

Mrs Della Averley

Mrs Della Averley - 14 Phoenix Road

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



Overall summary

We carried out this inspection over two days on 20 January and 4 February 2015, it was unannounced.

14 Phoenix Road is a three bedroomed terraced property, with a small garden area. This small service provides personal care, accommodation and support for up to three adults who have varied learning needs.

It is a privately owned service and the registered provider is in day to day control of the service. A registered person has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in September 2014, we asked the registered provider to take action to make improvements in a number of areas. These included making

Summary of findings

improvements for people to be able to go to their chosen activities; staff recruitment procedures; staff training; staff support and supervision; making sure people were safe from abuse; cooperating with other professionals; and accurate record keeping on how the quality of the service was monitored. The registered provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. Changes had been made, but further improvement is required.

We found a number of breaches of the 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. People were not protected against risks of inappropriate or unsafe care and treatment; as quality assurance systems were not effective in recognising shortfalls in the service. Policies and procedures were not up to date. The registered person had not ensured that records were available and up to date in relation to the management of the regulated activity. You can see what action we told the registered provider to take at the back of the full version of this report.

The registered provider showed no evidence that the fire detection and alarm systems were regularly maintained. Therefore people may not be living in a safe environment. We have made a recommendation to seek advice from a suitably qualified person in relation to the maintenance of the fire detection and alarm system.

Medicines were managed and administered safely. People received their medicines on time. We have made a recommendation related to the recording of one person's medicines.

The registered provider did not use an effective system to make sure that there were always enough staff to safely meet people's needs. We have made a recommendation relating to providing enough staff.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered provider and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

One person living at the service had been appropriately assessed regarding their mental capacity to make certain decisions. A 'best interest' meeting had taken place

involving people's next of kin, and health and social care professionals for making specific decisions about their care and welfare. It had been assessed that the person was able to manage their own finances.

Staff had been trained in how to protect people from harm and abuse. Discussions with staff confirmed that they knew the action to take in the event of any suspicion of abuse. Staff were confident they could raise any concerns with the registered provider or outside agencies if this was needed.

People and their relatives told us that they were involved in care planning, and that staff supported them in making arrangements to meet their health needs. Care plans were amended to show any changes, and care plans were routinely reviewed. Staff spoke with people in a caring way and supported people to do what they wanted to do. People were supported in having a well-balanced diet and menus offered variety and choice.

Staff knew about people's individual lifestyles, and supported them in retaining their independence. People were given individual support to carry out their hobbies and interests, such as bowling and swimming. However, individual support to attend activities was dependent upon there being sufficient staff on duty. People said that the staff were kind and caring and treated them with dignity and respect. Assessments identified people's specific needs, and showed how risks could be minimised.

Staff files contained the required recruitment information. New staff followed an online induction programme. They worked alongside other staff until they felt confident to work on their own, and were assessed as able to do so. There were systems in place for on-going staff training; and for staff supervision and support.

There were systems in place to obtain people's views. These included formal and informal meetings and daily contact with the registered provider and staff.

People were listened to and relatives said they were happy with the way the service was run.

We recommend that the registered provider seeks advice in relation to the maintenance of the fire detection and alarm system from a suitably qualified person.

Summary of findings

We recommend that the registered provider follows the guidance from the Royal Pharmaceutical Society for the “Administration of Medicines in Care Homes” or equivalent best practice guidance.

We recommend that the registered provider seeks and follows guidance relating to the effective operation of a system to provide adequate staff to meet people’s needs at all times.

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?

Some aspects of this service were not safe. However, people told us that they felt safe living in the service, and that staff cared for them well.

Staff were recruited safely. We have made a recommendation that the provider assesses the need for and provides enough staff at all times. At times there were not enough staff to provide the support people needed.

Staff in the home knew how to recognise and report abuse.

People received their medicines as prescribed but we have recommended that the provider follows suitable guidance related to medicines.

We have recommended that guidance is sought to make sure the fire detection and alarm system is regularly maintained.

