Precious Homes Limited

Arthur House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 18 November 2015 and was unannounced. The home was providing accommodation and personal care for six people with learning disabilities and /or autistic spectrum disorders. At the time of the inspection there were three people living in the home.

At our last inspection on 11 November 2014 we found the service required improvement and had two breaches of regulation. The home had been found not to have adequate infection control equipment and had not made suitable arrangements to lessen the risk of infection. In addition there was lack of appropriate responses to complaints and incidents and accidents and the monitoring of the performance of the home. Although we found improvements had been made further improvements were needed.

In November 2014 we found there needed to be improvements in the continuity and management of the service and relatives, staff and professionals were not happy about how the home was run. We found that systems needed to be improved to ensure that risks to people were managed effectively.

Summary of findings

In November 2015 we found that there had been improvements in how complaints were managed and efforts had been made to ensure that people were given a voice for their concerns and worries. People and staff we spoke with were happier with the care provided. However relatives and professionals we spoke with varied in their views. We found that the management of the home was not consistently good. Improvements were needed in the provider's understanding of their conditions of registration. Appropriate systems needed to be in place to ensure the safety of people when they moved. Information needed to be available when judgements about the planning of care for individuals and about the home the home need to be made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

There had been no registered manager in place for over six months. 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 provider and the current manager assured us that an application for the current manager to become registered was going to be submitted. In addition the provider had allowed the offices of another of their services which provided personal care in people's homes to be operated from Arthur House. They had not applied to have the registration of Arthur House to be amended for this to happen. Although we found that the provider was making efforts to make applications for this to happen following our visit, this was not registered at the time of our visit. These issues were breaches of the conditions of registration under Section 33 of the Health and Social Care Act 2008.

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. Medicines were well managed and this helped to keep people well. People were supported to attend appointments about their physical health.

People were supported by enough staff to keep people safe and to give support when requested. There were recruitment and induction processes in place to ensure new members of staff were suitable to support the people who were living in the home. People were happy with how staff supported them. However the home was unable to demonstrate that staff had appropriate knowledge to ensure people were supported effectively and safely.

The care manager and staff we spoke with were aware of the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing support and at times this meant that some people made unwise decisions or refused support that would help them. People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

People were supported to plan for, budget, buy and cook suitable meals to keep them well where this was possible. People were given support to gain specialist advice about their diet and given support to eat where needed.

People were happy about the relationships they had with the staff that supported them. We observed that staff interacted with people well and tried to alleviate their concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People felt safe in the service and any concerns about their safety were reported and investigated.

People were supported by appropriate numbers of staff who had robust checks before they were recruited.

People's medicines were safely administered.

Good

Is the service effective?
The service was not consistently effective

Staff knew how to care for people although evidence that training had been undertaken was not always available.

People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

People were supported to eat and drink enough to maintain their well-being.

Good

Is the service caring?
The service was caring

People told us that staff were understanding and we saw good staff interactions with people.

People were encouraged to make choices and be independent as possible.

Good

Is the service responsive?
The service was responsive

People were supported to maintain contact where possible with people who were important to them. They were encouraged to be involved in interests and hobbies as much as possible.

Improvements had been made to enable people to raise concerns and complaints as they happened.

Good

Is the service well-led?
The service was not consistently well led

Requires improvement

Summary of findings

People, a relative and staff told us there had been improvements in how the home was led and how they felt that comments were listened to.

The provider had not ensured that they were meeting the conditions of registration as there had been no registered manager in place for over six months. The activity of organising and providing personal care was being delivered without appropriate registration.

The systems in place to oversee and manage the service were not always effective.

Arthur 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.

Our last inspection took place on 11 November 2014 when the service was not meeting some of the regulations that we inspected in respect of infection control and the assessing and monitoring of the service and required improvement in other areas. This comprehensive inspection took place on 18 November 2015 and was unannounced.

The inspection was carried out by one inspector. Before the inspection we reviewed all of the information we held about the home. This included statutory notifications received from the provider about accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. Before the inspection we also reviewed any contacts we had with people who were living at the home, with relatives and social care professionals.

During our visit we spoke with two of the three people who were living at the home about aspects of their care. We were unable to speak with one person due to their health conditions, so we spent time observing this person's care in the communal areas of the home. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with a relative who was visiting the home and with four care staff, the administrator and the manager of the home.

We looked at parts of two people's care records and two people's medicines and medicine records to see if they were accurate and up to date. We also looked at four staff employment records, quality assurance audits and complaint records to identify the provider's approach to improving the quality of the service people received.

After our visit we spoke with three social care professionals.

Good

Is the service safe?

Our findings

We spoke with two people who lived in the home both told us they felt safe. One person told us: "I feel safe because staff are understanding….when I am upset they help me to go to a safe place in my head." Another person told us: "Yes it is safe here." We spoke with a relative who had expressed some concerns at our previous inspection and they told us that they thought their relative was safe.

