

Astra Homes Limited

Pinfold Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Pinfold Care Home is a residential care home providing personal care and support for up to 26 people living with mental health care needs. At the time of the inspection, there were 21 people using the service, only 2 of these were receiving help with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives told us that Pinfold Home was a good service that was managed well. They told us they felt safe in the presence of care workers.

The provider had acted on our recommendations from the previous inspection in relation to staff supervision and care planning. Staff supervision was carried out regularly and these were recorded. The provider was transitioning to a new digital care planning system, the care plans captured people's support needs and the ways in which staff could help them to achieve their objectives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs in relation to their healthcare and dietary needs were being met by the provider. People lived in an environment that was fit for purpose. People's bedrooms were individually furnished to their liking and there were communal spaces, including a garden for them to socialise in.

People were able to take part in activities of their choosing and staff engaged with them in both 1:1 and group activities. People's concerns and complaints were explored and action taken if needed.

The service was well-led by an experienced registered manager who encouraged an open culture where people and staff felt comfortable approaching him. The provider engaged with people and staff, asking for their feedback about how the service was run. Governance systems were used to monitor the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2020). There were recommendations in place regarding staff supervision and care planning. At this inspection enough improvement had been made in relation in these areas.

Why we inspected

This inspection was carried out to look at improvements against the recommendations found at the previous inspection. As a result, we undertook a focused inspection to review the key questions of effective, responsive and well-led only.

We did not inspect the key questions of safe and caring. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinfold Home, on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pinfold Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by one inspector.

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke in person with the registered manager, 3 care workers and 5 people using the service. We also reviewed a range of records. They included 2 people's care plans and risk records and 3 staff files in relation to training and supervision. We also checked a variety of records relating to the management of the service, including audits and quality assurance records.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection, we made a recommendation to the provider regarding care worker supervision. Staff records did not always reflect that sessions were held on time. At this inspection, we found the provider had acted on the recommendation and there had been an improvement in this area.
- Staff records showed they received regular supervision. Topics that were discussed included their personal wellbeing, feedback in relation to the people they supported and their shift duties amongst others.
- Staff told us they were happy with the appropriate training and support that was in place. This meant they were able to care for people effectively. Comments included, "We have monthly supervisions", "We do get training, some of it is online."
- The registered manager told us they had recently transitioned to a new training provider to manage all of the training moving forward. Records showed that staff had started to complete training in mandatory topics such as safeguarding, infection control and food safety. There was also a plan in place to deliver more mandatory topics for staff over the next few months.

Adapting service, design, decoration to meet people's needs

- At our last inspection, the home was being refurbished and people did not have access to a main lounge area. At this inspection we found enough improvements had been made in this area.
- There were communal and private spaces for people. These included two lounges, a dining room, an activities room and an outdoor space.
- People's bedrooms were individually furnished and each bedroom had a bathroom which meant people could manage their personal are needs in the safety of their rooms. Some bedrooms had a kitchenette which meant they were able to maintain their independent living skills.
- The lounges were welcoming spaces and were arranged to encourage socialising. We saw they were used by people to engage and spend time with each other. There was a large garden which the registered manager said was used to host BBQ events in the summer.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were free to leave the service and we saw this taking place during the inspection. Some people went out independently and others with staff. Although there was security locks on the front door, people asked staff or the registered manager when going out to the shops and they were not stopped from doing so. One person said, "I've been out, I want to go to subway later."
- People using the service had the capacity to consent to their care and treatment and records included their signed consent and agreement to house rules such as access to bedrooms, rules regarding cigarettes and financial support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records showed that the provider carried out an assessment of people's needs before they moved into the service which helped to ensure their needs could be met.
- People moved into the service in a gradual way, staying for a short period which helped them to get used to and familiarise themselves with the home, staff and other residents.
- Pre-admission documents included an assessment of people's needs including personal history, physical and mental health needs and other areas such as leisure, education and employment.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at the home. Comments included, "I had an English breakfast this morning, bacon, egg, toast" and "The food is excellent."
- There was a rolling menu in place, which offered a choice of meals for people including vegetarian options. was developed in consultation with people using the service.
- Feedback from people about the quality of food was regularly sought and we saw a number of positive comments that people had left regarding the food in the home in a comments book.
- Care plans included people's preferences in relation to their dietary support needs. People also told us these needs were met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's ongoing health and support care needs, including their mental health were met.
- There was evidence of external healthcare professional's involvement in people's care, including from local mental health teams. There were records that people had attended dental appointments and other healthcare checks such as glaucoma/eye clinic.
- Care plans included medicines profiles and medicines support needs, details of people's named GP and other professionals involved.
- People had Hospital passports in place. A Hospital passport tells the hospital about people's healthcare and any needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection, we found people's care was not always reviewed in a timely manner in response to changes in need. At this inspection, we found the provider had made improvements.
- The registered manager told us they were transitioning to a digital care plan and were still in the process of transferring the records.
- People's care plans included the areas of support they needed and the ways in which staff could support them. These were based around activities of daily living.
- Care plans covered a number of areas of support that people needed such as with their mental health, physical health/mobility, medicines, personal hygiene, activities of daily living and behaviour that may present risk amongst others.
- Support plans included an identified area of support, the intended goal/outcome, and the staff interventions needed to support people.
- People had key workers who were assigned to support them. They met with them on a monthly basis, completing progress reports about how they were doing. One care worker said, "I will sit with them, have a chat, ask her concerns or if anything is bothering her. I will check if she needs new things. I take her out for lunch. Make sure she attends any appointments."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person who was using the service at the time of the inspection had a visual impairment and sensory loss and needed extra support in relation to their communication needs.
- There were care plans in place in relation to how the service was meeting their AIS needs, including their communication needs, how their needs could be met and the staff support required.
- Records were available in an easy read format, including the complaints policy, key worker meetings and the menus in the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were activities in place and they were given the choice to attend them.

