Astra Homes Limited

Pinfold Home

Inspection report

33-37 Pinfold Road
Streatham
London
SW16 2SL

Tel: 02087697869

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05 October 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 29 September and 05 October 2016 and was unannounced.

Pinfold Home is a residential care home, providing accommodation and personal care for up to 26 people. At the time of the inspection the service was providing support to 18 people.

The service has a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff at Pinfold Home understood how to keep people safe. Staff received safeguarding training and knew what actions they needed to take if they thought a person was at risk of abuse. People's risks were identified and managed reducing the possibility of avoidable harm. Staff were recruited through safe procedures and there were enough staff available to support people. People received their medicines safely and staff recorded medicines administration appropriately.

People received care and support from staff who were trained and supervised. Staff sought people's consent before delivering support and people's legal rights were upheld. People received healthy meals and had access to health and social care professionals as required.

The registered manager and staff at the service were caring, however the provider's maintenance staff did not respect people's privacy. People were supported to keep in contact with their families and to make decisions about how they received care.

People's needs were assessed before they received a service and their needs were regularly reviewed. People were involved in developing the care plans. People's views were sought and they were aware of the complaints procedure. People engaged in activities they chose, however health and social care professionals told us the activities provided did not support people to increase their independent living skills.

We recommend that the service seeks advice regarding skills teaching to promote people's independence.

The service was led by an experienced and well qualified registered manager. The quality of the service people received was regularly audited. The service worked collaboratively with health and social care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe.

Staff knew the signs of abuse and what to do if they suspected people were being abused.

People's risks of avoidable harm were reduced because of risk assessments and risk management plans.

Staff administered medicines to people safely.

People were protected by the service's preparedness to respond to an emergency.

Is the service effective?

Good

The service was effective. Staff were supervised and received training.

People gave consent to the care and support they received.

People were treated in accordance with the Mental Capacity Act 2005 and no-one was deprived of their liberty.

People received nutritious meals and information about healthy eating options.

People were supported to access health and social care services as required.

Is the service caring?

Requires Improvement

The service was not caring. Whilst staff at the home were caring, the provider's visiting maintenance staff did not respect people's privacy.

People were supported to maintain relationships that were important to them.

People made day to day decisions and chose how their care and support was delivered.

Staff within the home respected people's privacy and promoted their dignity.

Is the service responsive?

Requires Improvement 

The service was not responsive. People were supported to participate in activities they chose but these did not include skills teaching towards independent living.

People were supported with needs assessments and care plans to guide staff to meet their needs.

People knew how to raise a complaint and shared their views at resident's and keyworking meetings.

People were provided with the support they wanted to participate in their religion.

Is the service well-led?

Good 

The service was well-led. Staff felt supported by the registered manager.

The manager undertook checks of service quality.

Care records were up to date and accurate.

The service sought input from and worked closely with external professionals.

Pinfold Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 unannounced inspection took place on 29 September and 5 October 2016. It was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about Pinfold Home including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with five people, three staff and the registered manager. We reviewed nine people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We reviewed seven staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we contacted seven health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "I feel safe. The staff are good. If I was worried I would tell them." Another person said, "Having the staff about is good for me inside. They take the edge off the stress, if you know what I mean."

Staff providing support to people knew how to keep people safe. Staff received training in safeguarding and were able to tell us about different types of abuse people were at risk of. Staff told us what they would do if they suspected abuse. One member of staff told us, "I would tell the manager or the deputy." Staff understood their responsibilities under the provider's whistleblowing policy to report to an external agency any concerns they had about people's safety that were not being addressed by the manager.

Risks to people were reduced because staff assessed people's risks and developed plans to manage them. Where people presented with risks staff had guidance on the steps to take to reduce them. For example, staff prompted people at risk of self-neglect to shower and change their clothes. Other prompts included staff reminding people of the importance of oral hygiene. Care records directed staff to inform health and social care professionals if they observed significant changes in people's moods or behaviours. This meant people were protected by the involvement of mental health specialists in meeting their needs.

People were supported by staff who were recruited using safe procedures. These including reviewing applications, interviewing candidates and taking up references for successful candidates. The details of prospective staff were checked against criminal records lists and lists of individuals barred from working with vulnerable people. The provider confirmed the addresses and identities of staff and their eligibility to work in the UK.

People told us there were enough staff available to meet their needs. One person told us, "There are always staff about. The right number I'd say. More than that could be a bit stressful." Another person said, "I can go to them [staff] and they can come to me anytime." The provider assessed staffing levels to ensure there were sufficient numbers of staff to keep people safe during the day and overnight.

