

PBT Social Care Ltd

Simone's House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Simone's House provides accommodation for up to four adults who might have a range of needs, including acquired brain injuries, such as recovering from a stroke and learning disabilities such as Autism. The service offered both permanent and respite support to people. There were two people living in the service and a third person visiting for short respite periods at the time of the inspection.

This was Simone's House first inspection since registering in 2014 as people only started using the service in 2015.

The inspection took place on 24 and 25 September 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

There were concerns regarding how the management and support workers were being deployed in the service. The staff team was small and both management and support workers sometimes worked long hours without taking a break.

There were systems in place to record some of the medicines being delivered to the service. However, we found some medicines stored by the service where the quantity had not been recorded. Therefore it was not possible to carry out an accurate audit on all medicines where the amount had not been recorded clearly.

Although there were recruitment procedures in place and everyone working with people had a criminal check carried out and two references obtained, sufficient information on one support worker's had not been sought. There was also contradictory information on their file so it was not clear where they had previously worked.

There were some systems in place to monitor the safety and quality of the service. However, these had not been fully effective in highlighting the shortfalls identified during this inspection.

Feedback from people using the service, a relative and professionals was positive. People said they would talk with the registered manager if they had a concern or complaint as did the relative we spoke with. Professionals commented that the management and support workers were passionate about caring for the people using the service and that they had seen an improvement in how people were engaging with others. Support workers told us the registered manager supported them and was visible in the service.

We observed people enjoying activities in the service and the service had a welcoming and relaxed atmosphere. People were supported to maintain relationships with those important to them. People were helped to follow their religious beliefs and attend their preferred place of worship.

People were assessed prior to moving into the service. Their care was personalised and reflected their choices and individual needs. People were encouraged to be as independent as they could be.

The health and nutritional needs of people were being met. Staff had received support from healthcare professionals and worked together with them to ensure people's individual needs were being managed.

There were procedures in place to recognise and respond to abuse and staff had been trained in how to follow these.

The deputy manager and support workers received support through supervision and to enable them to carry out the duties they performed. They had an induction programme in place that included providing training to ensure they were competent in their roles.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Where necessary, people's capacity to make decisions about their lives was assessed and those people involved in the person's life had their views considered.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to how management and support workers were being deployed in the service, medicines were not always being recorded when they were stored in the service, recruitment procedures did not always obtain sufficient information about new staff and there were shortfalls in the carrying out and recording in the monitoring of the quality of the service.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The amount of medicines in the service were not always being recorded to then carry out an accurate check on the stock.

Management and support workers were sometimes working too many days in a row or worked split shifts throughout the week. Waking night support workers, who sometimes worked alone, were on occasions working long hours without taking a break which put the people who they were supporting at risk.

Detailed checks and information on new support workers was not always obtained to ensure they were appropriate to work with people using the service.

Support workers had received training about safeguarding to ensure that people were protected from abuse.

Records showed that the required safety checks were carried out on equipment.

Assessments were in place for identified areas of risk to each person.

Requires improvement



Is the service effective?

The service was effective. Management and support workers received the training and support they needed to care for people.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met.

The provider acted in accordance with legal requirements to make sure people were not unlawfully deprived of their liberty. Management and support workers and those involved in people's lives made decisions in people's best interests when they were unable to give their consent.

Good



Is the service caring?

The service was caring. We saw staff talking and listening to people in a caring and respectful manner.

People and their relatives were involved in making decisions about the support they needed and were encouraged to share their views on the service.

Management and support workers described to us the individual support people required and how they promoted people's independence depending on their needs and abilities.

Good



Is the service responsive?

The service was responsive. People's needs and wishes were assessed and detailed, person-centred support plans were in place to meet those needs.

Good



Summary of findings

People were supported to enjoy an active social life and to follow their hobbies and interests.

People told us they felt listened to by management and support workers and said they would share any complaints or concerns they had.

Is the service well-led?

Some aspects of the service were not well-led. There were some systems in place to monitor the safety and quality of the service, so areas for improvement could be identified and addressed.

However, some of the checks and audits had not been recorded. Therefore these had not been fully effective in highlighting some of the issues we found at our inspection.

Support workers said the registered manager was approachable and supportive. Healthcare and social care professionals were also complimentary about the management in the service.

