

Proctor Residential Care Home Ltd

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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 

Summary of findings

Overall summary

This inspection took place on 10 December 2016. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in August 2013 there were no breaches of the legal requirements identified.

Proctor Residential Care Home provides accommodation and personal care for up to five people with mental health care needs. At the time of our inspection there were five people living at the service.

A registered manager was in post at the time of 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.

People were not supported in a safe and clean environment. The building and environment required maintenance and upkeep as areas of the home and grounds were not suitable for their intended use. There were no infection control audits undertaken. This meant that there were inadequate systems in place to manage and monitor the prevention and control of infection. The provider had not taken all reasonable steps to protect people and staff from acquiring infections and cross infection.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff members received regular training and supervision to enable them to carry out their duties.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

People were supported to maintain good health and had access to external health care professionals when required.

People were supported by a small experienced staff team. Enabling relationships had been established between staff and the people they supported. Action plans to enhance people's independence were promoted by the service and staff members.

People received care that was personal to them and staff assisted them with the things they made the choices to do. Care plans were written and agreed with individuals and other interested parties, as

appropriate. Care records were personalised and described how people preferred to be supported.

Staff felt well supported by the registered manager. Staff were knowledgeable of all aspects of the service and felt they worked well as a team. The management team encouraged team work and staff felt listened to. Staff members have contributed towards changes to the service and have identified solutions and improvements, most often in the area of people's behaviour.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

People were not supported in a safe and clean environment.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment.

Is the service effective?

Good 

The service was effective.

Staff members receive regular training and supervision to enable them to carry out their duties.

Staff in the service had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were met and the service had obtained support and guidance where required.

Is the service caring?

Good 

The service was caring.

People were supported by a small experienced staff team.

Enabling relationships had been established between staff and the people they supported.

Action plans to enhance people's independence were promoted by the service and staff members.

Is the service responsive?

Good 

The service was responsive to people's needs.

Care plans were written and agreed with individuals and other interested parties, as appropriate.

Care records were personalised and described how people preferred to be supported.

The provider had systems in place to receive and monitor any complaints that were made.

Is the service well-led?

The service was not always well-led.

The provider did not have effective auditing systems in place to assess the quality and safety of the service.

Staff felt well supported by the registered manager.

People were encouraged by the provider to provide feedback on their experience of the service to monitor the quality of service delivered. □

Requires Improvement ●

Proctor Residential Care Home Limited

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.

The inspection took place on 10 December 2016. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in August 2013 there were no breaches of the legal requirements identified. This inspection was carried out by one inspector.

We reviewed the information we held about the home. This included the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with one person who lived at the service, two members of staff and the deputy manager. People were offered the opportunity to speak to the inspector. They either declined or were unavailable.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, complaints, quality assurance records, supervision and training records.

Is the service safe?

Our findings

People were not supported in a safe and clean environment. The building and environment required maintenance and upkeep as areas of the home and grounds were unsuitable for their intended use. Cleaning schedules were in place. However, we noted in the downstairs bathroom there was exposed brickwork, exposed piping and wires from the boiler, no soap, no hand-drying facilities, the shower head was in need of de-scaling and there was mould in the sealant. In the communal smoking area there was no running water available for people to use the kettle, the sink and surrounding area was not clean, a dis-used bin and old kitchen units were lying around. In the garden area there was old furniture left near the fire escape route. In the upstairs bathroom there was no hot water available from the hand wash basin, no soap, no hand drying facilities; the flooring was coming away from the bath, a rusty toiletry holder was attached to the wall and the sealant around the sink and bath was mouldy. Toilet brushes in both bathrooms were covered with toilet roll. The deputy manager said that people should take their own soap and towel to the bathroom. We only observed one person going to the bathroom and they did not have a towel or soap with them. The health and safety audits were incomplete and did not identify these concerns. This meant that there were inadequate systems in place to manage and monitor the prevention and control of infection. The provider had not taken all reasonable steps to protect people and staff from acquiring infections and cross infection.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. Risk assessments included: Area of risk; Background; Hazards; Risks; and risk management. They covered issues such as; Abuse against others; Drug use; Self Harm/neglect and independent trips away. There was clear guidance for staff to follow to minimise the risks and to prevent harm. Control measures for one person who was at risk of self-harm included the need to be patient when providing personal care prompts; letting the person know they looked good; encourage them to eat and drink to prevent a deterioration in physical health and to monitor their mental health. Risk assessments were reviewed regularly and amended whenever needs changed. Each person using the service was involved in the assessment of their needs as much or as little as they wished to be.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. There was always at least one member of staff on duty. During the week the deputy and registered manager are also on duty. Staff we spoke with felt the staffing level was manageable.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the registered manager and that they would be listened to. Staff understood the term, "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff

were appointed and commenced their employment. Staff files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Suitable arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately. We did note one discrepancy with the recorded stock balance of one medicine held by the service. The deputy manager told us they would deal with this matter. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so.

Each person held a medicines profile which included the medicines taken; the dose required; why they were needed and potential side effects. The profile also highlighted how the person preferred to take their medicines. One person requested to take control over their evening medication. A risk assessment was in place to manage their self-medication.

Medicine Administration Records (MAR) were used to record the administration of medicines. Of the sample that we viewed, we saw that these were in the main completed accurately. There were two inaccuracies regarding an omission of not accounting for weekend medicines being taken out of the service and one mistake of not correctly totalling the amount remaining. Staff told us they received training so they could administer medicines to people in a safe way. Training records confirmed that staff had been on this training. External and internal medication audits were undertaken and actions were taken where required.

