

Complete Care Services Limited

Quince House

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

The inspection took place on 5 and 13 July and was unannounced. At our last inspection on 25 August 2015, the service was found to be meeting the required standards in the areas we looked at. Quince House provides care for up to six young people with a learning difficulty. At the time of our inspection six people were living at Quince House.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were not consistently supported to maintain good health and have access to health and social care professionals when necessary. Staff had not followed the guidance detailed in care plans to ensure people were safe.

Safe and effective recruitment practices were not consistently followed to help ensure that all staff were suitably qualified and experienced.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We found that the registered manager had not reported a reportable incident to CQC.

Audits and care plan reviews were completed; however we found that these had not identified areas of concern.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Trained staff helped people to take their medicines safely and at the right time. Relatives were positive about the skills, experience and abilities of staff who worked at the home.

Staff received training and refresher updates relevant to their roles and had regular supervision to discuss and review their development and performance.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. People were involved in the planning, delivery and reviews of the care and support provided.

The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

Complaints were recorded and responded to in line with the service policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People were not consistently kept safe. Staff did not follow the guidance in care plans to keep one person safe.

Safe and effective recruitment practices were not consistently followed to help ensure that all staff were fit, able and qualified to do their jobs.

Staff knew how to recognise and respond effectively to the risks of abuse.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good 

The service was effective.

People had capacity assessments and best interest decisions completed to promote people's choice. However the registered manager had not ensured that relatives had the power of attorney to make these decisions.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff

that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

Detailed guidance made available to staff enabled them to provide person centred care and support. However staff had not consistently followed guidance required in the care plan, and did not consistently complete the daily log.

People received care that took account of their preferences and personal circumstances.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

Relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Requires Improvement ●

The service was well led.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We found that the registered manager had failed to notify CQC of a reportable incident.

Systems were in place to monitor the service and review care plans. However, these had not identified the concerns we found at the inspection.

Relatives and staff were very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt supported by the management team.

Quince 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 5 and 13 July by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who lived at the home, two relatives, two staff members, deputy manager and the registered manager. We looked at care plans relating to two people and two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments. We also spoke with a community nurse after the inspection.

Is the service safe?

Our findings

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. However we found that people were not consistently kept safe, staff did not follow the guidance that was in the care plan. For example, the care plan for one person who had been assessed as being at risk of malnutrition stated that the person should have their weight monitored weekly to ensure their weight did not fall below six stone (38.10 kilograms). The guidance for staff if the person's weight fell below this threshold was to ensure involvement from the dietician. The care plans were reviewed monthly and the keyworker had signed to say there were no changes to the care plan. We noted that from January 2017 the person's weight had consistently been below six stone and no advice had been sought. This meant that staff had not recognised the concerns and had not followed the guidance to ensure the person was kept safe.

We were told by a senior care staff member that the community nurse had visited the day before the inspection to monitor the person. However the request had come from another external professional who had raised concerns about the weight loss. The provider's processes had not been effective in ensuring that people received their assessed care and support in accordance with their care plans.

We noted that one person who was at risk of choking and required one to one care to ensure they were safe had picked up a small toy and had swallowed it before staff could intervene. The person was taken to hospital, whilst in hospital the person dislodged the toy whilst coughing. The incident was noted in the accident and incident log but not reported to CQC.

Safe and effective recruitment practices were not consistently followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed to work at the service. However we noted on one staff file that there was a gap in their employment history that had not been investigated by the provider to ensure the person was fit for the role. We spoke with the registered manager who assured us that this would be rectified.

People who were able told us they felt safe. One person who was asked if they liked living at Quince House responded with a big smile and said, "Yes." One relative commented, "[Name] is safe definitely safe here, there is always staff around."

We saw that easy read guidance was displayed throughout the home about safeguarding and how to report any concerns, together with relevant contact numbers. Information was also made available through regular resident meetings. One staff member told us, "I would raise concerns with the manager no matter how slight the concerns were. If it's investigated and there are no concerns then all well and good." Staff were able to verbally demonstrate they could recognise signs of abuse and how to report any concerns both internally and externally should they need to.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. The registered manager looked at people's needs and regularly evaluated

staffing levels to help ensure people's needs were met. The registered manager confirmed they had systems in place to cover shortages when required. When using agency staff they only used agency staff members that were regular workers at the home. We were shown agency staff profiles and their inductions completed at Quince House. We noted throughout the inspection that staff responded to people's needs in a calm manner. A relative said, "Staff are very professional." We saw a staff member who was going out into the community with one person applied sun cream to the person's skin to help ensure they were safe in the sunshine.

People were supported to take their medicines by staff that were properly trained and had their competency assessed. There was guidance about how to support people with their medicines in a safe and person centred way. There were protocols for medicines that were given when required (PRN) this could be for pain relief. The protocols gave guidance for staff about when PRN should be given. Two staff always dispensed medicines to help ensure a safe practice. One staff member was responsible for dispensing whilst the other double checked to ensure people received the correct medicine in a timely manner.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to help ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were tested weekly.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA and found that in most cases they were however the provider had not consistently ensured that relatives had the appropriate authorisations to make decisions on behalf of their family members. The registered manager had made Deprivation of Liberty safeguards [DoLS] application to the local authority.

We found that capacity assessments and best interest decisions had been completed. However decisions made in people's best interest were made by people who may not have the authorisation to do so. The provider had not ensured that relatives had the power of attorney (POA) to make decisions and did not ensure they had on file copies of the POA. We spoke with the registered manager about this and they assured us that they will update their records.