Requires improvement



Simone's House

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 September 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection visit we looked at all the information we held about the provider, including notifications of significant incidents

Prior to the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asked the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with one person using the service. We also spoke with the registered manager, deputy manager and two support workers. We also looked at the care records for one person using the service, three staff records and other records relating to the management of the service, including audits carried out by the registered manager and support workers.

Following the inspection, we received feedback from one social care professional, one healthcare professional and a relative.

Is the service safe?

Our findings

One person told us they felt safe living in the service. They told us, “I am well looked after here.” A relative also confirmed their family member was safe being supported and cared for by the staff team.

Although feedback was positive we viewed the staff rota initially for a two week period relating to the week of the inspection and the first week of October. We saw that on two occasions a support worker was starting earlier than 10pm which was when the waking night shift was due to commence. On one occasion the support worker started at 6pm and the rota stated they worked until 7am. The next day they started at 6pm and they did not leave the service until midday, having worked as a waking night staff member during the night. We also saw that one member of staff was noted to work nine days in a row without having a day off. On some days the deputy manager and support workers were finishing a shift at 3pm and returning the same day at 10pm to start a waking night shift, or leaving at 7am and returning at 3pm for a late shift. A support worker said they helped out if it was needed and this had not been identified as an issue by the registered manager. Guidance was available from the Health and Safety Executive and the Government about night workers and the provider had not considered ensuring the service followed these good working practices.

The staff team comprised of the registered manager, deputy manager and three support workers. In an emergency the registered manager told us there was two other staff members who could work in the service. These were the nominated individual and the service's safeguarding lead staff member. One of the support workers had started working shortly before the inspection in August 2015 and was still familiarising themselves with the service. People needed one to one support to access community resources and a person who visited for a respite service required one to one support both day and night. Therefore with the numbers of staff employed by the provider, the management and/or support workers needed to sometimes work longer shifts or extra hours to ensure people had this continued level of safe support.

Whilst we were at the inspection we raised this with the registered manager and the person who was due to visit for a respite break was cancelled for that evening and week-end to ensure people would be safely supported. The

registered manager had told us they were trying to recruit new support workers and in the meantime they would look to use agency staff. However, there were no contingency plans if the registered manager, deputy manager or support workers were on holiday or sick leave to ensure at all times people were supported effectively by staff who were not working long hours or too many days in a row.

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

We viewed medicines and saw they were stored safely and the medicine administration records we viewed had all been signed for. Management and support workers had received training on this subject. Where one person required their medicine to be crushed for them to receive it safely this had been agreed by the doctor and we saw an email confirming this. However, when we tried to carry out a count and check of a person's boxed medicines the amount that had been delivered to the service was not clearly recorded on the form used to record the amount of medicines in the service. Therefore there was no accurate and accessible record for the provider to audit and make sure people had received their medicines as prescribed. Some information on what medicines had been delivered to the service was transferred to the stock form whilst we were carrying out the inspection but this still did not take into account all of the medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed three support worker's employment files. The recruitment procedures included a formal interview, checks on the person's identification, references checks and a criminal record check, such as a Disclosure and Barring Service check (DBS) before they started work at the service. However, we noted that there was nothing written on one support worker's application form in the employment history section. They had provided the names of two references, one of which was a character reference and both references were photocopies and not the original references. The interviewer had noted that the support worker had informed them during the interview that they had worked in social care for five years. Yet this was not followed up, and neither was a reference from a care employer been sought. Therefore it was not clear what the support worker's background was. The reference from an employer that was on file was not stamped with any official mark and there was no evidence that this had been verified

Is the service safe?

as genuine by the registered manager. Therefore the registered manager could not be confident that the current recruitment procedures checked for applicant's suitability to work with people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been no safeguarding allegations since the service had registered. The registered manager had policies and procedures in place on this subject and information on reporting a safeguarding concern to the local authority. A support worker spoke confidently about safeguarding and whistleblowing procedures and they were aware if they had concerns they could also go to outside agencies, such as the Police and the Care Quality Commission (CQC). We saw from a sample of training records viewed they had received training in safeguarding adults from abuse during their induction and the registered manager had completed safeguarding training. Daily notes in people's care records recorded anything that had caused concern or if people did not seem their usual self. Therefore management and support workers had up to date information on changes and/or concerns.

