PBT Social Care Ltd

Simone's House

Inspection report

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Tel: 01895745712

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24 October 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Simone's House provides accommodation for up to four adults who might have a range of needs, including acquired brain injuries, such as people recovering from a stroke and learning disabilities and/or Autism. There were four people using the service at the time of the inspection.

The inspection took place on the 20 and 24 October 2016.

There was a registered manager in post. 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.

At the last inspection on the 24 and 25 September 2015 the provider was not meeting the legal requirements in relation to ensuring that there were detailed recruitment checks carried out on new staff before they started working with people using the service, ensuring that there were systems in place for the proper and safe management of medicines, ensuring there were sufficient numbers of staff deployed in order to carry out their duties and ensuring there were systems in place to assess and monitor the quality of service provision. At this inspection we found the provider had made improvements in these areas.

Staff supported people to have access to the health care services they needed and made sure people received the medicines they needed safely.

The provider carried out checks on staff before they worked with people using the service.

There were enough staff employed to keep people safe and meet their needs

The registered manager had not reported to the Care Quality Commission all notifiable incidents and events. Therefore we had not been aware of significant events that had occurred to see what had taken place and action the registered manager had taken.

You can see what action we told the provider to take at the back of the full version of the report.

Staff had access to the training they needed.

The risks people experienced had been assessed and there were plans in place to minimise the likelihood of harm.

The provider and staff in the service obtained people's consent before they provided care and support. Where people lacked the capacity to make decisions about their care, the provider acted appropriately and in people's best interests.

The provider had a policy and procedures for people using the service and others about how to make a complaint. They provided information for people using the service in formats they could understand.

People's needs had been assessed and care plans informed the staff how they should support people.

People took part in a range of different activities which they chose to engage in both in the service and in the community.

Staff felt able to contribute their ideas and they felt valued and listened to.

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.

There were policies and procedures in place for responding to safeguarding concerns. Support staff we spoke with were able to tell us the actions they would take if they had any safeguarding concerns.

There were enough staff to meet people's care and support needs and the provider carried out checks on staff before they worked with people using the service.

People received the medicines they needed safely.

Is the service effective?

Good

The service was effective.

There was an induction programme and training and support provided to staff.

The provider and staff in the service obtained people's consent before they provided care and support. Where people lacked the capacity to make decisions about their care, the provider acted appropriately and in people's best interests.

Staff supported people to have access to the health care services they needed.

People were supported to have a varied and healthy diet.

Is the service caring?

Good

The service was caring.

People's relatives and a professional told us staff were understanding and caring.

We saw staff interacted with people in a friendly and positive way.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans informed the staff how they should support people.

People took part in a range of different activities both in the service and out in the community.

There was an appropriate complaints procedure and people and a relative we spoke with knew how to make a complaint.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

Records were kept of incidents and any action taken, however the registered manager had not notified the Commission when there had been potential safeguarding allegations made and when there had been an incident involving the police.

There were systems in place to monitor the quality of the service that people received and to make improvements.

The service had a registered manager and clear arrangements for the day to day management of the service. Feedback on the registered manager was positive.

Simone's House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 20 and 24 October 2016 and the first day was unannounced.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and statutory notifications the provider sent us about incidents affecting people who used the service. Before the inspection, the provider also 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.

During the inspection we spoke with three people using the service, the registered manager, executive director and two support workers. We also received feedback from two social care professionals for their views on the care and support people using the service received. We looked at care records for two people, medicines management records for one person, three staff recruitment and training records and other records the provider kept regarding the day to day running of the service. This included checks and audits the registered manager and staff carried out to monitor quality and identify where improvements were needed.

Following the inspection we spoke with one relative to obtain their views on the care and support their family member received. We also telephoned one professional to seek their opinions about the service.

Good

Is the service safe?

Our findings

During the last inspection in September 2015 we found that support workers were working long hours and several days in a row without having time off work. Sometimes they were also working a waking night shift then staying on to work into the morning. We saw improvements to the staff rota at this inspection. The two week rota we viewed for October 2016 recorded that this practice no longer continued. We asked support workers if they had time off work and they confirmed they did and that they did not work waking night shifts and then a day shift. We spoke with the registered manager about ensuring it was clear on the staff rota when management were working in the service as we could see who was on call but it was not so evident what hours they were working each day at the service. They confirmed they would add this to the staff rota.

