Astra Homes Limited

Pinfold Home

Inspection report

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Date of inspection visit:
20 February 2019

Date of publication:
08 April 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
• Pinfold Home is residential care home that was providing personal care to 26 people with a mental health diagnosis at the time of the inspection.

People's experience of using this service:
• The service was not consistently safe, with a lack of regular medication training and competency assessments to ensure staff knew how to administer medicines safely.
• Risk assessments and care plans were not always in place to manage specific conditions, namely diabetes. Smoking risk assessments were not always in place where people smoked within the premises.
• We were not assured that potential safeguarding allegations were always dealt with and investigated as necessary, to ensure that people's concerns were taken seriously.
• Quality assurance processes required improvement to ensure that the registered manager had consistent oversight and review of care delivery and potential areas for improvement.
• People and relatives were pleased with the support that staff and management offered them, in an environment that was inclusive of people's wishes.
• People felt well cared for and were supported to ensure that they accessed activities of their choosing, all the while feeling their dignity was respected.
• People were supported to make decisions in relation to their care, and relatives were involved where necessary to input into the review process.

Rating at last inspection:
• At our last inspection of 08 December 2017 the service was rated "requires improvement" (report published 24 February 2018). At that inspection we found improvements were needed to risk assessments and fire safety; and that there was no registered manager.

Why we inspected:
• All services rated "requires improvement" are re-inspected within one year of our prior inspection.
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:
• We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and the safe care and treatment. Details of action we have asked the provider to take can be found at the end of this report.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Pinfold Home

Detailed findings

Background to this inspection

The inspection:
• We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
• This inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with those with learning disabilities, mental health or behaviours that challenge.

Service and service type:
• The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
• This inspection was unannounced.

What we did:
• We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.
• Prior to our inspection we received feedback from two professionals. On the day of inspection we spoke with six people living at the home, and following our inspection obtained feedback from three relatives. We spoke with two support workers, a team leader, the registered manager, and the general manager.
• We reviewed three people's care files, three people's medicines records and a range of other documents in relation to the care people received. We reviewed three staff files and other relevant documents relating to the service.

Requires Improvement

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management
• At our last inspection the provider had not ensured that regular fire safety checks were carried out. At this inspection we found that sufficient improvements had been made to ensure these were conducted regularly.
• The provider had not ensured that risk assessments were always in place to mitigate potential risks to people. Several people at the home were smokers, and smoked in their rooms. Despite this smoking risk assessments were not in place to evaluate the risks to people and the health and safety risks this posed. We raised this with management, and following inspection they sent us smoking risk assessments that they had started implementing for people. We will review their compliance with this at our next inspection.
• Multiple people at the home presented with a diagnosis of diabetes. One of the care files we viewed was for a person with this condition and there were no risk assessments to alert staff as to the potential risks that would highlight a deterioration in the person's condition and the action they should take. Risk assessments were not always sufficiently undertaken to fully assess each area of people's individual needs.

Using medicines safely
• People's medicines were not safely managed in a way to ensure that people received their medicines at the right time. We reviewed people's medicines records and saw that they did not contain a photograph of the person, details of any allergies, diagnosis or healthcare professional contact details. There was a risk, especially with new staff that people could be given the wrong medicines. Following the inspection the provider sent us an updated front sheet for people, so that they could be clearly identified in the medicines administration process.
• Where people received PRN ('as required') medicines, suitable protocols were not always in place to guide staff as to when people may need to take these medicines, and the symptoms they may present with.
• Records to confirm people had received their medicines were not consistently recorded on the medicines administration record (MAR), with gaps in staff signatures. In addition to this, stock balance checks did not always include the starting balance and were not completed regularly.
• Staff received e-learning training for their medicines administration practices, which was only reviewed every three years. However, the provider did not ensure staff received practical training, nor were medicines administration competency assessments conducted to ensure that staff were capable of administering medicines correctly. There was a risk that people received medicines from staff that were not sufficiently trained.
• We received mixed views from people as to whether staff told them which medicines they were taking. Whilst some comments were positive others said, "No they don't [tell me] I ain't got a clue" and "Every now and then they tell me." Improvements were needed to ensure that people were clear on the medicines they were prescribed.