Staff understood the importance of choice. They were able to verbally demonstrate how they offered people choice. We observed staff offering people choices for their lunch and we also noted that people were offered drinks throughout the day, this was important as the weather was hot and not everyone at the home were able to communicate.

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. The registered manager told us they observe staff on a daily basis and the confirmed that if they had any concerns they would ensure staff were updated. They showed us a recent competency completed with one staff member for medicine administration, the registered manager had not been completely happy with the practice they had observed and had discussed this with the staff member. Staff received training and regular updates in a range of subjects designed to help them perform their roles and meet people's needs. This included areas such as moving and handling, medicines and infection control. One staff member said, "I had my induction and receive regular training."

Staff confirmed they felt supported by the registered manager and were encouraged to have their say. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. One staff member said, "Yes I have supervisions and staff meetings. The [registered] manager is really approachable. I really like working here." Staff told us that the registered manager's door was always open and they could see them at any time to discuss any issues.

People's dietary needs were documented and staff we spoke with were aware of people's dietary needs. We

noted that during lunch, people who required soft diets due to their risk of choking, the food they were served was prepared correctly. We also noted that adapted utensils were used to enable people to eat independently. Staff sat and also had their meal with people who lived at Quince House. We saw in care plans that people had access to GPs and other care professionals when required.

Is the service caring?

Our findings

People we spoke with confirmed they were happy living at Quince House. One relative commented, "[Name] seems happy there, [they] settled in quickly and staff are very kind."

We saw that staff helped and supported people with dignity and respected their privacy at all times. For example one staff member told us that they always explained what they were doing and would knock on people's doors before entering and were mindful during personal care to close doors and curtains to ensure people's privacy and dignity were maintained. They commented, "I always ask for consent and explain what I am doing. Make sure they understand what is going on, body language helps with this." We observed good interaction between staff and people and where one person who required one to one care, we noted a staff member was always present to keep them safe.

Staff members were able to verbally demonstrate they understood how to promote independence and respect people's privacy and dignity. One staff member said, "We encourage people to be independent, by encouraging people to do what they can and always giving people options for them to make decisions." One relative commented, "[Person's] bedroom has been decorated to their liking and has items of their favourite football club all over the room." We also noted one person who was leaving to go shopping, Staff ensured that they had a drink, that their sun cream was in their bag and that they had money for shopping.

Visitors were welcome at any time and at the time of our inspection one of the person's relative came to visit and was very positive about the home, they commented, "Staff are very kind and caring and always make me feel welcome."

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories were kept secure.

Is the service responsive?

Our findings

Care plans were person centred, were reviewed regularly and there was guidance available to support staff to meet people's needs. We noted care plans were reviewed and relatives confirmed they had been involved with the care planning. One relative commented, "I have been involved in the care plan." Staff we spoke with were able to verbally demonstrate they knew the people they supported. For example, they were able to tell us about people's care needs and what was important to them.

People had individual activity planners that listed the person's activities including their day care centres and hobbies they enjoyed. For example, one person was supported to go to watch football. We noted people had gone to their day clubs and one person had gone out in the afternoon with support to do some shopping. People had access to arts and crafts. One person who enjoyed puzzles was observed completing a puzzle. We saw people had been taken out for picnics in the park. People's likes and dislikes were documented. One relative told us that their relative had been supported to attend a disco and that they had completely enjoyed the experience.

There were regular meetings with people who used the service during which topics such as food, holidays and activities would be discussed.

We saw there were notices on how to complain and staff confirmed people were asked if they were ok. Relatives we spoke with confirmed they knew how to complain should they need to. One relative told us the registered manager was approachable and they had contacted them to ask for a meeting to discuss some areas they felt needed improving. They confirmed that the registered manager was happy to have a meeting to discuss the issues. We saw that there was a complaints policy in place and that the registered manager had responded to any concerns raised.

Is the service well-led?

Our findings

We found that the registered manager had failed to notify the Care Quality Commission of an incident which had taken place, which under the terms of their registration they had a duty to report. This meant we could not check that appropriate action had been taken. However there was evidence that the registered manager had reported other incidents and assured us that they would review this.

Audits were carried out in areas such as medicines, infection control and care planning. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. There were daily, weekly and monthly audits completed to ensure best practice. These checks had not proved to be effective as they had not identified that one person's weight had fallen below the guidance within the care plans, a notification had not been sent to CQC and the daily logs sheets had not consistently been completed by staff. We noted that daily logs were not consistently completed. For example there was a section to record additional information that could include GP appointments and the person's behaviours for that day. We found that staff had not consistently completed this with the relevant information required. However where issues had been identified, action plans had been developed to improve the service. For example floors that were identified as needing replacing had been completed and the introduction of person centred daily logs.

People who lived at Quince House indicated they were happy, their relatives and staff were all very positive about how the home was run. The registered manager was described as being approachable and supportive, one relative said, "The communication is very good." A staff member commented, "Manager is very approachable, I always see them interacting with service users and staff. [They] are very visible and hands on, [They] will always help out."

The registered manager and deputy manager were clear about their vision regarding the purpose of the home. They told us they completed regular walks about the home where they talked to people and checked everything was alright, they observed staff competency and ensured the environment was safe. Staff we spoke with confirmed the managers were visible around the home.

The registered manager received support from their deputy manager and they had regular communication with the director and development manager. The provider carried out spot checks to help ensure good practice. The registered manager was knowledgeable about the people who lived at Quince House, their different needs, personal circumstances and relationships. Staff understood their roles and responsibilities. A staff member commented, "There is a good team here, I feel supported"