

Ms S Walker

Cressage House

Inspection report

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11 February 2016

12 February 2016

29 February 2016

07 March 2016

30 January 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place over one evening and three days on 11, 12 and 29 February 2016, and 17 March 2016 and was unannounced. We undertook a further unannounced visit on 30 January 2017. At our previous inspection in June 2013 we found concerns with the safety and suitability of the premises. A follow up inspection in October 2013 found the necessary improvements had been made in this area.

Cressage House is registered to accommodate up to 14 people. It provides personal care services without nursing for people with mental ill-health. At the time of our inspection there were 13 people living in the home.

The provider was registered as an individual (sole trader) with direct responsibility for the carrying on of the regulated activity at the location. As a "registered person" they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. As a consequence they did not need to have a registered manager. There was a manager in post who was not registered with us.

The premises were not maintained to a standard which made sure people were accommodated safely. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However people told us they felt safe, and staff had a good understanding of how to protect people from risks to their safety and welfare, including the risks of abuse and avoidable harm. There were sufficient staff deployed to support people safely and the provider carried out the necessary pre-employment checks. Processes were in place to manage people's medicines safely, although we identified improvements to be made in the processes for medicines prescribed "as required".

Staff were not supported by a formal system of appraisal and supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified improvements to be made in staff training.

Staff were aware of the need to obtain people's consent to care and support and of their legal responsibilities where people lacked capacity to make decisions about their care and support. People were supported to eat a healthy diet, and had access to external healthcare services when they needed them.

There were caring relationships between people and staff. Staff respected people's independence, privacy and dignity. However we found examples of language in care and other records which did not reflect what we saw in practice.

People were satisfied the care and support they received met their needs and took into account their wishes and preferences. However we found examples of care plans where improvements were needed. If people

raised concerns they were heard and actions were put in place to address them.

There was a caring, friendly atmosphere. Staff and management were motivated by a desire to support people in a respectful way. However informal management processes had not identified areas where the service could be improved. There was no formal process in place to monitor, assess and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the end of the full version of this report. We also made recommendations about training and managing medicines safely.

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 always safe.

The premises were not always maintained so as to protect people from risks associated with food hygiene.

Processes for "as required" medicines did not make sure of people's safety although other medicines were managed safely.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff to support people safely and undertook the necessary pre-employment checks.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff felt supported, but it was not clear their training reflected current good practice, and there were no formal supervisions or appraisals.

Staff were aware of the principles of the Mental Capacity Act 2005.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's right to privacy and independence was not always reflected in the language used in some records.

People had caring relationships with staff who supported them.

People were encouraged to make choices about their care and support.

Staff practice respected people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

People's care plans did not always reflect their current needs, or contain sufficient detail about their individual mental health conditions.

There was a process in place to assess and action people's complaints and concerns.

Requires Improvement 

Is the service well-led?

The service was not always well led.

There was no formal system in place to monitor and assess the quality of service.

Informal and formal management processes had not always identified areas of concern.

There was a caring, family-focused atmosphere.

Requires Improvement 

Cressage House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over one evening and three days on 11, 12 and 29 February 2016, and 17 March 2016 and was unannounced. The inspection team consisted of two inspectors on the evening visit and one on the subsequent days. We undertook a further unannounced visit on 30 January 2017 to make sure our findings from the previous February and March were still valid. The inspection team on this occasion consisted of an inspector and an inspection manager.

We visited on the evening of 11 February 2016 following concerns that there were insufficient staff on duty at night. Our visit found these concerns to be unfounded.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the care plans and associated records of three people in detail. We observed staff interactions with people in the shared areas of the home. We looked at medicines administration records, staff duty rota records, four staff recruitment files, records of staff supervisions, appraisal and training. We looked at records of complaints, accidents and incidents, policies and procedures and quality assurance records. We saw maintenance and servicing records. We talked with seven care workers, six people who lived at the home in depth and had brief chats with several others. We talked to the registered provider and the manager.

