

Pro-Care Disperse Housing Ltd

Pro-Care Dispersed Housing Ltd - Sherbourne Lodge

Inspection report

3 Sherbourne Road
Blackpool
Lancashire
FY1 2PW

Tel: 01253294819

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23 August 2017

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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 

Summary of findings

Overall summary

Sherbourne provides care and support for a maximum of six people who live with mental health conditions. The home is situated in a residential area of Blackpool's North Shore. It offers six single bedrooms over two floors. In addition, there is a dining room, lounge and conservatory. A separate office and staff sleepover room is a recent addition to Sherbourne Lodge.

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

At the last inspection on 22 April 2015, the service was rated 'Good'. However, we found during this unannounced inspection, on 23 August 2017, concerns and a breach of regulations.

During this inspection, we found issues with how people's medicines were stored and recorded. There was a miscount of medication given and recorded stock that remained. Medicines, including controlled drugs, were in unlocked cupboards in an office left unattended for long periods. This meant anyone, including members of the public, could access dangerous medicines. This demonstrated the registered manager did not always protect people from the unsafe management of their medicines. They did not have clear oversight of procedures and recordkeeping. This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

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

People were encouraged to complete surveys to check their satisfaction levels with the service. The registered manager, staff and those who lived at the home worked closely together on a daily basis and held regular meetings. This meant any issues could be addressed immediately. The registered manager had a range of systems to retain oversight of the home and maintain everyone's safety and wellbeing.

Care records we reviewed contained risk assessments to guide staff about protecting people from potential risks of inappropriate or unsafe support. Staff received safeguarding training to underpin their knowledge about protecting people from abuse or poor practice. People told us they felt safe and secure whilst living at Sherbourne. One person said, "I feel settled and safe here."

The registered manager acquired necessary documents to ensure staff were fit and proper persons before they commenced in post. People told us staffing levels were sufficient to meet their needs. Staff had completed a range of training to assist them with their development, skills and understanding.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Staff worked collaboratively with people in discussing and agreeing their care plans.

Those who lived at the home said they felt free and able to come and go as they pleased.

All staff who prepared food had completed food hygiene training to assist them to maintain food safety standards. The registered manager had systems, such as weight checks and risk assessments, to reduce the potential risk of malnutrition.

It was evident to us people were relaxed and felt able to interact with staff with ease and in a familiar, friendly way. One person told us, "The staff are good with me." Care records we looked at evidenced people were fully involved in agreeing and developing support plans.

Staff completed people's records with a person-centred approach. They had a good level of information about each person's self-caring skills and the support they required. The registered manager had further guided staff to assist people to maintain their independence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

We found concerns with how the management team stored and documented people's medication.

The management team had systems to maintain people's safety and minimise environmental risks. We saw staff had training to understand their duties and the principles of protecting people from unsafe or inappropriate care.

We checked staffing levels and saw these were sufficient to assist people with their needs. The management team followed safe procedures to ensure they recruited suitable staff.

Is the service effective?

Good 

The service was effective.

Staff records evidenced staff had training and supervision to assist them in their roles and responsibilities.

People we spoke with said their meals were enjoyable and they were offered options if they did not like what was on the menu.

People who lived at the home told us they were supported to manage their own day-to-day decisions. Staff had a good working knowledge of the Mental Capacity Act 2005.

Is the service caring?

Good 

The service was caring.

We observed staff, as well as the registered manager, used a friendly and caring approach when they engaged with people.

Care records we looked at evidenced people were fully involved in agreeing and developing support plans.

Is the service responsive?

Good 

The service was responsive.

Staff discussed and agreed people's requirements and goals with them to ensure support was personalised and responsive.

Care planning covered detailed information about the person's social networks, communication skills and leisure interests.

Information was on display in the entrance hall to guide people if they wished to make a complaint.

Is the service well-led?

The service was not always well-led.

The management team's systems failed to manage people's medicines safely.

Staff and people who lived at Sherbourne told us the management team organised the home well.

The registered manager had suitable arrangements to monitor the environment and maintain everyone's safety. They enabled people to be a part of the home's ongoing development.

Requires Improvement 

Pro-Care Dispersed Housing Ltd - Sherbourne Lodge

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.

