were content and happy. For example, we saw people smiling and making gestures, indicating happiness. We observed that people felt able to approach and interact with staff.

The provider did not always maintain accurate records in respect of care and treatment of people who used the service. One person's care records indicated that they required intervention in regards to their weight loss. However, we found this person had not been regularly monitored. The deputy manager told us this person had refused to get on the scale and therefore their weight had not been taken. The provider had not taken further action to weigh the person, who had excessive weight loss and needed to have their weight monitored regularly. The healthcare issues associated with their excessive weight loss had not been reflected in their care plan or their risk assessments. The director of operations told us the document entitled 'personal planning programme' was the person's care plan. We noted this care plan had been reviewed with the person and updated in September 2014 but there was no mention of the person's healthcare issues or the need to monitor their weight.

In another example, one person's 'personal profile' stated they were on a strict no fat, low salt and high fibre diet but their 'personal planning programme' (also referred to as their care plan) specified a low cholesterol, low fat and no salt diet. In addition, it was mentioned in the care plan that the person's weight needed to be monitored every two weeks but this was missing from the 'personal profile' and from the 'goal analysis', where staff support would be highlighted. The discrepancy in the written information and the lack of instructions for staff to follow within the care plan folder had exposed this person to the risk of being given the wrong care and treatment.

However, we saw that people were provided with a choice of suitable and nutritious food and drink which was available throughout the day. Drinks were offered to people at frequent intervals. When people needed help with their meal staff provided appropriate assistance. We observed lunch, which was relaxed. A member of staff was assisting one person with their meal. People were given a hot meal of meatballs, vegetables and a choice of boiled or mashed potatoes. One person, who preferred bread rather than potatoes, had a meat sandwich instead. They were all given a choice of soft drinks.

People were assessed to determine whether they were at risk of malnutrition and where risks were identified care plans were put in place to assist staff in meeting their needs. Nutritional risk assessments were in place for people who had lost weight. One person had been referred to a dietician and had been prescribed a food supplement and multivitamins to enhance their nutritional intake. One person who had high blood pressure was on a low cholesterol, low fat and no salt diet. The person's daily food intake had been monitored by staff.

People did not have health action plans (HAP). HAPs are used to hold important information about each individual's health needs, the professionals who are involved to support those needs, hospital and other relevant appointments. At this inspection, we saw that the provider had started to put HAPs in place for each person receiving care.

People were supported by skilled staff who received appropriate training to enable them to provide an effective service that met their needs. Staff personnel records showed they were qualified for their roles. Staff had received training via an online learning provider and also attended practical courses as required. Records showed staff had completed training such as safeguarding adults, infection control, health and safety and mental capacity.

Staff told us that they received good support from the management team. Staff received supervision, during which they told us they could bring up any issues of concern and discuss training and developmental needs. However, the provider did not always keep a record of this. This was not in line with the provider's supervision policy, which required that all supervision meetings should be recorded.

The service worked closely with funding local authorities and other healthcare providers, including the local hospitals and general practitioners. People had access to healthcare professionals when required, such as their GP, hospital consultants, a psychiatrist and a dietician. For example, one person had been seen in the accident and emergency department in the hospital in August 2014 when they had a fall. It was documented in the care plans

Requires improvement

Is the service effective?

that people had good oral hygiene, good eyesight and good foot care. Staff had ensured a referral had been arranged to a dentist or hygienist or a chiropodist when needed.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) Code of Practice. MCA is legislation to protect people who are unable to make decisions for themselves. Staff had received MCA training and were aware of people's rights to make decisions about their lives. They knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them.

The service director and staff were knowledgeable regarding Deprivation of Liberty Safeguards (DoLS). The DoLS safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. The provider had DoLS authorisation for one person and it was all in order.

We recommend that the provider should ensure that accurate, up-to-date and consistent records are kept in respect of care and treatment of people who use the service.

We also, recommend that the provider should keep a record of all supervision meetings in order to keep track of agreed discussions and actions.

Good

Is the service caring?

Our findings

People were not able to give us verbal feedback, due to learning disability. However, their appearance and facial expressions suggested they were happy. People indicated to us via nods and smiles that they were well treated.There were positive interactions between the staff and people living in the home. We saw that staff knew people well; they took time to explain things so that people knew what was happening.

We observed people during lunchtime during activities. We saw that people were treated with respect and staff interacted well with each person. Staff were observed conversing with people and encouraging them to engage in stimulating activities, such as art and craft and indoor games of their choice.

Care plans included information about people's likes and dislikes and a description of daily routines and personal preferences. We observed a few people had returned at lunchtime to have their meals together, including four people who lived at the care home. We were told one person from the care home would stay the whole day at the day centre, as it was their choice. One person, we observed had minimal clothing for the weather, but when talking with the person we established this was their choice.

