

Support for Living Limited

Princes Road Residential Care Home

Inspection report

46 Princes Road
Teddington
Middlesex
TW11 0RU

Tel: 02033973033

Date of inspection visit:
24 May 2022

Date of publication:
07 July 2022

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

About the service

Princes Road Residential Care Home is a residential care home providing personal care for up to six people. The service provides support to people with a learning disability or autistic people. At the time of our inspection there were five people using the service.

People's experience of using this service and what we found

Where incidents occurred, the local authority safeguarding team was not always notified in a timely manner. Concerns were raised that there were not always enough staff to manage behaviour that could be considered challenging; and staff had not been trained in this.

A new management team had recently been introduced to the home. Prior to this the home had been lacking in management oversight and support. This has impacted on morale across the home and meant that improvements required had not been addressed quickly. Statutory notifications were not always submitted when important events occurred, and provider management did not have sufficient oversight of safeguarding incidents.

Relatives felt their loved ones were well cared for, that the staff team treated them with dignity and respect. People were supported with their individual needs and their independence was promoted. Where healthcare support was required the service supported people to access the appropriate professional. Advocacy support was accessible to those that required it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support: Staff supported people to make choices about their day to day lives and be independent in their tasks.

Right care: Staff treated people with dignity and respect, with relatives feeling their loved ones were well cared for.

Right culture: The culture of the home was improving with a new management team that staff, relatives and

professionals felt could make a difference.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 August 2019)

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

The inspection was prompted in part due to concerns received about Deprivation of Liberty Safeguards (DoLS) conditions compliance, oversight and management, staffing levels, activities and responding to behaviours that could be considered challenging. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Princes Road Residential Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding people from abuse and improper treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Princes Road Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Princes Road Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Princes Road Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also looked at intelligence we held about the service such as statutory notifications and stakeholder feedback. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with one person who used the service about their experience of the care provided. We spoke with five members of staff including the Locality Manager, the Registered Services Manager, the team leader and two care staff.

We reviewed a range of records. This included two people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were not always reported at the time of their initial occurrence. At the time of our inspection a safeguarding incident had been recently reported. However, this followed a range of similar incidents that had occurred, and the provider had not been timely in ensuring these potential safeguarding incidents were referred to the local authority safeguarding team at the soonest opportunity.
- Whilst the provider took steps to help mitigate the risks associated with the above, timely action was not taken to ensure the local authority were able to investigate a potential safeguarding concern.
- However, staff were able to recognise potential signs of abuse and knew internal processes for escalating concerns. Staff knew of the role of the local authority in investigating safeguarding concerns.

The above issues demonstrate a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk assessments and management plans required review. At the time of inspection, the provider informed us that they were in the process of updating all people's care files to ensure information was up to date and accurate.
- People had risk management plans in place, however we found these would benefit from more detail on how to mitigate specific risks. For example, one person had a risk assessment in relation to behaviours that could be considered challenging. The risk assessment stated how staff needed to de-escalate and minimise occurrence but could have provided more detail in relation to key phrases or body language that the person responds to.
- We raised the above with the provider who told us they would look to further enhance the content of their risk assessments. We will review their progress at our next inspection.

Staffing and recruitment

- Staffing levels could be improved. At the time of inspection there were staff vacancies at the home. Some staff and relatives reported to us that there were occasions where it was felt that activity attendance could at times be impacted by a lack of staff. The provider was actively recruiting to try and fill these roles. As an interim measure staff covered additional shifts, or the use of bank staff.
- Concerns were expressed in relation to the number of staff on duty, and whether numbers were sufficient to respond appropriately to people's needs. We raised this with the Locality Manager who told us they

would review the current staffing arrangements. We will review any improvements to staffing levels at our next inspection.

- Staff were safely recruited, with the provider ensuring they checked their suitability for the role. This included proof of employment history and appropriate employment references. Staff were subject to Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines when they needed them. We reviewed the medicines administration records (MAR) for three people and found that protocols for PRN ['as needed'] medicines required an update. We raised this with the provider who ensured these were updated and reviewed by an appropriate healthcare professional within 24 hours of the inspection. We were satisfied with their response.
- Staff received regular training to refresh their medicines administration competency. MAR were up to date and confirmed people received their medicines at the times they needed them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Upon entry to the home visitors were asked to confirm that they had a negative COVID-19 test, with arrangements at the premises should visitors require access to PPE and testing.

Learning lessons when things go wrong

- Incidents and accidents were clearly logged and recorded as they occurred. We reviewed the providers records and found that these clearly detailed potential risks arising from the incident and actions to take to mitigate the likelihood of these reoccurring.
- Managers ensured that were accountable for the oversight of incidents and their investigation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The home was in need of updating, redecoration and refurbishment. For example, the bathroom was in need of a refresh and update. Communal areas would benefit from decoration to improve the visual environment.
- We raised this with the provider who told us they were holding ongoing discussions with the landlord to try and make these improvements. We will check their progress at our next inspection.
- People's rooms were decorated according to their taste and preferences. People were able to choose their furnishings and rooms reflected their interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving to the home in order to ensure suitability of placement. This included assessments in line with best practice guidance and collaboration with the local authority to accommodate people's funded support hours.

