

Cumbria Care

Peat Lane House

Inspection report

Peat Lane
Sandylands
Kendal
Cumbria
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Website:

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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 responsive?

Requires improvement



Overall summary

Peat Lane House provides accommodation for up to 19 people who have a learning disability and/or a physical disability and require support of varying degrees. Accommodation is set out in one large building divided into five separate flats. These flats accommodate between three and five people, and a further provides a three bedroomed flat for short respite breaks. Each flat has its own kitchen, living room, bathroom and bedrooms. A separate staff team is provided to each flat.

We carried out an unannounced comprehensive inspection of this service on 12 September 2014 at which a number of breaches of legal requirements were found. This was because: there were insufficient staff to meet people's needs: the home was found not to be clean and infection control measures were not being followed; and

people's needs were not being met as the choices offered to them were limited. We told the provider to take action to improve and provide us with an action plan to set how they would do this.

After the comprehensive inspection, the provider sent us an action plan to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on the 9 March 2015 to check that they had followed their plan and to address the areas of concern highlighted by our inspection. This report, of 9 March 2015, only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Peat Lane House' on our website at www.cqc.org.uk

Summary of findings

The home had a registered manager. 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 and associated Regulations about how the service is run.

At the inspection of 12 September 2014 we found that the design and delivery of the services meant that people's choice of how to spend their time was limited. We found that everyone was expected to leave the home and attend a day service on weekdays between 9am and 4pm. This aspect of the service was not tailored to people's individual needs.

We told the provider that people should be offered more choice, and that the type of service they were providing people with was institutional and out-dated. The provider began to look at options available that would meet people's needs in a more person-centred way. In the action plan the consultation process described how everyone in the home, their relatives and other stakeholders would be involved in redesigning the service.

At this focused inspection on the 9 March 2015, we found that the provider had met some areas, and had made progress towards meeting their plan in others. When we looked at the progress of redesigning the service to offer people more choice we found that while some progress had been made, this had been limited.

The provider told us the steps they had taken and said that the process had been complex. One of these factors being that Peat Lane House was owned by a housing association. People living in the home had license agreements, while the local authority had a lease agreement with the housing association. Any changes to the building and the type of services offered had to be negotiated, and with the agreement of the housing association, the people living in the home, and with the local authority funding and commissioning teams.

The provider had held relatives meetings and had started to work with the local social work team to ensure that everyone had an up to date review of their care needs. These reviews were to ensure that all the needs of people were known so that services offered would be designed around meeting these individual needs.

We alerted the provider to practices that may place restrictions on people's ability to make choices, such as the model of care imposed upon them, as described. The provider had assured us that as part of the full review of people's needs that deprivation of liberty assessments where being carried out, and appropriate referrals made to ensure people's rights were being lawfully protected.

We found that the home was now kept clean and that infection control measures had been actioned to reduce risk to people living and working in the home. This ensured that people were provided with a safe place to live and that their personal care was carried out to high standards.

We saw that staffing levels had been increased. There were now domestic staff hours for the whole home, instead of these only covering the communal areas. The staffing levels at night had been increased to two waking night staff and one sleep-in supervisor. This meant that people had a better level of supervision and more responsive care during the night shift. Extra hours had also been added to the day shift to allow staff to take people out at weekends.

On the inspection of 9 March 2015 we explored with the provider the details of people's licence agreement. This indicated that people held tenancy agreements with the housing association, and this requires the service to be registered under a different regulated activity with the Care Quality Commission (CQC). In effect anyone with a tenancy agreement is regarded as living in their own home and where this is the case the home cannot be registered as a care home. The provider was taking action to ensure that they were registered correctly with us, CQC.

While improvements had been made we have not revised the overall rating of 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice, and for the reconfiguration of the service to demonstrate that it was meeting people's needs. We will review our rating at the next comprehensive inspection.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and this corresponds to 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 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?

We found that action had been taken to improve the safety of the service.

The home was clean and had effective infection control measures in place.

Staffing levels had been increased. There were now more staff available to meet people's needs and to offer supervision that helped to ensure people were safe.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires improvement



Is the service effective?

The service was not effective.

We saw that restrictive practices were in place in order to keep people safe. However, measures to ensure that these restrictions were lawfully applied had not always taken place.

People could not be confident that their rights were protected because the Mental Capacity Act 2005 Code of practice had not been followed when people were not able to make their own decisions about their care.

Requires improvement



Is the service responsive?

The service was not responsive.

