

Fari Care Limited

Clayhall 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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service was found to be meeting the Regulations we checked, at the last inspection of the service in December 2013.

Clayhall House is registered to provide accommodation for six people with mental health needs. The home is located in a residential area and accommodation was on two floors. Two people were living at the home at the time of the inspection. At the time of inspection the home did not have a registered manager in post. A manager was appointed and registered with the Care Quality Commission in September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People told us they felt safe and that staff treated them well. Staff understood how to safeguard people they supported. Staff were able to explain to us what constituted abuse and the action they would take if they had any concerns. A relative told us they felt their family member was safe at the home and were happy with the care they received, "I think he is safe there. I feel quite content about the way he is looked after by staff."

However, some aspects of the service were not safe. Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) training. Sufficient risk assessments were not in place to give staff information about risks, and how to manage these appropriately. Medicines were appropriately managed and administered by staff.

There were enough staff to meet people's needs. Staff were knowledgeable about people's needs and responded to them adequately. However, they had not completed specialised training in relation to people's specific health conditions such as schizophrenia, diabetes or epilepsy. There was inadequate information about the level of care they required, the signs and symptoms staff should look out for and the actions required by staff in the event of a mental health breakdown.

Staff received regular supervision (individual meetings with the manager to monitor staff performance and identify training needs) from the deputy manager and felt supported by them.

People's needs had been assessed and basic care plans were developed so that staff knew how to meet their daily needs. However, people did not have personalised care plans and risk assessments. Although care plans were signed by people who used the service we could not see

evidence of how people were consulted about their care needs. Care plans were not regularly reviewed and updated to reflect people's changing needs. Appropriate health professionals were involved in people's care and staff followed guidance provided by them.

People told us and we observed that staff treated them well and interaction between them was warm and caring. People told us that they were happy with the care that staff provided and that their privacy and dignity was respected.

Systems were in place to monitor and review any issues arising however these were not comprehensive. The provider carried out monthly audits which were basic and outlined positive outcomes in each of the areas checked. However, it was clear from the inspection carried out that there were a number of areas which required improvement. We did not find an audit trail that showed learning from incidents or identified improvements that were required and how these were to be addressed and monitored.

Staff told us that the deputy manager was approachable and felt they could raise any issues with him, which they were confident would be dealt with professionally. Positive feedback had been received from satisfaction surveys sent out to people who lived at the home. Relatives and other stakeholders told us that the staff and provider were approachable. They were confident that any issues raised with them would be listened to and dealt with.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have asked the provider to take at the back of the full version of this 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?

Some aspects of the service were not always safe. Staff had a basic understanding of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005.

Risk assessments did not give staff detailed information about specific risks to individuals or others and how to manage these appropriately.

Medicines were appropriately managed and administered by staff.

There were enough staff to meet people's needs.

Requires Improvement



Is the service effective?

The service was effective. Staff received training in a range of topics but had not received specialised training about mental health.

People were supported to attend routine health checks for their general health, eye, dental and foot care. They were also supported to see specialist consultants as required and staff followed guidance given by them.

People told us they enjoyed the meals prepared at the service and were involved in making decisions about them. Their nutritional needs were being met by the service.

Good



Is the service caring?

The service was caring. We found that staff treated people with kindness. They were provided with the assistance that they needed by staff who were caring and considerate.

People told us they were happy with the care that staff provided and that their privacy and dignity were respected.

People who used the service were consulted and able to make some day to day decisions about their care.

Good



Is the service responsive?

The service was not always responsive.

Care plans were in place but were not personalised to reflect people's individual needs. Specific risk assessments were not in place meaning that staff did not always have sufficient information or guidance about how to manage risks to people.

A complaints procedure was in place. Everyone we asked said they would be comfortable to make a complaint. All were confident that any complaints would be listened to and taken seriously.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not well led.

There were not effective quality assurance systems in place. Basic systems were in place to record visits undertaken by the provider however these did not adequately identify and address shortfalls.

People and their relatives, as well as other stakeholders told us that the staff and management were approachable and kept them informed about issues.

Staff members told us they felt confident about raising any issues with the management team and felt they would be supported.

Requires Improvement



Clayhall House

Detailed findings

Background to this inspection

We visited the home on 8 July 2014 and spoke with two people currently living at Clayhall house, the deputy manager and the provider of the service. The inspection team consisted of an inspector and a specialist advisor who had experience of working with people with mental health needs.

