Care Quality Commission

Mrs Jennifer Elizabeth Lucas and Michael Patrick Lucas

Kay Sera Sera

Inspection report

7 Willowbrook
Stafford
Staffordshire
ST18 9NN
Tel: 01785 244684
Website: www.example.com

Date of inspection visit: 18 June 2015
Date of publication: 21/08/2015

Ratings

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

Overall summary

We inspected Kay Sera Sera on 18 June 2015. The service is registered to provide support and accommodation for up to four people living with dementia. At the time of our inspection, four people used the service. At the last inspection of the service on 2 April 2014, we asked the provider to make improvements in the following areas: How people's medicines were managed, ensure adequate staffing levels and how the quality of the service provided was assessed and monitored to ensure that people received safe and good quality care. During this inspection, we found that improvements had been made in how people's medicines were managed and in ensuring sufficient staffing levels; however further improvement was needed in the way the proprietors monitored the quality of the service.

The service did not have a registered 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

Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The service was managed by the owners, whom we refer to as 'the proprietors' in this report.

People's care records did not always reflect the care they received. People did not always have risk assessments and management plans in place to guide staff on how care should be provided. This meant that people were at risk of receiving inappropriate care that did not meet their needs.

The provider did not consistently follow the guidelines of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that people were not being unlawfully restricted of their liberty. Staff did not always have a good understanding of the relevant requirements MCA and DoLS. The MCA and the DoLS set out the requirements that ensure where appropriate; decisions are made in people's best interest when they are unable to do this for themselves. This meant that people's liberties were at risk of being restricted.

Action had not been taken to ensure that improvements had been made against all the areas identified for improvement during the last inspection. Newly recruited staff did not have an induction. The provider did not always ensure that staff received relevant training to ensure that they carried out their roles effectively.

People told us they felt safe and protected from harm. Staff understood what constituted abuse and knew what actions to take if abuse was suspected. There were appropriate numbers of staff employed to meet people's needs. People's medicines were managed safely.

People were cared for by staff that knew them well and understood their care needs. Staff understood their roles and responsibilities and provided care in line with these.

People told us they liked the food and were supported to eat and drink adequate amounts. People were offered a choice during meals. People were supported to attend healthcare appointments and staff liaised with their GP and other healthcare professionals as required in order for people's health and social care needs to be reviewed.

People told us and we observed that staff were kind and treated them with dignity and respect. People's care was tailored to meet their individual needs. Care plans detailed how people wished to be cared for and supported. People were involved in the care planning process and in decisions about their care and treatment. People and their relatives told us that the provider responded to their concerns appropriately. There were systems in place to deal with complaints and concerns.

People who used the service, their relatives and the staff were very complimentary about the registered manager of the service. They told us the proprietors were always available and were approachable. We observed that the proprietors had a hands-on management style. People and their relatives told us they provided feedback and obtained information about services on a regular basis.

We identified that the provider was not meeting some of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we inspect against and improvements were required. You can see what action we have told the provider to take at the back of the full version of the report.

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 not always safe.

People did not always have risk assessments and management plans in place to guide staff of how their care should be provided. People told us they felt safe that the service. Staff understood what abuse was and knew what actions to take to safeguard people from harm. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Requires improvement

Is the service effective?
The service was not always effective.

Some people were being unlawfully deprived of their liberty. Staff did not always have a good understanding of the MCA and DoLS requirements. Staff obtained consent before care was provided. People were given a choice during meals and food and drink was available throughout the day.

Requires improvement

Is the service caring?
The service was caring.

People told us and we saw staff demonstrated kindness and compassion when they provided care. Staff knew people's needs and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care.

Good

Is the service responsive?
The service was responsive.

People received care that met their individual needs. Staff knew people's need, likes and dislikes and provided care in line with people's wishes. Peoples' religious beliefs were supported. People were supported to raise complaints about the service. The provider had systems in place for dealing with complaints.

Good

Is the service well-led?
The service was not always well-led.

The service did not have a registered manager. The provider did not always ensure that people's care records reflected the care they received. Staff did not always have the relevant training to support them in carrying out their roles. The provider promoted an open culture within the service and supported staff to carry on their roles effectively.

Requires improvement

Kay Sera Sera

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.