• People's medicines were securely stored in a locked room, with regular temperature checks taken to ensure they were stored correctly.

The above issues demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• The provider did not always take prompt and appropriate action to ensure that potential safeguarding matters were shared with the appropriate agencies. One person raised an issue with us on the day of inspection, when we relayed this to the management team they told us they would not always refer this to safeguarding, as the person and others at the home often raised repeated allegations.
• We were not satisfied the provider seriously considered the potential impact of allegations raised, nor that the appropriate authority was always alerted to concerns that were presented.
• Due to the issues raised above we were concerned that potential safeguarding incidents could be under reported. We were aware of two safeguarding incidents that were still under investigation by the local authority, however had not been notified of any other safeguarding incidents by the provider since 2017.
• However, people and their relatives told us they felt the home was safe. Comments included, "Everything, everything they do makes me feel safe", "Yeah, yeah, I feel safe yeah."
• Staff that we spoke with knew the steps to take to raise a safeguarding concern. One staff member said, "If they [line manager] don't take action I would whistleblow. I haven't done it but I know what to do. I would report it."
• In light of the concerns raised above we will monitor the service's notifications to the CQC, and review safeguarding records at our next inspection.

Preventing and controlling infection
• A staff member told us that cleaners were meant to attend the home daily to ensure communal areas and people's rooms were well kept. However, there were no cleaners present on the day of inspection.
• We were able to view ten people's rooms and found that improvement was required to ensure people were supported to keep their rooms odour free.
• Two people's rooms smelt strongly of cigarette smoke, some with stained furniture. Better measures were needed to ensure that the premises were consistently clean and hygienic.
• Staff were aware of the steps they should take to prevent infection with one staff member telling us, "We use gloves, if doing personal care we use aprons." Relatives that we spoke with felt that the premises were well maintained, with one person telling us the home was cleaner now the new manager was in place.

Staffing and recruitment
• On the day of inspection the home was short staffed due to sickness. We reviewed rostered staffing numbers for the following two weeks and saw that sufficient numbers of staff were scheduled to ensure people had adequate support. People told us they felt there were enough staff to meet their needs.
• We reviewed the provider's recruitment records that showed that appropriate checks had been carried out prior to staff commencing their role. Staff had two professional references on files and provided a full employment history.
• Staff were subject to a Disclosure and Barring Service (DBS) check, and records showed staff had these in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, we recommend that the provider renew staff DBS checks in line with best practice guidance.

Learning lessons when things go wrong
• The provider recorded accidents and incidents as they occurred. These records included full details of the

occurrence and any witnesses involved.
• Asides from the safeguarding we were aware of there had been no other incidents since the start of the year. All other incidents had been appropriately investigated and suitable action taken.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience
• Staff told us that they received supervision every three months. However, staff records did not always reflect that sessions were held on time. One person's record showed that their last two supervisions were held eight months apart.
• However staff told us that they were well supported by management and that supervision was a beneficial process. Comments included, "It gives me a chance to talk about me, I can say what I want to say. I ask her [manager] to write everything we're talking about. It is very supportive, it's not every day I'm going to say lots of things."
• Staff received a variety of trainings, however medication training was not delivered as frequently as it should be to ensure staff were competent. The provider had identified gaps in other areas of training delivery and was working to ensure this was completed. We will review their compliance at our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Each person was assessed by the provider prior to moving into the service. People were also subject to regular reviews by their placing local authority.
• Expected outcomes for people were highlighted at the time of assessment, and reviewed regularly through keyworker sessions.

