

Mrs Patricia Harcourt Crawford

Battersway Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Battersway Court on 28 and 31 October 2016. This was an announced inspection. We informed the registered provider at short notice (24 hours before) that we would be visiting. We did this so that staff could reassure and prepare one person who suffered from anxiety when official people visited the home. As the location is a small care home for people who can be out during the day we also needed to be sure that someone would be in. The home was last inspected in November 2013 and was meeting the regulations we inspected at the time.

Battersway Court provides accommodation and care for up to four people. People living at the home have learning disabilities. On the day of our inspection, three people were living at the home. The home is located within a quiet residential area. People lived in an apartment above the registered provider's home. Each person had their own bedroom. Communal space consisted of a large lounge area and kitchen with dining area.

The home was not required to have a registered manager as the provider managed 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 and associated Regulations about how the service is run.

People told us they liked living at the home, they were happy, they liked the staff and the staff were kind. Our inspection found that whilst the service offered people a homely environment and their care needs were being supported; there were shortfalls in a number of areas that required improvement. Robust recruitment procedures were not in place, the environment was not always safe, there was no system to support staff development, the provider had failed to submit a safeguarding notification to the Care Quality Commission and the provider did not have governance systems in place to assure quality of care.

Battersway Court was a family run home where the registered provider lived on the premises. Apart from the registered provider the home only employed one full time member of staff, the deputy manager. The deputy manager was responsible for the day to day running of the home. Sickness and absence due to holidays were covered by part time staff who were related to the provider and only covered on a casual voluntary basis. We have made a recommendation that the provider keep staffing levels under review.

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied. People were supported by the registered provider and deputy manager who had received training and support for their role. However, casual staff had not received any formal training. There was no system in place for ensuring that staff training was kept up to date and training was reviewed in respect of changing needs of the people living in the home. There was no system for ensuring staff received supervision, support or professional development.

Although staff had the knowledge to protect people from abuse there had been a failure to report a

safeguarding notification to the Care Quality Commission so that it could be investigated properly.

The provider did not have effective systems in place to make sure the quality of service they provided was regularly monitored and assessed to prevent inappropriate or unsafe care. The home was not actively seeking the views of a range of stakeholders in order to learn and improve.

People were administering their medicines. The home had provided lockable storage facilities within people's bedrooms, assessed people's understanding and carried out risk assessments which were regularly reviewed.

People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005. People's health care needs were met through regular healthcare appointments and liaison with health care professionals. People were consulted about their choices for meals.

There were systems in place for maintenance of the building and equipment, and to monitor the safety of the home. However, some aspects of the environment were not safe. There were no records of risk assessments carried out in relation to building work at the home and the absence of window restrictors.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. Staff supported people to reach an appropriate balance between supporting choice, independence and appropriate risk taking.

Care and support plans were personalised and reflected people's needs, wants and interests. People's care plans clearly outlined every aspect of the person's life and reflected their wishes and preferences. This information helped staff to get to know the person better and provide the care and support they required. People were supported to be as independent as possible.

People told us they were supported to pursue a range of hobbies, activities and individual interests. For example, shopping, gardening, making toy models, jigsaw puzzles and attending a variety of services such as coffee mornings, activity clubs and disco's.

We made one recommendation and found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation about medicines management.

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 always safe.

The provider did not have a safe recruitment process.

Risk assessments had not been carried out in relation to the building, to ensure people's safety. People had individual risk assessments in place that were appropriate to their needs.

The registered provider ensured adequate staffing levels were maintained to meet the needs of the people.

People managed their own medicines and were supported to do so.

People told us they felt safe living at the service, and staff had been trained to safeguard people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff had the right skills and training to meet the needs of people living at the home.

There was no system for ensuring staff received supervision, support, training or professional development.

People's consent was sought before any care or support was provided. The requirements of the Mental Capacity Act 2005 (MCA) were being met.

People were supported to maintain a balanced diet and access health services when required to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff developed caring, respectful relationships with the people they supported. Staff knew people well.

Staff understood people's individual needs and they respected their choices.

