Care Quality Commission

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Pals Residential Care

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection was unannounced and took place on 18 July 2017.

Pals Residential Care is registered to provide accommodation and personal care for adults who require care and who may have a dementia related illness for a maximum of 14 people. There were 10 people living at the home on the day of the inspection. There was a registered manager in place but they no longer worked at the home. 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.

During our inspection we observed staff were available to provide advice or guidance that reduced people's risks. The knowledge staff had about people had not been recorded to ensure there was consistent care for people.

People received their medicines as prescribed and at the correct time. However, we found systems and processes needed to be improved. Staff had not always followed safe practices when administering people's medicines.

Staff had not been provided with training that reflected the needs of people who lived at the home. The training information showed that staffs knowledge had not been updated since 2012. People told us and we saw their privacy and dignity were respected and staff were kind to them. However, on occasions we saw people had not always received support to have their dignity respected.

People had not always been involved in the planning of their care due and have accurate records of their care kept. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs. This information had not always been followed by the staff or recorded.

People had not always been supported to maintain their hobbies and interests or live in an environment that supported their needs. The provider had not been able to review any concerns raised as no records had been kept. Information was not available for the provider to improve the service.

We found quality monitoring systems failed to be operated effectively to ensure risks were identified and mitigated. The documentation was not up to date and accurate and the quality of the service had not been able to improve. We viewed care documentation and found this was not always accurate, complete and reflective of people's needs.

People told us they felt safe and free from the potential risk of abuse. Staff told us about how they supported people's safety. People told us there were enough staff to support them. Staff told us they had time to meet

the needs of people living at the home.

People told us they liked the staff and felt they knew how to look after them and were included in day to day decisions about their care and support. People were supported to eat and drink enough to keep them healthy, but more support with choices at mealtimes were needed.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 consistently safe.

People's risks need to be clearly recorded and regularly reviewed. People received their medicines; however improvements were needed in managing people's medicines. People told us they felt safe and looked after by staff.

People and relatives told us they felt there were enough staff on duty.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff training was not updated and staff were not always following good practice.

The Mental Capacity Act (2005) code of practice was followed to ensure people were supported to make their own decisions.

People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals needed to be recorded and used when required to effectively meet people's health needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

We found some staff required further support to ensure that people were treated in a way that made them feel included and valued at all times.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

We saw people were able to make some everyday choices. However, people had not been engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns. However, these had not always been responded to or used to develop the service.

Is the service well-led?

Inadequate

The service was not well-led.

Quality assurance systems were not always in place and operated effectively to ensure areas of improvement were identified and actioned. People and their relatives had not been supported for their input on how the service could continually improve. .

Care Quality Commission

Pals Residential Care

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 unannounced inspection took place on 10 February 2017 and also considered concerns raised by the local authority about people's care. The inspection team comprised of two inspectors.

Before the inspection, we reviewed the information we held about the home and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with seven people who lived at the home. We spoke with two care staff and the manager.

We looked at two records about people's care, a record of staff training, the provider's policies and procedures, the statement of purpose and medicine records for four people.

Requires Improvement

Is the service safe?

Our findings

At the time of our last comprehensive inspection on 25 August 2015 we rated this question as Good. Since our last comprehensive inspection there has been a change of manager at the home. Following this inspection the rating is Requires Improvement as people's medicines and risks were not always managed safely.

We saw people were supported to take their medicines. Staff on duty who administered medicines told us how they ensured people received their medicines at the required times of the day.

Staff practice on the day demonstrated training and support were needed to better support safe administration. We saw medicines were left in the dining room unattended for short periods of time during the afternoon medicine round. Staff told us people were independently mobile, living with levels of dementia and could easily have taken these medicines. In addition staff told us the morning medicine round often involved two staff. They explained how one staff dispensed and signed for the medicine, while the other staff member took the medicine to the person to take. The medicine recording sheets were therefore signed by a member of staff who had administered the medicines but had not witnessed people taking their medicines. The staff members we spoke told us they could therefore not be assured people had received their medicines.