Requires Improvement



Is the service effective?

The service was effective. People said that the staff understood and met their individual needs.

Staff took part in training they needed to care for people effectively and meet their needs.

The menus offered variety and provided people with a well-balanced diet of their choosing.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Good



Is the service caring?

The service was caring. Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive. People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people so they were involved. Staff responded quickly to their requests for help.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome. Communication was effective and people and their relatives were informed about significant changes.

People were given information on how to make a complaint in a format that met their communication needs.

Good



Summary of findings

Is the service well-led?

Some aspects of this service were not well led.

People and their relatives felt able to approach the registered provider and there was open communication within the staff team.

Quality assurance systems were not always effective in recognising shortfalls in the service. Policies and procedures were not up to date and records did not always include all aspects of the care and support people received or feedback from people's relatives.

Requires Improvement



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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 checked 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 on the 20 January and 4 February 2015, it was unannounced. The inspection team consisted of two inspectors. At the time of the inspection three people lived at the service. They had all lived at the service for many years.

Before the visit we examined previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

Due to people's varied and complex needs some of the people living in the service had a limited ability to verbally communicate with us. We spoke with the three people who lived at the service and where able to, they showed us their rooms and the rest of the service. We spoke with the registered provider, the administrator and the member of staff on duty. We looked at records for the three people, these included personal care records; medicine records; activity records; and staff recruitment records. We observed staff carrying out their duties, such as supporting people during the day.

The previous inspection was carried out on 15 September 2015, and nine breaches were found with this service's compliance.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said “I could not imagine living anywhere else”. The person said the registered provider was like an adopted Mum and that “She always looks out for us”. Recorded minutes of a meeting held in October 2014 stated that a person said they liked the staff and they felt safe at the service.

The registered provider carried out risk assessments for the building. An electrical safety inspection had been carried out in December 2014. Internal checks of fire safety systems were made regularly. The records showed a weekly tick sheet which only allowed for 4 weeks in each month and did not have the exact dates on, however dates had been recorded for when the smoke detector batteries had been changed. There was no evidence provided to show that the fire detection and alarm systems were regularly maintained. Therefore people may not be living in a safe environment. We have made a recommendation to seek advice from a suitably qualified person in relation to the maintenance of the fire detection and alarm system.

Medicines were stored, disposed of and administered safely. Medicines were given to people as prescribed by their doctors and a record was kept to show this had been done. People told us they received their medicines on time. There were safe systems in place for checking in medicines from the pharmacy and for the correct disposal of unused medicines. Staff accurately documented when each person was given medicines. Staff who handled medicines had completed training to do so safely. However, the registered provider did not assess staff competence in administering medicines and did not carry out medicines audits. A recent visit by a quality assurance officer from the local council reported that a medicine that was dispensed separately from the person’s ‘dosset’ box had not been recorded on the record sheet. We have made a recommendation that the registered provider follows appropriate guidance in relation to the administration of medicines.

There were not always suitable numbers of staff to care for people’s safely. The registered provider was in day to day charge of the service. There were three members of care staff employed to care for people’s safety, one more than in September 2014. There was an administrator who worked Monday to Friday each week. One person was able to go out and about independently. Two people needed support

when going out and going to any activities. The staff rota showed that there was one member of staff on duty at all times. This meant if two people who needed support to go out were at home together, they could not go out unless they both agreed to go out together, as there was only one member of staff to support them. The registered provider said that she was seeking to recruit more staff. We have made a recommendation relating to providing enough staff.

The members of staff on duty also covered all cooking duties, laundry duties and some domestic duties. We were told that the people who used the service assisted in some of these activities, for example tidying their rooms, hoovering and dusting, bringing dirty washing down to be washed and helping in the kitchen. The registered provider said that additional staff were on duty when people needed to attend appointments, or to support people with outdoor activities that required more staff support. The registered provider told us that agency staff were used as and when necessary. She said that she tried to have the same agency staff to provide some consistency.