- There was a weekly activities programme on display in the home and there were two rooms that were used to deliver activities. These included group activities but also workshops such as a wellness programme and confidence building. Staff said they went out with people and enjoyed supporting them, "The service users are great, we go out with them, we talk, do things together." Another said, "We do group activities, they like dominoes, drawing and watching movies together."
- People were encouraged to access educational resources and other community initiatives, there were a number of posters on display signposting people to these.

End of Life Care

- There was nobody receiving end of life or palliative care at the time of the inspection.
- Care plans included end of life care plans in which people's wishes were recorded. People had also been supported to complete advance statements in which they recorded things that were important to them, any religious/spiritual beliefs and how they wished to be treated and cared for towards the end of their life.

Improving care quality in response to complaints or concerns

- People using the service told us they would speak to staff or the registered manager if they had any complaints.
- The complaints process was on display in the home and this was in an easy read format.
- People's concerns and complaints were explored during key worker meetings, residents' meetings and also surveys.
- The registered manager told us there had been one formal complaint received in the past year, this was investigated by the provider, appropriate action taken and resolved to the satisfaction of all parties.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There was a positive culture within the service. This was evident from our observations during the inspection. The registered manager ran an open-door, inclusive service where people were comfortable in coming into his office and sitting and chatting with him. He made time to sit and speak to them about their day. He made sure he spent time with the residents every day, sitting and eating with them during lunch.
- Comments from people included "The staff are wonderful. I like it here", "We have residents' meetings with [the registered manager], we have a good chat" and "[The registered manager] is a lovely man. He's the best manager we've ever had, honestly."
- Staff we spoke with had been working at the service for a number of years, they were familiar with the people and engaged with them in a caring, emphatic manner. They spoke with people in friendly terms and told us they enjoyed working at the service. They said, "It's a good environment to work in. [The registered manager] is very hands on, very approachable. He's concerned about the residents." Another said, "He's a very good manager, he has a good relationship with staff and the clients. He makes you feel comfortable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager fully understood the responsibilities under the duty of candour legislation and to be open and honest with people. Training records showed that staff had attended this training.
- The provider's CQC inspection report and rating was available and on display in the home. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider operated systems to gather feedback and hear the views of people and staff.
- People attended monthly residents' meetings and individual key worker meetings where they were able to express their views and provide feedback.
- An annual survey had been completed in July 2022, people were asked questions such as what they thought about staff, activities, their accommodation and if there was anything to change. Feedback was, that people was positive about their experience of living at Pinfold Home.
- A food satisfaction survey had also recently been completed which showed people were satisfied with the food quality and choices available to them.
- Monthly staff team meetings were held with staff where their views were heard. Daily handover meetings

were also held, we sat in on a meeting on the day of the inspection which was conducted in an open fashion where everyone's views were heard.

- Staff supervisions took place regularly, giving them an opportunity to discuss issues that were important to them and their development needs in a one to one setting with the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; ; Continuous learning and improving care

- The registered manager was an experienced manager and had been in post since April 2022. He was supported by a deputy manager and a stable team of care workers.

- There were a number of quality assurance checks in place which helped to ensure the service was well-led.

- These included medicines audits, feedback surveys and a dignity checklist to ensure people continued to be treated with dignity and respect.

- Health and safety checks such as fire evacuation drills, fire safety checks and gas/electrical safety were completed regularly.

- The registered manager said there were a number of areas of improvement that he wanted to implement in the near future. Some of these had already been put in place including implementing a new training programme and provider and completion of the care plans to digital records.

- Other digital platforms were also being introduced included recording staff files, supervision and meetings.

- There were plans in place to develop the outdoor space and introduce a vegetable garden for people to be responsible for.

Working in partnership with others

- The provider worked in partnership with social care services, commissioners and other professionals such as community nursing and therapy teams.

- The registered manager was the chair for the South East London Managers' Network with Skills for Care and facilitated meetings with other managers in the area to network and share ideas.