Supporting people to eat and drink enough to maintain a balanced diet
• People satisfied with the meals they received at the home. Comments included, "Of course, I get a choice. The food is excellent", "Very good, yeah sometimes I get a choice, I'm vegetarian so the food is very nice, it's really nice" and "Yeah, yeah, the portion size is good."
• At the time of inspection, given the high number of people with diabetes, we did not see any records highlighting who these people were and their specific dietary requirements in the kitchen area. Following the inspection the provider sent us a copy of a list they had made available to kitchen staff.
• People's weights were monitored on a regular basis to ensure this was managed within a safe range.

Staff working with other agencies to provide consistent, effective, timely care
Supporting people to live healthier lives, access healthcare services and support
• When people needed support from other healthcare professionals this was sourced in a timely manner. Where a deterioration in one person's condition was observed records showed that a psychiatric team had been contacted immediately.
• People were supported to access a range of healthcare services such as doctor, nurse and opticians

appointments.
Adapting service, design, decoration to meet people's needs
• At the time of our inspection the office within the home was being refurbished meaning people did not have access to a main lounge area. People had been consulted about these works and we were assured by the provider as to their completion.
• We will review the suitability of the premises decoration at our next inspection, in light of the aforementioned building works.

Ensuring consent to care and treatment in line with law and guidance
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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Where people had been assessed as in need of a DoLS the provider ensured the appropriate referrals were made in a timely manner.
• Staff were able to express their understanding of the MCA and how they had to ensure they supported people to make choices within their day to day lives.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People and their relatives felt that they were well cared for by staff at the home. Comments included, "It's good yeah it's excellent", "Yes, the staff are very caring", "[Person's] happy when I go and see him" and "Overall impression is quite good."
• People were supported with any religious or cultural needs. Where one person was of a particular culture the activities co-ordinator was exploring local restaurants that offered their cultural cuisine.
• A relative told us, "He's [person] very into a nearby Baptist church, which he attends with another member of the home who he's good friends with."
• People told us that they felt listened to and that staff were responsive to their requests. A staff member said, "It's done from the heart. I like joining in with people and seeing them happy."

Supporting people to express their views and be involved in making decisions about their care
• People told us they were involved in decisions about the care they received. A relative said, "Every year I go up to the meetings they have."
• People's care records reflected the ways in which they preferred for their care to be delivered, such as their personal care preferences.
• Staff told us how they supported people to make decisions about the care they received. Comments included, "When supporting for personal care I take two pieces of clothing and ask what they want to wear today. I check what they want to wear depending on the weather."

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. People had keys to their own rooms. A relative said, "He [person] has his own room there, a lock on the door for his privacy." People told us, "Yes, nobody comes into my room when I'm in the shower. Staff don't enter my room when I'm sleeping, they respect my privacy" and "Yes they do, the staff allow me to have my own time."
• Staff told us, "When going to a room I knock on the door and wait for them to tell me to come in. I don't decide for anyone, I ask how they'd like to spend their day."

Requires Improvement

Is the service responsive?

Our findings

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

RI:□People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was not always reviewed in a timely manner in response to changes in need. Where one person had diabetes there was no care plan in place to highlight the specific support they required to manage their condition. We will review the provider's improvements of their care plan records at our next inspection.
- People were supported to undertake a variety of activities inside and outside of the home. On the day of inspection we saw that where people were able to, they were enabled to leave the home independently. They told us, "Yes, there is lots to do, I play chess, cards, drafts, dominos, painting, I can also write a poem" and "I watch videos, that's one of my interests, I do art, a bit of art, I have one-to-one talks with the art therapist."
- Activities available to people included fortnightly art sessions, a makeup area, books and board games. A relative told us, "He [person] goes to a local café with one of the other clients there. He's known the area for decades and that brings a level of comfort to me." Another said, "They go out and have a bus ride to Peckham or Crystal Palace. He goes into the pub and has a drink."
- Some people were also supported to visit their families regularly, with relatives telling us communications were positive in ensuring people's medicines and information in relation to their current care needs satisfactorily discussed.
- Throughout the day we observed people's interactions across the home. We saw that when people were in the dining room for tea there was a jovial atmosphere. However, at lunchtime we found that the environment wasn't wholly inclusive to support the development of interpersonal relationships between people living at the home. For example, people were called to collect their meals and the seating area and staff interaction did not encourage people to engage.
- We recommend the provider review activities across the home to ensure they are more personalised to people's needs and support a more inclusive environment to encourage people to interact together within the home.
- The provider was compliant with the Accessible Information Standard. Where one person was partially sighted their room had been adapted with bold colours to support them with orientation. A sensory worker also attended regularly to provide support to the person and relay training to staff.

