

Health Personnel Limited

Gunnery Terrace

Inspection report

9-11 Gunnery Terrace
Royal Arsenal Woolwich
London
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Tel: 03335771755

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27 January 2020
31 January 2020
06 February 2020

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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

Gunnery Terrace provides care and support to people living in a supported living setting so that they can live as independently as possible. At the time of the inspection 14 people were using the service. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service and what we found

The outcomes for people did not fully reflect the principles and values of Registering the Right Support. This was because the registered manager was not aware of the legal requirement to work within the principles of the Mental Capacity Act and people were restricted without authorisation by a relevant body in a supported living environment. Medicines and people's risks were not managed safely. Improvement was required to ensure safe staffing levels. Complaints were not managed in line with the providers policy. The registered manager had no oversight of the service and did not know their responsibility to work within the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to notify the CQC of four significant incidents. The quality assurance process was not robust to identify these concerns and or to make improvements.

We made one recommendation about learning lessons from incidents and accidents.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There were safeguarding procedures in place. Appropriate recruitment checks took place before staff started work. There were procedures in place to reduce the risk of the spread of infections.

People's care and support needs were assessed before they started using the service. Staff had received training and support relevant to people's needs. People were supported to cook and maintain a balanced diet. People had access to health care professionals when they needed them.

Staff treated people in a caring and respectful manner. People had been consulted about the care and support they received, and they participated in activities that met their needs. The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. Staff said they felt supported by the registered manager and team manager.

The last rating for this service was Good date last report published (31 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified five breaches, the provider had not always worked within the principles of Mental Capacity Act (MCA), medicines were not managed safely, Improvement was required to ensure safe staffing levels, complaints were not managed in line with the provider's policy, the provider failed to notify CQC of four significant incidents. The quality assurance process was not robust to identify these concerns and to make improvements.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Gunnery Terrace

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

A single inspector visited the service on 27 and 31 January 2020 and an expert by experience made phone calls to people to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors returned on 6 February 2020 to complete the inspection.

Service and service type

This service provides care and support to people living within four 'supported living' settings, and two people in their own flats. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from professionals who work with the service. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff, the team manager and the registered manager. We reviewed a range of records. This included four people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at tenancy agreements and people's care contracts.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant 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.

Using medicines safely

- Medicines were not managed safely. Staff did not always record the date of opening medicines to ensure they were safe to use in line with best practice.
- Staff did not complete medicine administration record (MAR) as required to ensure people received their medicines as prescribed. For example, one person's medicine administration record (MAR) for 6 pm and 8pm for 30 January 2020 was blank. Another person's MAR chart for 12noon was showing blank on 31 January 2020 as at 3pm.
- Medicines were not stored in an appropriate medicines storage cabinet or trolley but in a filing cabinet.
- Medicines were not stored in the fridge safely and were exposed to contamination. For example, oral medicine was stored in a fridge, which also stored vegetables, bread, egg, butter and juices.
- Daily room and fridge temperatures were not checked to ensure medicines were effective when used.

These issues were in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We brought the above concerns to the registered manager's attention. They told us they would make improvements following our inspection. We will check these issues at our next inspection of the service.

- The service had a medicines policy in place and staff had completed medicines training and their competency was assessed.

Assessing risk, safety monitoring and management

- Known risks to people were not managed safely. Seizure risk management strategies in place were not followed by staff to ensure people's well-being following a seizure.
- Staff failed to record the appropriate actions taken following a seizure and to document what medical support was sought. For example, there were 10 seizures during 20 March 2019 to 21 November 2019, each seizure lasted for 2 minutes and the action taken had not been recorded.
- When asked, the registered manager told us, "Staff training in seizure management is not adequate and within next three to four weeks, staff would be retrained. I will make a referral to LD nurse and then follow-up to develop individualised risk management plan." We will check at our next inspection.

This is a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's care records included risk assessments for example on behaviours which challenge, self-harm and harm to others, accessing community services and road safety, and absconding. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring.

