

Supreme Home (Essex) Limited

Stafford Court

Inspection report

Venables Close
Canvey Island
Essex
SS8 7SB

Tel: 01268681709

Date of inspection visit:
11 October 2016
13 October 2016

Date of publication:
23 November 2016

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

The inspection was completed on the 11 and 13 October 2016 and was unannounced.

Stafford Court provides accommodation and personal care for up to 29 older people who may have care needs associated with living with dementia. There were 28 people living at the service at the time of our inspection. The service does not provide nursing care.

A registered manager was 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.

During our inspection we found a lack of governance. The service did not have robust systems in place to effectively monitor and improve the quality of the service people received. Although there were processes in place to seek the views of people who used the service and those acting on their behalf, it was unclear how this feedback was used to improve the quality of the service.

The service did not have robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

There were limited opportunities for people to engage in meaningful activities. Additionally, for people living with dementia there was a lack of information on how their dementia affected their ability to participate and to be supported in taking part in activities.

Assessments of people's capacity were carried out in line with the Mental Capacity Act 2005 (MCA). Staff understood and complied with the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS).

People and their relatives told us that the service was a safe place to live. Individual risks to people's safety had been routinely assessed and management plans were in place however improvements were required in record keeping in some areas of the service to mitigate risk or potential risk of harm for people using the service. Staff were trained in how to protect people from abuse and harm and how to raise an alert if they had any concerns.

Staff were kind and caring and treated people with respect and dignity. Feedback from people and their relatives about all aspects of the service was positive.

People's nutritional needs were assessed and met and people were supported to maintain a healthy and balanced diet. People were supported to access health and social care professionals and services when needed.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

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 consistently safe.

Improvements were required to ensure appropriate checks were undertaken as part of the recruitment process.

Improvements were required to ensure risks to people's safety and wellbeing were appropriately managed.

Staff had received safeguarding training and were aware what actions to take if they had concerns that people were being, or at risk of being, abused.

People's medicines were safely managed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were required to ensure staff completed the registered provider's mandatory training and refresher training.

People were supported to maintain good health and were supported to access healthcare professionals when they required them.

People's rights were protected as the principles of the Mental Capacity Act 2005.

Staff received regular supervision and appraisal.

Is the service caring?

Good ●

The service was caring.□

People told us they were treated with kindness, dignity and with respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People were supported to access religious support.

Is the service responsive?

The service was not consistently responsive.

The service provided limited activities and there was no structured planning of meaningful activities. For people living with dementia there was limited information on how their dementia affected their ability to participate and to be supported in taking part in activities.

Although the registered provider had a complaints policy in place it was unclear how concerns and complaints were being effectively monitored.

People and where appropriate their relatives were involved in the planning, and review of their care.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The registered manager was unable to demonstrate effective leadership and governance and had not kept themselves updated with changes to legislation.

The registered provider did not have robust quality assurance systems in place and improvements were required as they had not highlighted the areas of concern we had identified during our inspection.

There were systems in place to seek the views of people who used the service and those acting on their behalf but it was unclear how this feedback was used to improve the quality of the service.

Staff felt supported and said senior management was always available for support and guidance.

Requires Improvement ●

Stafford Court

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 was planned to check 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 the 11 and 13 October 2016 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection we reviewed the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We reviewed safeguarding alerts and information received from a local authority. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing people who could not talk to us.

During our inspection we spoke with six people who used the service, two relatives, eight members of staff, the management support officer, a director and the registered manager who was also a director. We looked at a range of records including three people's care plans and records, six staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe and this was also the view of the relatives we spoke with. One person told us, "I feel very safe here, I have a nice room and the food is good." A relative said, "I think the home is lovely, it's nice and safe for my [relative]."

Despite people's views, recruitment procedures were not always safe. Information required to inform safe recruitment decisions was not acceptable. Although the registered manager had sought references and details of staff's employment histories, they were unable to demonstrate that thorough recruitment checks had been undertaken for staff. For example, one member of staff did not have a Disclosure and Barring Service (DBS) check and there was no risk assessment in place for another member of staff who had a recorded conviction on their DBS check to show how the provider had considered this and considered them safe to commence work. No interview notes were contained in staff recruitment files; the registered manager told us they did not keep written records of staff interviews. The provider was unable to demonstrate how they ensured they employed 'fit and proper' staff. Following our inspection the registered manager confirmed to us that they had taken immediate action to ensure their recruitment process was safe and robust. They also told us they had reviewed all DBS documentation for staff and where these were more than three years old they would be undertaking new DBS checks.

