

Striving for Independence Homes LLP

Pettsgrove Care Home

Inspection report

SFI Care Homes, 3 Pettsgrove Avenue, Wembley
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Ratings

Overall rating for this service

Requires improvement



Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 12 December 2014, at which we found one breach of legal requirements. This is because the provider did not have effective systems for monitoring the quality of care.

After the comprehensive inspection, the registered provider sent us an action plan telling us how they would meet legal requirements and recommendations by 31 July 2015. We undertook a focused inspection on the 19 June 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Pettsgrove Care Home' on our website at www.cqc.org.uk.

Pettsgrove Care Home provides accommodation for up to six people with learning disabilities. At the time of our visit there were four people using the service.

The provider did not have a registered manager. The service had submitted an application to the Care Quality Commission for the registration of a new manager. The director of the service was providing general management support pending the appointment of a new manager. 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 and associated Regulations about how the service is run.

Summary of findings

At this inspection, the service director was managing the service pending the appointment of a registered manager.

At our focused inspection on the 19 June 2015, we found that the provider had followed their action plan and legal requirements had been met.

We found that the provider had taken action to ensure people's care records were accurate and up to date. The provider had introduced a weekly and monthly audit system that looked at areas of care, including people's care records. Relevant charts, including weight, food and fluid charts were completed and up to date.

The provider had taken action to ensure the complaints procedure was accessible to people using the service and their relatives or representatives. A copy of the procedure had been sent to relatives. The service had also put in place a pictorial version of the complaints procedure.

We found that the provider had started to address the shortfalls, but still needed more time to demonstrate the service was well-led. We found that action had been taken to ensure the service was well-led. The service had employed a new manager to oversee the implementation of their improvement plan. A new audit system had also been introduced.

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 effective?

We found that action had been taken to improve the effectiveness of the service. The service had made improvements in ensuring they kept accurate and up-to-date records in respect of care and treatment of people who used the service. Records of care were audited on a weekly and monthly basis to ensure they were accurate. Food charts and fluid charts were completed to monitor people's intake.

Staff told us, and records confirmed they received supervision.

We could not improve the rating for effective from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

A complaints procedure was in place and a copy had been sent to relatives. There was also a pictorial version of the complaints procedure, which was on display in the communal area.

We could not improve the rating for 'responsive' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service well-led?

We found that the provider had started to address the shortfalls, but still needed more time to demonstrate the service was well-led. The service had appointed a new manager in May 2015. The director of the service told us as part of his role, the new manager was to oversee the implementation of the improvement plan.

The service had undertaken a survey to gather people's views. We also saw that a new audit system had been introduced and there was evidence of on-going work. However, more work still needed to be completed to make use of the results.

We could not improve the rating for 'well-led' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Pettsgrove Care Home

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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Pettsgrove Care Home on 19 June 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 11 and 12 December 2014 had been made.

We inspected the service against three of the five questions we ask about services: is the service effective, responsive and well-led. This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home including the action plan sent to us by the provider after our comprehensive inspection.

During the inspection visit we spoke with three staff members, two members of the provider's management team, and two relatives of a person who used the service. We were not able to speak with people using the service because they had complex needs and were not able to share their experiences of using the service with us. We gathered evidence of people's experiences of the service by reviewing their care records and observing care. Some people had complex needs so we used the Short Observational Framework for Inspection (SOFI) to observe the way they were cared for and supported. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service effective?

Our findings

At our comprehensive inspection of Pettsgrove Care Home on 11 and 12 December 2014 we found that the provider did not always keep accurate and up-to-date records in respect of care and treatment of people who used the service. Information about people's nutrition, including concerns about weight was not always recorded. Where required, food and weight charts were not always completed to monitor intake and weight. We also found that the provider did not always keep a record of staff supervision. This was not in line with the provider's supervision policy, which required that all supervision meetings were recorded.

At our focused inspection on 19 June 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to our recommendations.

We looked at four care plans and saw evidence of nutritional assessments where the service had concerns

about people's nutrition. Daily records showed that people received regular assistance with food and drink. Food charts and fluid charts were completed to monitor people's intake. We saw from records that people who were at risk of losing weight were weighed monthly to monitor their weight. Instruction for monitoring people's weight was clearly indicated in people's care plans. One care plan read, 'I need to exercise regularly and my weight is monitored and recorded monthly'. We saw up to date records that this person's weight was recorded monthly.

The provider ensured records were up to date and accurate by carrying out monthly audits on people's care records.

Staff told us they received regular supervision. We saw from staff supervision records that formal supervision of care staff had been carried out monthly since our last inspection. We saw that staff discussed a range of topics including progress in their role and any issues relating to the people they supported. We saw their specific learning and development needs had been discussed.

Is the service responsive?

Our findings

At our comprehensive inspection of Pettsgrove Care Home on 11 and 12 December 2014 we had concerns that people who used the service and their relatives were not encouraged to share their views about the service. The complaints procedure was not accessible to people using the service and their relatives or representatives.

At our focused inspection on 19 June 2015 we found that the provider had taken action to address the shortfalls in relation to the recommendation we made.

We observed that the provider had a complaints procedure in place. The provider had also put in place a pictorial

version of the complaints procedure. This was on display in the communal area of the home which helped to make it accessible to people. The complaints procedure included details of who people could complain to if they were not satisfied with the care. Two relatives of a person receiving care told us, “If we have something to say, we can say without any worries at all.” The director of the service told us one person was able to complain. We saw evidence the provider had submitted applications for advocates to support people who did not have relatives or those who were not able to complain. A copy of the procedure had also been sent to relatives.

Is the service well-led?

Our findings

At our comprehensive inspection of Pettsgrove Care Home on 11 and 12 December 2014 we found that people were put at risk because systems for monitoring quality were not effective. The provider did not have an effective system of gathering feedback from relatives and other relevant stakeholders. This meant the service was not always able to learn and develop from the views of stakeholders or provide a service responsive to the needs of the individuals. Also, the provider's audit system was not always effective. We found the system had not picked up the issues of concern that we found.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 19 June 2015 we found that the provider had started to address the shortfalls, but still needed more time to demonstrate the service was well-led.

The provider did not have a registered manager. The service had submitted an application to CQC for the registration of a new manager. The director of the service was providing general management support pending the appointment of a new manager.

Since our last comprehensive inspection, the provider had sent out a questionnaire to people using the service and their relatives to gather their views on what the provider was doing well and areas that could be improved upon. At the time of this inspection, the provider had not received feedback. We saw a 'questionnaire feedback checklist' with names of all people using the service. This showed the questionnaire was sent out on 17 June 2015, and that feedback was still pending. The service director told us, these surveys will be carried out annually. Two relatives of a person receiving care told us, "We got a questionnaire from the home." The director of the service told us, the results of the recent survey, would be used to add to current improvement plans that had been developed since our comprehensive inspection.

The provider had started to implement a new audit system. This was carried out at different levels within the service. For example, there were weekly audits on people's files, care plans, medication and infection control by senior staff. This was also monitored by the service director on a monthly basis. At the time of this inspection, the director was collating information from previous audits. She told us, any recurrent themes will be looked at to ensure appropriate changes were implemented.

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	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 10 (1) (a) (b)</p> <p>Effective systems were not in place to monitor the quality and safety of service provided.</p>