We saw that at least two support workers or managers were working on each shift and two at night. One support worker said, "staffing levels can be flexible." Another support worker confirmed they felt there were enough staff working at any one time. Often, when the registered or deputy manager were working, they were the third staff member on duty which could assist the support workers in ensuring people could go out on occasion on a one to one basis if they requested this. During the inspection we saw support workers planned the day to ensure people using the service received the care and support they needed. We did not see any people waiting for support.

During the last inspection we found concerns with the recruitment checks on new staff. At this inspection we viewed three support workers' employment files and saw there were improvements to the information obtained on new staff members. The support workers we asked also confirmed they had gone through an interview and had supplied the necessary information to start working in the service. Records included application forms, interview notes, references from previous employers, proof of the person's identity and Disclosure and Barring Service (DBS) criminal records checks. The registered manager told us that they would start seeking third references if necessary when they needed to try to obtain more information about new applicants as some of the references seen only confirmed start and end dates of employment and nothing about the applicant's work or character.

During the last inspection we found that the records for recording medicines delivered to the service had not been clearly recorded. Therefore making it hard to know if people had safely received their medicines. At this inspection we found there were improvements to the recording and management of medicines. Medicines that were delivered were recorded, medicines were checked and counted daily and two staff members were in charge of the administration and recording of each medicine given to a person using the service, which minimised any errors occurring. We checked and counted the medicines of one person and found them to be correct at the time of the inspection. Medicine Administration records (MARS) were all signed by staff and had no gaps.

On people's records there was clear information about what medicines people were prescribed, the reasons they had been prescribed the medicines along with any possible side effects. The registered manager confirmed that any medicines needed to be disposed of were also recorded and sent back to the pharmacist.

We saw in the complaints records that two concerns had been raised to the registered manager by a person using the service. These had not been deemed safeguarding concerns, however, these were allegations made about staff. We saw that the registered manager had met with the person and had met with staff to look into the concern. However, they had not then reported the concerns to the local or funding authority to determine if these were safeguarding concerns. Neither had the concerns been reported to the Care Quality Commission (CQC). Following on from the inspection the registered manager confirmed they had sought advice from the local authority and that they had made contact with the funding authority to discuss the two concerns. The registered manager informed us that they had then made a safeguarding referral to the local authority who had been satisfied with the action the registered manager had taken and did not take the concerns any further. There were guidelines in place to support the person using the service and their care plans and risk assessments highlighted their particular needs.

The registered manager confirmed, following on from the inspection, that they were to meet with the social worker to look at how best to support the person using the service.

We also observed interactions between two people who used the service, where one person was very friendly towards another person and was physically close to them when chatting to them and on occasion put their arm around them and rubbed their head. We talked with the registered manager about how they monitored this relationship and behaviour and we saw they had taken some steps to support friendships developing but making sure people were safe. They confirmed they would be continuing to assess this so that people using the service were not uncomfortable around each other.

People using the service and the relative we spoke with said they were cared for appropriately. Comments included, "I feel safe here," "yes, I am safe living here" and "safer than before." We saw in a person's bedroom that there was information on what to do if they had a safeguarding concern.

The provider had a safeguarding policy and procedures in place. The registered manager confirmed they were aware of the revised pan-London safeguarding adult's guidance, which was an agreement from all the local authorities on responding to allegations of abuse. Staff training records showed support staff had completed safeguarding adults training so they had the knowledge they needed to support people safely.

Support staff we spoke with were able to tell us the actions they would take if they had any concerns. They told us they would report any issues to the registered manager in order to protect people using the service.

Staff recorded incidents. The records included details of what the incident was and the actions staff took afterwards. The registered manager showed us an incident where they had recorded that this had been reviewed by them, although we did not see this on the other sample of incident forms that we viewed. The registered manager said they would be looking more closely at incidents which had started to increase to see if there were any patterns or trends that they needed to address.