People were supported to receive their medicines safely. One person told us, "Taking my medicine makes me feel safe inside. The staff explain what it is for and I feel it's good for my nerves." A member of staff told us, "We [staff] give medicines to one [person] at a time to make sure there is never any mix up and we sign for it." People's medicines were stored appropriately in a locked cabinet and administered in line with prescriber's instructions. Two staff signed people's Medicine Administration Record (MAR) sheets to confirm that the right person had received the right medicine at the right time. Whilst staff understood that people had the right to refuse medicine they also knew that for some people, repeated refusal could be an indication of a deterioration in people's mental health. Staff knew what actions to take when this occurred, including informing the manager and GP.

The service provided adaptations to support people's mobility. For example, following an occupational therapist's assessment for one person their recommendations were followed and additional grab rails were

installed. Additionally, bath chairs had been installed to ensure people could wash safely, with a reduced risk of falling.

People told us the home was clean. One person said, "The cleaners are good and make sure my room is very nice for me to live in." People were protected from healthcare-associated infections by the service's hygiene practices. Staff wore personal protective equipment (PPE) when supporting people with personal care. For example, staff wore disposable gloves when supporting people to wash. We saw posters on display in communal toilets which illustrated correct hand washing techniques. We observed staff preparing food wearing hairnets. Foods stored in the fridge were labelled with expiry dates written on them and records showed the serving temperature of people's meals. The local authority environment staff awarded the service a four out of five food hygiene rating.

People were safe because the service regularly rehearsed its response to a fire. Staff tested fire alarms and checked fire equipment and exits. People were supported to participate in fire evacuation simulations and the outcome of each evacuation was recorded. Risk assessments were written for people who refused to participate to ensure that in the event of a fire staff could inform responding emergency personnel immediately about the person's needs and location.

Good

Is the service effective?

Our findings

.People told us that staff had the skills and knowledge to support them effectively. One person told us, "Staff get training and do courses and know the technically correct words for things. They are good to talk to and know when I'm not on top form." Another person said, "They [staff] seem clever enough and know what they are doing. They say the right things at my appointments, which helps."

People were supported by trained staff. Staff supporting people received mandatory training in key areas including safeguarding, first aid and food hygiene. Medicine training was delivered by the service's dispensing pharmacy which ensured that issues relating to medicines received by people living in the service were addressed. Training took place at weekends when people had fewer appointments. This meant that staff attendance at training sessions was maximised.

New staff received induction to ensure they were competent and confident to deliver care and support to support people. One member of staff told us, "Induction covered the duties of my role. I read policies and procedures, did fire drills and medicines and was briefed on staff conduct." Staff shadowed experienced colleagues over their first three days working at the service and familiarised themselves with people's care plans. This meant people were supported by staff capable of meeting their needs.

Staff delivering care and support were supervised. One member of staff told us, "The manager does my supervisions with me and she is encouraging." Care staff and domestic staff were supported with supervision meetings every six weeks. Staff records showed that the registered manager and staff discussed people's changing needs. For example, a discussion about the need to monitor a person's behaviour following a change in their prescribed medicine. The registered manager also supported staff through an annual appraisal were staff discussed their personal development, training needs, job satisfaction and performance. This meant people received support from staff who were supported by the manager.

People gave consent to the care they received. People told us that staff asked for agreement and permission before delivering support. Care records were signed by people to confirm their agreement with their needs assessments and care plans. Care records stated clearly how people expressed their choices and made decisions. This meant people received support in accordance with their preferences.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). The MCA exists to protect people who may lack the capacity to make decisions and to ensure that any decision made in relation to their care, support and treatment are made in their best interests. DoLS ensures that people who lack capacity are treated in the least restrictive manner. None of the people living in Pinfold Home was subject to DoLS.

People were supported with their communication needs. People's individual communication abilities and preferences were assessed as part of their initial assessment. Care records showed that one person had been supported with an interpreter for a meeting with health and social care professionals. Whilst another person's care records noted they preferred staff to ask them questions to find out what was wrong rather

than volunteer the information. This meant staff knew how to support people to share their concerns.

People told us they chose the meals they ate and enjoyed their meals. One person told us, "The food is good. My favourites are the chicken, lamb and scallops." Another person said, "I don't really eat what I don't like. I choose things I do like, like shepherd's pie." The service had a cook who, with the domestic staff team, prepared meals and snacks for people throughout the day and evening. We observed staff offering people snack options throughout both days of our inspection. People chose what they ate from menus which were compiled from choices made at residents meetings. The service organised a healthy eating group each month were nutritious dishes were discussed and fruit salads prepared. This meant people were given information about healthy eating options.

People were supported to access healthcare services. Staff supported people to arrange and attend appointments. One person told us, "The chiropodist comes here to treat my feet." Another person described how staff supported them to have regular blood tests and to meet with mental health specialists. Records showed that people who chose to were supported to attend Well Men and Well Women clinics annually. This meant people had regular and timely access to healthcare professionals.

