

## Protea Care Homes (Kent) Ltd

# Ruby House

### Inspection report

Suite B, Kiln House  
15-17 High Street  
Elstree  
Hertfordshire  
WD6 3BY

Date of inspection visit:  
09 November 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook an announced inspection at the provider's registered office address Suite B, Kiln House, 15-17 High Street, Elstree. We also visited Ruby House which is the address where people receive support as we were told by the registered manager that some of the documents required during the inspection were kept at Ruby House. The service provides supported living for people with learning disabilities, mental health conditions, physical disabilities, and sensory impairments. At the time of our inspection there was one person using the service, who resided at Ruby House.

The service had 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. The service also had a manager who was based at Ruby House on a temporary basis.

There were systems in place to keep people safe from harm. Staff had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service. There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff we spoke with were aware of people's needs, and provided people with person centred care. Staff were well supported to deliver a good service and felt supported by each other and the management team.

The provider had a robust recruitment process in place which ensured that staff were qualified and suitable to work with people who used the service. Staff had undertaken appropriate training and had received regular supervision but we found that staff did not always receive an annual appraisal. Staff had received training on how to administer medicines safely; however there were no medicines audits available for us to review. Staff cared for people in a friendly and caring manner and knew how to communicate effectively with people. Staff supported people well and spent time with them.

We saw that the provider sought consent from people; however, we noted that not enough was done to ensure that people understood what they were consenting to. People were encouraged to be as independent as possible and to make decisions about what they wanted to do with their day. There was a system in place to assist people who were not able to make best interest decisions for themselves, which involved advocates and other professionals. People's choices were respected and we saw evidence that people, relatives and/or other professionals were involved in planning the support people required. People were supported to eat and drink well and to access healthcare services when required. The provider did not have effective system in place to ensure that complaints were recorded and records were kept in an accessible and safe place .

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Staff knew how to keep people safe. Staff were actively encouraged to raise their concerns and to challenge when they feel people's safety was at risk.

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe. Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service. Staff recruitment and pre-employment checks were in place.

### Is the service effective?

Requires Improvement ●

The service was not always effective

Consent was sought in line with current legislation; however people were not effectively supported to ensure they understood what they were consenting to Staff had the skills and knowledge to meet people's needs.

Staff did not always receive an annual appraisal

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs). People were supported to eat and drink sufficient amounts to maintain good health.

### Is the service caring?

Good ●

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

### **Is the service responsive?**

The service was responsive

Staff were aware of people's support needs, their interests and preferences.

There was a complaints procedure in place

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

There was a registered manager in place.

Medicine audits were not undertaken and records were not always locatable or available at the location

The provider sought the views of people who used the service and staff felt supported by the management

**Requires Improvement** ●

# Ruby House

## **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 inspection took place on 09 November 2016 and the registered manager was given 48 hours' notice of our planned inspection. The inspection was conducted by one inspector and an expert by experience. Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed the service's previous inspection report and information we held including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with one person who used the service, the registered manager, and a temporary manager who worked at Ruby House. We also spoke with four care staff, two professionals who were visiting the service on the day of our inspection and one relative. We reviewed the care and support records of one person that used the service, five staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

A person that we spoke with told us, "Yes" that they thought they were safe within the supported living scheme. A relative we spoke with said, "I am very happy with things now,[relative] is safe and happy we had problems a while ago when a resident who was challenging kept hitting [relative] but that [person] was moved on and everything is fine now, I am happy with everything."

We saw that risk assessments were undertaken to keep people safe and that these were personalised. We saw that one person's risk assessment was around the use of the kitchen. The risk assessment looked at the person's use of a kettle. The risk assessment stated that the person could use the kettle but must be supervised to reduce the risk of burning themselves. The risk was categorised as a low risk if staff supported them. Other risk assessments for this person included, medicines, ironing clothes, getting into vehicles and going out. We also saw that environmental assessments had been undertaken to ensure that the person was safe in their home.

Staff we spoke with were aware of where they could locate information within the service to report any concerns they had about people, this included either internal or external organisations such as the local authority. Training records we reviewed showed that staff had all received training in safeguarding people. Staff knew where to locate the provider's whistle-blowing policy. Whistle-blowing is a way of reporting concerns anonymously without fear of the consequences of doing so. Staff were aware of who they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

We saw that the manager had undertaken regular risk assessments to ensure that people were safe from harm and these were appropriately reviewed and updated when required. The manager had undertaken environmental risk assessments and health and safety checks to ensure that where people lived and staff worked was suitable and safe; the provider had a health and safety policy which was accessible for staff to view and staff we spoke with knew where they could locate the policy.