We saw all communal areas of the home and some people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe living at the home and that the staff looked after them. They said having two members of care staff on duty kept them safe, as did the support they received. One person told us care workers helped with problems and things that worried them. Another person said they felt safe, as staff knew if something was wrong with them.

When we visited Cressage House in February and March 2016 we found a number of areas where lack of attention to the maintenance and upkeep of the building had put people at risk of accidental injury or infection. When we returned in January 2017 we found most of these had been addressed, for instance large amounts of debris from completed building works had been removed from the garden and damaged or missing toilet cisterns had been repaired or replaced. Areas of the home had been redecorated.

However there were still areas which had not been addressed. There had been no attention paid to a bare wooden floor in an upstairs toilet, and there were still broken and damaged radiator covers and broken and damaged tiles in bathrooms. In addition there were new problems including a serious leak in the basement storage area and a plumbing blockage. This meant a person could not use the flushing toilet in their room.

An environmental health officer (EHO) had visited Cressage House on 9 January 2017. They had found serious concerns with the kitchen resulting in a rating of 2-Improvement necessary. The manager told us they had become aware that the necessary standards were not being met in the kitchen when they were preparing Christmas dinner. The EHO had required improvements to be made within six weeks.

We visited three weeks into this six week period, and found that some improvements had been made by the provider's staff. The kitchen had been cleaned, and there was no evidence of poor ventilation and excessive condensation during our visit. The manager told us they had engaged an appropriate tradesman to carry out the repairs and replacements identified by the EHO which had not yet been completed. These included damage to work surfaces, cupboards, walls and skirting boards.

Recent steps had been taken but before the EHO visit the provider had failed to make sure that premises were clean, suitable for their purpose, and properly maintained to appropriate hygiene standards. This meant they were in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding adults. Staff we spoke with had knowledge of the types of abuse, signs of possible abuse and their responsibility to report any concerns promptly. They told us they would document concerns and report them to the manager or the registered provider. The registered provider had appropriate policies and procedures and information was available on the local multi-agency local authority procedures for reporting abuse. The manager and registered provider were aware of processes to follow if there was a suspicion or allegation of abuse. We saw that where there had been any concerns the registered provider had reported the incident and taken the appropriate action to

safeguard people.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There were individual risk assessments in all of the files looked at. Areas covered included the risks associated with personal safety, moving and handling, mobility and nutrition.

We noted in one person's file that although risk assessments and risk management plans were in place, they were not all dated or signed by the staff member who had completed them. This meant it was not clear if the information was still valid. We discussed this with the manager and the registered provider, they explained that they were in the process of reviewing and updating each person's care plans and risk assessments and showed us an example of one they were currently updating. When we returned to the service in January 2017, we found there were still examples of records which had not been dated or signed.

Several people who lived at the home smoked and they were permitted to do so in their own rooms. On the recommendation of the local fire authority the registered provider had risk assessed each person and put measures in place to monitor the safety of this.

There were arrangements in place to deal with foreseeable emergencies. We saw there had been regular fire evacuation practices. Assessments had been undertaken for each person who used the service to determine their ability to evacuate the building. Each person had a personal emergency evacuation plan describing the level of support they required should they need to evacuate the home in an emergency. There were also individual missing person procedures in place for each person.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. We had received concerns that there were insufficient staff on duty at night. We carried out an unannounced visit to the home on the evening of 11 February 2016. On arrival, there were two members of staff on duty. Both were regular members of staff and they told us there were always two staff on duty at night. This was corroborated by people who lived at the home and from examination of the staff rota.

We looked at the staff rota and found this to be a true reflection of the staff on duty. There were always a minimum of two care workers on duty between the hours of 8am to 8pm. Additional domestic staff consisted of a cook and a cleaner.

Safe recruitment practices had not always been followed before new staff were employed to work with people. We looked at the recruitment files for the two recent members of staff. We saw that the registered provider had not carried out Disclosure and Barring Service (DBS) checks for either staff member before they began to work at the home. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. Although these checks had since been carried out, both members of staff had worked at the home for in excess of one month before the registered provider had completed the checks. In addition, the registered provider had not obtained references for either staff member until after they had commenced working at the home. When we returned to the service in January 2017 we found the necessary checks had been made before more recent recruits started work.

