

Mrs S T Brown

The Paddocks - Braintree

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

The Paddocks is a small residential care home which provides accommodation and personal care for up to six adults with learning disabilities who require 24 hour support and personal care. The service comprises of a bungalow with a large garden area to the rear. At the time of the inspection there were four people living in the service.

We last inspected The Paddocks on 20 September and 3 October 2016. During the inspection we found the service was not meeting all of its legal requirements. We found that the care and treatment of people was not person centred and did not reflect their preferences. We also saw that people were not always treated with dignity and respect. The provider had failed to support people to make choices for themselves in line with the requirements of the Mental Capacity Act and where choices had been made on the behalf of people it was not always evident that this was done in their best interest or that the least restrictive option had been chosen. Risk assessments were not complete and staff had not completed training which ensured that they had the skills and competence to care for people and keep them safe from harm. We also found that the premises were not monitored and maintained to ensure people's safety, effective infection control processes were not in place and people's medicines were always managed safely. The overall rating for the service was 'Inadequate' and the service was placed in 'special measures'. Services in special measures are kept under review. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for 'The Paddocks' on our website at www.cqc.org.uk.

Following the last inspection the provider took the decision to close the service and people living there are currently in the process of being supported by the local authority to find suitable alternative accommodation. In the interim we undertook an unannounced inspection of the service on 3 May 2017 to check on the safety and well-being of people living in the service. This report only covers our findings in relation to this area.

At the time of the inspection 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.

At this inspection we found that some improvements had been made but these were not sufficient to ensure that people were always kept safe. The outside area of the service continued to be in need of some repairs and general maintenance in order to make it safe for people to access. At the time of the inspection the back garden was 'off limits' to people living in the service. We also found that some of the bedrooms continued not to have easy access to hot water.

Staff had been supported to attend safeguarding training which had provided them with an understanding of how to recognise different types of abuse and they were clear about what action they would take if a concern arose.

Risk assessments had been reviewed and detailed people's current care needs. There were clear guidelines in place which provided staff with information about how to support people to manage potential risks in their daily lives.

There were enough staff available to meet people's needs and keep them safe. The service had a system in place to recruit staff and to ensure that they were safe to work with the people that lived there.

People's monies were being managed by independent agencies and the service kept clear records detailing any expenditures.

Staff had completed medication training and people received their medication safely.

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.

Staff had attended up to date training in safeguarding and safe manual handling of people.

Risk assessments had been revised and provided staff with guidance on keeping people safe.

People did not live in a safe and well maintained environment.

Requires Improvement



The Paddocks - Braintree

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 took place on 3 May 2017 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information that we held about the service including notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events which the service is required to send by law. We also liaised with the local authority who had been involved in supporting the service since the last inspection.

During the inspection we spoke with one person living at the service, one visiting relative and three members of staff. We looked at a range of documents and written records including the care records of four people living at the service and staff training records. We also looked at information relating; to staffing levels; the administration of medicines and records relating to how safety and the quality of the service were being monitored. To help gain a better understanding of the experience of people living in the service we undertook general observations and spent time observing how staff provided care for people.

Is the service safe?

Our findings

At the last inspection there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to staffing. We found that staffing levels were insufficient to meet the needs of people in the service and to support them to participate in activities of their choosing. We also found shortfalls regarding insufficient staffing levels at night. At the time there was one person living in the service who required the use of a hoist which required two staff members to manoeuvre it, however rotas showed that only one staff member was rostered on overnight.

At this inspection we found some improvement in that staffing levels were sufficient to meet the needs of the people now living in the service. On the day of the inspection there were two members of staff on duty providing care to four people. We saw that staff knew people well and were able to respond to their care needs in a timely manner. One person living in the service spoke to us about the various activities that staff supported them to attend. During the inspection we observed staff supporting people to access activities outside of the service including going into the local town for lunch.

At the last inspection we found that staff had not attended up to date safeguarding training and were unclear about the process to follow in order to raise concerns. This had meant that people had not been protected from the risk of abuse or harm and was a breach of Regulation 13 of the Health and Social Care Act 2008.

During this inspection we found that people were protected from the risk of potential abuse because staff had completed training in safeguarding. When we spoke with staff they knew how to recognise indicators of abuse and were confident about how to report any worries or concerns both within the service and, if necessary, to external organisations. We also saw that the contact details for the local authority safeguarding team were on display in the main office. We spoke with one person about whether they felt safe living in the service and who they spoke with if they had any concerns. They told us, said "The staff, my keyworker, I will miss her in my new home, she will have to come and visit me." This showed us that this person felt well supported and safe with staff.

