

Polesworth Group Homes Limited

Polesworth Group 32

Station Road

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected this service on 17 December 2018. The inspection was unannounced and carried out by one inspector and an expert by experience.

The service is a 'care home' operated by Polesworth Group Homes; a non-profit and independent provider of support for people with learning disabilities. The service, 32 Station Road, is one of eight services provided by Polesworth Group Homes Limited. The service provides accommodation with personal care for up to seven adults living with a learning disability and complex health care conditions. People in residential care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection visit, there were seven people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 our last inspection in May 2016 we rated the service as Good. At this inspection, we found improvements were needed to the overall quality of the care people received. The service remained caring, effective and responsive to people's needs. Some improvements were required in risk management and the quality checks undertaken. The overall rating is now 'Requires Improvement'.

Overall, risks were assessed and staff knew how to keep people safe, but information available to staff about identified risks had not always been updated in a timely way by the registered manager. Improvement was needed in managing the potential risks of entrapment injuries posed by using bed rails.

The provider checked staff's suitability to deliver care and support during the recruitment process. Staff understood their responsibilities to protect people from the risks of abuse because they had received 'safeguarding' training, and knew how to raise concerns under the provider's safeguarding policies. The registered manager and provider understood and followed their legal responsibilities when safeguarding concerns were identified to them. Overall, the service was clean and tidy, however, there were some risks of cross infection because staff had not consistently taken actions to minimise risks.

There were sufficient, trained staff to meet people's needs, which had been assessed. People were encouraged and supported to maintain good health through healthy eating. Staff supported people to

access healthcare services, and received their prescribed medicines from trained staff. Staff had received training in the Mental Capacity Act 2005 and worked within the principles of the Act. Managers understood their responsibilities under the Act and when 'best interests' meetings should take place.

Staff were compassionate, kind and caring toward the people they supported. People's privacy and dignity was respected and staff took opportunities to promote people's independence. People and relatives were complimentary about the service and had no complaints. Staff felt happy in their job role.

The registered manager and provider checked the quality of the service to make sure people's needs were met. However, audits had not consistently been effective in identifying where improvements were required. Feedback was encouraged from people and relatives.

## 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 consistently safe.

Potential risks of entrapment injuries from bed rails used without bumpers had not been assessed. Staff had not consistently taken actions to reduce risks of cross infection. Staff were recruited safely to support people and understood their role in protecting people from risks of abuse. People had their prescribed medicines available to them.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service was not consistently well led.

There were systems and processes to check the quality of the service, however, these were not consistently effective in identifying where improvements were needed. Staff felt well supported in their role and feedback was sought from people and relatives.

**Requires Improvement** ●

# Polesworth Group 32 Station Road

## **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 comprehensive inspection took place on 17 December 2018 and was unannounced. One inspector and an expert by experience by undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience of learning disabilities services.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. The local authority told us they had no current concerns about the service.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection visit we spoke with four people living at the home. We spoke with four relatives and asked their feedback about the service. We spoke with five care staff, the administrator and the registered manager.

We reviewed three people's care plans, daily records and two people's medicine administration records. We reviewed feedback about the service and looked at the management records of the quality assurance audits the registered manager, chief executive officer and provider; Board of Trustees, made to assure themselves

people received a safe, effective quality service.

# Is the service safe?

## Our findings

At our last inspection we rated this key question as Good. At this inspection we found people, overall, continued to receive a service that was safe. However, we found some improvements were needed in managing potential risks of harm and injury to people. The rating is now Requires Improvement.

Overall, risks of harm or injury to people were assessed and staff knew how to keep people safe because they knew them well. For example, one staff member told us, "[Name] needs to be occupied and encouraged to do their leisure activities, otherwise, can become anxious and this can lead to behaviours that challenge, such as treading on people's feet which might hurt them."

However, individual risk management plans had not always been updated by the registered manager in a timely way to reflect people's current care and support. We found improvement was required in managing some risks of harm or injury. Two people had been identified as at risk of developing sore skin and had equipment, including air flow mattresses, to reduce the risk of developing sore skin. One person's airflow pump was set at 130kg but the registered manager told us this did not reflect the person's weight. There was no information in the person's care plan to tell staff what the airflow pump setting should be. This posed potential risks of the airflow mattress not having the desired effects. The registered manager told us immediate action would be taken to ensure the person's airflow pump was set correctly and following our inspection visit, the registered manager confirmed action had been taken.

Staff had not consistently recorded important information about people's skin integrity. For example, one person's record had a gap of 15 days with no entry about the condition of their skin. The registered manager told us they expected staff to complete skin integrity records and assured us omissions in records would be addressed with staff. Staff and the registered manager told us people had no current skin damage and people's skin was also monitored by the district nurse on their visits to the service.