This inspection took place on 18 June 2015 and was unannounced. Two inspectors undertook the inspection.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We had not received any notifications from the provider for over 12 months. We reviewed additional information we had requested from the local authority safeguarding team and local commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We observed how care was provided and carried out and observed how people were supported to eat and drink. This helped us understand people's experiences of care.

We spoke with three people who used the service, one relative, two staff members, and the proprietors of the service.

We looked at three people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Requires improvement

Is the service safe?

Our findings

During the last inspection, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely. During this inspection, we found that improvements had been made. People told us they received their medicines. We checked four people's Medicine Administration Records (MAR) and their available medicines and saw that they received their medicines as prescribed. We saw that medicines were stored safely, securely and at the correct temperatures. We saw records which indicated that the staff who administered medicines had received appropriate training to undertake the role.

In the last inspection we found that there were not always sufficient numbers of staff to provide safe care and therefore the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In this inspection, we found that improvements had been made. People who used the service told us that staff were always available to provide them support when they needed assistance and we saw that people did not have to wait for long when they needed support from staff. One person who used the service said, "They [staff] only have a few of us here permanently, so there's plenty of time for them". A relative told us that staff were always available to support people. Staff told us that they did not feel they were short staffed and the proprietors were also involved in care provision.

Staffing levels were determined based on people's needs. Staff told us that only one person who used the service required support from two staff members and the others needed support from only one staff member or were capable of attending to their personal care needs. Staff rosters showed, and we saw that there were three members of staff during the day and the proprietors ensured that two staff members were available to provide care during the night in their absence. These showed that there were sufficient numbers of skilled staff to provide care. The provider had recruited new staff and we saw records which indicated that safe recruitment procedures were followed to check the suitability of these staff to work prior to them being offered the job.

Staff told us that one person had epilepsy and regularly experienced epileptic seizures. We saw that the person was cared for in bed with bed rails and needed to be supported by staff with all aspects of their care. Staff told us the person was unable to call for help and therefore they had to carry out regular checks on the person to ensure they remained safe. Staff understood how to keep the person safe however, risk assessments and plans were not in place for the use of bedrail to ensure that that the person was protected from the risk of entrapment during a seizure. We saw that there were no risk assessments and plans in place for how the person's epilepsy was to be managed and monitored by staff to ensure that the person received consistent care in the event of an epileptic seizure.

One person who was cared for in bed needed support to change their position to prevent pressure sores. The person was cared for on a pressure relieving mattress and staff told us the person's skin was checked regularly for pressure areas. However, the person's care records did not reflect the care the person received to demonstrate how they were supported and when any changes were made.

People who used the service told us they felt safe and protected from harm. One person commented, "I feel very safe here; I never worry about anything, really". Another person who used the service commented, when asked if they felt safe: "Oh yes, I do. It's great. It's very safe here. There couldn't' be anywhere safer". People told us they would not hesitate to raise concerns with staff and were confident their concerns will be dealt with appropriately.

The relative we spoke with told us they were confident any concerns about abuse would be dealt with. Staff we spoke with told us the people were safe at the service. A staff member said, "They're not just on their own. The live in a lovely safe environment". They told us they wouldn't hesitate to notify the manager if they felt people were at risk of harm. All the staff we spoke with knew the different types of abuse, how to identify them and what actions to take if abuse was suspected.

Requires improvement

Is the service effective?

Our findings

One person told us they enjoyed having a walk outside but were unable to do so unless they were accompanied by staff or were taken out by their family. We asked a member of staff if they would allow the person to go out unaccompanied if the person expressed the wish to do so, and the staff member said, "I wouldn't let [person's name] go. [Person's name] can get quite confused; one of the staff would have to go with them". We asked the staff member if the person had the capacity to make decisions, and the staff member responded, "[Person's name] has the capacity to make some decisions and is not able to make certain decisions. They can make everyday choices". The staff told us that mental capacity assessments had not been completed and they did not have a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) requirements. A member of staff said, "I've heard of it [MCA and DoLS] but I'm not quite clued up on it now". This meant that these people may not be supported to make decisions that were in their best interests.

The proprietors told us a DoLS application had been made for one person who was cared for in bed. Staff had told us the person did not have the capacity to make decisions for themselves although capacity assessments had not been completed. The proprietors did not have a clear understanding as to the reasons why the application had to be made and had not recognised that the person may have their liberties restricted.