The above failings were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider did not have effective systems in place to learn from accidents and incidents. Incident and accident records were not audited to ensure any trends or concerns could be identified. Although records showed that people had not sustained repeated injuries or harm, we could not be assured that the registered manager had an overview of accidents and incidents which occurred at the service and therefore was unable to identify any trends or put measures in place to prevent reoccurrence.

Although individual risks to people's safety had been routinely assessed and management plans were in place for people where risks had been identified such as mobility and falls; risks to people's health and safety within the general environment were not always safely managed. For example on the first day of our inspection we identified a number of risks such as a rusty toilet seat riser aid in a communal bathroom, unsafe floor covering which presented a trip hazard, an exposed electric chair cable in the lounge and storage of equipment such as wheelchairs and hoists in corridors. Although the registered manager took immediate steps to rectify the issues this had only been as a result of our inspection findings; the registered manager had not recognised these issues as a potential risk and had not taken the necessary steps to safeguard people from these potential risks.

The service was sited on the ground floor of a block of flats. Direct access to the garden was a hazard. People were not able to gain safe access due to overgrown ivy on the footpath to the side of the building which led to the garden. Wheelchair users or those with restricted mobility were also unable to gain safe access due to steps to the side of the building which encroached on the footpath. The registered manager

told us people were supported to gain access to the garden through the main car park which was shared with other residents of the building. Following our inspection the registered manager informed us that although the premises are not managed by them and therefore they have limited ability to change the layout, the overgrown ivy had been cleared from the footpath.

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

Although the service had safeguarding and whistleblowing policies in place and staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protected from harm, there were no effective processes in place to demonstrate that safeguarding incidents had been appropriately investigated and followed up. Following our inspection the registered manager confirmed to us that they had introduced a new system to record safeguarding incidents which included evidencing actions taken and lessons learnt. All the staff we spoke with were able to identify the different types of abuse and what action they would take if they witnessed or suspected abuse. They were aware that they could report any concerns to outside authorities such as social services or to the Care Quality Commission (CQC). One staff member told us, "I've had safeguarding training and do a yearly refresher. If I had any concerns I would report to the manager or, if I had to, would inform the local authority, CQC or the Police." An 'Ask Sal' poster was displayed on the communal noticeboard. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

We discussed with the registered manager how staffing levels were determined. They told us they met weekly with the management support officer to review people's dependency levels however there were no formal records of these meetings. The registered manager told us that they were currently overstaffed however our observations showed that on the first day of our inspection staff were not always effectively deployed to meet the fluctuating needs of people. On the first day of our inspection we saw one person complaining of stomach pains in the communal lounge and expressing a wish to be transferred from their wheelchair and to be given pain relief medication. We noted that the person waited for over an hour for their request to be actioned despite members of the inspection team alerting staff that the person required assistance. We brought this to the manager's attention, who took immediate steps to ensure this did not reoccur. Generally we observed call bells being answered promptly and we saw good teamwork by staff to ensure people's needs were met, domestic staff helped with the tea and coffee round whilst meetings were taking place. We discussed our observations with the registered manager and their business partner who told us they would review how they managed staffing levels based on people's fluctuating care needs.

People had received their medicines safely and as prescribed. There were systems in place that ensured the safe receipt, storage, administration and recording of medicines. Administration of people's medicines was undertaken by senior staff who had received appropriate training. We observed a medication round and carried out a random check of people's medication administration record sheets (MARS); these had been completed to a good standard. We noted that the registered provider's medication policy stated that the manager would undertake weekly medication audits to ensure records were being safely and accurately maintained; there was no evidence to demonstrate this was happening however we saw that monthly audits of medicines was undertaken by the management support officer.

We looked at the service's maintenance and servicing records. They showed that equipment such as fire safety equipment, electrical appliances and hoists had been regularly checked to make sure they were safe. Records showed that staff had attended fire safety awareness training. Personal emergency evacuation plans (PEEPs) were in place for people living at the service. This provided staff and emergency services with information on people's support needs in the event of an emergency evacuation of the building. Staff also

had information and access to emergency contact numbers to respond to an event that could affect the running of the service.

Is the service effective?

Our findings

Staff had received training in a range of required subjects to enable them to undertake their role and responsibilities and ensure people's needs were met and we did not observe any poor practice during our inspection. However, there were some gaps in staff training; only 29 out of 35 staff had received up to date health and safety training and five staff had not completed moving and handling training. We noted that some newer members of staff had not completed the registered provider's 10 required training modules although they had recent training certificates from their previous employment. Following our inspection the registered manager informed us they had identified all the gaps in staff training and an emergency staff meeting had been held on 16 October 2016. Staff had been instructed to complete any outstanding training by 30 November 2016. Staff told us they felt they had received sufficient training to enable them to fulfil their role and responsibilities however some staff told us the majority of the training was online and they preferred face to face training which they found to be more effective; we shared this information with the registered manager. One person told us, "The girls are all very nice and they look after me alright; they're all lovely, and they seem well trained."