People were treated with respect. Staff understood how to provide people's care in a dignified manner and respected their rights to privacy and choice.

Staff supported them in a way that maintained their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and delivered in line with their individual care plan.

Care plans included details of people's views and the things that were important to them.

People were supported to pursue hobbies and interests and to develop leisure activities.

Care was planned around people's preferences and reviewed with them.

The provider had a system in place to handle complaints and concerns.

Is the service well-led?

Requires Improvement ●

The service was not well led.

Quality assurance systems were not in place to support the service to deliver good quality care and identify and mitigate risks to people's health, safety and welfare.

Legally required information was not reported to the Care Quality Commission.

The provider had not sought feedback from people, relatives and visitors who use the service.

People knew the provider well and reported that they were approachable and available whenever they needed them.

Battersway Court

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 31 October 2016 and was conducted by one adult social care inspector. As part of the inspection we reviewed the information we held about the home. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the Quality and Improvement Team, Learning Disabilities team, Community Nurse, Social Worker and other healthcare professionals who provided information about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we met with everyone living at the home. To help us understand the experiences of people who did not readily communicate with us or preferred not to, we observed their responses to the events going on around them, their interaction with each other and with staff. We spoke with the registered provider, deputy manager and another family member who worked casually in the home. We asked people if they would be happy for us to speak with their family members but they declined. We spoke with a provider of activity services that people accessed.

We looked at the care plans, records and daily notes for everyone who lived at the home. We also looked at training records, policies and procedures in relation to the operation of the home.

Is the service safe?

Our findings

Three people lived at Battersway Court in their own apartment above the residence of the registered provider and had access to their own kitchen and living areas. People were supported to lead very independent lives. Staff assisted people with cooking and cleaning and one member of staff was on duty at all times. The registered provider only employed one member of staff, the deputy manager. On the day of inspection the registered manager and deputy manager were available to support people.

People were supported at night by the registered provider who slept downstairs in their private residence. There were no call bells or systems in place to alert the registered provider if people required assistance during the night, for example with personal needs or in an emergency. However, if people needed anything, they could go downstairs and alert the provider.

Sickness and absence due to holidays, were covered by family members on a casual voluntary basis. If they could not cover staff absence themselves or with family members they would employ staff from care agencies. We were assured that there was always someone in the house at all times of the day and night. However, we were unable to check this information as the home did not formally record staffing hours. As the people who lived at the home were all highly independent, there was no evidence that this placed any of the people using the service at risk.

We recommend that the registered provider keep staffing levels under review to ensure people's needs are met at all times.

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied. Although the registered provider ensured all staff had police checks before starting work, they had not undertaken all of the other checks necessary to help ensure staff were suitably vetted before working with people at Battersway Court. There were no records related to the process of assessing and checking staffs' competence, skills and experience required for their role, prior to their employment.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 19, Fit and proper persons employed.

On the whole the majority of risks to people were managed well. We saw there were systems in place for maintenance of the building and equipment, and to monitor the safety of the home. However, some aspects of the environment were not safe. Building work at the home was not cordoned off at the time of the inspection and could be hazardous to people. There were no window restrictors in place. There were no records of risk assessments carried out in relation to the building work or to determine if window restrictors were necessary. We brought this to attention of the registered provider who told us they would look into securing the windows. They said the building work was usually closed off and the doors locked. They felt this was an oversight at the time of the inspection.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation

12, safe care and treatment.

Risks to each person were identified and risk assessments were carried out. Management plans were in place which were reviewed regularly. These helped to keep people safe. Staff supported people to reach an appropriate balance between supporting choice and independence, with supporting people to take appropriate risks. For example, one person enjoyed looking after the garden and mowing the lawn. There was a risk assessment in place and the person had received instruction on how to keep themselves safe whilst taking part in the activity.

The management of risk to people took into account people's physical and mental health needs. The actions taken to manage risk were as least restrictive as possible whilst protecting people's freedom and maintaining their independence. For example, people had been supported to use public transport until they were comfortable and safe taking journeys independently. People had mobile phones and 'safe packs' with instructions in easy read picture format of who to contact and how to access emergency services or help when they were out.

