Devaglade Limited

Peverell Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Peverell Care Home is registered to provide accommodation and non-nursing care for up to 3 people who have a learning disability. There were three people living at the home when we visited.

This announced inspection took place on 06 and 27 May 2015. The previous inspection was undertaken on 10 April 2013 and we found that the regulations which we assessed were being met at that time.

At the time of the inspection there was no registered manager in place. 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

People had not always received their medicines as prescribed and safe practices had not been followed in the administration and recording of medicines. The manager had started taking action to make improvements.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were not being followed. This meant that people were being restricted from leaving the home on their own to ensure their safety but the correct procedures were not being followed to ensure this was done in line with legal requirements.

The recruitment procedure had not always been followed to ensure that people were only employed after the necessary checks had been completed.

Staff knew what actions to take if they thought that anyone had been harmed in any way. The manager had followed the correct procedures when concerns had been reported to him. This helped to reduce the risk of harm.

There were sufficient numbers of staff available on each shift to meet people's needs. Staff knew people well and were aware of their history, preferences and likes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. When appropriate, relatives were informed of any health issues.

People were supported to purchase and prepare the food and drink that they chose. People were supported where necessary at mealtimes but were also encouraged to be independent as much as possible.

Where possible people or their relatives had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place although this was not written in a format that people living in the home would find it easy to understand. The manager was in the process of writing a more accessible procedure.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

People didn't always receive their medicines as prescribed.

Staff were aware of the procedures to follow if they suspected that someone was at risk of harm.

Thorough recruitment practices had not always been followed before people were employed.

Requires improvement

Is the service effective?
The service was not always effective.

Staff were supported and trained to provide people with individual care.

People had access to a range of health services to support them with maintaining their health and wellbeing.

People were having their liberty restricted to keep them safe. However the correct procedures had not been followed to allow this to happen.

Requires improvement

Is the service caring?
The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to privacy and dignity were valued.

Good

Is the service responsive?
The service was responsive.

People and their relatives were invited to be involved in the planning and reviewing of their care.

Care plans contained up to date information about the support that people needed.

People were aware of how to make a complaint or raise any concerns.

Good

Is the service well-led?
The service was well-led.

Staff felt confident to discuss any concerns they had with the manager and

were confident to question colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

Good

Peverell Care Home

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 06 and 27 May 2015 and was announced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners to obtain their views about the service.

During our inspection we spoke with two people who used the service, one relative, two support workers and the manager. We observed people being supported in communal areas, and looked at the care records for three people. We also looked at records that related to health and safety.

Requires improvement

Is the service safe?

Our findings

We saw that people were comfortable talking with staff. The relative of one person told us that they thought their family member was safe and they had no concerns about the care that they received.

People did not always receive their medicines as prescribed. Although there was a medicines management policy in place it had not always been followed. Staff had received administration of medicines training and all staff were booked to attend refresher training. The manager had designed a competency assessment which included questions and observations. We checked the administration records and stock levels and found that for two medicines the amounts in stock and number of signatures did not tally. We found four tablets on the shelves in the medicines cabinet. It was not possible to identify the tablet or who they were for. The medication file contained consent forms for medicine administration that had been signed by the people living in the home. However the manager stated that they would not have had the capacity to consent to the administration of the medicines. The keys to medicines were not secure on the first day of our inspection but action had been taken to ensure staff held the keys by the second day.

This was a breach of Regulation 12(1)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment practices were not always being followed. A recruitment policy was in place which stated that people should only be recruited after satisfactory pre-employment checks had been completed. However the recruitment records showed that three people had commenced working in the home before the results of criminal records checks and references had been received and confirmed as satisfactory. At the time of the inspection all of the checks had been completed. The manager stated that he had not been aware of the provider's recruitment policy and would ensure it was followed in future.

Staff told us and records confirmed that staff had received training in safeguarding and protecting people from harm. A safeguarding policy was available and staff told us that they had read it. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Safeguarding people had been discussed at a recent staff meeting and staff were reminded about the need to be open and transparent and that they were also accountable for reporting any concerns they had about other staff.

Appropriate risk assessments were in place. Risk assessments had been completed with a view to ensuring people's safety so that they could take part in as many activities as possible. For example, one person enjoyed making their own hot drinks. To reduce the risk of them burning themselves they prepared the drink except for pouring the boiling water into the cup.