We found that some action had been taken to improve the design of the service so that people could have more choice. However, this was ongoing and was still in the initial stages when we visited.

People did not have care plans that were fully person-centred. However, people's needs were being reviewed using national recognised good practice tools that promoted person-centred care. This should lead to care that is more responsive to people's individual needs.

Requires improvement



Peat Lane House

Detailed findings

Background to this inspection

We carried out this focused 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Peat Lane House on 9 March 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 13 September 2014 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service responsive. This is because the service was not meeting legal requirements in relation to those questions.

The inspection was undertaken by an adult social care inspector, a specialist professional advisor, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At our inspection we spoke with 12 people who lived in the home, three relatives of people living in the home, the acting manager and five care staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people.

We met with the provider to discuss the action plan and the consultation on the future plans for Peat Lane House.

Is the service safe?

Our findings

On the last inspection, 14 September 2014, we found that people who lived in the home were not protected against the risk of infection and there were not enough staff to provide the support people needed.

We found significant problems with the cleanliness and hygiene of the home. Staff had reported to us that as well as care responsibilities they were also expected to carry out cleaning and other domestic duties. They said that they couldn't do both well, and had prioritised meeting people's care and support needs.

One relative told us on this focused inspection 9 March 2015, "We have noted a huge improvement since the last CQC inspection, things are a lot better now." Relatives also told us that they felt their relative was safe at Peat Lane House.

On this inspection we saw that the provider had taken measures so that people lived in clean environment and that infection control practices were followed so that they were protected against the risk of infection. One of these measures was to hire an outside contractor to carry out a deep clean of the home. This is now added into the cleaning schedule for the home on a six monthly basis.

We saw that the home was noticeably cleaner, tidier and some areas had been repainted. A new fridge had replaced one that we saw at the previous inspection that had been old and had a broken seal. We saw that personal laundry was kept separate and that new laundry bins had been purchased with lids to prevent cross contamination.

We also saw that the provider had arranged for a full audit of infection control procedures at Peat Lane House. The infection prevention and control audit was completed by a Health Protection Specialist employed by Cumbria County Council Health and Care Services. We checked the audit

and saw examples of where improvements had been highlighted and the actions taken. For example, staff training in infection control had been identified as a priority and this had been arranged for all staff.

Another measure was to increase the domestic cleaning staff in the home, and to now have domestic staff cleaning the flats, as well as the communal areas. This had freed up staff time to spend with people. Staff reported, "Yes it is better, at least we know now that the flat's having a good clean, we just have to keep on top of things on a daily basis. And some of this we can do by involving people who live in the flat as part of making them more independent."

We had identified that some people in the home did not have sufficient monitoring and staff stimulation across the evening and support through the night. We checked staffing rotas; spoke with staff and with those people living at Peat Lane House, who were able. We saw that staffing levels had been increased. There were now more staff available to meet people's needs and to offer the supervision required to ensure people were safe. On this inspection we saw that this had been addressed for this particular flat and that staffing levels across the night had been increased to a level that now offered supervision and monitoring to meet people's needs.

We saw plans to demonstrate that everyone in the home was having a full review of their care, and from this we had been told that recommendations would be made regarding the required staffing levels to meet people's assessed needs. We spoke with the local social work team, who were carrying out these reviews, who confirmed this was the case; they anticipated reviews could take a few months to complete.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review the rating at the next comprehensive inspection.

Is the service effective?

Our findings

On this focused inspection, although we had not intended to look at the key question of 'effective', we found the following aspect that required action by the provider. We looked at how the home was applying the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

We saw that some people who lived in the home had restrictions placed on them. For example some people did not leave the home without staff accompanying them, and we observed kitchen doors that were locked to prevent people from entering. Some of the front doors to individual flats were locked to prevent people from leaving. One person was placed in a body harness in order to keep them secure whilst travelling in a vehicle. These were all measures intended to keep people safe. However, these actions place restrictions on people and as such require assessment under the Mental Capacity Act as a potential deprivation of liberty.

When we looked at people's care files we saw that in some files people's capacity had not recently been assessed and

documented, and on other files there was no assessment or mention of capacity. This is the first step of the Mental Capacity Act Code of Practice and sets out how to ensure that the rights of people who cannot not make their own decisions are protected.