People's care records included assessments of possible risks. These included risk of falls, absconding and making allegations. The assessments included guidance to minimise these risks and keep people safe. The registered manager confirmed that they reviewed people's risk assessments regularly.

The registered manager told us that health and safety checks carried out included checks on window restrictors and the records we saw confirmed this. Each person had a personal emergency evacuation plan (PEEP) to make sure they received the support they needed to stay safe in the event of a fire or other emergency.

We saw that there were contact details available for the staff team to call on companies such as gas and water if there was an emergency. There was also always a senior staff member on call every day and night should the support workers require advice or support.

Good

Is the service effective?

Our findings

A relative was complimentary about the staff team. They told us, "they (staff) really understand (person using the service)" and "staff have really good ideas to support them." A professional also said since their advice and guidance, "staff have a better understanding now of the person's needs and how to meet them."

Although we received positive feedback about the staff team and we found that staff received training, not all the training certificates were available at the time of the inspection. For example, on one staff file they had started working in October 2015 but the only evidence of training in medicine management was in May 2016.Following on from the inspection we were sent a copy of when the medicine training had been completed in 2015. We asked support workers if they received training in food hygiene and were told they did but when we asked to see samples of training certificates these could not be found during the inspection. However, it was noted on the training matrix that staff had completed this training and following on from the inspection we were informed that the registered manager had provided this training.

The registered manager confirmed that they, the deputy manager and a few of the support workers had received training in 2015 to support a person who required assisted nutrition and medicines through a feeding tube into their stomach. Since new staff had joined the team they had shadowed the more experienced staff members while they provided care using the feeding tube. The deputy manager provided this training and they had received refresher training from an Abbotts Nurse following on from the inspection. The Abbotts Nurse was able to provide advice and specialist training on tube feeding and they confirmed in writing that the deputy manager was qualified to provide this training to the staff team. We saw evidence that one support worker had been observed by the deputy manager to assess if they were carrying out this task competently.

Overall we saw evidence that training in different areas was offered to the staff team and they were supported to also study for a national qualification in social care. Training topics included, first aid, infection control, person centred approach and working with people who have challenging behaviour. The process for assessing support workers in carrying out particular tasks was also in place such as assessing them handling, administering and recording medicines so that the registered manager could be confident that people were supported by skilled staff.

The registered manager had sought specialist advice and training from an external source who we made contact with. They spoke highly of the staff team and their willingness to learn how to effectively support the person using the service. Guidelines had been developed to help staff work appropriately with the person following on from the training session. The executive director also informed us that they along with the deputy manager had enrolled in September 2016 on a course in understanding brain injuries so that they had a good understanding of how to meet the needs of people who had this condition.

We saw an induction checklist dated and signed for the three staff employment files we viewed. Although the dates were all the same for each part of the induction new staff had completed and did not indicate the exact date they had worked through the various aspects of the induction. We raised this with the registered

manager so that they could ensure the document accurately reflected completion dates.

Support workers confirmed they had received an induction when they first started working in the service. They also explained how they had shadowed experienced staff to become familiar with how the service operated. The registered manager informed us that one support worker who did not have any qualifications in health and social care was currently completing the Care Certificate modules. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Support workers told us that they received one to one supervision, which the records also confirmed too place. One support worker told us that it was useful and enabled them to "get feedback and ask for advice." Records showed that new support workers received more regular one to one meetings to ensure they were settling into their role. For those staff who had worked for a year or more at the service we saw evidence that they had received an annual appraisal of their work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had sent applications to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. This was then documented on people's individual files. We saw evidence in the care records we looked at that people had consented to their care and support and where possible were involved in reviews of their care.

The majority of the staff team had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). Those support workers we asked had limited understanding of this legislation and the impact it might have on their day to day work and we fed this back to the registered manager for them to address.

People's health needs were recorded and they were supported to attend health appointments. We saw these were recorded, although the support workers we asked were not aware of the documents kept to record health appointments and the outcomes of these. We fed this back to the registered manager so that everyone working in the service was fully aware of the records to be maintained for each person. One person had a 'hospital passport' in place. This was completed for people with a learning disability who if admitted to hospital would need the nursing staff team to be aware of their individual needs and the level of support they required.