The service supported people's access to healthcare services by writing hospital passports with people. Hospital passports are easy-read documents taken by people or staff to medical appointments with health professionals. They contain important information including details of people's health needs and medicine. People's health passports also presented information to the reader about people's care preferences for care and support. For example, the title of sections included "What to do if I am worried or upset", and "How to tell if I am in pain." This meant staff supported healthcare professionals in readily understanding people's needs and communication preferences.

People we spoke with told us the care home met their needs. One person told us, "My room is big, bright and clean. I have my own bathroom. I go to the activity room. The dining room is nice." Another person said, "I like to smoke. Can't smoke I here but I can go outside when I want." There were smoking areas in the back garden which included a large furnished and ventilated shed. Staff undertook monthly bedroom checks with people. These identified any maintenance and safety issues. For example, slip hazards in people's bathrooms and trip hazards in people's bedrooms as well as any repairs required. Bedroom checks also afforded people the opportunity to share their views about the quality of cleaning undertaken by domestic staff.

Requires Improvement

Is the service caring?

Our findings

People did not always have their privacy respected. People and staff told us that the provider's maintenance staff routinely entered the service to carry out repairs without announcing their arrival or acknowledging people or staff. One person told us, "I don't know them [maintenance staff] and they don't know me. They don't knock before coming in my room. It's my room, right? Not theirs." A member of staff told us, "It's just a lack of respect. The [maintenance staff] just come and go when they want. We don't know why they were coming. Don't know why they are there." Another member of staff said, "Sometimes we come out of a [person's] room and there's [maintenance staff]. You think 'who is that? What are they doing here?' There is never a 'good morning'. They treat the place as their own." The registered manager told us they was aware of these concerns and had informed the provider about the ongoing breach of the service's visitor's policy. The registered manager told us, "The repairmen don't sign in the staff book and they don't sign in the visitor's book. They don't ring the doorbell. They just walk in." This meant the provider did not ensure all employees treated people with dignity and respect.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People and professionals told us staff were kind and caring. One person told us, "The staff are nice to me. They talk to me and spend time with me." A health and social care professional told us, "[People] find the staff and management very caring. The relatives of service users seem happy with the placement." A member of staff told us, "I find this work tremendously fulfilling. It is the nature of the therapeutic relationships we develop that growth occurs for [people and staff]. We observed caring and respectful interaction between people and staff supporting them.

People told us the staff at Pinfold Home respected their privacy. One person said, "None of the staff talk about my business in front of anyone else." Another person told us, "They never just walk in to my room. They knock the door. Likewise they never just butt into a conversation, they say 'excuse me.' I would call them polite." People told us that staff made their visitors feel welcome and they were given privacy and space with their guests.

People were involved in making decisions about their care. One person told us, "I meet with my social worker and staff and we look over the last year at how I've come along and we plan the road ahead." People decided how they wanted their care delivered and this was recorded in care plans. We observed staff involving people in making decisions during both days of our inspection. For example, people were asked to decide upon activities, support for appointments and choices for meals.

Care records noted people's preferred names and these were the names staff used when speaking with people. People's care records were kept securely in the manager's office to ensure people's privacy and confidentiality were maintained.

People were supported to maintain relationships that were important to them. Staff supported people to

maintain contact with their families. For example, staff assisted people to send birthday, Christmas and Mother's Day cards and to make telephone calls to relatives.

Staff knew people well and understood what was important to each person. They were able to tell us about needs, backgrounds, favoured conversation topics and how people preferred to spend their time. People's cultural needs were assessed and identified. Staff supported people to eat culturally relevant meals when they chose. People were also afforded the opportunity to enjoy dishes from other cultures.

Requires Improvement

Is the service responsive?

Our findings

People told us they were satisfied with the level of activity they were supported to undertake. One person told us," I do enough, the right amount. More would be stressful." Another person told us, "I like the games and activities we do." A third person told us, "I can say straight away which are my favourite activities here; the art sessions in the activities room and going to the local library. The service had an activities room which was available for one hour each afternoon. Twice each month an art therapist led sessions with people. One person told us, "They are wonderful classes. We often focus on self-portraits which can be emotional." People and staff told us that other activities within the service included, cards, dominos and bingo. People who were able to access the community independently for activities did so. One person told us, "To help keep my positive frame of mind I joined a gym which has a pool and a sauna". Another person told us they visited the local library, whilst a third person said, "My favourite things are the manicurist and hairdressing."