Two people used bed rails because they were at risk of falling from their bed. However, during our inspection visit, we saw one person was in their bed but had no bumpers attached to their bed rails. This posed potential risks of injury from entrapment in the bed rails. The registered manager told us the person had limited movement and because they got hot, the bed rail bumpers were not used. However, a risk assessment had not been undertaken. The registered manager took immediate action to ensure bed rail bumpers were now used and told us alternative types would be considered so this person did not get too hot. The registered manager told us bed rail bumpers were currently used for another person, however, their care plan told staff 'bumpers did not need to be used during the day time when [name] lay on their bed.' The registered manager took immediate action to update this person's care plan so information available to staff was accurate.

Staff had been trained in safeguarding people from abuse and told us they would report any concerns to the registered manager. One staff member told us, "I've never had any concerns about abuse here, but if I did I would tell the manager straightaway. If I was still concerned, I'd go further and report to the local authority or CQC." The registered manager understood their legal responsibilities in notifying the local authority and

us (CQC) about any safeguarding concerns.

People told us they felt safe living at the home because 'staff looked after them.' The provider had a system of recruiting staff to ensure their suitability to care and support people safely. Two staff had recently been recruited and their staff files showed pre-employment checks had been completed by the provider.

There were sufficient staff on shift to meet people's individual needs. Staff told us they worked well together to cover shifts, when needed, and were aware of the current efforts by the registered manager to recruit to a vacancy.

There was a fire alarm system in place at the home and people had Personal Emergency Evacuation Plans (PEEPS) which informed staff and emergency services of the level of support people would need in the event of an emergency. However, special equipment, such as evacuation mats, had not been considered for two people whose support needs were higher. We discussed this with the registered manager who asked the administrator to order two evacuation mats. Following our inspection visit, the registered manager sent us updated copies of two people's PEEPS to be implemented when evacuation mats were delivered to them.

People had their medicines available to them and these were stored and handled safely by trained staff, who had their competencies assessed by the registered manager. Staff recorded people's medicines on medicine administration records (MAR) and we found these had been completed correctly. Protocols were in place to guide staff about 'when required' medicines should be given to people, to ensure a consistent approach was taken. However, staff had not consistently ensured stocks of people's medicines were accurately recorded. The registered manager assured us they would remind staff of the importance of accurate record keeping.

Staff knew how to record accidents and incidents so that learning could take place when things went wrong. Learning took place to minimise risks of reoccurrence.

Overall, the home was clean and tidy and people were protected from the risks of infection. Staff understood the importance of using personal protective equipment (PPE), such as gloves and aprons, when supporting people with personal hygiene. However, we found some improvements were needed to reduce risks of cross infection. For example, one person's empty night-time catheter bag was in its stand on the floor but no cover had been placed on the catheter 'tap,' this posed risks of cross infection.



## Is the service effective?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to give an effective service to people. The rating remains Good.

When people began using the service, they and their family members were involved in assessing their needs and planning their care. People's care needs were assessed and individual care plans were in place. People told us they were happy living at the home and during our inspection visit, people moved about the home and interacted with staff in a relaxed way. One person told us, "I'm very happy living here and like all of the staff."

An induction programme supported new staff in their role. Staff told us they felt supported in their role through individual and team meetings. One staff member described the provider's training as 'very good' and staff felt they had received the training they needed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider's chief executive officer and registered manager understood their responsibilities under the Act. There were five people with an approved DoLS and two applications to restrict people of their liberty had been applied for. Staff understood their role in protecting people, and worked within the principles of the MCA. People confirmed to us that staff asked for their consent before, for example, supporting them with personal care.

People's nutritional and hydration needs were met. One person told us, "I like the food here, I have plenty to eat and drink." People's weight was monitored, so that actions could be taken if changes were observed. One person received their nourishment through a Percutaneous endoscopic gastrostomy (PEG) tube and guidance was available for staff to follow. Percutaneous endoscopic gastrostomy (PEG) is where a tube is passed into a person's stomach through the abdominal wall.

People were supported to access healthcare professionals. District nurses visited some people to provide community nursing support. Other healthcare professionals such as psychiatrists, community learning disability nurses and GPs, dentists and chiropodists were involved in ensuring people's health and wellbeing were maintained.

The service meets people's needs. It is a two-storey house, adapted to provide 'care home' facilities for people.

## Is the service caring?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to have a caring approach toward people who were happy living at the home. The rating remains Good.

One person described the staff to us as 'all being very kind' and 'all staff support me and care for me here.' Relatives gave us positive feedback about staff. Staff had a relaxed and patient approach toward people. For example, when one person wanted to go into a bedroom that belonged to another person, the staff member gently explained it was not their bedroom and encouraged them to the dining area to continue with their jigsaw, which this person did.