There were emergency plans in place, for example individual evacuation in the event of fire, which provided staff with access to information to keep people safe.

A member of staff told us, "There are enough staff on shift". We saw that there was sufficient numbers of staff on duty. We observed that staff had time to sit and talk with people and accompany them on their chosen activities. During our inspection we noted that people's requests for assistance were attended to promptly. The manager stated that the staffing levels depended on people's needs and what activities were planned. For example, although there was always one to one care during waking hours one person required two staff to support them whilst they were out in the community. When people had been admitted to hospital staff were provided to stay with them so that they had people with them that were aware of how they liked to be supported.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. We discussed the MCA and DoLS with the manager and staff. There was a lack of knowledge about how these should be put into practice. Staff were taking action to keep people safe by making best interest decisions on their behalf. For example, assisting people to take their prescribed medicines even though they may not understand what they were for or the consequences of not taking them. People's risk assessments clearly showed that to keep people safe they were always accompanied when out in the community. The manager and staff confirmed that people were not able to leave the home without staff supervision. However the correct procedures to restrict people's liberties or make best interest decisions for them had not been followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relative of one person told us that the staff knew their family member well and that they had the skills they needed to meet their needs. They stated that the staff had ensured that their family member had access to emergency health services when needed and had made them aware of the action taken.

Staff told us and records confirmed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. The records showed that people had accessed various healthcare professionals such as a dentist, chiropodist and opticians. These appointments had been clearly recorded in a file for staff to see when further appointments were due.

Staff told us and records confirmed that staff had attended training and induction when they commenced work. They also told us they had received on-going training including safeguarding vulnerable people, infection control, fire safety, first aid, administration of medicines, epilepsy, challenging behaviour and good record keeping and administration of medicines. Where there were gaps in staff knowledge or they were in need of refresher training the manager had organised training to address this. The manager had a plan of what training should be completed during the induction and what additional training staff would also have to complete. One member of staff told us, "I've learnt so much since the new manager has been here".

Staff told us that they received supervisions and felt supported by the management team. One staff member said, "If I have any concerns I go and talk to the manager – it's never a problem"

We saw people enjoying their lunch. Where appropriate people were supported at mealtimes. For example, one person was supported to cut up their food into small pieces to avoid them choking. One person asked for their food to be heated up and the staff did this straight away for them. Where appropriate people were supported to make their own drinks and snacks. One person enjoyed making a cup of tea and was supported by staff to do this themselves. The manager told us that staff sat down with people each week and supported them to make decisions about what they would like to eat. Staff used pictures of meals to help people decide. However if someone didn't want the prepared meal they could choose something else to have.

Good

Is the service caring?

Our findings

The relative of one person told us that they thought the staff were caring and that their family member, "Got to do the things that make them happy."

We saw that staff knew people well and treated them in a caring manner and with dignity and respect. Staff took time to give them the support they needed. We saw that people felt happy to move freely around the home and could choose if they wanted to join in with any activities that were taking place. Staff had time to sit and talk to people throughout the day. We saw that staff took an interest in what people were saying and responded appropriately. We also noted that one person was recovering from a seizure earlier on in the day and was supported to stay in bed and relax. There was an excellent rapport between staff and people living at the home and we saw that people were included in all of the conversations that took place.

The care plans had been written in a manner to promote people's independence, dignity and respect. For example, in one person's communication care plan it stated that when offering choices staff should not pressurise them in to making decisions as they will make a decision when they are ready to.

People's privacy and dignity was maintained as all bedrooms were single occupancy. There were some shared bathroom and toilet facilities but these had lockable doors. People were encouraged by the staff to do as much as possible for themselves in all aspects of their personal care as well as cooking, cleaning and activities. We saw and heard that people were offered choices on every aspect of their lives. There were conversations about what to eat at lunchtime and where to go out. Where appropriate people were encouraged to maintain contact with their family and friends by phone calls and visits.

There was no information available for people about how to access an independent advocate.(An advocate is an independent person who can speak on the person's behalf.) The manager stated that if he thought someone needed an advocate he would contact their social worker and organise it through them.

Good

Is the service responsive?

Our findings

The relative of one person told us that they were involved in the annual reviews of their family member's care. They felt that staff were aware of their family members likes and dislikes and this was taken into account when planning activities and holidays. They stated "What we like about the home is that [family member] gets individual care." They also stated that they could visit their family member and were always made to feel welcome.