People were not supported with activities which could develop their independent living skills. People we spoke with told us they were not involved in activities of daily living such as cooking or cleaning but told us that the they did not want to be either. One person told us, "The cleaners clean. The cooks cook. That is good. Too much to do is too hard to handle." The manager informed us that domestic tasks including cleaning people's bedrooms as well as preparing meals and snacks were undertaken by members of staff. However, we were concerned that people were not supported to be independent. One health and social care professional told us, "The care provided is basic and includes having their environment cleaned, prompts and assistance with personal care, food and medication. Hence service users spend most of their time watching TV and smoke all day. Most of the service users are therefore deskilled and dependent on staff to complete their daily living activities." Another health and social care professional told us, "The home does not seem to provide much support to community activities." Whilst a third professional said, "There is no kitchen space that can be used to asses service user cooking skills."

We recommend that the service finds out more about skills teaching, based on current best practice, to promote people's independence.

People were supported with an assessment of their needs before they joined the service to ensure the service was able to provide appropriate support. People's needs were regularly reviewed. When people's needs changed staff supported them with referrals to health and social care professionals. For example, when one person's mental health needs increased a reassessment was arranged with their community psychiatric nurse and social worker.

Care records provided staff with guidance about signs that might indicate a relapse or deterioration in a person's mental health and the actions staff should take. For example, staff would inform the registered manager and social worker. The deputy manager told us, "When behaviours deviate from the baseline we increase our monitoring in line with care plans and risk assessments." Staff made daily entries into people's care records. These noted people's mood, health, activities and the support received. For example, one person's daily notes recorded that staff had encouraged them to drink more throughout the day as the weather was hot. Another person's daily notes recorded the support they received with budgeting. This

meant people's care records detailed the plans to meet people's needs as well as the support staff provided.

The service operated a key working system. A keyworker is a member of staff with responsibilities for planning and coordinating with people how their needs are met including, arranging appointments, liaising with family, planning activities, budgeting and personal shopping. One person told us, "My keyworker is all about 'what do you want to do? Would you like to this or that? And how are you feeling?' We have proper sit-down meetings too." People and their keyworkers met each month to discuss people's needs and plan activities.

People who chose to were supported with their spiritual needs. Staff assisted people of a number of different faiths to abide by the dietary requirements of their religions. A number of people were supported to attend church every Sunday. Whilst other people were offered the opportunity of support to attend a temple, mosque or synagogue.

People were encouraged to share their views about the delivery of the service. Staff arranged and took minutes at regular residents meetings. Minutes of meetings were retained for people who had not attended and for future reference. Minutes showed people had discussed a range of issues including, menus, activities and agreeing the rules of board games. Following agreement with people the registered manager occasionally invited speakers to residents meetings. For example, police officers spoke with people about personal safety when in the community, security when answering the door and issues related to street drinking. This meant people were supported to receive information and to make agreed decisions.

The provider sought feedback from people. People received annual questionnaires. We read people's responses to surveys. These included, "The staff are friendly" and "They stop what they are doing and listen to me". The registered manager shared feedback from people with the staff team. This meant that staff had information to improve the delivery of care and support.

People understood the process for making a complaint. One person told us, "If something was up I would tell the boss [registered manager] or one of the staff. Or I could tell my care co-ordinator. I can just say it. It doesn't have to be a written thing." The provider had a complaints policy and complaints were dealt with in line with the provider's procedures.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was a registered nurse at the time of the inspection. They were assisted by a deputy manager. Staff understood their roles and the management arrangements. The staff team was divided into care staff and domestic staff. Care staff delivered personal care and support to people. Domestic staff prepared meals, snacks and ensured the cleanliness of the home. Both sets of staff received supervision and appraisal from the registered manager.

People, staff and health and social care professionals expressed confidence in the registered manager. One person told us, "The manager is a very good person and says things to me that are uplifting." One member of staff said, "The registered manager and deputy are very supportive. They say things like, "ask anytime." Whilst a health and social care professional told us, "Pinfold is one of the providers with strong leadership that exhibits greater confidence in the service they provide." Another professional told us, "Pinfold appears to be well led."

The registered manager reviewed care records and risk assessments regularly to ensure they were based upon the most up to date information and contained accurate details. Accidents and incidents were monitored and analysed to identify causes and prevent their recurrence.

The registered manager undertook a range of quality and monitoring audits. These included, medicines audits, health and safety checks as well as checks of people's finances. The service had a detailed statement of purpose. Staff demonstrated good knowledge of the provider's vision. Daily records completed by staff about people were detailed and reflected their care plans. These were checked for quality and accuracy by the registered manager.

The service worked in partnership with health and social care professionals. One health and social care professional told us, "[The registered manager] keeps me in the loop with any issues/concerns she may have with regards to our service users." Records showed that staff worked in collaboration with social workers, mental health specialists and GPs to support people's well-being and changing needs. The registered manager understood their legal responsibilities to keep CQC informed of important events through notifications and had forwarded them when required.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider's maintenance staff did not treat people with dignity and respect and ensure the privacy of service users.