A healthcare professional told us the management and support workers "manage any risks well." Risk assessments

were in place and staff understood how to mitigate any risks. For one person at risk of malnutrition a food and fluid chart was in place so that the person safely received the correct amount each day to keep them well and hydrated. They were also at risk of choking and there were steps in place to minimise these risks.

There had been one incident earlier in September 2015 which had been recorded. Action had been taken to ensure the person was safe and that they received medical treatment. The service had been operating since April 2015 and the registered manager said there had been no other accidents or incidents. They confirmed they would monitor if there were any ongoing incidents to see if there were any patterns or triggers that needed acting on.

The provider kept the environment and equipment safe through the regular servicing of the equipment and carrying out ongoing maintenance of the building. The fire prevention officer visited the service in June 2015 and made a number of requirements to improve fire safety at the service. An action plan had been developed and both management and support workers had completed fire safety training as part of addressing the issues identified.

Is the service effective?

Our findings

One person told us, “I get the help I need.” A relative commented that the management and support workers were “genuine” and “approachable.” Feedback from the professionals was also positive with comments including, the person using the service had good relationships with management and support workers as they had seen them, “smiling and engaging well with them.”

New support workers received an induction to the service and the registered manager confirmed they would be introducing the new 12 week Care Certificate induction package. Support workers confirmed they received support via one to one supervision which we saw evidence of. One support worker said it was a “two way process”. Both confirmed they had received an induction to the service and has spent time updating their training and observing how the service was run. Support workers had received training, such as health and safety, food hygiene, infection control and fire safety. Support workers had yet to complete first aid training which the registered manager was aware of outstanding training that needed to be arranged.

Specialist training was also available for management and support workers, such as working with people who have Autism and who have epilepsy. This was to ensure all staff could support people with particular needs safely.

The deputy manager was studying for a leadership management qualification level five and plans were in place for support workers to study for a qualification in social care from October 2015.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager understood their responsibility for making sure the least restrictive options were considered when supporting people and ensured people’s liberty was not unduly or unlawfully restricted. The registered manager had submitted DoLS applications for authorisation where people’s liberty had been restricted in the service. A social care professional confirmed that a DoLS application had

been submitted when a person had been admitted into the service and we saw evidence of this on the person’s care file. The registered manager was aware of the need to inform CQC of the outcome of any DoLS application.

The registered manager and deputy manager had completed training in both DoLS and the Mental Capacity Act 2015 (MCA) and support workers had received information on this subject during their induction. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. Management and support workers understood that people had a right to make decisions about their care and be supported to do so in a safe and lawful way. Care records outlined where people could make decisions for themselves. A healthcare professional confirmed they had observed the deputy manager provide choices to the person they were visiting. Management and support workers were aware that the person using the service could understand what management and support workers were saying to them although they could not fully verbally communicate their wishes. We observed when management or support workers spoke with people they gave them time to respond to help people understand what was being said. We saw management and support workers gained consent from people to deliver care and support to them.

There was evidence that if people’s relative had Lasting Power of Attorney for health and welfare this was known by management. We spoke with one relative who was clear that although they had this legal power to make decisions on behalf of their family member, the management and support workers helped the person to decide what they did on a daily basis.

Arrangements were in place to ensure people received appropriate nutrition and fluids. Management and support workers had spent time observing how to support a person before they moved into the service. The registered manager confirmed they and the support workers had received training and were following guidance from the dietician for a person who required assisted nutrition and fluids through a feeding tube into their body. A social care professional confirmed the work that had taken place to fully understand the person’s needs prior to them moving into

Is the service effective?

the service. They told us, “My client has required input from a range of different professionals and I feel the manager has gone above and beyond to ensure she has got everybody on board who may be able to assist in the care of my client.”

We saw that for another person they were encouraged to make themselves a drink and management or support workers prepared their main meals. Menus were planned in line with the person’s preferences whilst ensuring they had a balanced diet. One person told us they “liked the meals”. We observed the person being asked what they wanted to eat and their relative confirmed they had “no concerns” about the food served in the service.