Staff spoke about their awareness of abuse and the role they had in protecting people. They knew about the possible changes in people's behaviour that may suggest abuse. Among staff comments were: "People's safety is 100% our priority" and "All of the staff do their utmost to keep people safe." All of the staff we spoke with were able to talk confidently about how they intervened to minimise the effect of any discriminatory actions from the public when they supported people in the community. Staff were aware of the agencies who may be involved investigating any allegation of abuse and said they would further report to these agencies if they continued to have concerns after they had spoken with managers. Staff took individual responsibility to help keep people safe.

There were risk management plans to manage people's identified support needs. Staff were able to tell us the strategies they used when people were upset to keep them safe. They were aware of at what point they needed to gain support from other agencies and report matters to the police. There were clear procedures available such as the missing person's procedure which had been amended to meet the needs of each individual using the service. Staff were able to tell us how these procedures were varied so they were individual to the person and these matched what was on the plan. Arrangements were in place to minimise individual risks to people.

We looked at risks that may affect people in an emergency. We checked what safeguards were in place should there be a fire. We found that service checks of the fire alarm and emergency lighting were in place. Fire extinguishers had been recently serviced to ensure they remained effective. There were individual fire evacuation plans for people to help ensure people left the building and drills had been completed. The manager and staff were aware that some people had specific difficulties responding to fire drills and they had made plans to support them appropriately.

People told us there were enough staff available when they needed them. Staff told us that there were enough staff amongst their comments were: "The numbers of agency staff used have gone down" and "Much better staffing with a lot more permanent staff." One staff member told us that as the people they were looking after were staying in bed longer that staffing could be rearranged. Although we saw that staff were available when people required support we observed that staff did not always respond promptly to the front door or to answer the telephone. When we arrived at the home to start the unannounced inspection we were unable to gain entry to the home for 15 minutes despite three staff being on duty. At that time none of the people living in the home were up and about or needing any support.

We spoke with a member of staff about how they were recruited. They told us that employment checks such as police checks and references had been carried out before they started to work at the home. We looked at four staff records which confirmed this. In addition there were records showing that staff were interviewed and questions were asked about how they would care for people with conditions similar to people who lived in the home. The provider had taken appropriate steps to ensure staff were safe to work with people using the service.

We found the administration of medicines to be safe. A person told us: "They give me my medicines and I take them…. When I can't calm down they offer me my other medicine." We checked two people's medicines against the records and found that all medicines were properly accounted for. This indicated that people had received their medication as prescribed.

There was good information about medicines that needed to be specially stored and / or that were given as required. There was a designated member of staff that checked medicines routinely. Staff were aware that they were unable to administer medicines until they had the proper training and their competency checked. Staff records looked at showed that staff received training in a specific prescribed rescue medicine. Storage of medicines was generally safe.

At our inspection in November 2014 we found that the infection control in the home was poor and this had

Good

Is the service safe?

impacted on the care of the people living in the home and we made a requirement to improve. The provider supplied us with an action plan following this inspection about how they were going to do this.

At this inspection a relative told us: “The laundry is much better as clothes and bedding do not go missing anymore.” We found that the washing machines and tumble dryers were working and there was no unclean laundry left unwashed. There was a clear separation of food handling / storage and the laundry which was not seen at the previous inspection. People told us that they were involved in completing their own laundry. People had access to the laundry but substances that were hazardous to health were locked away to keep people safe.

We saw that staff were ensuring areas were clean in the home. A staff member told us: “We are disinfecting [person’s name] room twice a day as they are struggling with infections at the moment.” We saw that the areas for storing discarded household and clinical waste had improved with a new, separate, outside enclosed area. However staff were not ensuring that bags of waste were in the bins and this could encourage rodents. The manager told us that new bins for the service next door also owned by the same housing provider had just arrived and they were confident this would lessen the demand on the home’s bins.

Good

Is the service effective?

Our findings

Staff we spoke with told us that there was enough training and were able to tell us about the care needs of people currently living in the home. Before this inspection we had received some concerns about staff and managements' understanding of the needs of a previous person who lived in the home. During our observations at this inspection we found that staff assisted people appropriately and in the way determined by their care plan. Newer staff told us that they had an induction when they started work at the home. This included time to read about people's care needs and to be introduced to the people living in the home. In addition they had some shifts where they were extra to the normal staffing numbers so they could observe how more experienced staff supported people. We looked at four staff recruitment files and found that the majority had a formal qualification in care and all had experience in working with adults or children in a social care setting. There were systems for people to complete on line training for such topics as health and safety and safeguarding. The manager was aware of the new care certificate and the implications for the training for new members of staff.