People were supported by staff to express their views and were involved in making decisions about their care and support on a day to day basis. For example, one staff member told us, "[Name] does not have very much verbal communication, but can understand what we ask them and we know from their facial expressions what they want."

Staff told us they promoted people's independence whenever possible. One staff member told us, "Some people are more able than others and can make more decisions, but we always try to involve people even in small decisions about what they want to wear for the day."

People told us, and we observed, staff respected people's privacy and dignity. Staff used a 'no entry' bedroom door sign to indicate to other staff not to enter when people were supported with personal care. One staff member told us, "One person occasionally comes out of the bathroom without their clothing on and we quickly get them clean clothes and support them so their dignity is maintained."

## Is the service responsive?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating remains Good.

People's care was personalised, their needs were assessed and everyone had an individual plan of care. People also had personalised activity plans which were used to help people achieve their goals and positive outcomes. Staff had recorded on one person's activity, '[Name] engaged well at the park and they were full of smiles.' Staff told us analysis of activities took place so they knew which activities people enjoyed most.

The registered manager had recognised some people's needs had changed since they started living at the home. For example, some people had been diagnosed as living with dementia and staff recognised people required support with their memory and prompting with, for example, personal hand hygiene.

People's bedrooms were personalised. Some people showed us their bedrooms and told us they were 'very happy' with them. We saw the décor of one person's bedroom was not well maintained because they peeled the wallpaper from the walls. However, this person did not currently want their bedroom refurbished, the registered manager told us this person's choice was respected, however, this person could change their mind if they wished.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. Staff recognised people had different levels of understanding verbal, written or pictorial information. People's care plans provided guidance to staff about people's preferred communication.

The provider's 'how to complain or raise a concern' information was displayed for people in both a written and pictorial format. People and relatives told us they had no complaints. The registered manager told us any complaint would be investigated and action taken to resolve issues.

The home did not specialise in, or offer, end of life care. However, the registered manager told us they believed the provider's vision would be if a person's health deteriorated, every effort would be made for the person to remain at the home, if they wished to, with staff that knew them well. One person's care plan detailed their wishes not to be admitted to hospital for certain treatment and to remain at the home. Staff would work alongside healthcare professionals in line with the person's 'best interests'.

## Is the service well-led?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to feel well led. But, improvement was needed in some quality checks because these had not always been effective in ensuring a consistently safe and quality service was provided to people. The rating is now 'Requires Improvement.'

The registered manager split their time between this service and another of the provider's services which they also managed. People knew who the registered manager was and during our inspection visit, positive interactions took place between people who felt at ease with the registered manager. Staff told us they felt 'supported' by the registered manager. One staff member said, "Nearly every day the manager is here and if not, we can telephone them or the on-call manager if we need support."

There was a system of internal audits and checks undertaken within the home to ensure the quality of the service was maintained, however, these had not been consistently effective. For example, infection control audits had not identified risks of cross infection that related to one person's catheter care. The audit had not identified some storage arrangements posed risks of cross infection, for example, toilet rolls and wipes were stored on a very dusty shelf next to a dusty extractor fan. Audits had not identified the dusty floor of the medicines cupboard where people's medicines were stored. The registered manager took immediate action to address issues we identified to them and told us they felt some issues had occurred due to some recent staffing absences and priority being given to people's care over cleaning of the home.

The provider's chief executive officer and Board of Trustees undertook frequent quality monitoring visits to the service and some actions for improvements were recorded and implemented. However, these checks had not identified the issues we found during our inspection visit.

The registered manager told us the provider had recognised some audits lacked detail and a more detailed audit format had been agreed. The registered manager showed us their new audit format which was due to be implemented during December 2018 with the month end checks.

Timely action had not always been taken by the registered manager to update people's care plan information that related to risk management. For example, one person's bedroom file contained guidance which told staff about how they should thicken the person's drinks. However, staff told us this was no longer correct and they did not follow this because the person had their nutritional needs met in a different way. Incorrect information in people's care and risk management plans posed potential risks to their safety and wellbeing. The registered manager recognised they needed to update areas of some people's care plans to reflect their changed needs. The registered manager told us they had recently spent some of their time supporting a tenant who used the provider's supported living service. The registered manager told us they would ensure information was updated immediately and the day following our inspection sent us copies of people's updated information.

Feedback was encouraged from people and relatives. Relatives had been invited to a 'Carer's Meeting'

during May 2018, where positive comments about the service were given. Relatives felt they would be able to raise any issues with the registered manager if needed and they would address these.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating. Polesworth Group Homes has a website which provides information about their services and a link to their latest CQC rating.