Staff support: induction, training, skills and experience

- Staff received training in a range of topics to support them to develop the skills needed to carry out their roles effectively. This included moving and handling, basic life support, equality and diversity as well as need specific training to meet people's medical diagnoses.
- Staff told us they were regularly supported through supervision with management. Comments included, "I would say if I want a 1:1 I could probably get it. If I need some help, they [management] try to make sure it's done."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We reviewed people's DoLS records and found that these were all in date and had been renewed in a timely manner. Where people had conditions applied to their DoLS the provider was actively reviewing these to ensure they were compliant.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink meals that met their preferences. This included regular discussion at resident meetings and keyworker sessions. Staff were aware of any allergies and knew how to supervise people to monitor for any signs of choking where people were deemed to be at risk.
- Healthcare professionals were accessible to people at times that they needed them. This included the support of GPs, psychiatrists, local hospitals and specialist teams. Records of involvement was clear in people's care files, and guided staff as to how to support people in line with healthcare professional's guidance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff ensured people were well supported. People told us they felt well cared for at home and enjoyed living there. Relatives said, "{Staff member} is exceptional and clearly understands [person], incredibly supportive but knows when to be strict. [Staff member] is also extremely good and made [person] feel so welcome."
- Staff understood how to support people's choice of faith or beliefs. Recent feedback from a professional that worked with the home stated, 'How impressed I am at the caring nature of the staff I have met. Their interaction with the residents show that they work in a very person centred way and want those they support to lead the best lives.'
- We observed thoughtful interactions between staff and people, and it was clear that staff knew them well.

Supporting people to express their views and be involved in making decisions about their care

- Care records reflected that people had been consulted on how they wished for their care to be delivered. At the time of inspection this documentation was under review.
- Each person was allocated a keyworker, who they met with monthly to discuss their day to day lives. This enabled staff to update care records so that care was delivered in line with people's preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. A staff member said, "By making sure with personal care we shut the door, we support them but prompt and ask them to do certain things. Before I help them with something else, I ask them. To get dressed - make sure the room is closed and have their privacy."
- People were encouraged to be independent in their day to day living tasks wherever they were able to. This included preparing meals where possible and taking ownership of personal care tasks that they could complete with minimal support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were clear on how to support those with a sensory impairment and were able to convey to us individual preferences in communication for one person at the home. Information was available in pictorial format and social stories were used to support people to understand appointments.
- Clear communication passports guided staff as to how to ensure people were understood through the use of body language. These detailed for staff how individuals may express their emotions through their behaviours.
- People's care records included an overview of people's life histories, to support staff to understand them as individuals. Care records clearly stated how people preferred to communicate, and how they would express themselves if they were non-verbal.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities that they enjoyed. These had however been impacted by the COVID-19 pandemic, with staff and relatives reporting that 'usual' activities had only recently resumed.
- One person attended college regularly, whilst one person took pride in telling us of the day out they had planned. Efforts were underway to support people to go on holidays if they wished to do so. A staff member said, "We do residents meetings. We do activity planning with Makaton via You Tube and 'singing hands'."
- People were supported to access activities run by local organisations in the community. This included a Gateway social club for those with learning disabilities, a choir group, access to a job club, music therapy and an online disco.

Improving care quality in response to complaints or concerns

- There had been no complaints received since our last inspection. Relatives told us they knew how to raise any concerns with the provider.
- The complaints policy was accessible and staff knew how best to support people to raise issues in relation to their care.

End of life care and support

- Where they wished to do so, people were supported to express their end of life wishes. This included any preferences for funeral arrangements and their belongings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not taken timely action to ensure people were always protected from the risk of abuse. A lack of management oversight and presence at the home had impacted on the day to day lives of people at the home and staff morale. Relatives and other professionals expressed concerns about management responses to issues as they were raised.
- In addition to the above, the Care Quality Commission were not always informed of important events that impacted on the service.
- Following the occurrence of incidents, the provider had not been prompt to introduce training to address behaviour that could be considered challenging. We raised this with the provider who informed us staff training had been booked. However, this should have occurred sooner to support staff to understand how to respond to these behaviours.
- Lack of compliance with DoLS conditions had only recently been identified since the presence of the new management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home was without a registered manager at the time of our inspection. Staff and relatives reported to us that since the departure of the previous registered manager the stability of management had fluctuated, impacting on the morale across the home.

The above issues demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The Locality Manager was planning to register with the Care Quality Commission, with a team leader who was new in post and had day to day oversight across the home. A staff member told us, "I think that it's good [management]. Going back maybe five to six months ago it wasn't so good, but now I feel comfortable. When I look back then to now, it's different -I don't feel the pressure and that it's all on us now." We were assured that measures were in place to improve management support and visibility at the home. We will review the provider's management support at our next inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The new team leader understood the need to apologise for any wrongdoing. At the time of our inspection there were no outstanding complaint responses to review. We will review this at our next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider actively engaged with others to understand their experiences. Those living at the home met as a group regularly to discuss communal activities and menu planning. Each person was allocated a keyworker who they also met with regularly.

- People, relatives, staff and relevant organisations were consulted to provide feedback on the service. At the time of inspection, a new survey was forthcoming. We will review the providers progress with this at our next inspection.

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside others to support care delivery. This included work alongside a community agency that created and supported opportunities for those with a learning disability. This included activity and holiday opportunities.

- Healthcare professionals were consulted to help meet people's needs. Links had been made with the local businesses such as pubs and shops to support people with familiarity and to feel part of the community.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Potential safeguarding concerns were not reported to the local authority in a timely manner.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A lack of management oversight had impacted on the morale across the home and meant that responsiveness to issues was not as timely as it should have been.