People's medicines were managed and administered safely. People told us they received their medicines at the correct time and said they were happy with the way their medicines were managed. People had expressed a preference as to where they would like to be administered their medicines. Four people had opted for staff to take their medicines to them in their rooms whereas other people chose to have theirs in the communal area of the home.

We looked at the service's arrangements for obtaining, recording, handling, safekeeping, safe administration and disposal of medicines. We found the service had policies and procedures in place to support these arrangements.

All medicines were stored safely and securely when not in use. Medicine administration records (MAR) were completed each time people had had been administered their medicines. The home had a system whereby staff checked medicines each morning to ensure they were correct and all accounted for. There was a handover system at the end of each shift. Staff training records showed that all staff who administered medicines had received training, and undertook regular refresher training.

Some people had been prescribed "as required" medicines (PRN). We noted there was very little detail recorded as to why people required PRN medicines and under what circumstances they should be offered, or taken.

We recommend the provider review their processes and procedures with respect to PRN medicines in the light of current good practice.

Is the service effective?

Our findings

People spoke positively about staff and told us staff were skilled to meet their needs. Staff told us they had the training and skills they needed to meet people's needs.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Examination of staff training records showed staff had undertaken all mandatory training such as health and safety, moving and handling, food hygiene and safeguarding of adults. They had also undertaken more specific training to meet the needs of people who used the service such as behaviour that challenges. The manager monitored staff training using a 'training matrix'. This highlighted what training staff had completed and when refresher training was due. The main method for the delivery of all training apart from fire safety, was via DVD based learning.

We recommend that the provider review the current method of DVD based staff training to make sure it is based on current best practice.

Staff did not receive regular supervision (one to one meetings) with their line manager. One staff member said they thought the last time they had supervision had been in September 2015 with the previous registered manager. They said the manager was supportive and they could access them as necessary. Another staff member told us they had not had supervision since the previous manager left and it had not been mentioned to them. We asked staff how this affected their work and they said they did not consider that it did. They told us the manager was always accessible and they were able to discuss issues with them as they arose. We discussed this with the manager and the registered provider. They agreed that supervision had been lacking.

The lack of regular formal supervision and appraisal of staff meant there was a risk that staff were not fully supported in their roles and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff sought people's consent for care and treatment. People signed their consent forms if they were able to do so. We observed care workers explaining to people they supported, what they were about to do and asking for consent before they went ahead. People who lived at the home confirmed staff sought their consent.

The Mental Capacity Act 2005 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 the least restrictive 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 Mental Capacity Act 2005. The application procedures for this in care

homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had identified some people who they believed were being deprived of their liberty. This was due to their vulnerability should they leave the service alone. They had made Deprivation of Liberty Safeguards applications to the supervisory body and were waiting for approval. The manager was aware of their legal responsibilities under the Mental Capacity Act 2005, and had procedures and forms to use which conformed to the principles of the Act and its associated code of practice.

People were supported and assisted to maintain a healthy diet. At the time of this inspection, no one required support to eat or drink. However, people did need support with maintaining a healthy diet and we saw that where people were at risk of poor nutrition, a plan to minimise the risk had been implemented.

People told us they were happy with the meals provided. We saw that people could have alternatives to the main menu. When asked what the food was like and whether they had a choice one person said, "It is all right. You can have what you like. I did not like the main meal today so I had an alternative." Another person told us they liked to avoid eating breakfast with other people and that care workers and the chef made sure they could eat at an alternative time. People confirmed they could eat their meals at a time that suited them. One person went out most days and they told us care workers prepared them sandwiches and they had their main meal in the evening. One person commented, "If you want toast at midnight staff will get it for you".