People’s health needs were being met and recorded on their care plan. Health appointments were being recorded so that any change in needs could be addressed. Both professionals fed back to us that the management and support workers had worked with other health professionals who had specialist knowledge in order to meet people’s needs. A healthcare professional said the deputy manager had “provided us with the information that we have required” from them.

Is the service caring?

Our findings

Comments on the management and support workers were complimentary. One person said that the “staff were good as gold.” The views from professionals were also positive and included they (management and support workers) had “enthusiasm and compassion” and that they acted in an “extremely caring manner.” A relative told us “the staff were really caring.”

The atmosphere in the service was calm and pleasant. There was chatting and appropriate use of humour throughout the day. People were treated with patience, respect and warmth. Management and support workers demonstrated they knew the people they cared for well and had developed supportive relationships with them. Their knowledge of people and their normal demeanour meant they were able to pick up any changes in a person’s well-being and respond appropriately. As the staff team was small management and support workers confirmed there was “good communication” so that any issues were shared with the full staff team and carefully monitored.

Management and support workers received training in equality and diversity issues and we could see that

people’s differing needs were being met, such as a person wanting to dress in their traditional clothes. People’s needs in areas such as personal relationships and spiritual needs were recognised and supported. Management and support workers helped people maintain personal relationships with family members but also observed people’s body language if they did not want to take part in an activity.

Management and support workers were aware of people’s personal histories but also took into account how they were developing since moving into the service. A social care professional told us, “The staff have seemed dedicated to trying to improve X’s quality of life and really get to know X and X’s background well.” Both professionals we received feedback from stated they had seen a marked improvement and engagement from one person since they had moved into the service. Care records noted any communication difficulties to help people be supported effectively.

We observed that management and support workers were mindful of ensuring people’s privacy and dignity were maintained. Personal care was carried out in private with doors closed.

Is the service responsive?

Our findings

The management and support workers worked closely with people to ensure their likes and dislikes were known. A relative confirmed there was good communication and that they were kept up to date with any problems or changes to the person's needs. We saw evidence of where the registered manager had been flexible in providing respite care to a person and had communicated this with the family member.

People's needs were assessed. Prior to people moving into the service the registered manager had met with them and assessed their needs to ensure the service support the person appropriately. Support workers confirmed that for one person they had visited them where they had previously lived to get to know them and observe how to care for them safely.

Assessment documents included a one page profile, health and personal care needs, the person's preferred daily routines and their likes and dislikes. Care plans clearly noted where people required support and what tasks they could for themselves. For example one person could brush their teeth but it was recorded that support workers would need to "apply toothpaste onto the brush." A review on people's care and support plans had been carried out with invites to family members and involved professionals also asked to contribute their views. This was to ensure for people having recently moved into the service that the person's need were being met and that they were happy to continue living in the service.

A healthcare professional confirmed that the management and support workers "provided us with the information that we have required." They also went to say that any guidance given had been followed to ensure the person's needs were being met. A social care professional told us, "I have seen remarkable differences in my client's behaviour since being at Simone's House." They gave examples of good care practices that they had observed as the management and support workers had assessed the person's needs and that different things had been tried to encourage the person to engage with others.

The management and support workers were able to talk about the differences and improvements that had been made over the past three months since people had moved into the service. One person now opens their eyes and

takes part in creative tasks such as colouring in. Whereas previously they had been withdrawn the person now responded to music and we were told they now danced to music relevant to their culture.

Different activities took place for the people using the service. This included going for walks, going out for meals and seeing family. People were supported to maintain relationships with people that mattered to them. Management and support workers described helping a person see their family members and that they were hoping to arrange this again soon if the person agreed to this. People were able to make choices and staff respected their decisions. During the inspection we saw people chose where they spent time during the day and which of the activities they engaged with. A healthcare professional told us that the management and support workers had identified that for one person they enjoyed "creative activities" and that this had been promoted to ensure the person was stimulated and involved in taking part in an activity.

We saw a person attending a mosque which we were told occurred every Friday. This person also had a visitor every two weeks who read the Koran to them. Thus enabling them to maintain their traditional religious practices and beliefs. Management and support workers were aware of finding out what would interest the person and had visited a local area where many people lived who followed the same religion as the person using the service. One support worker also spoke in a person's first language and we saw them talking with the person during the inspection. This was important as the person responded to being spoken with in their first language and we saw they nodded to say "yes" if they agreed to something.