The provider had a contingency plan in place, which helped to ensure that in the event of an emergency, people using the service that resided at Ruby house were kept safe. This included individual emergency evacuation plans for people. These plans assessed people's ability to leave Ruby House safely should the need arise, as well as the support they would needed to do so.

We were told by the management team that staffing levels for Ruby House were assessed based on the needs of the people. The manager told us that staff rota's were designed around people's needs, and that the amount of staff on duty in Ruby House varied depending on peoples allocated one to one to one time with staff. Staff employed at the service, were suitable and qualified for the role they were being appointed to. All staff completed an application form, references had been obtained and staff had a DBS check prior to starting work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We reviewed the Medicine Administration Records (MAR) for one person. We saw medicine was given at the correct time and had been recorded appropriately. There was a policy available for staff to refer to should the need arise. We saw that staff had signed the MAR chart to show that they had administered the medicines. Staff who administered medicines had received the appropriate training and had their competency assessed.

## Is the service effective?

### Our findings

A relative told us about their involvement in their family member's care. They said, "We attend meetings and we get sent questionnaires ..... and staff are always helpful, I was called by the area manager to explain that the manager was leaving and an interim manager would oversee things until they get a replacement."

The previous manager had undertaken regular supervision with staff, during which they discussed issues such as any training needs, issues relating to the care of people who used the service and other operational issues. Staff we spoke with confirmed that they were always given an opportunity to discuss concerns and self-development during supervision. A member of staff told us, "We get bi monthly supervisions here." We noted that six staff had not received an annual appraisal. We spoke with the registered manager about this and we were told that it had not been done as the previous manager had left, but they would ensure that it would be done.

The provider had an induction policy and procedure. Staff we spoke with and evidence reviewed showed that staff had received an induction when they started working for the service, which included training, shadowing experienced staff and reading people's care plans. The registered manager told us that, "When a staff member starts they get information about the company and the clients. Staff are required to read all care plans and information pertaining to the clients. If staff do not have level 2 in care they are required to do the care certificate work book level one which look at understanding the role, your personal development, duty of care, working in a person centred way, communication, fluids and nutrition, mental health dementia and learning difficulties, safeguarding basic life support health and safety, handling info and infection control." We saw that regular refresher courses were undertaken to ensure that staff were abreast of any changes. Staff told us that the training helped them to provide person centred care and helped them to develop their skills. We noted that some staff had also gained further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QCF). A staff member told us, "I always enjoy training it keeps me up to date and refreshes things that I know but may not have done it for a while."

We noted that a person had been asked to consent to various things. We saw that the person had signed consent forms to show they consented. This included giving their phone to the staff at night. We were told by a manager that the person was able to consent to something on their own and in matters where the person was not able to make a decision their family acted legally as their representative. The manager showed us where it was discussed in a meeting, however we saw that the form was signed a month after the meeting. We further noted that there was no risk assessment or information about the reason as to why the person phones were taken from them.

We saw that were able, people signed their care plans to indicate that they had consented to the care and support staff provided as outlined within the care plan. Staff we spoke with were aware of their roles and responsibilities in connection to ensuring that people consented to their care and support. Staff told us that they assisted people to do their individual shopping and where required assisted them to prepare and cook their food. Staff we spoke with told us that they encourage people to choose a healthy



choice of foods and also encouraged them to drink plenty of fluids throughout the day especially during the warmer months.

Staff understood and were able to explain their responsibility under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 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. Records showed that all staff had received training in the Mental Capacity Act 2005 (MCA).

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. On the day of our inspection a staff member was assisting a person to attend a medical appointment in the afternoon. We noted that a record was kept detailing the reason for the appointment and the outcome and whether a follow-up appointment was required.

## Is the service caring?

### Our findings

A person we spoke with agreed that staff were caring towards them. A relative we spoke with was very positive about some staff. They told us that, "Staff are very caring and go above and beyond their role I believe they know [relative] well and [relative] is happy, staff are very good." Staff we spoke with told us how much they enjoyed their job. A staff member said, "We have a good team here and everyone mucks in we never use agency it's a nice working atmosphere." Staff members we spoke with all told us the importance of encouraging and supporting people to be as independent as possible to retain skills that they already had and to encourage them to learn new skills.