We talked to the chef and they were aware of people's likes and dislikes and any dietary needs and preferences. The chef kept a record of what each person had eaten on a daily basis and told us they monitored what people had eaten and if they found people were leaving food they reported it to a care worker so that staff could monitor and ascertain whether the person needed any additional support.

People's healthcare needs were monitored and any changes in their health or wellbeing prompted a referral to their GP or other healthcare professional. Care plans and other documents such as healthcare records and daily notes demonstrated people's physical and general health needs had been monitored by staff and advice had been sought promptly for any health care concerns.

People had access to a range of healthcare professionals such as GPs, consultants, dentists and podiatrists. Some people accessed healthcare services independently whereas other people needed staff support to make appointments and to accompany them to appointments. Where appropriate, people had regular reviews by the community mental health team. People told us they received all the support they needed with their healthcare needs.

Is the service caring?

Our findings

People described the staff as caring and kind. One person said, "We are spoken to like a friend". Our observations were that staff were caring and displayed sensitivity towards people. Staff showed empathy for people and it was evident that they enjoyed working with people who lived at the home. Another person told us, "They respect me". Another person said staff spoke to them respectfully, and felt they listened to them but added, "Some are better than others."

Relationships between staff and people were relaxed and friendly. Staff respected people's dignity and privacy. People told us that staff usually knocked their doors before entering. Everyone we spoke with considered their privacy was respected. Staff confirmed they understood and valued the need to respect people's privacy and dignity. They described the methods they used when supporting people with personal care such as; covering people with towels, and helping them to undress in bathrooms so as they did not compromise their privacy. Staff also understood the need for confidentiality and could distinguish between when information needed to be shared, and when it did not. People we talked to confirmed this.

However we found examples where the language used in care plans and other records did not respect the person. In one case, the guidance for supporting a person with personal care began with "The home will accept..." and there were inappropriate references to people's personal hygiene. This use of language did not show that people's care and support was based on their individual needs. A sign in the kitchen, to which people had access, referred to food going missing. It stated "If anyone is found to be stealing, the police will be called. We reserve the right to carry out random searches at will." This use of language did not show that the service respected people's right to privacy.

People received care and support from staff that had got to know them well. Several staff had worked at the home for many years and some people had lived in Cressage House for decades. In discussion with staff it was evident they knew each person who lived at the home well. The registered provider told us that staff turnover was low so there was consistency in the staff knowing the people.

People told us they could make their own choices about their care and support needs. They also said they chose how they spent their day. We observed staff respected people's right to make their own decisions.

There was a key worker system in place which meant people had a named care worker they could contact with questions or concerns about their care. Staff told us they acted as a key worker for two or three people. They said they had regular informal chats with the person to ascertain their needs and individual wishes, likes and dislikes and then incorporated this into their care plan. One person said their key worker was "good". They told us they could discuss their problems with their key worker.

Is the service responsive?

Our findings

People gave us mixed views when asked if they were satisfied they received assistance with their personal care that met their needs and took into account their preferences and wishes. One person told us, "It is OK here." Another person told us they wanted to move out, but on another occasion they did not raise any concerns. Staff told us this person's mental health condition meant they "changed their mind on a daily basis".

The manager and staff we spoke with were familiar with people's preferences and aware of their mental health diagnoses and how these affected people's behaviours. Staff knew how to respond differently according to people's moods, circumstances that people found more stressful, and where people's behaviours might affect other people. Staff knew when people "liked a cup of tea", and when and how to support them with personal care, such as having a shower or shaving.

Interactions we observed in shared areas of the home showed staff were aware of people's preferences and knew how to help them calm down if they were distressed or agitated. Staff told us people preferred to keep themselves to themselves and were not interested in organised activities. They supported people to be independent in terms of their leisure activities. For instance, one person preferred to go out and socialise with friends outside the home. Staff had supported another person to buy a DVD which they wanted to see.

People's care and support were based on detailed assessments and plans. However these were not always presented in a way that made it easy for staff to access the information they needed. One person's care file contained loose sheets of information which fell out when the file was picked up. It was not clear that this person's care plan could be used by staff as a practical guide to their care and support.