This was an unannounced inspection. At our last inspection in December 2013, we did not identify any concerns with the care provided to people who lived at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the information included in the PIR along with other information we held about the home prior to the inspection.

After this inspection, we spoke with a relative and three care staff. We received feedback from a practitioner from

the community mental health team (CMHT). We observed interaction between staff and people who used the service. We were shown around the communal areas by a person using the service. They also showed us their bedroom.

We looked at both care files as well as a range of records about people's care, staff rotas, medicine administration records (MAR sheets), selected policies and procedures and records relating to how the home was managed.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Is the service safe?

Our findings

People said they felt safe living at home and with the staff who supported them. A relative told us that they felt their family member was safe at the home and was happy with the care they received, “I think [my family member] is safe there. I feel quite content about the way my [family member] is looked after by staff.” The Community Mental Health Team (CMHT) professional told us that different practitioners had carried out a number of placement reviews and no one had reported any concerns.

Staff had completed the “use of restraint” training. Restraint was used and we saw records of two incidents during which this was used. However, the service had not thoroughly recorded the incident following restraint guidelines and we did not find a risk assessment for restraint that detailed under what circumstances this should be used for individuals. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All of the people who used the service required assistance with their medicines. The arrangements for managing medicines on their behalf were safe. Records confirmed that people received support from staff. We checked medicine records which had been fully completed. These records showed that people received their medicines when they needed them.

We saw that staff managed risks to people's safety by protecting them and at the same time tried to ensure their freedom was supported, for example, when people were undertaking activities in the community. Some risk assessments to ensure people's general welfare and safety had been completed, for example, for falls, skin integrity, moving and handling and nutrition. However we did not find comprehensive risk assessments for people's specific conditions such as schizophrenia, epilepsy or diabetes. Therefore, staff did not have adequate information about how to manage and reduce risks in the event of an adverse incident occurring.

Staff were able to explain to us what constituted abuse and the action they would take if they had any concerns. They

told us they were able to raise any issues with the deputy manager or the provider. All told us they were confident that any concerns would be listened to by the management team and fully investigated to ensure people were protected. One staff member told us, “We have done safeguarding training during induction. We would tell our manager and if the manager is not doing anything then we would go to the local authority or contact the Care Quality Commission.”

Records showed safeguarding incidents had been recorded and reported to the Local Authority safeguarding lead and Care Quality Commission (CQC). These were appropriately investigated with outcomes noted. We saw that safeguarding and whistleblowing policies were available and staff were aware of how to access them. The deputy manager told us that these policies formed part of the induction training for all staff and they were required to read and sign them.

We were told that people were able to make day-to-day decisions about their care but needed guidance to make specific complex decisions. Staff we spoke with had a basic awareness of the Mental Capacity Act 2005 and confirmed that they had received training. The deputy manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental Capacity Act 2005 and DoLS is law protecting people who are unable to make certain decisions for themselves. The deputy manager described the procedure they had followed in applying successfully for a DoLS authorisation for a person living at the home. The CQC had been notified at the time of the decision as required under the Regulation.

At the time of our inspection we observed that there were sufficient staff to meet people's needs to keep them safe. Relatives told us that there were enough staff available when they visited. Staff told us that staffing levels were sufficient and that additional staff were called in, when required. The deputy manager told us that staffing levels were kept under review and adjusted according to what was happening on the day, for example, if somebody needed support during outings or to attend a hospital appointment.

Is the service effective?

Our findings

We looked at the training files for four members of staff. Each member of staff had completed a five day induction programme and had completed mandatory training. All staff were enrolled to attend an accredited training qualification in health and social care.

Staff had attended training covering a range of topics including health and safety, protecting vulnerable adults, infection control, medicines management, dealing with challenging behaviour, nutrition and well-being, autism awareness, death, dying and bereavement, dignity and respect. The training was delivered by an external training company. However, we noted that although training certificates had been issued, the trainer had covered three different topics in one day. Staff told us that the training was not comprehensive and did not provide them with sufficient detailed information on any of the topics covered. We did not see evidence of any specific training completed by staff in relation to mental health or health conditions such as epilepsy or diabetes, meaning that staff did not have an in-depth knowledge to work effectively with people with these conditions. However, staff were aware of people's basic needs and were able to meet these.

Staff received regular supervision. We saw records of staff supervision which involved individual meetings with the manager to monitor staff performance and identify training needs.