Staffing and recruitment

- Improvement was required to ensure safe staffing levels at all four supported living services units. For example, one relative told us, "I do not feel that there are enough of them [staff]. The activities have lessened." Another relative commented, "We could always do with some more staff."
- The provider had not carried out a staff dependency assessment to determine the appropriate staffing levels at each of the four units. For example, in one unit, there were 10 incidents of seizure between 20 March 2019 to 21 November 2019, during the night. There had been only one sleep-in staff. These incidents were not managed properly and could have potential risk to people, if appropriate staffing levels were always not determined.
- We brought this to the attention of the registered manager, who told us they would carry out a staff dependency assessment at all the four units. We will check this at our next inspection of the service.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, and proof of identity.

Learning lessons when things go wrong

- The provider did not have a system for monitoring, investigating and learning from incidents and accidents.
- We saw the accidents and incidents records and found during the period from January 2019 to December 2019, there were 73 incidents and accidents. These were not monitored to identify any trends and patterns to mitigate the circumstances and take appropriate actions to reduce the possibility of the same issues occurring again.
- The registered manager told us, they would complete an analysis of all incidents and accidents and lessons learnt would be shared with staff to prevent repeat occurrences and to promote best practice. We will check this at our next inspection of the service.

We recommend the provider to monitor and seek advice from a reputable source on best practice to manage and learn lessons from accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm. People and their relatives told us they felt safe. One person when asked told us, "Yes." One relative said, "Yes, we do."
- The service had safeguarding and whistleblowing policies in place. Staff had completed safeguarding training and had an understanding of what to do, to ensure people were protected from abuse or harm. Staff told us they would report any concerns of abuse to their managers.
- Staff knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to senior management staff, the local authority and CQC.
- The registered manager-maintained records of safeguarding alerts to social services and monitored their progress.

Preventing and controlling infection

- The provider had an infection control policy in place.
- Personal protective equipment was always available for staff. Staff told us the service provided them with gloves and aprons when required.
- Training records confirmed that staff had received training on infection control and food hygiene.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People were not supported in line with the MCA principles. The provider had not carried out mental capacity assessments and best interest decisions for people when they had been restricted in the supported living services units.
- For example, we saw one unit's, main door was always kept locked and the key was with the member of staff on duty. We asked why the door was kept locked, the registered manager and the team manager said, "Because people may run out on the road."
- A member of staff told us, "In another unit there are four people, of which three people do not have mental capacity to go into the community on their own. Because we do not allow them to go out, the door is kept locked."
- The registered manager told us eight people required full support to access the community and 12 people required full support in relation to their healthcare appointments, medicines management, and consent to medical treatment.
- When asked why a mental capacity assessment and a best interests decision were not carried out for these people, the registered manager told us, "MCA, I think it is not my remit to carry out, because I am not trained. If somebody needs MCA, I will refer to social services. So far, I have not referred any person for an MCA. I think, I will make MCA referral for all people in the next 4 weeks." This meant staff did not support people in the least restrictive way possible and in their best interests.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were carried out before they started using the service.
- The assessments were used to produce care plans, risk assessments and behaviour support guidelines that provided staff with information on how to support people to meet their needs. The assessments included areas such as people's preferred activities, dietary needs, communication and behaviour which challenge.

Staff support: induction, training, skills and experience

- A relative told us, "As far as I know they [staff] are trained. Another relative said, "I think they [staff] are good."
- The provider supported staff through induction, supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included autism, epilepsy awareness, safeguarding adults, medicines administration, health and safety, food hygiene, fire safety and equality and diversity. However, we found seizure management, MCA and Deprivation of Liberty Safeguards were not effective.
- Staff told us they received regular supervision and spot checks
- Staff felt supported and said they could approach their line manager and the registered manager at any time for support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records included assessments of their dietary requirements and food likes and dislikes.
- We received mixed responses from relatives. One relative told us, I think they [staff] try to give my [loved one] a balanced diet. Another relative said, "They [staff] support my loved one with food both cooking and preparing." However, a third relative commented, "I am not happy about my [loved one's] weight, they had put on weight and I believe they [staff] are restricting foods that my loved one may like."
- We brought this to the attention of the registered manager, who told us they were seeking support from a dietician about this.
- Staff told us they encouraged people to have a balanced diet and eat healthy meals.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service. A relative told us, "They [staff] contact the doctor and us if my loved one is not well."
- People's care records included evidence of regular contact with health care professionals for example, the GP, dentist, psychiatrist and nurse. Records were made of individual health care appointments, the reason for the visit, the outcome and any recommendations.
- Information was available and shared with other health care services such as hospitals when this was required. For example, people had health action plans which outlined their health needs for professionals.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives had been consulted about the care and support they received.
- Relatives told us they were involved in planning for their loved one's needs. One relative told us, "I am quite happy with the care plan as we are more involved." Another relative said, "We are happy with the way the care plan was put together."
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. One person told us, "The staff are very helpful and friendly." A relative said, "We feel listened to." Another relative said, "Yes, staff care."
- Training records confirmed that staff had received training on equality and diversity. One staff member told us, "I treat all people with respect."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- One person was interested in spirituality and staff supported them to follow their faith. One member of staff said, "One person likes to go to a place of worship and another person likes a particular food, we support them."