The registered provider operated safe recruitment procedures. Following the previous inspection changes had been made to make sure people were recruited safely. Police checks had been undertaken for all members of staff and references taken up to show that staff were suitable to work with people. The registered provider was in the process of ensuring that there was a full employment history on file for the staff who were already employed. Staff files showed that applicants were asked to show proof of any previous training. Interviews were carried out and staff currently employed had completed e-learning induction awareness training.

People were protected from the risk of abuse. Staff were aware of how to protect people and the action to take if they had any suspicions of abuse. Since the inspection in September 2014, all staff had had refresher training in protecting people, so their knowledge of how to keep people safe was up to date and they knew how to recognise abuse and respond to protect people. The registered provider was familiar with the processes to follow if any abuse was suspected in the service and now had a copy of the local multi-agency adult protection policy, protocols and guidance that they and the staff could follow. This included the referral form to be completed should an alert need to be made.

Is the service safe?

It was reported in September 2014 that the responding to disclosures of abuse policy, did not give specific guidance to staff about who to contact or how to report an allegation of abuse. There was now a separate page that had been completed giving contact details, however this was not with the policy and was found in another place. Therefore staff did not have access to the full details of the policy in one document. The registered provider has since informed us that action had been taken to review this document, so that the information staff needed was contained in one document.

People were supported to safely manage their money. One person was assessed as able to manage their own money after a 'best interests' meeting had been held. Records of people's monies were kept for two people. These provided a clear audit trail of money received, money spent, and the balance remaining, although they were not up to date at the time of the visit. Receipts were kept as proof of purchase as part of the record keeping system. The registered provider had been given and followed some instructions about how to record and account for people's finances following a recent audit of how people's finances were managed at the home.

Receipts showed that two people were sometimes paying for one to one care for staff hours. The registered provider told us that this had been discussed with the relatives of the two people. She said that the relatives had given consent to this arrangement. The registered provider was unable to provide any written evidence to support this arrangement. We spoke with one relative who confirmed that the registered provider had spoken to them about this arrangement. They said they had no concerns about this.

The premises suited people's individual needs. The premises were visibly clean and tidy in all areas. The general decoration was in need of refreshing. There was mould on the bathroom windows and mould on the ceiling of the upstairs store room which contained records. The registered provider said that this was going to be repaired. The state of the decoration did not directly affect the care

people received or their safety. Equipment checks and servicing were regularly carried out to ensure the equipment was safe. A recent visit by a quality assurance officer from the local council, had highlighted that the microwave was unsafe. The registered provider had replaced the microwave in response to this. On the first day of the inspection we pointed out that the screen type sliding door to one of the bedrooms was broken and did not protect the person's dignity and privacy. On the second day of the inspection the registered provider told us that an estimate had been received and a new door was on order. Information on the gas certificate advised that the cooker needed to be chained to the wall for safety. Since this had been pointed out by the quality assurance officer, this had been done.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The assessments were supportive and allowed people to take risks whilst remaining as safe as possible. Where risks had been identified there were guidelines in place in relation to the amount of support to be provided by staff. One person had risk assessments in relation to going out, attending activities, and doing laundry.

There had been no accidents and incidents at the service in the last twelve months.

We recommend that the registered provider seeks advice in relation to the maintenance of the fire detection and alarm system from a suitably qualified person.

We recommend that the registered provider follows the guidance from the Royal Pharmaceutical Society for the "Administration of Medicines in Care Homes" or equivalent best practice guidance.

We recommend that the registered provider seeks and follows guidance relating to the effective operation of a system to provide adequate staff to meet people's needs at all times.

Is the service effective?

Our findings

People told us the staff looked after them well. One person said “I have two families, one family here and my family of relatives”. People had lived at the service for many years and staff knew them well.