The inspection visit at Sherbourne Lodge was undertaken on 23 August 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our unannounced inspection on 23 August 2017, we reviewed the information we held about Sherbourne Lodge. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We walked around the home and spent time observing the interactions between people, visitors and staff. We spoke with a range of people about Sherbourne Lodge. They included three people who lived at the home, the registered manager and one staff member. We did this to gain an overview of what people experienced whilst living at Sherbourne Lodge.

We looked around the building to check environmental safety and cleanliness. Furthermore, we looked at a range of records. These included documents in relation to two people who lived at the home and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of Sherbourne Lodge.

Is the service safe?

Our findings

During our inspection, we found concerns with how the management team supported people with their medicines. These were stored in the office that had connecting doors to the dining area and conservatory. Throughout the day, we observed these doors were left open and the office was unattended for long periods. Keys were left in trolleys and cupboards that stored medication, including controlled drugs, or were left hanging on a board on the office wall. We further found the front door was not always locked. This meant anyone, including members of the public, could access dangerous medicines.

Additionally, we stock checked the home's controlled medication against documentation and noted a recording error related to a miscount. When we discussed this with the registered manager, they advised us they would strengthen related procedures and systems to prevent reoccurrence of mistakes.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team's systems failed to manage people's medicines safely.

We observed people received their medicines when required and the responsible staff member completed processes whilst focusing on one person at a time. An individual who lived at the home told us, "My medication is always administered on time." Medication Administration Records (MARs) were signed after the person took their tablets to evidence the processes were done correctly. The registered manager ensured staff had relevant training to assist them to keep up-to-date with medication. They undertook regular audits to assess the ongoing safety of all related processes.

We observed Sherbourne was clean and tidy. We saw sufficient protective equipment was available and used by staff, such as disposable gloves. They received infection control training to assist their understanding of good practice. Hot water was available throughout the building and the management team checked this was delivered within a safe temperature range. Window restrictors were attached to windows to protect people from potential harm or injury. The service's electrical, gas and portable appliance safety certification was up-to-date. The registered manager maintained these processes to assist people to live in a safe environment.

The registered manager recorded accidents and incidents in a designated logbook, although there had been none since our last inspection. The incident book had space to record accidents, actions taken and any follow-up information. This meant the management team had systems to maintain people's safety and minimise environmental risks. To underpin this, staff files contained evidence they received health and safety training.

Care records we reviewed contained risk assessments to guide staff about protecting people from potential risks of inappropriate or unsafe support. Each file included a missing person's profile, which detailed the person's physical description. This was a vital document available to describe individuals to the police. The nature of the service often meant people went missing whilst out or on leave. This was a good process to protect vulnerable adults as much as possible, whilst enhancing their freedom of movement. Other risk

assessments covered areas such as self or staff administration of medicines, nutrition, environmental and fire safety, self-neglect, physical health and communication. Documentation outlined the levels of risk, control measures and clear actions for staff to support those who lived at the home.

We saw staff received training to understand their duties and the principles of protecting people from unsafe or inappropriate care. They had a good awareness about how to safeguard individuals from abuse and poor practice. One staff member explained, "I would refer to my manager and go to CQC and the person's care co-ordinator."

We checked staffing levels and found these were sufficient to assist people with their needs. Staff were available throughout the 24-hour period and a lone working procedure ensured additional support was always available. People said staff had the time to speak with them if they were struggling or to chat about day-to-day matters. The provider had employed an outreach worker to support people within the organisation's group of homes. This was an additional resource to ensure staffing levels met the requirements of the service. One person who lived at the home stated, "What helps me is having staff on call 24 hours, just in case." Staff confirmed there were enough employees to meet people's needs and to cover shifts between the team.

The provider had recruited one new staff member since our last inspection. We reviewed associated records and found they followed safe procedures to ensure they recruited suitable staff to support vulnerable people. These included references and criminal record checks obtained from the Disclosure and Barring Service (DBS). The registered manager acquired a separate statement from the candidate to outline their full employment history and explanations of any gaps.

Is the service effective?

Our findings

We checked staff training and experience and discussed this with people who lived at Sherbourne. One person told us, "The staff are good with me and make time for me when I need it." Another person added, "The staff are good."

Staff were required to complete a range of training to assist them with their development, skills and understanding. This covered, for example, dignity and respect, neglect and safeguarding, end of life, mental health awareness, the MCA and medical conditions. Additionally, a training file was available with guidance about a number of topics. For example, mental capacity, mental and physical health conditions, behaviour that challenges, anxiety management and good standards related to infection control procedures. Staff also completed recognised qualifications in health and social care. A staff member told us, "[The registered manager] is supportive with training and learning. He flags any new training available."