At the previous inspection the provider was also in breach of Regulation 12 of the Health and Social Care Act 2008 with regard to ensuring the safe care and treatment of people. This was because risks assessments were not regularly reviewed and did not reflect peoples' current needs. This meant that there were not effective plans in place to guide staff in the actions they should take to minimise risk and help keep people safe.

During this inspection we saw that improvement had been made in this area. The service had taken the necessary measures to manage and minimise the potential for harm in people's everyday lives. We saw that up to date, individual risk assessments had been completed in areas including; nutrition, mobility, skin care, medication and continence. Each assessment included detailed guidelines for staff to enable them to support people to minimise day to day risks in that particular area. For example, each person's care plan contained a form entitled, 'support plan in brief', which highlighted key information about potential risks to

that particular person. We saw that one person's assessment stated, 'I have poor balance' and went onto provide more detailed information about how the person's balance had recently declined. Another person's care plan contained details for staff about how they used gestures and body language to communicate their wishes with staff. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Each person's care plan included a Personal Emergency Evacuation Plan (PEEP) detailing the level of assistance that they would require from staff to evacuate the service. A PEEP is a bespoke plan for individuals who may not be able to reach an area of safety unaided or within a satisfactory period of time in the event of an emergency.

At our last inspection we found shortfalls in the management of people's monies. Some people living in the service had their monies managed by family members or Essex Legal Services. In the absence of an allocated independent body the provider had been managing some people's monies for them. However; there was no clear system in place detailing how people's expenditure had been calculated to ensure that people were not placed at risk of financial abuse. We reviewed records relating to the management of people's monies at this inspection and found that everyone living at the service now had their monies managed by independent agencies. We also saw that the service was keeping a clear record of people's expenditures, detailing any money coming in or out of people's personal accounts. For each item staff had signed to confirm the amount spent what it had been spent on and a running total was kept of the amount left in the account. However, there were no receipts were kept with the record to show proof of the purchases.

During the previous inspection we reviewed the services recruitment policy which stated that appropriate checks would be completed on new staff. We viewed one new staff files and this contained the required documentation and included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). The service had a probationary period in place and also a disciplinary procedure which could be used when there were concerns around staff practice and keeping people safe. No staff had been recruited since the last inspection.

Certificates were available to confirm that the services fire, gas and electrical safety had all been regularly checked and was safe. There was a book where staff could record problems or faults around the service. We saw that this was regularly checked by the deputy manager who recorded if the fault had been fixed or what action needed to be taken to resolve the problem.

However, we found that some aspects of the environment continued to be poorly maintained and were not safe for people to access. For example, at the last inspection it was noted that the exterior of the building needed some repairs and general maintenance and this was still found to be the case. At this inspection we were told that since the last inspection the back garden area had been 'off limits' to people living in the service. This was largely because the provider had not addressed any of the safety concerns identified during the previous inspection. The garden continued to be a hazard due to a broken path posing a significant trip risk. Furthermore, the garden was not accessible for people with restricted mobility and there was no patio area or table and chairs for people to use. At the previous inspection a broken fence panel to a neighbouring property with free access from the road to the back of the home was identified as a significant risk people's safety. This had still not been repaired. This meant that people did not have freedom of movement within the designated outdoor space.

We also found that some of the bedrooms continued not to have easy access to hot water and some hot taps within the service did not work at all. Regular checks on water temperatures had not been routinely checked to ensure they were safe. There continued to be a lack of audits available to demonstrate that the provider carried out regular safety monitoring and maintenance of the service.

Medication was stored in a locked cabinet in the kitchen. At the time of the inspection there were no controlled drugs kept at the service. We looked at the Medicines administration records (MAR) for four people, they were completed properly and there were no unexplained gaps. There was a list of current medication within the care review document. However there was no information detailing how people liked their medication to be administered, or if they have been involved in their medication management.

Staff received annual medication training from an external company. Records showed that some staff had completed training in epilepsy awareness and training in the administration of Buccal Midazolam, an emergency rescue medication prescribed for the control of prolonged or continuous seizures.

During the previous inspection we found that the service did not have a process in place for recording homely remedies such as aspirin, pain relief and cold and flu remedies. A homely remedy is a non-prescribed medication that can be used for the short term management of minor ailment. During this inspection we saw that the provider had addressed this issue and was now working in line with best practice guidelines. Each person's care plan contained a list of homely remedies which had been approved by the GP. When administered staff had recorded the time and which medication had been given on a chart which enabled them to monitor the duration of their use.