We looked at how the home was managing people's medicines. One person, with support from staff, was managing their insulin used to help manage their diabetes. This had been discussed with the person, and supporters, in a best interests meeting. The person told us they liked staff to observe them doing it. Staff documented blood sugar levels and insulin dosage administered in a 'blood sugar monitoring diary'. Risk assessments had been carried out and judged that this person was able to take their own medicine safely. Appropriate storage was provided.

Two people living at the home were able to manage their own medicines. We saw the home had provided lockable storage facilities within their bedrooms, assessed people's understanding and carried out risk assessments which were reviewed regularly.

People who lived at the home told us they felt safe, and said they talked to staff about how to stay safe. One person said they had discussed what they would do if they found themselves in danger. People told us they knew they could share any concerns with staff and the manager if ever they felt unsafe.

We looked at how people were protected from abuse and avoidable harm. Staff told us they had received safeguarding adults training and training records we saw confirmed this. Staff were able to explain how to identify and report different kinds of abuse. We saw that the home had a safeguarding policy available for staff. Staff understood the concept of whistleblowing. However, we were concerned that the home was a family business, staff may not feel able to whistle blow. We discussed this with staff and were told they would not hesitate to whistle blow if they were aware of poor care. They told us people living in the home were outspoken and would speak out if they felt anything was wrong. We spoke with people living at the home who told us they knew about abuse and how to report anything they were worried about.

Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. The deputy manager told us they had very few accidents as they like to take a proactive approach and reduce risk to avoid incidents before they happen. Records confirmed this.

Fire safety checks were completed annually with weekly fire drills and fire equipment checks. Portable Appliance Tests had been conducted on all electrical equipment, legionella checks on the home's water supply and maintenance checks had also been carried out. People using the service had a personal emergency and evacuation plan (PEEP) plan in place in case of fire and had had training and knew what to do.

Is the service effective?

Our findings

People living at Battersway Court were supported by the registered provider and deputy manager who had received training and support for their role. They had received training in subjects such as handling medicines, fire safety, first aid, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. They had also received training specific to the needs of people using the service, such as diabetes. The registered provider and deputy manager had completed National Vocational Qualifications (NVQ) Level III in Health and Social Care. Another family member, who regularly worked at the home on a voluntary basis, was experienced in adult social care and had received regular training in their current employment. However, other casual staff had not received any formal training. There was not a system in place for ensuring that staff training was kept up to date and training was reviewed in respect of changing needs of the people living in the home.

Staff had been working at the home for a long time and no new staff had been employed for a number of years. Therefore there was no induction programme at the home. There were no records of staff receiving formal supervision or appraisal. The deputy manager told us they were a very small team they did not think there was a need for formal supervision as they discussed care and performance on a daily basis. They told us they had received an appraisal but could not locate the record. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings should provide staff with the opportunity to raise any concerns or discuss practice issues.

There was no system for ensuring staff received supervision, support, training or professional development.

This is a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was no-one living at the home that was subject to DoLS. There were no MCA assessments in place as people were deemed to have capacity. People were consulted about every aspect of their care and were supported to make their own decisions. Staff understood how to obtain consent and the importance of ensuring people's rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care.

People told us they enjoyed the food, chose what they wanted and could invite friends around for a meal. People were involved in decisions around the weekly menus, the purchasing of ingredients from the shops and the preparation of meals. They told us they prepared their own snacks and drinks and staff usually prepared the evening meal. People chose to eat out if they were out during the day or take a packed lunch. Staff supported people to eat healthy diets according to their health needs. For example, one person was supported to manage their diabetes through a careful diet.

People were weighed on a regular basis and if any weight changes were identified, we saw that appropriate investigation and action was taken. For example, one person had recently lost weight. The deputy manager spoke with the person and was told they had recently cut down on the amount of chocolate they had been eating so that they could lose a bit of extra weight. We were told that all weight gains and losses were monitored closely. Records confirmed this.