We saw evidence that the registered manager had sought the advice from a professional as there was guidance and support from a Speech and Language Therapist (SALT). There were clear instructions on how to support the person safely so that they did not choke and had food that they could safely eat.

From viewing people's weight records we found that one person had gained approximately 11 kilograms between June 2016 and October 2016. People were weighed monthly and the registered manager

confirmed that they were monitoring this and would seek advice via the GP if necessary. In the meantime staff confirmed they were encouraging healthy eating and exercise to support the person to lose weight.

We saw meals were recorded and people told us they had a choice of what they ate. One person said, "There is plenty of food here," another told us, "The food is nice, I enjoy it." One person described the meal they had cooked with the assistance of staff. They said they had enjoyed making it. We saw that meals also catered for people's cultural preferences so that they could continue to eat particular meals that they had when they had lived elsewhere. People ate their meals together in the dining area so that it was a social occasion and they could talk with each other if they wanted to.

Good

Is the service caring?

Our findings

We asked people using the service for their comments on the staff who supported them. They told us, "Anything I ask for they (staff) get," "I could live anywhere, but here is ok," "I like the friendly faces of staff" and "staff do everything for me, it is good."

A relative and professional described seeing positive interactions between staff and the people using the service. Comments included, "Staff are generally friendly and warm to clients," "they are culturally sensitive and competent, they ensure my client sees his barber who is able to tend to his hair" and "the client will get the care they require, with warm staff, in a homely, warm and nurturing environment fostering the recovery required."

A relative also confirmed that the staff team had ensured that their family member had been pro-active in getting them looking their best and had ensured their hair was cut and they had their glasses fixed.

During the inspection we saw the various members of staff communicated with people in a cheerful and friendly way. The staff explained what was happening and what they were doing. They were patient with people and allowed them time to communicate their needs and wishes.

We saw support workers worked as a team and offered distractions to a person if they were showing signs of agitation. We observed they talked quietly and focused on the person to help them feel calmer.

People were encouraged to do things for themselves and support workers confirmed that they tried to help people make daily decisions, such as when they got up and what they did each day. Support workers we spoke with understood what people liked, for example, one person had their nails painted and we were told they had been supported to try to paint their own nails to help them do something for themselves.

Each person had information that could be useful for staff to view as it gave a summary about the person. Details included their likes, dislikes and personal routines. This was person centred and enabled staff to know what support the person needed. In one person's file we saw some information had not been updated which following on from the inspection the registered manager confirmed had been reviewed and amended.

There were arrangements for people to attend religious services of their choice. The registered manager informed us that attendance was not regular but occurred when people asked or showed an interest in attending a service.

Good

Is the service responsive?

Our findings

A relative felt staff understood their family member's needs and adapted care and support as they had got to know the person. People's care and support had been assessed before they started using the service so that the registered manager could be sure the service could meet the person's needs. Every admission was different and some people were admitted quickly and others had many visits over several months before they moved into the service.

Care plans had been created to show how the staff should meet people's needs. These covered a range of areas relevant to the person, such as personal care, health needs and managing their personal money. In the areas we identified as being too vague or broadly written the registered manager had made amendments by the second day of the inspection to include more details about how to support the person appropriately. There were various guidelines in place to enable staff to appropriately support each person using the service.

We could see people had a review a few weeks after their admission to the service. One relative confirmed they had been invited but had not been able to attend. These meetings were a chance for the person and staff team to consider if the service was meeting their needs and if they were happy to continue living there.

Some people could read and write so the staff used this to help communicate with people. One person's first language was not English, although they could understand English. Some of the staff could speak in the person's first language, and we observed them communicating with the person in this language during the inspection.

People told us they went out with the support from staff. A relative said their family member "goes out enough." A social care professional told us that the staff team were, "very flexible to the needs and interests of clients, for example, mine liked playing drums so they facilitated this by supporting him to buy one and setting up a drum studio" and that the person they placed at the service had "continued to prosper and improve." They also commented that "Staff put effort into ensuring my client is well stimulated with a busy activities schedule."