The previous registered manager had not completed any checks regarding people's medicines. Therefore the provider had not reviewed people's medicines were appropriate to meet their needs or if further review or advice was needed. There was no guidance for staff to follow where people required 'as needed' medicine for pain management or periods of anxiety. While the staff we spoke with told us how they knew people well and used this knowledge this had not been recorded for staff that may not know people as well. This practice did not reflect people consistently receiving their medicines in a way which best met and safely supported people's particular needs.

People managed their risks with support from staff if needed. Staff we spoke with were able to tell us about what help and assistance each person needed to support their safety. For example, where a person required an aid for walking or had health risks such as skin conditions. We saw potential risks to people were not always detailed in people's care plans and had not been reviewed and updated regularly. For example, individual plans to support people emotionally had not been written down for staff to refer to strategies. This would better support people's particular needs consistently and respond to safely. We could not be assured that people's individual risks and how to monitor them had been accurately assessed and recorded.

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

People we spoke with felt the home environment was safe and felt safe with the staff. We saw people were assisted by staff who responded in a supportive way. For example, where people became upset or

distressed staff would go over and speak about what was worrying them. Staff told us they were also aware of people who may become upset or upset others. Staff told us about how they distracted one person so others remained safe and free from potential harm.

Staff we spoke with were able to tell us what they understood by keeping people safe and how they would report concerns to the manager or other professionals, such as the local authority if they suspected or saw something of concern.

We saw staff were able to spend time with people and respond in an appropriate manner to them. For example, staff spent time chatting to people as well as responding to requests. Staff told us there were enough care staff to meet people's needs and only used agency staff occasionally. The manager told us additional care staff were needed to increase the overall numbers of staff employed. As the manager was new in post they had not yet had the opportunity to undertaken a full assessment of how many care staff were required to assist people with their mobility needs. However, people we spoke with said staff never asked them to wait when they needed assistance and call bells were answered in a timely manner, both day and night.

Requires Improvement

Is the service effective?

Our findings

At the time of our last comprehensive inspection on 25 August 2015 we rated this question as Good. Since our last comprehensive inspection there has been a change of manager at the home. Following this inspection the rating is Requires Improvement as staff required training and people's meal time experiences could be improved.

People we spoke with told us staff supported them with areas of personal care and reassurance. We saw people were supported where they were unable to assist themselves and staff offered. One person told us, "Staff have been here many years and know how to look after us".

Staff told us there had not been any recent training, for example in caring for people living with dementia, They told us that they thought training in this area would help improve her understanding of people's needs. Whilst they told us that they had got to know and understand people's need overtime, training would improve their skills and knowledge and ensure they were up to date with current practice and guidance. For example, staff had not been supported and people had not always received safe care in relation to medicines and care planning and recording. The current manager had planned training and was seen to support staff to ensure care practices were meeting the needs of people living at the home.

All people we spoke with told us they had a hot meal at lunchtime and were able to request an alternative if they did not like the meal on offer. One person told us, "The meals are a bit regimented". During lunch time people were served the meal and were not asked if they would like something else. Staff told us people were asked earlier in the day about the lunch choice. People living with dementia were not supported with alternative methods of inclusion. For example, the use of pictures or offered different plates of food to choose from to assist with their decisions around meals. The manager agreed to review the meal times to ensure people were supported with choice at all times. We saw people were offered a variety of hot and cold drinks throughout the day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that people were asked for their consent by staff who waited for their response before providing assistance. Staff told us that they got to know people's preference and often referred to people's life history or family members for information to help guide them. All staff we spoke with told us they were aware of a person's right to choose or refuse care. We saw the manager was working with staff to ensure capacity for decisions were reviewed and understood.

We also looked at Deprivation Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The manager told us

that no one living at the home was currently being restricted or had a DoL authorisation in place. The manager confirmed people would be supported with appropriate mental capacity assessment and best interest decisions if there were a change to a person's mental health.

People received visits from the district nursing team in support of their continence needs. Information for one person from district nurse visits was not available for review on the inspection so we could not be assured how staff were best able to support the person. The manager took immediate steps to contact the team for clinical input and advice. People were able to see the GP and visits were arranged. Where people were supported with social workers we saw that reviews were in progress. Other professionals had attended to support people with their care needs, such as a referral for a hearing aid fitting.