Staff told us that they had received an induction when they started work at the service which included shadowing other staff, an orientation of the building, fire safety and emergency procedures and getting to know people. The registered manager told us that all new staff would be required to complete the Care Certificate. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field and covers 15 essential health and social care topics.

Staff told us they felt supported and valued and said the management support officer was always available for support and guidance. They told us, and records confirmed that they received regular supervision and had an appraisal in place. This meant staff had a structured opportunity to discuss their responsibilities and to develop in their role.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 registered manager was aware of the legal requirements relating to the MCA and records showed that people had had their capacity to make decisions assessed and, where appropriate, applications had been made to the local authority for a DoLS authorisation. Staff told us and records confirmed that they always sought people's consent to their care, treatment and support and helped people to make choices on a day to day basis. During our inspection we observed staff asking people how they would like to spend their time and helping them to make choices. This told us people's rights were protected.

People were supported to maintain a balanced and healthy diet. People's food dislikes and likes were recorded in their care plans. The registered manager told us how they had supported one person to lose weight through choosing healthier meal options; this had positively impacted on their health, well-being and self-esteem. We observed the midday meal being served in the dining room. People were provided with a pleasant and enjoyable experience and the meal time was well organised and staff worked effectively as a team. Staff made sure that people received any specialist diets they required including soft textured food and were clear about who required support to eat. People were encouraged as far as possible to eat and drink independently. One person said, "It's good here, the food is alright, and I always get enough." Another person said, "The food is really lovely".

People were supported to access healthcare services as required such as hospital appointments, occupational therapists, dentists, GPs, opticians and chiropodists. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. One person told us, "They keep a watch on me, and they know by looking at me when I'm not feeling too good and they come over and chat to me and call a doctor if I need one".

Is the service caring?

Our findings

The service had a strong visible person centred culture and staff had developed positive relationships with people. People were treated with dignity and respect. During our inspection we observed staff being caring and kind in their approach to people and they were sensitive to each person's individual needs, giving reassurance where needed. Staff addressed people by their preferred names and spoke to people politely and engaged in appropriate conversations which created a relaxed and pleasant atmosphere. Staff were very knowledgeable about the individual needs of people and they were able to tell us about people's likes, dislikes and choices.

People told us that staff were very kind and caring. One person told us, "All the girls are good here, and they are so polite." Another person told us how they preferred to sit in the 'quiet lounge' to read they said, "I'm better off in here reading my book. The girls come in pretty regularly; it's like a five star hotel." A relative told us how the care their loved one received was excellent and the staff 'couldn't have done any better'.

People's diversity needs were respected and included in their care plan. An 'in house' church service was held monthly and the registered manager told us that if required people would be supported to access religious support in the local community.

People were supported to maintain their independence. One member of staff told us, "I've been working in care for 30 years now. I try to get the residents here to help themselves as much as possible. We have [name of person] and having seen how they are, I thought they could manage to eat by themselves rather than be fed by us [staff], so I asked them what they would like for breakfast and with encouragement they were able to eat their porridge by themselves; that's what I try to do as it helps the residents to keep their independence." We spoke with the person who confirmed, "It's nice here; I'm very happy with the staff, they're all very kind and nice to me." They went on to say, "I've started to eat my porridge by myself, really good eh?"

People were encouraged to maintain relationships with friends and families. Visitors were welcome and could visit at any time. A visitor told us, "I'm coming in every few days at the moment to support my friend. I've been a carer for over 25 years, so I automatically look at the care that they are getting, and I think it's good so far."

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us no one was currently accessing advocacy services but they would support people to access advocacy when required.

Is the service responsive?

Our findings

People's social and wellbeing needs were not being met. People had limited opportunity to engage in activities and pastimes that interested them. During our inspection we observed no staff providing any activities, occupation or stimulation other than having the television on in the communal lounge which some people were seen not to take an interest in. One person told us, "There's not much to do here." We spoke with a member of staff who helped to provide activities for two hours, twice a week. They told us they enjoyed spending time with people but had received no guidance from management on how to deliver meaningful activities or on how to engage and involve people living with dementia. We found on the care records we looked at for people living with dementia that there was limited information on how their dementia affected their ability to participate and to be supported in taking part in activities. The member of staff had not had sight of any care plans so they were also unable to refer, where it was recorded, to people's life histories, interests and hobbies to support them in their role.