The management team provided regular supervision and annual appraisals for staff to support them in their roles. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. Associated records we looked at showed these were two-way discussions to review the staff member's personal and professional progress. This included a review of any concerns or training needs. Staff told us they received supervision and found it helpful in their development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All of those who lived at Sherbourne had no legal authorisation to deprive them of their liberty to safeguard them. This was because they had full capacity to make their own decisions. Training files we looked at contained evidence staff received relevant training and when we discussed the MCA, they demonstrated an in-depth awareness. People who lived at the home told us they were supported to manage their own day-to-day decisions. One person commented, "I'm free to come and go as I please."

Staff worked collaboratively with people in discussing and agreeing their care plan. Support plans we looked at evidenced signed general and decision specific consent to care plans, risk assessments and all other documents. We observed staff actively encouraged people to make their own decisions, giving advice where required. This included making risky decisions and ensuring individuals had all the information necessary to decide for themselves. People confirmed they were assisted to be in as much control of their lives as possible.

We found the kitchen was clean and tidy. Associated cleaning records, such as appliance temperature checks, were up-to-date. All staff who prepared food had completed food hygiene training to assist them to maintain food safety standards. The Food Standards Agency had awarded Sherbourne a rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People we spoke with said their meals were enjoyable and they were offered options if they did not like what was on the menu. One person told us, "There's a choice of food and I get enough to eat." Another person added, "The food is good." Staff monitored people's weights regularly and care files contained updated risk assessments and support plans. This showed the registered manager had systems to reduce the potential risk of malnutrition.

The provider had employed an outreach worker to support people within the organisation's group of homes. Part of this staff member's role included support, where requested, for individuals to attend healthcare appointments. Staff had documented the contact details and appointment outcomes in each person's records. This included information about when people accessed, for example, GPs, specialist consultants, community psychiatric nurses, social workers, community services and care co-ordinators. Annual meetings, or more frequent sessions where required, were held between the person, their care co-ordinators and staff. These meetings reviewed care and informed ongoing support requirements to ensure continuity of care between everyone involved was maintained.

Is the service caring?

Our findings

People told us staff were caring, supportive and friendly with them. One person said, "The standard of care is good." Another person commented, "This is the best home I've lived in because the age group and interests of the others are better aligned to my own."

The house manager told us they were in the process of updating the décor, furnishings and environment to enhance people's wellbeing. We found the home was bright with a new fireplace, wall prints, furniture and beds. People who lived at Sherbourne told us they were involved in choosing colour schemes and furnishings. One person said, "I want a nice bright room, so I've chosen to have it painted white." We saw people were supported to bring their own belongings, such as posters, photographs and electronic appliances. This aided them to feel Sherbourne was their own home.

Care records we looked at evidenced people were fully involved in agreeing and developing support plans. For example, they signed consent to each area of their care and self-assessed their abilities and ongoing progress. There was clear collaboration between staff and people who lived at the home. For example, staff recorded their preferences and information about their backgrounds. Additionally, staff carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

We observed staff, as well as the registered manager, used a friendly and caring approach when they engaged with people. They made good, appropriate use of humour and gentle touch. They demonstrated a good awareness of the person's background and care planned needs. It was evident to us people were relaxed and felt able to interact with staff with ease and in a familiar, friendly way. Staff were patient, courteous and kind towards those who lived at the home. One staff member was able to describe the important principles of good standards of care and support. They commented, "A good carer is someone who is compassionate, empathetic, caring and listens."

Staff received in-depth training related to upholding people's dignity and respect. We observed they put their learning into practice. For example, they knocked on bedroom doors before entering and checked with each person for their agreement to enter before doing so. Care records included details about each person's preference in relation to their needs and support requirements. We observed staff were calm and supported people to optimise their self-esteem.

Care records we looked at contained details about each person's important family relationships and what support they wanted to maintain them. We saw information confirmed this helped people to improve difficult contact and forge links with relatives and friends.

The registered manager made information available to people about advocacy services. This included the contact details and the purpose of these services to keep each person informed about available support.

Consequently, people could access advocacy if they required assistance to have an independent voice.

Is the service responsive?

Our findings

People told us they felt staff were responsive to their needs. They said they spent time with them when they were struggling and made a difference in their lives. One person stated, "I've lived here a long time, but I've really improved over the years."