The care plan for one person mentioned the person had received good support from their peer group and from members of staff. The person felt they were all kind and loving and that the staff always made sure the person was comfortable. Another person had commented they had been given privacy and had been treated with courtesy. We observed that people were dressed appropriately and appeared well cared for. We saw when staff were providing personal care, doors were closed and curtains drawn. We saw staff talked to people about what they were doing and offering them choices.

Care plans included information about people's communication needs. Staff told us how they used different methods to communicate with people. For example, we saw the provider had pictures to show the meals that were being prepared on that day. Objects of reference, gestures and facial expressions were also use to facilitate communication with people.

We saw people and their relatives were involved in the review of care plans and risk assessments, which were recorded on the forms. The care plan document entitled 'personal planning programme' was written in the first person and used a person-centred approach. This reflected the person's likes and dislikes and their wishes and preferences, such as regarding types of food and choices of activities, and indicated the manner in which they wanted their care to be delivered.

Requires improvement

Is the service responsive?

Our findings

People's individual records showed that a pre admission assessment had been carried out before they moved to the service. The assessments had been completed with input from the person and their relatives. The care plan folders we looked at were person-centred. They contained details of people's talents, their likes and dislikes and their wishes and preferences, for example, their social activities and their favourite foods and dishes. The care plan also explained how the person would like staff to help them meet their needs, encourage their independence, respect their lifestyle and help them meet their goals.

One person's care records indicated they required interventions to make sure that they were protected from the risk of malnutrition. When this was pointed out to the provider, this person was referred to healthcare professionals. We observed that the provider had put in place guidance for staff to follow to ensure this person's dietary needs were met. We spoke with staff and they were aware of how to support this person.

The care plans had a section on people's social activities and preferences. Staff told us all in-house activities were decided on the day by asking people what they would like to do. There were daily planned programmes for people to participate in if they chose to do so. This included, attending the local college for art and craft and attending the provider-owned day centre for social activities. We saw that people attended other planned activities, including bowling, disco, art, exercises and indoor activities, which were held in the activity room on the provider's premises.

The provider did not ensure people using the service and their relatives were encouraged to share their views about the service. The complaints procedure was not accessible to people using the service and their relatives or representatives. For example, the complaints procedure was not produced in an easy read format, or displayed where people using the service and their representatives could see.

Each person had been assigned a key worker who assisted them and supported them through meetings, discussions and reviews of their care needs. Staff we spoke with had knowledge of people's needs and preferences and assisted them to lead a more independent lifestyle. For example, at this inspection one person using the service was helping with the preparation of lunch, as part of a plan to promote this person's independence.

We recommend that the provider review relevant literature regarding how to encourage people with learning disabilities to complain when they experience a poor service.

Requires improvement

Is the service well-led?

Our findings

The provider did not have a registered manager. The service manager showed us evidence that they had submitted an application to CQC for the registration of a new manager. The director of the service was providing general management support pending the appointment of a registered manager. Staff told us they felt well supported in their role and did not have any concerns.

The director understood the values of respect, dignity, inclusion and equality and diversity. Staff spoken with were aware of and shared these values. They told us their role was to support people to become as independent as possible by providing them with choices and access to community. People were supported to access healthcare services and receive on-going healthcare support, including participation of people in community activities, college and employment.

The service director told us the provider carried out survey annually to seek the views of relevant persons about the running of the service and for monitoring quality and safety at the service. The service director told us they had carried out surveys in 2013 and they had sent out questionnaires for 2014 survey. However, we did not see completed surveys, analysis of results or an action plan taken in response to feedback. Further, the service did not issue surveys to other relevant stakeholders such as relatives, staff and health and social care professionals. This meant the service was not able to learn and develop from the views of stakeholders or provide a service more responsive to the needs of the individuals.

The provider 'systems to assess the quality of service were not effective as they did not always identify areas for development and improvement. The service director told us they carried out quality management reviews using a system called, 'quality management systems'. However, there were no records of this. The service director was not able to identify an improvement that had been made to the service as a result of its quality assurance and monitoring process. There was no action plan in place that would highlight any strengths and weaknesses in the service as well as any planned improvements.

All the issues above meant there was a lack of systems in place to check that people's needs were being met and that the service was operating effectively. The provider had also not identified the shortfalls we found during this inspection. We found the quality assurance processes at the service to be inadequate and ineffective.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, the provider had drawn up an improvement plan in response to recent visits from the local authority. The local authority had identified a number of shortfalls relating to environmental risk assessments, providing a brochure to inform people of facilities on offer and making the rear of the garden safe.. We saw the provider's improvement plan had been signed and dated to confirm the identified actions had been completed.

The manager told us the provider held monthly staff meetings which included discussions on training, infection control, activities and any other issues relating to the type and quality of care provided at the home. We saw copies of the minutes for the recent meetings and the manager confirmed these were circulated to all staff. Staff told us they attended these meetings whenever possible and had seen copies of the minutes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 10 (1) (a) (b) Effective systems were not in place to monitor the quality and safety of service provided.