People's healthcare needs were met through regular healthcare appointments. People attended their GP surgeries, dentists and hospital appointments. We saw evidence of people attending health care appointments in the form of letters about hospital appointments and letters regarding referrals to health care professionals. People told us how they had made their own appointments with their GP and attended other health care appointments.

Although elements of the environment required updating, people clearly felt comfortable and this was their home. They were able to decide how their own bedrooms were decorated and in the rooms we viewed we saw people had a variety of possessions that were important to them. They knew where items they needed such as cutlery and crockery were kept so they could prepare their own snacks and meals.

Is the service caring?

Our findings

The home had a warm and friendly atmosphere and we saw people were relaxed and happy around staff. People looked well cared for and were well presented. People told us they were very happy living at Battersway Court. One said "It's my home and I don't want to leave". Another said, "I am very happy living here. We get to go out and do what we want".

Staff told us people were well cared for and the home was designed around people's needs and preferences. The deputy manager told us that Battersway Courts aim was to ensure that people enjoy their lives by responding to their choices. The deputy manager told us people living at the home had been with them a long time and the registered providers' children and grandchildren had grown up with them and knew them very well. People were free to live their lives as they wished and were supported to be as independent as possible. They added "We try to make this a comfortable, safe enjoyable place to live. This is their home, these people are our family".

During the inspection we observed staff spending time with people and it was clear they knew the people they were supporting. Staff were able to tell us about people's history, likes, dislikes and preferences. Care plans also contained information about things that were important to the person such as what they liked to do. For example, one person loved to complete jigsaw puzzles another liked to play computer games.

People were encouraged to make their own decisions and to remain as independent as possible. For example, some people had chosen to have a key to their bedroom door. We saw people made choices about what to eat and how and where they spent their time. People spent time in their rooms when they wanted privacy and in communal areas when they wanted to be with other people. Staff were respectful of people's privacy and maintained their dignity. Staff knocked on people's door's and waited to be invited into their rooms. Staff told us they provided the support that people needed but were mindful of respecting people's dignity.

Staff understood the importance of promoting people's independence and this was documented throughout the care records we looked at. Outcomes people wanted to achieve were recorded, along with specific details of how staff could support individuals to achieve them, such as seeking employment or training. For example, people were encouraged to complete training along side the staff and we saw certificates in people's care records of courses completed such as, safeguarding adults and fire training . People had been supported in the past to work and one person was being supported by staff to seek employment at the time of the inspection.

People felt they were kept informed and involved. We were told they all sat down together for breakfast and discussed what was important to them such as the menus. People were encouraged to make suggestions about what they would like to do and make any comments about the service they received. We were told by the deputy manager they would definitely tell them if they were not happy with their care.

Is the service responsive?

Our findings

Care and support plans were personalised and reflected people's needs, wants and interests. Although people could live their lives as they wished, their care and support had structure and had been planned with the person. Care plans looked at people's particular social, leisure, daily living and domestic skills. This information helped staff to suggest opportunities available locally and at the home for the person. For example, we saw people had discussed and agreed with staff the household tasks they would be responsible for completing.

People's care plans clearly outlined every aspect of the person's life and reflected their wishes and preferences. This information helped staff to get to know the person better and provide the care and support they required. We saw care plans had been reviewed to ensure that people were receiving the care they needed. Daily records were up to date and gave a good overview of what had occurred for that person.

We observed that staff knew people well and when they displayed behaviour that challenged, staff were able to use good practice techniques to support the person manage their feelings. There were detailed descriptions about people's needs and how they could be supported by staff. For example, one person had displayed behaviour that challenged staff when official people visited the home. Triggers for the behaviours were clearly identified along with any signs that would indicate a change to their mood. There was a comprehensive management plan for staff to refer to which enabled staff to provide the correct support to this person when they were distressed.

The home had developed positive links with the NHS learning disability service which supported people's needs. We spoke to a learning disability nurse who told us about how the home was managing a person's needs positively. They said the home had put a positive behavioural support plan in place. Because of this, the person's challenging behaviours have reduced and staff are able to identify and address potential triggers, underpinning the behaviour.