A member of staff showed us the menus but said these were flexible and people often made a different choice on the day. They were supported to choose an alternative. We

saw that healthy eating was considered in discussion with people, especially where they had a medical condition that was affected by poor diet or if they were overweight. Staff monitored people's weight monthly and helped them to make healthy choices about their diet and lifestyle. For example, people were offered alternatives to fizzy drinks. A CMHT professional told us that the staff at the service had engaged positively with a person who had an issue with their weight. Consequently, with a balanced diet their weight had decreased. They told us that without this therapeutic intervention the person would not have been able to make such changes independently.

People were supported to attend health appointments and regular check-ups to maintain their overall health, dental, eye and foot health. Records were kept of appointments attended including the outcome so that staff were aware of any further treatment required. People were supported by mental health specialists who either visited the home or saw them at clinics. A CMHT professional told us that the staff were easily accessible and approachable. They welcomed the contacts and recommendations made by practitioners. They also told us that staff contacted them when they had any concerns or queries and shared information with them about people who used the service. This meant that people who used the service received coordinated care and support from all the health care professionals involved in their care.

Relatives told us the home involved them in their family member's care and kept them informed of any changes. They told us "Staff are pleasant and explain things to you. We go at different times of the day and my [family member] has looked well from what I can see."

Is the service caring?

Our findings

The deputy manager told us that they involved people in decisions about their care and also involved their relatives, with the person's consent. A relative told us that they had been consulted and had provided information about the person and their history, to the home. However, the care records did not reflect how people and their relatives were involved in decisions about people's care and support needs.

We saw that staff were caring and treated people with kindness. We spent time in the communal areas and observed positive interaction between the staff and people living in the home. We saw that staff were patient and considerate. They took time to explain tasks so that people knew what was happening. We observed that staff knew people well and gave them the support and care they needed. One relative said "My [family member] is happy. They need the stability which staff are giving to them. They know them well and what they want and say. My [family member] is always well presented, with tidy hair and nails cut."

We saw that staff respected people's privacy, for example, by knocking on people's doors before entering rooms. We observed that one person preferred to wake up late. Staff respected their wish and spoke quietly when showing us around the house so as not to disturb them. People were well dressed and well groomed. Staff ensured that personal care was carried out in the privacy of people's rooms.

We were able to have limited conversations with people living at the service. People told us they were happy with the level of care and support they received from staff. One person told us, "Like football, going out shopping, like pizza, fish and chips and like the staff." We observed that the interaction between staff and people who used the

service was good. Family contact was supported and family and friends visited them. People's cultural needs were met by staff who were aware of people's backgrounds and encouraged them to follow their faith and any dietary requirements if they chose to.

A relative told us that the deputy manager and provider kept them informed of their family member's care and discussed any issues or changes with them. A professional from the CMHT told us that they often visited people who lived in the home. They felt the service was responsive to people's needs and noted positive changes in the person's behaviour, abilities and communication since being placed at the service.

We saw activity plans in people's files, however, these had little resemblance to the activities actually carried out by people. For example, one person living at home did not wish to participate in any activities listed in their activity plan and another person mainly went out with staff daily for walks, played football or went for meals out with staff, which was not reflective of the activity plan.

From the records checked we noted that people were offered choices such as when they could go to bed and get up and the activities they undertook. People were able to choose whether they wished to participate in activities. We noted that one person enjoyed football and staff played football with them and had supported them to personalise their room in their team's favourite colours. This was also reflected in the clothes they wore at the time of inspection. This meant that people were enabled to participate in activities they enjoyed and wished to participate in.

Relatives told us that they could visit at any time and were always made to feel welcome. They told us that they had not had any reason to raise any issues and were confident that should they need to raise any issues, these would be listened to and acted upon by the service.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home. We saw that there was consultation and involvement from various professionals involved in people's care prior to them coming to reside at the service. We saw that general care plans were in place and had been developed from historical information from their previous placements. People living at the home had mental health conditions, learning disability, epilepsy, diabetes and other health complications. We found that generalised care plans were in place in relation to mobility, health and well-being, personal care and hygiene, medication and health. However, much of the information included in these was obtained from historical information provided by other professionals involved in the care of the people living at the service. We did not see records of current discussions with people about care plans and how they were consulted about their needs, wishes and preferences.