One person told us, "I would complain to staff if I were unhappy." A relative confirmed they had no concerns but they would feel confident to make a complaint to the registered manager and that they would be listened to. The registered manager told us the service had received no complaint since people started using the service earlier in 2015. We saw information on how to make a complaint and the registered manager showed us a draft pictorial version to make it easier for some people to know how to raise a complaint.

As the service had only started operating the past few months satisfaction questionnaires had not been sent to

Is the service responsive?

relatives, people using the service or professionals. The registered manager recognised this was one way to obtain comments and views about the service and intended to send these out before the end of 2015.

Is the service well-led?

Our findings

There were some checks in place such as, infection control when handling certain laundry items, cleaning checks and ensuring health and safety checks were in place. However, the registered manager had told us that spot checks on medicines took place and we saw some evidence of these checks for one person, but they were not consistent and did not include the person who had moved into the service just over four weeks prior to the inspection. In addition, we saw that for one person their relative had given two amounts of money to be looked after by management, however, all of the financial transactions that had taken place had not been recorded. We saw an envelope which held the receipts but the registered manager had not checked to ensure transactions were being recorded and the person's money was counted and checked on a regular basis to ensure it was correct.

Other areas not identified as an issue by the registered manager were the recruitment procedures. The checklist in one of the staff employment files had been ticked to state that the applicant's full employment history was in place, along with explanations of gaps in employment. However, this was not in place.

Overall the shortfalls identified in this inspection demonstrated that either some of the monitoring and checks were not taking place or that these checks were not effective or detailed to note where areas needed to be improved for the safety and welfare of the people using the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback on both management and support workers from people using the service, a relative and professionals was positive. Comments included, that they were "trying to improve the person's quality of life," and that they "seek my advice" where necessary. One person said they would talk with the registered manager if they had an issue with the service. Support workers also spoke highly of the registered and deputy manager. They said both were "approachable" and "supportive." One support workers told us, "I don't feel anything is a dumb question." Those we asked said the

main aim of the service was to "promote independence" for the people using the service. The registered manager also told us that she wanted to prevent people staying in long stay hospitals and provide community support instead.

There was also a staff development plan in place to ensure all staff acquired the skills and knowledge to work with a range of people who might have differing needs. The registered manager explained that they along with the deputy manager and support workers were learning British Sign Language (BSL) in case they received a referral for someone who had hearing impairments and used BSL to communicate. They were aware that they always needed to consider if people would be able to live together even if they had different needs and ensure that those needs could be met. In addition, they saw this as a way to develop the staff team's skills.

The registered manager had a background in social care and was a registered social worker. They were supporting the deputy manager to study for a relevant management qualification before they considered studying for a relevant management qualification. They kept their knowledge of changing guidance updated by attending relevant events, training and using on line information from resources such as the Social Care Institute for Excellence (SCIE) and by meeting other registered managers and providers in a nearby local authority. There was a clear management structure in place, with the registered and deputy manager actively involved in the service and working directly with support workers and people using the service.

Support workers told us they received support through daily communication with the registered and deputy manager and that they all met as staff team to discuss any issues and hear any updates on the service. The last team meeting had been held in August 2015. Different topics were discussed such as ensuring there is good communication between team members and to not accept gifts from people using the service or their friends or relatives.

During the inspection the registered manager adopted an open and transparent approach to sharing information with us and showed a good level of care and understanding for the people within the service. They recognised that they needed to drive forward the required improvements and knew they needed to make further changes and improvements to continue to improve the quality of service people received. There was a folder with useful information

Is the service well-led?

for the deputy manager and support workers when the registered manager was not available, such what to do if supplies were running low and reminders on how to store and label opened food.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to carry out their duties they are employed to perform.

Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured the proper and safe management of medicines.

Regulation 12 (2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Persons employed for the purposes of carrying out a regulated activity must have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.

Information in relation to each such person employed must be available as specified in Schedule 3 must be available.

Regulation 19 (1)(b)(3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

The registered person had not assessed or monitored the quality and safety of the services provided or mitigated the risks relating to the health, safety and welfare of service users.

Regulation 17 (2)(a)(b)