Since the previous inspection changes had been made in relation to staff training. All staff had undertaken training. Staff told us they now had access to social care TV online training. They had received refresher training that included health and safety, food hygiene and fire training. To date staff had not undertaken any training for the specific needs of people, for example dementia awareness which was relevant for one person who had recently been assessed by a specialist. Further online training courses that included dementia awareness, were available to staff, and they were working towards completing additional training. Staff said that the training had equipped them to offer people the care they needed. Staff were supported through individual one to one meetings and appraisals. In this small service the registered provider said staff saw and talked to each other about each person’s needs at handover every day.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The registered provider told us that none of the people had their liberty restricted. People’s consent to all aspects of their care and treatment was discussed with them or with their next of kin as appropriate. Staff had received training in the MCA 2005

and DoLS. However, people’s care plans did not contain mental capacity assessments, which would document the ability of the person to make less complex decisions. The registered provider demonstrated that she had a very good knowledge and understanding of each person and would use the capacity assessments if they became necessary.

People were supported to have a balanced diet. People were offered choices of what they wanted to eat and the menu included a variety of food people were able to choose from. Lunchtime meals included light meals such as beans on toast. The main meal of the day included dishes such as curry and rice, and sausage casserole. Recorded minutes of a meeting held in October 2014 stated that people were “Happy with the menu provided”.

The registered provider had procedures in place to monitor people’s health. Hospital passports were in place and provided information about each person’s specific needs in the event of an emergency. Referrals were made to health professionals including doctors and dentists as needed. One person had discussed with the registered provider that they did not like their doctor, and the registered provider had assisted them to change to a doctor of their choice. One person had recently been assessed by health professionals at a dementia unit, and they now attended a specialist day care centre one day a week. Appointments with health professionals such as doctors, opticians, dentists and chiropodists had been recorded. People’s health and well-being had been assessed and action was taken to maintain or improve people’s welfare.

Is the service caring?

Our findings

People told us the staff were good. One person said, “The staff are kind”. People said they were happy and that staff knew what care they needed. Relatives we spoke with commented, “They have her best interests at heart. I could not see her living anywhere else and she would not be settled anywhere else”.

People and their relatives told us that over the years they had been involved in planning how they wanted their care to be delivered. Relatives said they felt involved and had been consulted about their family member’s likes and dislikes, and personal history. Staff supported people to make day to day choices about their care, such as the food they wanted to eat or the clothes they wanted to wear. The registered provider and members of staff recorded daily the care and support given to each person. Each person was verbally involved in regular reviews of their care plan, which included updating their risk assessments as needed.

Due to people’s varied and complex needs some of the people living in the service had a limited ability to verbally communicate with us. Staff recognised and understood people’s non-verbal ways of communicating with them, for example people’s body language and gestures. This meant staff were able to understand people’s wishes and offer choices. There was a relaxed atmosphere in the service. We saw gentle and supportive interactions between staff and people. Staff knew the needs and personalities of the people they cared for. They were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do

things for themselves. Support was individual for each person. We saw that people could ask staff for help if they needed it. People were supported as required but were allowed to be as independent as possible too.

The registered provider took action to protect people’s privacy and dignity. For example, one person’s room was not lockable as there was a sliding type door in place. The door had split and did not have a lock. However, the registered provider confirmed that a new bedroom door had been ordered. This was to protect the person’s privacy and dignity when they were in their own personal space. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people’s own rooms or bathrooms. Staff asked people for permission before they showed the inspector their room. Staff supported people in a patient manner and treated people with respect.

People were able to choose where they spent their time, either in their own rooms or in the shared rooms such as the lounge or kitchen. People had personalised their bedrooms with their own belongings which reflected their likes and interests.

Since the previous inspection, people at the service had been invited to attend meetings, where any concerns could be raised, and suggestions were welcomed and acted on to improve the service. Minutes of these meetings had been recorded, and comments from people included “Happy with the members of staff”. One person felt that they did enough activities and one person said they did a lot of activities.

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. One person said “Staff support me to go to appointments”. Staff knew people well and smiled, laughed or joked appropriately with people in ways that suited their different personalities.