People were involved a wide range of activities including education or work if they wished. They were supported to take part in activities with as much or as little support as required. Where needed, people were supported to visit the town and go shopping or visit local pubs and restaurants. People were encouraged to use local transport. Day to day people were encouraged to look after their own personal space and took pride in decorating, cleaning their rooms and keeping them tidy.

People told us they were supported to pursue a range of hobbies, activities and individual interests. For example, shopping, gardening, making toy models, jigsaw puzzles and attending a variety of services such as coffee mornings, activity clubs and disco's. One person told us they really enjoyed their holidays to Butlin's. During our inspection people were arranging their Halloween fancy dress party they were holding for their friends later that evening. They told us that they were always having friends around to visit and they had regular parties and barbecues'.

We asked people if they wanted to complain about something what they would do. They told us that they

would speak to [Name of registered provider and deputy manager]. There were clear policies and procedures in place for staff to follow when dealing with a complaint. However, the home had not received any complaints as they discuss any issues as and when they happen so that they are resolved quickly and to people's satisfaction

Is the service well-led?

Our findings

During our inspection we identified concerns with the lack of effective systems in place to monitor the safety and quality of care at the home. The registered provider was visible in the home and was supportive to people. However, they were not sufficiently aware of their legal responsibilities. For example, they had not submitted safeguarding notifications, to the Care Quality Commission in line with their legal responsibilities, although they had taken appropriate actions.

It is a legal requirement that providers notify the CQC without delay of any allegations of abuse; however this had not been done. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People did not have the benefit of living in a home which was effectively monitored, evaluated and improved. The provider did not have any systems in place for monitoring and assessing the quality of the service and therefore did not identify the concerns we found during the inspection. This included key areas such as staffing, staff training and staff development. We asked the deputy manager for audits and performance monitoring information. We found that no audits or checks were performed. The only overview of the performance of the home were visual checks made by the registered provider and deputy manager on a daily basis. These checks were not documented and there were no action plans produced to improve care.

Feedback had not been sought from staff, relatives and professionals in relation to their views on how the service was run. The deputy manager told us that they did not have resident's meetings for people as they were such a small group. Instead they spent time talking to people informally about the care they received which worked well. However, there were no records to show what actions had been identified, and taken, at these informal meetings.

We found that there were no effective systems in place to ensure the deputy manager and registered provider ensured the service provided safe and effective care and treatment.

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

Accurate records had been kept when people's needs had changed. We found that care plans and risk assessments contained information about people's needs. The records contained sufficient up to date information for staff of how they needed to support people. We saw that records were kept securely in the office and people had access to their records when they wanted them. This meant that people's confidentiality was protected because their information was secure.

People and staff we spoke with told us the registered provider was approachable and they were available at the home on a daily basis. The registered provider took an active role within the running of the home and knew people well. The visions and values of the registered provider promoted a personalised, safe and

stimulating environment where people were able to develop their social, communication and life skills with a view to gaining greater levels of independence. The registered provider and deputy manager took seriously their sense of responsibility to ensure that people were happy and listened to and they were supported to exercise choice as much as possible.

There was a lot of positive communication and input from professionals. Comments included "I feel that [name of provider] is a really great carer for the people. She will always facilitate whatever the people want"; "[name of provider] supports her people to access health care and is very open to any suggestions and enabling them to do anything they want to do". One commissioner said "Overall I have no concerns with the level and quality of support provided".

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 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not submitted notifications in relation to allegations of abuse, to the Care Quality Commission in line with requirements
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Aspects of the environment were not safe. Risk assessments had not been completed. Building work was not cordoned off and there were no window restrictors in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found that there were no effective systems in place to ensure the service provided safe and effective care and treatment. There was no monitoring or assessing the quality of the service. No audits or checks were performed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied, this meant the registered provider could not be certain

staff, including voluntary casual staff, were safe to work with people.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The home did not have an effective system in place to ensure all staff received effective training and regular supervision to support them to carry out their care duties for people and fulfil their job role effectively.