This showed that the legal requirements of the Mental capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were not always followed when people freedoms were restricted for their safety. The failings above showed that there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we saw that the provider did not have an induction programme for new staff and improvements were needed. In this inspection, we saw improvements had not been made. A newly recruited staff member told us they had not had an induction but felt that was because they had had long term experience in care provision. An induction programme is meant to prepare new employees for their new roles in a new environment. The providers told us that the newly recruited staff member had several years' experience in care but told us improvements will be made.

People who used the service and relatives told us that they felt that the staff understood their needs and had the skills to provide them with care and support. Staff we spoke with gave us specific information relating to the care of some of the people who used the service and described how the provided care in line with these people's needs. We observed how staff supported people and saw that staff demonstrated knowledge and skill when they interacted with people. People received an assessment prior to being admitted into the home in order to determine if their needs could be met by the service.

All the people we spoke with told us they liked the food and they were supported to eat and drink adequate amounts. One person said, "The food's very nice. We had a nice meal, yesterday". We observed one of the proprietors preparing a meal for the people and saw that appropriate procedures were followed.

People told us they were offered a choice if they did not wish to have what was on offer. We saw that snacks and drinks were offered regularly and people had access to snack and drinks. We saw that people who were on special diets or were prescribed dietary supplements were supported to have their recommended food and drink as required. A staff member said, "If there's a day they [person who used the service] don't eat, we have [name of supplement] on prescription to give them. These examples showed that people were supported to eat and drink adequate amounts.

Other professionals were involved in providing people with care and treatment. Referrals were made to health professionals when people's care needs needed to be reviewed. Staff told us and we saw records that health care professionals came to the service to provide care when people needed additional input. This showed that that people had access to other healthcare services when they needed it in order to remain well.

Good

Is the service caring?

Our findings

People told us that staff were nice and treated them kindly. One person said, "They are all so good and so kind". Another person said, "Everybody's wonderful, very kind". All the peoples we spoke with told us living in the home was like living with their family. A relative we spoke with said, "[Person's name] can't be in a better place. It's like living with their family". All the staff we spoke with told us they saw the people who used the service like their own family members and treated them the way they would treat their family members. One of the proprietors said, "We are just one big family. My staff are hand-picked. I want them to be in a family environment".

We saw staff spoke with people in a kind and respectful manner. We saw that staff did not appear rushed. One person told us that the staff had helped them put their make up on that morning. Another person told us that staff had arranged for a hairdresser to come and give them a haircut. We observed staff sitting and having conversations with people who used the service.

Staff knew people's like and dislikes and respected their preferences in how they wished to receive care. People's wishes about how they wanted to spend their time in the home were respected. For example, one person told us they wanted to spend time indoors instead of out in the garden area with other people who used the service and we saw that staff respected this and put a programme on TV for them to watch. Staff gave examples of peoples likes and dislikes and we saw that these matched what were in people's care records.

People's religious beliefs were encouraged and supported. For example, one person enjoyed listening to a religious musical programme on the TV, so staff ensured that the programme was switched on when it was being shown. A staff member said, "[person's name] likes us to sing hymns to them". Another person enjoyed going to church but could no longer do so. A staff member said, "[Person's name] can no longer go to church, so the vicar comes every month to see them. That's really important to [person's name] so we put it in the diary for when the vicar's coming and prepare the room".

People and their relatives were involved in making decisions about their care. A relative we spoke with said, "They always keep you informed and communicate with us about how [person's name] is. They are quick to let us know if there are any concerns. Feedback is not formal. They write us a note every month about how [person's name] has been". People told us that staff always obtained their views about how they wished to receive care and provided care in line with these. The said, "Because we are so small, we see each other every day and get feedback about how people feel about things".

We saw that staff treated people with dignity and respect. A staff member said, "If [person's name] has a problem, they'll come and whisper it to you [staff]. No one shouts out here. No one would ever embarrass them". We saw that staff spoke with people in a non-patronising manner that reflected their age. Staff told us they always ensured that people's dignity was maintained when they supported them with their personal care. A staff member said, "I make sure that [person's name] is covered up and let them know what I am about to do. I give them information just as you would do for someone who has capacity and can communicate their needs". This ensured that the person's dignity was maintained when they received support with their personal hygiene.