Improving care quality in response to complaints or concerns

- As reported under 'Safe' we had concerns that people's day to day concerns were not always responded to with due attention. One person told us, "I'd go to the management, but if I wanted the CQC number the staff wouldn't give it to me. I did make a complaint about the staff using their mobiles all the time, as a result I think action was taken, the staff don't use them anymore." We raised this with the registered manager who informed us they would implement a process to ensure people's concerns were accurately identified and recorded.

• We saw only two complaints recorded that had been raised in April 2018. One of these complaints did not have any actions recorded.
• The complaints policy was available to people in a pictorial format to support them to express their views.
• People told us they knew how to raise a complaint. Comments included, "I do, I would tell the staff any staff" and "Yes I know how to make a complaint."

End of life care and support
• The registered manager told us that thus far one person had been supported to discuss their end of life care wishes, and that this information was with the social worker.
• The registered manager told us they had a template they were considering for use, to record these discussions with all people at the home. We will review their progress in this area at our next inspection.

Requires Improvement

Is the service well-led?

Our findings

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

RI:Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Quality assurance systems were not sufficient in ensuring the quality of care delivery at the service was continually monitored and improved.
• The registered manager and area manager were unable to find medications audits, telling us they couldn't have been completed. This coupled with the issues identified under 'safe' in relation to medicines management was a concern. Hot water temperature checks were not always accurately recorded, not were they reviewed as part of the audit process.
• Regular service provider reports were carried out by the general manager, however these did not always involve review of care plan quality and people's medicines. The issues we had identified at inspection had not been identified by the provider.
• Since our last inspection a registered manager had been appointed, and was able to demonstrate to their awareness of the important notifications they needed to relay to us. However, they were not clear on when safeguarding referrals needed to be made.
• Whilst provider reports were conducted, we were unable to see records of quality assurance checks conducted by the registered manager to review day to day care delivery across the service. The registered manager had not ensured that staff always received regular supervision, that their medicines competencies were assessed, nor did they ensure that safeguarding allegations were dealt with appropriately.

The above issues demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care
• People told us they felt management were caring towards their needs. Comments included, "With the boss [registered manager] I have a very good relationship with her. The staff give me a lot of freedom. I am very happy with [registered manager], she is the perfect manager for this establishment. She is like a mother to me, she's very supportive, it's outstanding."
• The registered manager told us they worked alongside community agencies to support some people to volunteer in a local church and one person to volunteer in a shop. These activities supported people's developments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• Relatives were satisfied with the management of the home. They told us, "They're always accommodating and helpful" and "You can see they're [management] working towards something."
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were involved in the service through regular resident meetings. One person said, "We have resident meetings and I'm asked my views."
• A staff member said team meetings were held regularly and that "I think here is very good team work and communication with carers." We reviewed team meeting records and saw that areas for improvement and discussion around incidents were regularly covered.

Working in partnership with others
• The provider worked alongside local mental health teams to review and support any changes in peoples conditions.
• The registered manager worked alongside other agencies, such as the benefits office so that people received the right financial support. A relative said, "They've [management] helped with filling in forms, they always speak with me and are happy to chat to me."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always in place to meet people's needs and medicines were not managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager was not clear on when safeguarding alerts should be raised, quality assurance systems were not effective in monitoring and improving the service.