People’s needs were assessed and care and treatment was planned and recorded in people’s individual care plans. Action had been taken with the support of social care professionals to update the care plan documentation. We looked at the newly completed short version of the care plans. These care plans contained instructions for the staff to follow to meet people’s individual care needs. People’s likes and dislikes had been noted. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were verbally discussed with people before they were put in place.

People said they would speak with the registered provider if they had any concerns. Relatives said that the registered provider kept in touch and discussed any changes with them. They said that they would contact the registered

provider if they had any concerns, but they did not have any. Regular verbal contact with relatives was maintained, but the registered provider said that these conversations were not written down.

A range of activities were provided based on people’s individual needs and choices. Activities included bingo, bowling, going to the cinema, eating out, and shopping. People attended local day centres twice a week. One person enjoyed going to watch football and had started going swimming again. Another person went to college two days a week and helped out at one of the local day centres one day a week. We saw that people were able to choose how to spend their time and that the staff respected their choices. Staff confirmed that links with family and friends were supported. People visited their families and had home stays. People’s family and friends were able to visit at any time.

The registered provider had a complaints procedure. People were given information on how to make a complaint in a format that met their communication needs. The registered provider investigated and responded to people’s complaints. Relatives told us they knew how to raise any concerns and were confident that the registered provider dealt with them appropriately and resolved these.

Is the service well-led?

Our findings

People and their relatives told us that they thought the service was well-led. One relative said “It is very family orientated”. Another relative said “The registered provider always keeps in touch, she is excellent. I cannot praise the registered provider and her team enough”.

The registered provider did not have an effective system to regularly assess and monitor the quality of the service that people received. There were no quality assurances in place to monitor all aspects of the service, to identify any shortfalls or areas for development. There were no records to show that the registered provider had carried out regular audits to make sure that all aspects of the service worked well and promoted people’s safety and welfare. For example, there was a lack of medicines audits and health and safety audits. We were informed by the administrator following the inspection a medicines audit had been carried out. Since the last inspection record keeping had improved however, policies and procedures were not up to date, and records for people’s monies were not up to date.

People were not protected against risks of inappropriate or unsafe care and treatment; as systems were not in place to assess and monitor the quality of the service and this was a breach of regulation 10 of the 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.

The registered person had not ensured that records were available and up to date in relation to the management of the regulated activity and this was a breach of Regulation

20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had supported the people that lived at the service for many years. She endeavoured to meet their individual needs and gave them a home-like environment in which to live. People told us that it was their home. They promoted an open culture by making themselves accessible to people and visitors.

Discussion with staff and the registered provider showed us that there was a commitment to provide a service that took account of people’s views. Most of the people who lived in the home were not able to be directly involved in decision making processes about how the home was run. People were encouraged to take part in the normal household routines that helped their home to run smoothly and to enable them to remain as independent as possible. Management processes made sure that people’s views were represented through regular discussions; however, these discussions had not always been recorded. We saw that people were happy living at the service and were comfortable with the staff and management who were working there. The registered provider maintained regular contact with people’s relatives to make sure that people were kept up to date with any changes and had an opportunity to make suggestions and express any concerns. Two relatives told us that they had no concerns.

People and their relatives were asked for their views about the quality of the service. The administrator said that the last relatives’ surveys were carried out about two years ago. However, we noted that the registered provider kept in regular contact with relatives, but did not always maintain a record in support of any discussions.

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 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>People were not protected against risks of inappropriate or unsafe care and treatment, because systems designed to regularly assess and monitor the quality of the services provided to identify, assess and manage risks relating to people's health, welfare and safety were not effective.</p> <p>Regulation 10 (1) of the 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</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>People were not protected against risks of inappropriate or unsafe care and treatment the registered person had not ensured that there was an accurate record in respect of each person which included appropriate information and documents in relation to the care and treatment provided.</p> <p>Other records were not available or not up to date in relation to the management of the regulated activity.</p> <p>Regulation 20 (1) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>