Good

Is the service responsive?

Our findings

One person told us they enjoyed engaging in activities with other people who used the service, but sometimes liked to be on their own. On the day, we saw that the person was in the lounge watching a TV programme whilst other people were out in the garden. People's care records contained information about their individual likes, dislikes and care preferences and people told us that their wishes were respected.

People who used the service told us they had a vegetable garden which they enjoyed planting and harvesting vegetables from. They told us they were encouraged to do things for themselves as much as possible. A staff member said, "[Person who used the service] can wash and dress themselves independently and [two people who used the service] like to help to wipe the washing up". This showed that people were supported to be as independent as they could.

We saw that day opportunities were provided for people who did not live in the home to attend. A relative told us they had day opportunities provided and there was an added advantage as people who lived at the home could interact with other people who used the service. The people who lived at the home told us they enjoyed the activities which took place during the day. One person said "A lady comes and keeps us busy". We saw that they were encouraged and supported to engage in activities and socialise with other people. A staff member said, "They join in the daily activities. They enjoy sitting outside when the weather is nice". Another staff member said, "[Names of people] love knitting. They've been knitting hedgehogs". One person showed us some of the hedgehogs they had knitted. This showed that people were supported to engage in activities they enjoyed.

One person told us, "I don't feel lonely ever". Another person said, "I'm not bored at all". A staff member said, "[Names of three people who used the service] love each other. They look after each other". We observed that the people who used the service interacted well with each other and demonstrated concern for each other's well-being. We observed that when one of the people who used the service returned from a hospital appointment, the other people who were present when they returned enquired about and showed concern about the person's well-being. This showed that people who used the service were encouraged to develop friendships.

People told us that they had not had any reasons to complain about the service but said they would not hesitate to raise any concerns with the proprietors. A relative told us they had not had any reason to complain but told us they were confident their concern would be dealt with appropriately if they expressed any concerns. The provider had a complaints policy and a complaint log. The proprietors told us that no concerns had been made about the service and the complaints record log confirmed this.

Requires improvement

Is the service well-led?

Our findings

At our last inspection, the were found to be in breach of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In this inspection, we found that improvements had been made but further improvements were needed.

We saw that guidance was not always available to ensure that people received appropriate care. Risk assessments were not always in place to ensure that staff had appropriate guidance to follow when people were at risk harm. We saw that care records did not always reflect the care people received. For example, one person's care records did not accurately reflect how staff provided them care to maintain their skin integrity and prevent pressure ulcers

In the last inspection, it was identified that staff had not received training in MCA and DoLS and people's freedoms were being restricted. During this inspection, we found that staff did not have a good understanding of the requirements of MCA and DoLS requirements the act and had not received training. The provider did not provide an induction to newly recruited staff before they started providing care to ensure that they were suitably skilled to carry out their roles effectively.

People who used the service told us that they knew the proprietors of the service and told us they could approach them if they had any concerns. They told us the proprietors were always available and they could go to them if they had any concerns. Relatives told us the providers sought their views about service and kept them informed about any changes. They said, "Because it is a small home, it is better to speak to us directly. I think it will be inappropriate to go through a formal process.

Staff told the proprietors were approachable and supportive of them. A staff member said, "We always tell them [the proprietors] if there's anything we need or want for the people and they act on it. All the staff we spoke with told us they had staff meeting and we saw minutes that demonstrated this. Another staff member said, "They [the proprietors] are always open to your views; which I think is a good thing". The proprietors told us, and we saw that they provided hands on care and supported staff in their caring roles. We saw that they were viewed by people who used the service as part of the team who could be approached at any time if they had concerns. This showed that a positive and open culture was promoted at the service.

The service had not had a registered manager for a significant period. The proprietors told us and showed applications forms to demonstrate that they were in the process of amending their registration to ensure they were in accordance with registration requirements.

We saw evidence that fire equipment including smoke alarms, extinguishers and emergency lighting checks took place. We saw records to confirm that regular fire practices were being held that included using the evacuation chair provided to assist one person to leave the home safely. We also saw a basic fire risk assessment had been completed. The home had a valid gas safety certificate. This showed the provider had systems in place to ensure that people were protected in the event of a fire.

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Legal requirements were not always followed when people's liberties were restricted.**