Staff we spoke with told us that they had training some of which was related to the needs of the people they were caring for. Despite our request for information about the staff team's attendance at training this information was not provided.

Staff told us that they had regular supervision to identify how they could best improve the care people received. One staff member told us about their supervision as part of their probationary period. They told us that they discussed any concerns about: any of the people living in the home, staff or their working conditions. This helped ensure that people were supported by staff who were aware of their current health needs and were happy with their workplace.

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 service was working within the principles of the MCA for anyone being deprived and whether any conditions on authorisations to deprive a person of their liberty were being met.

Not all staff had received training in MCA and Deprivation of Liberty Safeguards although staff spoken with were aware for the need for the person's consent before treatment and care. Applications for DoLS had been made for people who lived in the home but had not been assessed by the local authority and authorised. Some people had fluctuating capacity to understand restrictions when they were upset, applications had been made to consider these times so that people were not unduly restricted and appropriate safeguards were in place at these times.

People told us that they were able to choose the food they ate. One person told us that they had put on weight and that they needed to do this and another person was going to see a dietician to assist with their weight. Staff told us that they had training about portion size of meals for people. People were encouraged to shop for, budget and prepare meals where this was possible. One person showed us where they kept their food in the home and was proud of their budgeting ability for food. Where people needed to be supported to eat and drink we saw that food was prepared as their care plan stated and appropriate equipment was available to make people as independent as possible with food.

People told us that were supported to attend health appointments. We saw that where people needed support with their physical health needs this was provided. For example two people had health appointments on the day of our visit and people were supported to attend. Records showed that people had routine health checks such as visits to opticians and GPs. However another professional raised that meetings with the service had been hard to arrange and dates were not kept to and this could affect people's care. We saw that where there had been health appointments these had been recorded.

Good

Is the service caring?

Our findings

Two of the people comments included: “I have been in many care homes, this is the best” and “Yes it is okay.”

Staff were able to tell us how to communicate with the individual people who lived in the home. They were able to describe how they communicated with someone when they were upset. We saw that staff spoke in a calm and reassuring manner when people wanted responses. We saw that staff treated people who had difficulty communicating kindly. A person told us that: “Staff are very understanding and do not judge me.”

People told us they had the choice of when they got up and went to bed. On the day of the inspection we saw that people got up and dressed at different times of the day. Some people were supported whilst some did not need this support. We saw a member of staff quietly checking that a person that needed support had not woken up. People were dressed in clothes that fitted them and reflected their individual style. We saw throughout the day that people were asked to make choices of what they wished to do. People appeared comfortable in the home; we saw people speaking with staff and confidently asking questions. They were able to go into the office when staff were there. Arrangements had been made to adjust the lighting so that it suited to all people living in the home. There had been changes to the lounge area and this had made this area feel more homely than it had when we last visited. We saw that people were relaxed in this area and able to control the television, choose where they sat and what they wanted to do.

People told us that they were encouraged to undertake tasks in the home themselves. We observed that when a person was capable of a task and hadn’t done it, that the impact of the decision was explained to them. We saw that people were involved in some parts of running the home such as copying documents and we saw records that indicated that some people had been involved in recruitment of staff. This helped to ensure that people felt valued.

People who were able to manage this had keys to their rooms. All of the people living in the home had individual bedrooms with ensuite shower facilities. This enabled people to attend to or be supported with their personal care privately.

Staff were able to tell us how they ensured that people’s dignity was maintained. We saw when this was at risk because people did not have the capacity to understand staff intervened quickly.

Good

Is the service responsive?

Our findings

People had detailed assessments before they came to live in the home. One person had written in a 'Listen to Me' form: '[Two Precious Homes Limited staff names] came to the hospital to assess me." We also saw a record where a person had said that they were made to feel safe and welcome when they were admitted into the home. There was good information about people's care and support needs before they came into the home and there was evidence that people were involved in determining their care.

We spoke with three social care professionals and a relative who had divided views about the effectiveness of the assessments. Two of these told us that the care offered matched the needs of the person sufficiently to respond to people's needs and two were happy with how the service had managed people's care. However we found that people's needs varied and these needs were at times in conflict with each other and this resulted in people becoming upset at times.

There was good information in people's care plans about what people liked and how to manage their concerns. We looked at how people's interests, hobbies and goals were maintained. A person told us that they were now attending college and were studying what they wanted and we saw them involved assisting the manager with some paperwork. We looked at the record of another person's leisure time and found that over two weeks they had been out most days and they told us they were happy with this. We saw that arrangements had been made for a person to attend their place of worship as they wanted.

People were supported to maintain contact with people who were important to them. People told us that they had contact with their relatives and records supported this. We saw a relative who was visiting the home and they said were able to visit when they wanted. The statement of purpose made clear that some visiting could only be agreed if they had the manager's permission this included children. At the time of the inspection we were advised that was to ensure the safety of the people living in the home and the visitors.