We saw that a person had a key worker who was responsible for looking after them and helping to meet their needs. There were two keyworkers assigned to the person to ensure that one keyworker was available at all times, for example if one goes on holiday the other is still available. We saw that the person's key worker met with them monthly to discuss the service. They used user friendly forms which were completed at each session to show if the person was happy with the service, the support they receive and with staff. We observed staff interaction with a person and we were able to see that staff were caring, friendly and had a good rapport with people.

We saw that a support plan was written in an 'easy read' format so that the person could understand how they would be supported. We saw that where possible the relatives/advocates or other professionals, were involved in their care planning process. Pictures and symbols were used to assist them to make choices about how they wanted to be cared for. We were told by the temporary manager that the person was encouraged and supported to decorate their room to their liking. Decorations included soft furnishing and personal effects such as pictures of family members.

During our inspection we observed that staff respected the person's privacy and dignity. A person confirmed that, staff knock on their bedroom door and waited for a response. Staff also confirmed that before they entered the person bedrooms, they would knock on the door and wait to be given permission to enter or for the person to open the door. Staff told us that they ensured that when undertaking personal care, doors and curtains were shut so that the person was supported in private.

## Is the service responsive?

### Our findings

We asked the registered manager to see the records of any complaints recorded in the last six months. We were told by the registered manager that these records were held at Ruby House. Subsequently we asked a manager who was present at Ruby house to view these records and we were told that they were held in the registered office. As a result of not being able to view these records we were not able to verify that complaints were recorded, investigated and responded to in a timely manner.

A relative we spoke with said, "We did have problems in the past and I did complain and it was dealt with lots of meetings and finally things got sorted out." There was a complaints policy and procedure available in an easy read version. The policy provided details of how and where a person could make a complaint to the provider.

The provider has an equality and diversity policy in place. The registered manager told us, "If there is someone with cultural needs such as types of food, religious needs, we always valued and support their needs." We noted that the service was for females only and we were told by the registered manager that because of this the service only used female staff.

We reviewed a care plan and found that it was person-centred and contained comprehensive details of the support the person needed. The care plan was 'user friendly' so that the person could understand it. It contained enough detail about the person's history, preferences, interests and things they found important. The care and support plan was regularly reviewed and updated when required. We noted that when the care plan was reviewed, where possible, the person's relatives or other professionals were invited to participate.

The person had regular meetings with their keyworkers during which they would explore if person's needs was being met and if any changes to care and support plan was needed. Details of the persons history was documented which had helped to formulate the care and support plan. We saw that the person had their individual activity plans which were based on their likes and interest.

## Is the service well-led?

### Our findings

The provider had a registered manager in place but the service was not always well-led. We found the service did not maintain at the registered office the records required. For instance records such as complaints and medication audits were not available. We were told by the registered manager that they were kept at the supported housing accommodation. When we visited the accommodation we were told that these records were kept at the registered office. This meant that records were not kept in an accessible safe place.

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

Staff said that the management team was approachable and was willing to listen to any concerns or ideas they may have had in regards to the service and people's care. A staff member said, "I have been here five years and feel well supported as we have a good team." Another staff member said "We are a good team even though we are waiting on a manager we just get on with the job."

The registered manager told us that they had an 'open door' policy, meaning that people, staff, relatives and professionals could speak with them at any time. Staff we spoke with knew the names and positions of senior staff, as well as, the management structure of the organisation. Staff were clear on who they reported to and who within the organisation they could contact to obtain particular information from. The philosophy within the service was to support people to be as independent as possible and enjoy a full life.

There were regular staff meetings and these were recorded so that staff who were unable to attend could be kept abreast of any changes. The manager was visible throughout the agency. We were told by the manager concerns or ideas that had been raised and were suitable to do so would be discussed and/or shared in staff meetings so that they could be used as a learning tool to improve the service.

The provider had a system in place to record safeguarding incidents and we saw that appropriate action had been taken in response to these. We also saw evidence that where necessary, the manager had sought advice and guidance from other professionals such as social workers.

Accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe. We saw evidence that appropriate records were kept of these accidents/incidents which are notifiable by law. We saw that care plan and health and safety audits had been undertaken. The provider had undertaken a survey in August 2016, to obtain the views of people who used the service and relatives. We saw from the results that people were happy with the service they had received.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Records were kept at the registered office. This meant that records were not kept in an accessible safe place.