The management team worked closely with people's care co-ordinators in the pre-admission and ongoing assessment of their needs. This ensured the home was suitable to provide their initial and continuing care. Staff discussed and agreed people's requirements and goals with them to ensure support was personalised and responsive. Areas covered included the person's strengths, hopes for the future, social skills, personal care, physical and mental health, finance, education, leisure and personal safety.

The assessments helped people and staff to develop support plans, which were regularly reviewed to assess care continued to meet each person's requirements. Each individual signed monthly updates about their progress with goals to evidence their participation and agreement.

Staff completed people's records with a person-centred approach. For instance, they documented people's backgrounds and their preferences in relation to their support. Information included choice in relation to voluntary work, college courses, activities and interests, food likes/dislikes and night checks. The terms and conditions of people's placement contained statements to underpin this, such as, 'Our aim is to respect individual rights,' and, 'To help service users maintain their...motivation... promote self-care...and develop a social life.' We observed staff supported people in ways that matched their support plans. They gave a consistent and informed approach to assist each person to have choice in all aspects of their care.

Additionally, we found care planning covered detailed information about the person's social networks, communication skills and leisure interests. This gave staff an insight into how people liked to keep themselves fully occupied. A formal programme of activities was not in place because Sherbourne was a small home and people had different hobbies. A mixture of events, such as trips out and movie nights were provided and each person was supported to undertake their own pursuits. These included shopping, music, television/films, volunteering and adult training courses. The provider had employed an outreach worker to support people within the organisation's group of homes. Part of this staff member's role included assisting individuals with their social interests. They also took a small group of people on an annual holiday. One person said, "I feel I'm doing better emotionally. I go out a lot and see my friends every Friday when I go to the centre."

The registered manager told us they had not received any complaints in the last 12 months. Information was on display in the entrance hall to guide people if they wished to make a complaint. This included details about how the provider would respond to their concerns and the timescales they were required to meet. People told us they felt able to raise any issues and that these would be dealt with appropriately.

Is the service well-led?

Our findings

There was a registered manager responsible for the oversight and day-to-day management of Sherbourne.

We found concerns with medication safety that had not been picked up by the management team. This related to the secure storage of all medicines, including controlled drugs, and related recordkeeping. It is a required duty of the registered manager to protect people from unsafe management of their medicines.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team's systems failed to manage people's medicines safely.

We observed Sherbourne had a calm and relaxed atmosphere. People we spoke with said the management team organised the home well. Staff told us the management team were supportive and assisted them in their roles. One staff member explained, "[The registered manager] listens and is reliable."

The registered manager met with the house managers of the organisation's group of homes on a regular basis. They did so to discuss good practice, review people's support and any other issues. The house managers then passed on relevant information to staff. One staff member told us, "Communication between us is good and we have regular contact because of the lone workers agreement." Additionally, the registered manager attended the home on a daily basis to speak with those who lived there and to support staff. Good communication processes included shift handovers, where important information was shared.

The management team supported people to provide feedback about their experiences whilst living at Sherbourne. They were provided with regular surveys to check their satisfaction levels with the service. Areas covered included dignity and respect, staff skills and regard for cultural and religious needs. The questionnaires further reviewed how people felt about their own progress and their goals, safety and if they had any complaints. We reviewed a sample of questionnaires, from which we found outcomes were positive about Sherbourne Lodge. Comments seen included, 'I feel safe.'

Furthermore, the house manager held 'resident' meetings every four to five weeks. The intention of the meetings was to enable people to be a part of the home's ongoing development. We saw minutes from the last meeting looked at meals, cleanliness and the new smoking policy. The date and agenda of the next meeting were on display and gave people the opportunity to add issues they wished to raise. The house manager told us, "If an issue came up we would have a one-to-one with the service user. If it was a community concern we would hold an emergency meeting."

The registered manager had suitable arrangements to monitor the environment and maintain everyone's safety. These included assessments of fire and environmental safety, maintenance, room cleanliness examinations and medication. We reviewed recent audits and found the registered manager had taken action to follow up on any identified issues to maintain people's welfare.

The service had on display in the reception area of the home their last CQC rating, where people who visited

the home could see it. This is a legal requirement from 01 April 2015.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The management team failed to ensure the safe management of people's medicines. Storage of medication was unsecure and we found a miscount in recordkeeping and stock checking.</p> <p>Regulation 12 (1), (2 [a, b and g])</p>