Requires Improvement

Is the service caring?

Our findings

At the time of our last comprehensive inspection on 25 August 2015 we rated this question as Good. Since our last comprehensive inspection there has been a change of manager at the home. Following this inspection the rating is Requires Improvement as people had not always received care that centred on them as an individual.

When we spoke to staff they told us what they did to support people in maintaining their dignity. One staff member told us, "I ask the person discreetly if they want the toilet". Staff told us they ensured they always closed bedroom doors and, where needed people's curtains when providing personal care. One person we spoke with told us staff were polite and always knocked and asked before opening their door.

However, during the inspection we noted two occasions where people were assisted with staff in the bathroom practices compromised people's dignity and right to privacy Staff told this was due to door catches not working correctly, and had been like this for the past four to five weeks. We saw that people received hair care in the main lounge from the visiting hairdresser. While the hairdresser was supporting people to have their hair done there was no consideration and or thought to people who may have wanted to watch the television. No staff checked this with people. After discussion with the manager hair care was provided in people's room. During the lunchtime all people used a protective apron without the opportunity to see if they had wanted this. We also asked if further support could be provided for one person's dignity and that people's names and level of care was not displayed in the main entrance way. Therefore, people on occasion were receiving care and support that was part of the staff routine and not individual and personal to each person. We brought these matters to the attention of the manager for further review.

People told us staff were caring and kind and one person told us, "I like it here, I am well looked after". We saw when staff spoke with people they were unhurried and able to spend the time to sit and chat with a person and people knew the staff well. One person told us, "Very good staff, so loyal". We saw people responded to staff by smiling, talking and holding hands with them. Staff told us they enjoyed chatting to people and it was important to be, "Socialising and drinking coffee" with people. One person told us the staff were good at keeping confidential information and said, "Staff do not discuss other people's needs" and were therefore able to talk openly with staff about their needs and wishes.

All staff we spoke with told us they enjoyed working there and felt they demonstrated a caring approach to their role. One staff member said, "It's like my second home and I love it here". They told us they spent time getting to know people and this was part of their role as well as providing care.

People were supported to express their views and be involved in making decisions about their day to day care and treatment. People were confident to approach staff for support or requests and staff were aware of people's everyday choices and were respectful when speaking with them. For example, people were able to request drinks. Staff ensured the person knew they were engaging with them and were patient with people's communication styles.

Requires Improvement

Is the service responsive?

Our findings

At the time of our last comprehensive inspection on 25 August 2015 we rated this question as Good. Since our last comprehensive inspection there has been a change of manager at the home. Following this inspection the rating is Requires Improvement as people lacked involvement in their care records and learning and improving from complaints and concerns were not in place.

We saw some people were helped to be involved in things they liked to do during the day and had been provided with objects of interest they recognised. For example, handbags and other personal items. We saw staff were available in lounges and were talking with some people and other people were happily reading or watching television on their own.

Although we were told activities were provided by staff, such as bingo or a sing-along, the activities provided did not benefit all people who lived in the home. Two people told us they would like more trips out to the local shops, while there had been some trips they were not consistent or planned. Staff also told us they thought people would enjoy more trips out to the local parks and café's, but these had not been consistently planned or considered for people. One staff member told us, "Nice to have more trips out, to the parks as a lot of people have no next of kin [to take them out]." The manager told us improvements were needed to ensure people were supported with their individual interests.

All people we spoke with said they would talk to any of the staff if they had any concerns. One person told us, "I can't complain about the material things, care is good". One staff member told us, "Any complaints or issues are discussed between ourselves [care staff]". There were no records of any previous concerns or complaints. The current manager had taken an approach to regularly speak with people and relatives to see if they were happy. They told us they welcomed the opportunity to learn from complaints or to let staff know they were doing a good job. The complaints policy was available in the home, but had not been reviewed since 2015 and contained information that was no longer current in relation to other agencies and their roles.