People's care was person centred and reflected their needs and abilities. They were given different levels of support depending on these. Where people had expressed a wish to try something new there was evidence the staff had supported them to do this. We saw that each person had an activity schedule which guided staff to what they could offer to people. This included, visiting the local library, the park and a jazz club in the evening. We saw during the inspection that people were offered the chance to take part in various activities so that people engaged with others if they wanted to.

We saw people had the opportunity to raise any complaints to the staff team. There was a complaints procedure in the hallway which was an easy read version for people who needed it in this format. Two people could read and write and the registered manager confirmed that they were given pen and paper so that they could easily write down their concerns. The three people we asked all said they knew who to speak

with if they had a complaint. One person told us, "it's (the service) very good, I have no complaints, but would talk with the manager if I did have any." Another person said," I would talk to the manager if I was not happy." A relative confirmed that they "would feel able to complain" if they needed to and said their family member would definitely feel able to share their views if they had something they wanted to talk about.

We saw from the complaints records that one that was received was looked into and the action taken was recorded by the registered manager.

Satisfaction surveys had been given to relatives in 2016 and comments overall were favourable. One had commented that staff "have time to talk with us." The registered manager confirmed that in November 2016 people using the service would be encouraged and supported to give their views formally on the service.

The registered manager confirmed to us that general house meetings for people did take place but they had not been recording the discussions. They said this would be written in the future so that anything talked about was clearly documented.

Requires Improvement

Is the service well-led?

Our findings

During the last inspection in September 2015 we found that although there were audits in place these did not effectively identify the areas that needed to be improved. At this inspection we found there had been some improvements. We saw where relatives had suggested areas for improvements through satisfaction surveys they had completed the registered manager had analysed the responses and identified possible changes to how the service was provided in response to the feedback given. The registered manager had introduced a staff file audit form to check on information in staff files.

Other audits were in place such as, spot checks on medicines were completed by the registered or deputy manager which had taken place to ensure they were monitoring if these were being given safely. By improving the systems in place to manage medicines people could be confident that they had received their prescribed medicines.

There were checks on people's personal money to ensure there were no discrepancies.

The registered manager was also monitoring when they applied for a Deprivation of Liberty (DoL) assessment and if granted then they recorded when this would expire so that they knew when to re-apply to the relevant authority.

We saw that the service had a monitoring visit by another care provider in August 2016. Their findings were positive but they did make some good practice recommendations where the service could make further improvements. The registered manager recognised that they needed to check that records were maintained and that they evidenced the work they had done in order to demonstrate that there were systems in place to effectively monitor the quality of the service being provided to people.

Along with the two potential safeguarding concerns that were not reported to the Care Quality Commission (CQC) we saw a recent incident which had involved the person using the service calling the police. This was recorded but the CQC had not been formally notified of this. We talked with the registered manager about ensuring that any reportable and significant event was reported to the CQC to meet legal requirements. They confirmed they would ensure this was actioned in the future and that they would support the staff team to be more aware of reportable events.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The people using the service told us they could talk with the registered manager if they wanted to. A relative also confirmed that communication was very good with the registered manager keeping them informed of any problems or just giving them general feedback. They told us that the registered manager was "supportive."

Feedback from support workers on the registered and deputy manager were also positive. Comments included that they were "really good," "they are really supporting me and any problems I can go to the

manager," "approachable" and they "listen to us." Staff meetings were held so that issues could be discussed and ideas shared amongst the staff team. Staff satisfaction surveys would be given to staff in November 2016 so that the registered manager could consider where the service was operating well and if any adjustments needed to be made.

The registered manager was a registered social worker and a range of ways of keeping up to date with current good practice. They confirmed they received updates from sources such as the CQC and Skills for Care, which was a social care organisation which provided advice and guidance to care providers. They had also attended a local registered manager's forum which enabled them to share ideas and to hear about any news and updates relating to social care issues.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person must notify the Commission without delay of any allegation of abuse in relation to a service user and/or any incident which is reported to, or investigated by the police. Regulation 18 (1)(2)(b)(e)(f)