We discussed this with the registered manager. They told us they were committed to improving the activities provided to people and would be taking action to ensure this area of the service was improved. Following our inspection the registered manager informed us that a new activities co-ordinator had been appointed. The member of staff was a current member of staff who had good knowledge of people and the registered manager told us they were currently exploring ways to provide meaningful and appropriate activities for people living at the service.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed to record keeping. During our inspection we found some inconsistencies in the accuracy of information contained in people's care records. Inaccurate or incomplete information in care records places people at risk of not receiving the care they need. For example, although the nutritional needs of people were identified and recorded, we noted that in one person's care records contradictory information had been recorded about their food and fluid intake. This meant that the person's wellbeing and health was at risk. We discussed this with the registered manager who took immediate action to investigate and address this with staff. In another person's care records we noted that their 'turning chart' had not been fully completed on the 8, 9, 10 and 11 October 2016 therefore it was not clear as to whether the person had been repositioned. The failure to record this information meant that the person was at risk of not receiving appropriate care and developing pressure areas.

Some care plans also contained limited information on people's personal history and information about the life the person had led and what was important to them however we did not observe any negative impact on people because of this lack of information as staff knew people well. People's care plans were evaluated monthly and reviewed every six months or sooner if their needs changed. Staff told us, and records confirmed, that other people were invited to be involved in the care review process for example healthcare professionals and families. People's needs were discussed at daily handover meetings and recorded on the person's daily notes. This told us that staff were kept updated of any changes to people's individual care and

support needs.

Following discussions with the registered manager and management support officer they informed us that they would review the service's documentation to ensure information about people's care and their personal histories and what was important to them was recorded and understood by staff to improve the delivery of personalised care.

The service had a complaints policy in place which was clearly visible on the communal notice board. We noted no formal complaints had been received by the service. We discussed this with the registered manager and the management support officer. They told us they had not received any formal written complaints and that 'informal' concerns were usually dealt with 'on the spot'. This meant that concerns and complaints may have been made but were not recorded or followed up in an open and transparent manner. We discussed this with the registered manager who confirmed following our inspection that they had reviewed the procedure for recording, handling and responding to concerns and complaints.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection who was also the registered provider. They had a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations. During our inspection discussions with the registered manager showed that they had a lack of understanding around the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager acknowledged they had not kept themselves updated with respect to changes to legislation. We also found that many of the registered provider's policies and procedures which had been reviewed in March 2016 did not refer to current legislation.

We had concerns about the day to day management and oversight of the service. The registered manager did not have effective systems in place to accurately assess and monitor the service. Whilst some audits had taken place, these were not robust and did not effectively monitor the service to ensure people's safety and mitigate risks relating to their health, safety and welfare such as staff recruitment, staff training, care plans, analysis of accidents and incidents, and general health and safety.

Quality assurance processes were also ineffective in driving improvements. Overall there was a lack of oversight on the registered provider's behalf regarding how the service was identifying areas for improvement and taking the appropriate actions. The registered provider had undertaken a Quality Assurance Questionnaire in October 2015 and, although a summary of the responses had been reported, the summary had not included recommendations for improvement and no action plans had been developed following feedback from people and their relatives. The registered manager confirmed that no resident meetings had taken place. One person told us they were not aware of resident meetings, they said, "I didn't know there had been a residents meeting, but I will attend the next one if somebody tells me, and I would be happy to help arrange the meeting, and produce minutes, I'm very used to that, so happy to help and be involved." The service was not proactively involving people and seeking their views about the day to day running of the service and then using this input to continually improve the service.

It was apparent from our inspection that the absence of robust quality monitoring and lack of auditing processes was a contributory factor to the failure of the registered provider to recognise breaches or any risk of breaches with regulatory requirements. The registered manager could not evidence how they were moving the service forward and the methods they used to continually improve the service people received. They did not link to any local networks to ensure they were updated on new information and legislation. Following our inspection the registered manager informed us that following our feedback they were in the process of reviewing all the systems and processes in place to ensure their audit and governance systems were safe and effective.

The above failings demonstrated a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported and received regular supervision. They said management were approachable and operated an 'open door' policy. One member of staff told us, "Management are

approachable and always on hand to provide advice and guidance." Regular staff meetings were held which gave an update on people living at the service, training and on the day to day running of the service. The registered manager held two meetings to enable all the staff team to attend.

A staff handover was undertaken between each shift which included updates on people living in the service which ensured there was continuity of care for people and that any changes in their needs were clear at all times to ensure their wellbeing.

People's personal records were stored in a locked office when not in use but they were accessible to staff when needed. Computers were password protected to ensure confidentiality.

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 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care and support that met their individual needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not always ensure that they assessed risks to health and safety of service users receiving care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have systems that were effective to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not sufficiently robust enough to ensure new staff were safe to work at the service.