People were pleased they received support in the way they preferred and this was varied on account of their feelings and wellbeing. Our observations showed staff knew people well and had a good understanding of each person as an individual. Staff told us people were treated as individual; however information in people's care plans had not reflected the information about people's choices and individual needs. The two care plans we looked at contained limited information that centred on the person and the care and support required. The wishes of people, their personal history, the opinions of relatives and other health professionals had not always been recorded. The manager agreed that further involvement in the review of people's care would benefit people and make sure they reflected changes in people's needs so these could be consistently responded to in the most effective way.

We saw information was shared between staff to understand how to support someone. For example, at the staff shift change, people's support needs were discussed, so they would know about any changes to the care and support needed. Staff knew it was their responsibilities in reporting changes to a person's needs to

the manager for review and action.

Inadequate

Is the service well-led?

Our findings

At the time of our last comprehensive inspection on 25 August 2015 we rated this question as Requires Improvement. The last report was displayed near the front door. Since our last comprehensive inspection there has been a change of manager at the home. The former registered manager left their employment with the provider on 7 July 201 7. A new manager has been employed and will be applying to become the registered manager with the Care Quality Commission. Following this inspection the rating was changed as they had not taken the action required to ensure that effective systems would be in place to assess and monitor that the service would consistently deliver high quality, safe care. The management, leadership and governance of the service had not been effective.

People had not been involved or asked for feedback about their care and treatment or listened to about improvements in the home. One person told us about the management team in the home, "I have to find out who people are from staff. I don't know and I am not clear about staff changes". There had been no clear format for people to feedback or make suggestions about their home.

Staff told us and we saw that some improvements in the environment of the home were needed. They told us any suggestions they had made for improvements had not been implemented and there had been a lack of openness and transparency in the home. For example, they had wanted to try a different arrangement of chairs in the lounge to better support people's relaxation.

The provider did not have systems in place to ensure the effective running of the service. The previous register manager had not demonstrated with staff how current best practice in terms of people's overall care and support enabled improvements. Records relating to people living at the home had not been reviewed and updated regularly. People's involvement in their care plans had not been recorded or reflected in the care records. Therefore, the systems were not being effective in identifying where aspects of the service were not performing to the required standard or identifying all risks.

The previous management had not kept the staffs knowledge up to date with training. Records we looked at showed 2012 as the last training provided. The registered manager had not completed checks which the provider had expected to ensure people were experiencing good care. The provider had not assured themselves or supported the previous registered manager to have an effective system to check and improve the services offered. The current manager told us, "There has been a lack of leadership with no supervision or training".

The provider had recently been visited by external agencies in response to concerns raised about the quality of people's care at the home. They had received support from these agencies to enable them to evaluate and reflect on where improvements were required. The manager provided us with their development plans to improve the service. The plan of action showed the improvements planned with dates for completion. However, the previous lack of leadership in the home had not demonstrated how the provider used best practice guidance to ensure that people's needs were met effectively. The new action plan needs to evidence an effective on going monitoring system to sustain any improvements made. Throughout our

inspection we saw examples of how this had impacted upon people receiving care and support which was not based on good practices.

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

Care staff felt the new management arrangements were supportive and would assist in providing a good home for people. They were committed to supporting the provider to improve the service. One staff member told us, "He [manager] picks up when we can improve things – always learning". The staff team told us they worked together and one staff member told us, "Staff work as a team and are always pleasant". The current manager had a clear vision for the home and told us, "I want people and families to feel it's their home, happy, safe and enjoyable for everyone".

The current manager was keen to promote a change of culture at the home and engage and utilise these local partnerships. The manager was aware that other professionals involved had showed that improved partnership working would improve people's experiences, such as social workers . This had potentially impacted upon people, to support people in meeting their needs in a safe, effective and responsive way.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not ensuring the safe care and treatment of people through appropriate management of medicines. Regulation 12 (2)(g). The provider had not assessed the risks to the health and safety of people who used the service and had not taken action to manage known or related risks. Regulation 12 (2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to ensure records were kept up to date and to have systems in place to regularly assess and monitor the quality of the service. Regulation 17 (1)(2)(a)(b)(c)(e)(f).

The enforcement action we took:

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