We looked at two people's care plans. We saw that they had been reviewed regularly to ensure that they reflected people's current needs. The care plans contained information about people's strengths, goals, what support they needed and their likes and dislikes. We saw that the care plans were also cross referenced to risk assessments. The care plans were detailed and written in a person centred way so that staff could provide consistent care in the way that people preferred. For example, one person's care plan stated, "For [name] to maintain as much independence as possible whilst maintaining a good standard of personal hygiene." It then went on to explain what the person could do for themselves. For example, "[Name] likes to pour the product (shower gel) himself." One member of staff told us, "If there are any changes to the care plans the manager makes sure we have read it."

At the beginning of each shift there was a handover from the previous staff. This included information about how each person was and any issues staff needed to be aware

of. Staff told us this meant that they were aware if anyone needed any extra support or if they were unwell.

People's social care needs, and choices of what they wanted to take part in, were taken into account and acted on. Everyone had a weekly planner which stated what activities they would be doing. One member of staff told us that sometimes it was "trial and error" to see if people enjoyed new activities. We saw how this had promoted people's sense of wellbeing and had reduced the risk of isolation and boredom. One member of staff told us that since the new manager had been in post a lot of new activities had been arranged for people. People were encouraged to try new experiences including swimming, shopping, beauty treatment, clubs, keep-fit and going to the pub. On the second day of the inspection one person was going with a staff member to another local home to a reptile petting show. The manager had also organised for people to attend various sessions at a local day centre such as woodwork and gardening.

Staff told us, and observations we made showed, that they knew the people they supported well. Staff told each person had a key worker, who carried out extra duties for them, such as buying toiletries or keeping in contact with their family. One member of staff told us that they were a person's keyworker and this meant that they helped to organise things that they needed and kept in contact with their family for them.

Although the provider had a written complaints procedure it was not suitable for use by the people living in the home. However, the manager had devised a new complaints procedure in a more accessible format for people to use. There had been no complaints received since the new manager had been in post. The relative of one person told us' "If I had any concerns I would discuss it with the manager. He is very approachable."

Good

Is the service well-led?

Our findings

There was no registered manager in post at the time of this inspection. A new manager had been in post since January 2015 and was in the process of applying to CQC to become the registered manager. The relative of one person told us "[The manager] is like a breath of fresh air."

To ensure that staff have the knowledge and skills they require to meet people's needs training sessions had been organised for the coming months for all staff. The manager stated that new staff were completing the care certificate award as part of their induction as well as shadowing staff until they were familiar with the people and understood the aims and values of the service.

The manager told us that he had an "open door policy" and that he wanted both the people who lived in at the home and the staff to be able to ask any questions or raise any issues at any time. The manager had discussed the values of the service with the staff team and had displayed them in the office to remind people. The values included privacy, dignity, rights, independence, choice, fulfilment, security, respect, equality, inclusivity, empowerment and diversity. One member of staff told us that before the new manager had been in post they had never heard of person centred care and that the service was now much more centred around the people that lived in the service and their well-being.

Staff told us that they felt supported by the manager and that when they had discussed any concerns with him they had been dealt with appropriately and in a timely manner.

A manager from another home (owned by the same provider) and the provider had carried audits of the home and discussed the findings with the manager. The manager had compiled an action plan of the improvements that needed to be made and had started making the improvements needed. For example, the staff recruitment records had been reviewed and the manager had ensured that there were application forms and the necessary checks completed for staff where needed.

The manager was also carrying out monthly audits including medicines, health and safety issues and care plans. This helped to identify any patterns regarding the frequency of accidents and incidents. This helped to identify any improvements that were needed to avoid further occurrences.

Weekly meetings with the people living in the home were being held so that they could make decisions about things that affected them such as the menus, activities and trips out. The meetings also provided people with the opportunity to raise any concerns they may have. Staff meetings were being held monthly. Staff confirmed that they could add any items to the agenda.

The manager had organised for a maintenance person from the providers other home to work in the service regularly to ensure that all of the necessary health and safety checks were completed.

There were strong links with the local community and people regularly used local shops and health centres. People were also able to access local social and leisure activities such as swimming, pubs, discos and bowling.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Medicines were not always being safely managed.**

Regulated activity	Regulation
	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Capacity Assessments, Best interest decisions and Deprivation of Liberty applications had not been completed as required by the Mental Capacity Act 2005**