At our previous inspection in November 2014 we found that management of concerns and complaints from people and their relatives had been inadequate. Prior to this inspection we had received concerns from a person and from their relatives about the management of the person's complex needs which were referred to a social work professional to resolve.

People we spoke with on the day of this inspection did not have any complaints about the support and care they received. There had been an introduction of a form called 'Listen to Me' which people could complete, or staff could support a person to complete, to express their feelings. We saw that people had used the forms to tell management about: laundry being put in the wrong room, issues between people who live in the home and a person living in the home said how happy they were to be there. A person told us: "I like 'Listen to me'." Staff were aware that when people completed these forms it was important that they got a response quickly.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure in a 'Statement of Purpose' was in the visitors' information however it was not up to date and did not give the correct information. Following the inspection the provider updated its information and sent us a copy of this.

Requires improvement

Is the service well-led?

Our findings

The Home was registered with us in January 2014 with a registered manager in place. However the registered manager cancelled their registration in March 2015. The current manager has been at the home since November 2014 and had not submitted an application to be registered with us.

The manager was also the managing another of the provider's services a supported living and personal care service which was located next door to the home. The office for that service had moved to Arthur House without appropriate registration and this meant that the provider was in breach of its conditions of registration for not having a registered manager for both services and for carrying on a personal care service from Arthur House. The provider had not made applications to change the registration of a location of a service before this the move of location happened. These issues were breaches of conditions of registration under Section 33 of the Health and Social Care Act 2008.

We have had assurances that the process of obtaining checks needed for an application for the manager's application for registration was underway. At which point applications could be made in respect of registering the other service also operated from the home.

Two people told us they were able to speak to a manager of the home when they had concerns. A relative told us about the manager: "She listens to me and does not think I am moaning." We saw that people that were able to talk to the manager did so and were responded to appropriately. Staff told us they had meetings with the manager and felt safe to raise any concerns at those meetings. We saw that the telephone number for staff who wished to whistle-blow was displayed on the office wall. The provider had arranged for their independent Quality Assurance reviewers to answer these calls. Staff spoken with were aware that they could use this. This indicated that the service wanted to be open and respond to any concerns.

The provider's statement of purpose reflected the needs and requirements of the people they were supporting, however it was not up-to-date and failed to reflect the change of manager, numbers of people who would be accommodated and the correct contact details for complainants to contact the representative of the provider.

The provider's initial application for the home included accommodation for groups of people including children and people with physical disabilities. The manager advised that no children would be offered a place to live in the home. People who use wheelchairs could not be supported because there was no passenger lift available between floors and because of the narrow corridors in the home and the lack of a ramp access to the building. Since the inspection the statement of purpose has been revised and the provider has successfully changed registration to remove reference providing accommodation and personal care for children.

Arthur House had been issued a rating of 'requires improvement' at the last inspection however this rating was not displayed in the home as legally required when we visited in November 2015. We were told the report was in the visitors' folder but this had been taken out. The home's rating was not displayed conspicuously and securely enough in the home to be available to people who lived in the home or visitors. However we checked the provider's website and found that Arthur House's inspection rating was displayed there.

The provider had arranged independent regular reviews to assess the quality of the service. The outcomes of this assessment showed that improvements had been made to the service since our inspection November 2014.

We found that risk management needed further oversight when people were troubled. For example: Relevant people who were involved with a person had concerns that this persons needs were not being met sufficiently to prevent them coming to the attention of the police. The management of Arthur House moved this person from the home and provided personal care at another care home. They did not fully consider the risk factors in the new environment which could have put the person at risk of physical harm. There were also implications about the responsibility for the care for this person in the new home that had not been taken into account.

Information was not readily available or available on request during the inspection and systems to supply that information when needed were not robust. We had requested at the inspection information about accidents and incidents. The filing cabinet drawer where they were kept was not able to be opened. The next day these were

Requires improvement

Is the service well-led?

not available for review of a person's care with social and health professionals and these were an integral part of the review to ensure that risk management plans could be adapted to reflect existing and emerging triggers.

The systems in place to assess, monitor and mitigate risks were not robust. Although the service was noted to be in breach of regulations about the maintenance of a clean environment at our last inspection in November 2014 there had been only one audit of infection control carried out by the provider since that visit. We had asked the service to provide us with information about staff training during and on two occasions subsequent to the inspection and this was not made available to us.

These concerns about provider oversight, access to information and management of risk are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Section 33 HSCA Failure to comply with a condition You failed to have a registered manager in place. You carried out personal care from a location that was not registered with the commission. Section 33 (a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was not sufficient oversight made to reflect incidents that had occurred in the home did not continue to be a risk. Reg17 (1)(2) (b)(d)(f)