Respecting and promoting people's privacy, dignity and independence

- One relative told us, "My loved one is treated with dignity, I would soon know if there was a problem."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.
- When providing people with personal care they maintained their independence as much as possible by supporting them to manage as many aspects of their own care they could.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. A relative told us, "Yes, I would know how to complain and how to escalate a complaint." Another relative said, "Yes, they [staff] explained it to me."
- However, people did not have access to the complaint's procedure in their rooms or within supported living units.
- Complaints were not managed and responded to appropriately.
- The provider maintained a record of the complaints received and how they were managed. However, there was no information about when the complaint was received, and when they were resolved, in line with the provider's policy.
- We brought this to the attention of the registered manager, who said complaints were managed to the satisfaction of people, and they would record the timelines now onwards, to show how the complaints were managed. We shall check at this in our next inspection.

This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. One relative told us, "We had a good meeting about care plan and have another one next week."
- Care plans referred to people's behaviours where appropriate and detailed how people needed to be supported with these behaviours. For example, there were guidelines in place advising staff how to support people out in the community and with tasks within their home.
- Care plans were kept under regular reviews to ensure people's changing needs were met. Staff knew people well and told us of the support they provided to ensure individual needs were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. People's communication methods and needs were recorded in their care records.

- Staff communicated with people in the way they understood.
- The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. This included shopping, accessing community services and going to day centres.

End of life care and support

- There was an end of life care policy in place. The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager did not have effective oversight of the service and was not aware of their responsibility to work within the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider failed to notify CQC of four significant incidents as required in line with the requirements of the regulations. In the absence of the notification CQC would not be able to take appropriate action. This placed people at risk of harm. This meant the provider's overall governance system is shaky and not effective.
- We raised our concerns with the registered manager who said, "Notification, I have regretted for not doing so far and I have now started to implement."
- We are considering what further action we need to take in relation to the provider's failure to send notifications.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care

- The quality assurance process was not robust and did not identify the issues we found at this inspection.
- The registered manager was not aware of the legal requirement to work within the principles of the MCA, people were restricted without authorisation by a relevant body in a supported living environment, medicines were not managed safely, people were not protected effectively against the risk of seizures. Complaints were not managed in line with the provider's policy and staff dependency assessment was not carried out to determine staffing levels. Lessons were not learned from incidents and accidents to make improvements. The provider failed to notify CQC significant incidents as required in line with the requirements of the regulations.

These issues were in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found some good practice with quality assurance. The provider undertook regular spot checks at the supported living service units and carried out audits. These audits covered areas such as health and safety, fire safety, incidents and accidents and medicines.

- Staff were positive about how the service was run and the support they received from the registered manager. One member of staff said, "Manager is good, they support when we face difficulties." Another staff member said, Manager do their job and expects you to do your job."
- One relative told us, "I can't fault them [manager] they try to make my [loved one] comfortable. Another relative said, "The manager is good we are happy with him."

Working in partnership with others

- The service worked in partnership with key organisations including the local authority, community learning disability team, and other health and social care professionals to plan and deliver services to meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people and their relative's views about the service through annual surveys. We saw the results from the survey completed in July 2019. These indicated people were satisfied with the service provided. Areas for improvement identified and actioned included making information visible about what actions had been taken to make improvements when concerns are raised.
- Records showed that regular staff meetings were held to discuss the running of the service and to promote areas of good practice with staff. Items discussed included, quality of care, medicines management, people's behaviour management and working with health and social care professionals.

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
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not working within the principles of the Mental Capacity Act and DoLs.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines and people's risks were not managed safely.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not managed effectively.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to notify CQC of significant incidents.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Improvement was required to ensure safe staffing levels