We alerted the provider to these restrictive practices, and to the restrictions on people's ability to make choices, due to the model of care imposed upon them, as described. The provider had assured us that as part of the full review of people's needs that a DoLS assessment would be carried out, and appropriate referrals made to ensure people's rights were being lawfully protected. The acting manager showed us the referrals that she had prioritised for a DoLS assessment. We saw that the assessor for the county had an appointment to visit the following week. However some of these restrictions had been in place over a long period of time and should have warranted an earlier referral.

We found that the registered person had not acted in a timely manner to ensure sufficient measures were in place to protect people's rights and to gain, wherever possible, their informed consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We will review the rating for 'Is the service effective' in full at the next comprehensive inspection.

Is the service responsive?

Our findings

At the last inspection, 14 February 2014, we found that some aspects of the service were not responsive. We had found that this had largely been due to the design and delivery of the service that meant that some people had rigid routines imposed upon them. We found that everyone was expected to leave the home and attended a day service on weekdays between 9am and 4pm. This aspect of the service was not tailored to people's individual needs. We told the provider that people should be offered more choice, and that this type of service was out-dated, institutional and was not meeting people's individual needs.

On this visit we saw that the provider had begun to look at the options available to meet people's needs in a more person-centred way. In the action plan sent to us a consultation process was set out that demonstrated how everyone in the home, their relatives and other stakeholders would be involved and how their views could be listened to.

When we spoke with relatives they told us they thought the care and staffing levels had improved. However due to the model of care not changing yet they also told us that people still had limited choices on how to spend their time.

For example they told us the following: "He spends a lot of time in his bedroom...he is very good at swimming – but doesn't go much – he is getting older now I suppose – now he spends a lot of time colouring and drawing in his bedroom – and watching his TV"

While, another said, "The only activities are provided by Cumbria day services."

Relatives told us that while some consultations had taken place about the changes to the running of the service the actions had remained slow. For example one relative told us, "It's always been that way – when my son was ill he had to come home for care by us because there is no daytime care at Peat Lane House...both me and my husband are old and frail now."

The provider had held relatives and residents meetings to discuss plans for the home. The housing association had been involved in these meetings and options to improve the existing facility were being looked into. This was to ensure that it could meet people's needs, and could be

responsive to people's future needs, if they wished to remain living at Peat Lane House.. Previously we had found that some people's increased needs could not be met by the home, as both the environment and the lack of care staff during the weekdays meant they could no longer remain living in the home. Some people had been moved to other types of care and nursing homes.

At the previous inspection we had identified that some people's care plans had not been reviewed in sometime, and that meant that the plans were not reflecting their current and changing needs. This meant people did not always receive support in the way they needed or wanted it.

On this inspection we saw that work with the local social work team had begun to ensure that everyone had an up to date review of their care needs. These reviews were to ensure that all the needs of people were known so that any services offered would be designed around meeting these individual needs.

We checked people's care records and files to see if they were more responsive to people's needs. While we found that everyone had a care plan, we found that these were task orientated and lacked detail on the individual, their abilities and their support needs. We found that there was a lack of a real person-centred approach. Many plans were about what staff had to do for people rather than promoting what people could do for themselves. There was little information on what support people required to reach achievable, meaningful goals. There was limited evidence of future planning and skill development; the plans were static and did not contain details of people's wishes and future aspirations.

The provider gave us details of plans to use the expertise of a nationally recognised training provider, British Institute of Learning Disabilities, (BILD). This was to help staff to involve people to design care plans built around their needs and to promote a person-centred approach.

We found that the registered person had not ensured that people who use the service receive person-centred care and treatment that was appropriate, meets their needs and reflects their personal preferences. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

We alerted the provider to practices that may place restrictions on people's ability to make choices, such as the model of care imposed upon them, as described. The provider had assured us that as part of the full review of people's needs that deprivation of liberty assessments would be carried out, and appropriate referrals made to ensure people's rights were being lawfully protected. The

acting manager showed us the referrals that she had prioritised for a deprivation of liberty's assessment. We saw that the assessor for the county had an appointment to visit the following week.

We will review the rating for responsive fully at the next comprehensive inspection.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>We found that the registered person had not ensured that people who use the service receive person-centred care and treatment that was appropriate, meets their needs and reflects their personal preferences.</p> <p>Regulation 9 (1)(2)(3)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>We found that the registered person had not acted in a timely manner to ensure sufficient measures were in place to protect people's rights and to gain, wherever possible, their informed consent.</p> <p>People could not be confident that their rights were protected because the Mental Capacity Act 2005 Code of practice had not been followed when people were not able to make their own decisions about their care.</p>