Care plans and risk assessments were in place for aspects of people's care and support such as physical health, mental health and personal care and hygiene. Where appropriate there were sections on diet, medication, smoking, physical environment and accessing the community. Records showed these had been reviewed, although it was not always clear that people had been involved or invited to participate in these reviews. The manager had undertaken a review of all care plans but there were still individual records which were not dated or signed. One person had a risk assessment which had been written in October 2015, and there were no records to show it had been reviewed or assessed as still valid.

Most care plans were written in a way that reflected people's individuality and preferences. The plans contained practical advice and guidance for staff, although occasionally the information was less useful. One person's risk assessment stated, "If problems notify the office." There was no indication what the office would do, or what to do if there was nobody in the office at the time.

Although people had assessments with the community mental health team, there was little evidence that guidance from these and other professionals had been used to inform people's care plans. Information about people's mental health conditions was generic and did not relate to their individual experiences. Where staff had used a tool to assess people's risk of developing a pressure injury, the results of the risk

assessment were not always carried forward into people's care plans.

There was a system in place to make sure people received care and support according to their care plans. Staff recorded the care and support people received on a daily basis. Daily notes were recorded under headings such as "What personal care did I have this morning?", "How was I today?", "What did I eat and drink?", and "Did I take my medication?"

There was a complaints procedure in place. Records in people's care files showed people had received a copy of the procedure. The manager told us they had not received any formal complaints about the service. There was a "concerns" book where less serious requests and concerns were logged. For instance, a person had requested a change of room and this had been accommodated.

Is the service well-led?

Our findings

The registered provider and manager of Cressage House expressed a commitment to running a "family orientated" home where staff were committed to caring for people. The manager told us they preferred to empower staff so they did not need to get approval, for instance if they thought they needed to call a person's GP. The manager had received good feedback about staff from social care professionals.

Staff we spoke with were positive and loyal towards the people living at the home and towards the registered provider and manager. They told us there was an open atmosphere where they were listened to. They recognised constraints which affected the ability of the service to respond to some of their suggestions, and in some cases had accepted reductions in their conditions of employment.

The registered provider had many years' experience of social care for older people, but neither the provider nor the manager had experience of social care for people with mental ill-health. The manager told us they had learnt "on the job" from observing social care professionals and mental health professionals who supported people living at the home. We did not see evidence of a support structure for the manager where they could inform themselves about current best practice in the provision of services for people with mental ill-health.

The manager tended to prefer an informal style of management. One care worker described the home as "less formal than some". Staff meetings had reduced from weekly to monthly, and at the time of our inspection it was not clear these meetings were still in place. When we visited Cressage House in February and March 2016 the manager had a documented action plan. This was no longer in place in January 2017. The manager told us they dealt with "things as they came up". Although there was an accident book where incidents and their follow up actions were recorded, there was no systematic process in place for learning from incidents to improve the service. The manager had prepared performance management forms to use in staff supervisions, but they had not been used in practice.

There were daily health and safety checks, bathroom checks and a cleaning rota. However these did not always identify concerns, particularly the concerns about the hygiene of the kitchen identified by an environmental health officer in January 2017.

There was no formal system in place for assessing the quality of service provided. The manager told us they spoke with people regularly and with their families when they visited. They told us one person's family described the person as the "best they have ever been" since they had been living at the home. However there was no systematic quality assurance process designed to obtain the views of people using the service, their families, and health and social care professionals involved in people's care. This meant possible areas of improvement were not identified and the manager could not show whether the quality of service provided was improving or not.

The failure to implement effective processes to assess, monitor and improve the quality of service provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered person did not ensure all premises and equipment were clean, suitable for the purpose, and properly maintained. The registered person did not maintain appropriate standards of hygiene.</p> <p>Regulation 15 (1)(a)(c)(e) and (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17(1) and (2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had not provided staff with regular ongoing supervision to make sure their competence was maintained.</p> <p>Regulation 18 (2) (a)</p>