We found that staff met people's basic needs. However, care plans did not include adequate information about the care provided to people. They were not personalised and did not include detailed information about the specific care and treatment required by the individual. For example, there was a lack of guidance and clarity for staff about how to care for people who were living with diabetes, had a diagnosis of schizophrenia or had epilepsy. There was no specific care plan or reference to low sugar diets or whether blood sugar levels needed to be monitored, who was responsible for ensuring this was under continual observation and at which point the GP should be contacted if concerns were identified. Associated risk assessments for any of these conditions were not on the files we checked. Care plans were signed by people but we did not see any evidence that people and /or their representatives were involved in drawing these up. We did not see evidence that care plans and risk assessments were regularly reviewed and updated when people's needs changed. This was breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

At the time of inspection, shift handovers were carried out verbally by staff. We saw that daily records were often brief,

illegible and insufficiently completed. They did not reflect the actual support provided to people. We noted that staff did not carry out physical checks during the night although there was an epilepsy risk as well as other related issues that may require physical checking. The handover book was seen but did not reflect activities and incidents that occurred throughout the day/night.

During our observations, we saw that staff involved people in decisions about their daily care such as choosing their clothes, outings or making meal choices. Staff were aware of the body language and signs people used to communicate their needs. However, this information was not clearly outlined in people's care plans.

We spent some time with people in the communal areas and observed the care and support given to them. We saw that people's care needs were being met by staff who were aware of their individual circumstances and reactions. For example, staff were quick to respond when they saw there was danger of a person reacting adversely when talking to us, by diverting the person's attention.

Relatives told us they felt their family member's privacy and dignity were respected by the way staff spoke with people as well as the way they treated them. They also told us that the home involved them in their family member's care and kept them informed of any changes.

We saw the deputy manager and provider worked alongside staff in the home and knew people and their relatives well. Relatives felt communication was good and that they could make their views known to the provider and the deputy manager. A CMHT professional told us that the staff at the home were competent and knowledgeable about the service users and their condition. They told us that the staff communicated regularly with them regarding any concerns or queries. They informed us that they felt there was an excellent level of communication by the staff with professionals and family members.

We checked the complaints records and found that complaints had been recorded with outcomes noted and fed back to people. However, the provider had not reflected on these during their monthly audits or outlined any learning from these.

Is the service well-led?

Our findings

At the time of our inspection the home did not have a registered manager in place. The inspection was supported by a deputy manager and one of the providers who was acting manager. A manager has been registered with the Care Quality Commission since September 2014.

We saw records of monthly quality monitoring visits carried out by the provider. However, these audits were not comprehensive. The audits were always positive and did not highlight any issues that needed to be addressed or action plans. We did not see performance reports for the service, including information for example, about the number of complaints received, an analysis of accidents or incidents, any themes, how they were dealt with as well as learning from events. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The deputy manager was available for people who lived at the home, visitors and staff which meant they were accessible to anyone who wanted to discuss an issue or raise a concern. An out of hours on call support system was available for staff.

We saw that people using the service had been assisted to complete surveys which included positive statements. Staff told us that they felt supported by the deputy manager and the provider was approachable and listened to them. They told us “They are really approachable, we can go to them at any time. They are helpful and supportive. Another said “If

we need anything we can go to them.” The CMHT professional told us “The staff and management maintain regular contact with the teams involved in [people’s] care. The staff are easily accessible and approachable and welcome the contacts and recommendations made by practitioners. They will also contact professionals when they have any concerns, queries and to share information.”

Team meetings took place and staff told us that they were able to contribute to these and found them informative. We observed that staff were supportive of each other and felt supported by the management team. Daily verbal handovers took place at the end of each shift. A handover book was also completed by staff. However, these notes were brief. They were not reflective of activities and behaviours which had occurred throughout the day/night. This meant that any staff who may have missed the verbal handover may not be fully aware of important information about people. This could potentially mean that people using the service may receive inappropriate care, support and treatment because staff were unaware of issues that arose during the previous shift.

During our inspection we found a number of shortfalls which should have been identified by the provider as part of their quality assurance process so that any issues could be quickly identified and dealt with. As the provider had not identified or addressed these shortfalls we could not be assured action would be taken to ensure people using the service benefited from safe and appropriate care, treatment and support.

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 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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving unsafe or inappropriate care as they had not taken action to ensure the welfare and safety of service users. Regulation 9 (1) (b) (ii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Records of monthly quality monitoring visits carried out by the provider were not comprehensive and robust. Regulation 10 (1) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse Restraint was used however the service did not have suitable arrangements (risk assessments) in place to protect service users against the risk of such control.