Incident and accident forms were completed when necessary and reviewed by the registered manager. These were completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed details of the incident, action taken and follow-up actions. Staff were notified of each incident when they occurred; what happened; how it was dealt with; and what staff needed to be aware regarding future strategies. An example of a recently recorded incident involved anti-social behaviour. The incident was investigated and involved external authorities. An agreed strategy was implemented to mitigate future risks.

Environmental checks had been completed regularly to help ensure the premises were safe. These included fire safety equipment and electrical testing. The deputy manager told us the service is compliant with the fire officer's inspection recommendations and requirements including testing, and fire emergency planning. People were briefed on fire emergency plans and their preference of escape plan was recorded in their personal evacuation plan.

Is the service effective?

Our findings

Staff members received regular training and supervision to enable them to be effective in their duties. Training records showed training was completed in essential areas to ensure staff and people at the home were safe. For example, training in fire safety, food hygiene, emergency first aid, and safeguarding had been completed. Training that required up-dating was being taken forward by the deputy manager. Additional training specific to the needs of people who used the service had been provided for staff, such as conflict management, lone working and mental health awareness.

There had not been any new staff that had joined the service for a number of years. The provider has an induction programme in place, when required. New staff would be expected to complete a mandatory training programme. To enhance their understanding of a person's needs new members of staff would also shadow more experienced members of staff.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Issues discussed included; performance, relationship with service users, training needs and targets. Conducting regular supervisions ensure that staff competence levels are maintained to the expected standard and training needs are acted upon.

Staff in the home had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that protects the rights of people who are not able to make decisions independently about their care and treatment. DoLS provides a framework to assess the needs of a person when it is felt that they need to be deprived of their liberty in order to receive safe care and treatment. The deputy manager told us that they were aware of their legal responsibilities and explained that no one in the service was subject to a DoLS authorisation. People were able to leave the service if they wished.

Consent had been agreed by the person regarding their level of care and the areas of consent were documented in their care plan. In some cases where people had difficulties managing their finances a mental capacity assessment had been conducted. Where people did not have a full understanding of how to manage their finances a best interests meeting was held to discuss the assistance required. The meeting involved the person, family members, staff members and health professionals to decide on the least restrictive strategy to assist the person. People also had access to an Independent Mental Health Advocate (IMHA). An IMHA is an independent advocate who is trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.

People's nutrition and hydration needs were met. People had enough to eat and drink to keep them healthy. The service provided people with a choice of meals, drinks and snacks and assisted with providing a healthy balanced diet. Where one person had a dependency on fast food they were encouraged to eat at least one healthy home cooked meal a day. People also enjoyed burgers and pies. These food choice preferences were respected by the service.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. We saw people had received input from their GP, social worker, mental health team and community psychiatric nurse.

Is the service caring?

Our findings

People were supported by a small experienced staff team. Enabling relationships had been established between staff and the people they supported. Action plans to enhance people's independence were promoted by the service and staff members. The deputy manager told us they were quick to act on issues that needed addressing. One person had problems with their financial management and their benefits were stopped owing to a missed assessment appointment. The service wrote to the benefits agency on the person's behalf advising them that they were vulnerable due to their mental health. Owing to the deputy manager's intervention the person's case was fast-tracked and their benefit payments were released. During the period their benefits were stopped the service supported the person with £5 a day to cover daily their living costs.

Staff respected people's privacy. People's bedroom doors had locks and they only had access to their room. People were able to have time alone whenever they wanted and if they wished to stay in their rooms they could. We spoke with one person briefly and they told us they liked spending time in their room and particularly liked watching cricket. Staff respected this and did not disturb them when they were in their room. The person told us that they liked the staff.

People at the service were independent and accessed the community on their own. One person travels independently to London. They have agreed with staff to carry contact information to ensure people can contact the service, if needed. They also have the service's number stored on their mobile phone. Where one person does not speak English as their first language the service arranged for them to meet an interpreter to explain their terms of residency. They were also provided with a map of Bristol with translated phrases to help them in case they got lost. Their care needs and review were also written in their first language to ensure they had reference to the agreed care and support.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were knowledgeable about people's different behaviours and specific needs. One member of staff told us they encouraged people to be independent, as far as possible. They told us about one person who did not pay particular attention to their personal care. The member of staff told us how they used to assist the person and prompt them when required. They also helped them shave. With the staff member's encouragement and support the person now shaves himself and takes care of their own personal care needs. The staff member told us; "We treat our clients as individuals. Their wishes should be respected."

One person was reluctant to attend medical appointments but will agree with some staff encouragement. The person has been encouraged to diary their own appointments to maintain their awareness of when they need to attend. When booking an appointment the staff make sure that the person is included in the decision of when the appointment is booked. To ensure they attend the appointment staff accompany the person to the medical centre. By providing this support the staff ensure that the person's health does not deteriorate and they receive the appropriate medical assistance at the correct times.

The service offer opportunities to people with the aim to increase interest and frequency of activity. They continually explore new ways of inspiring people to trying to find new things they may be interested in. Although people may be reluctant to try new activities staff continue to engage with people to encourage them to try new things. One person was encouraged to access free English lessons, as English was not their first language. They now attend these regularly. The service were currently researching methods of intervention for schizophrenic people. This was to enhance effective communication between people and staff with the view this will have a positive effect on people's lives.

Is the service responsive?

Our findings

People received care that was personal to them. The person we met appeared content living in the service and they received the support they required.

Care plans were written and agreed with individuals and other interested parties, as appropriate. Care records were personalised and described how people preferred to be supported. People's individual needs were recorded and specific personalised information was documented. Each person's care plan had a profile which included information for staff on how people preferred to be supported. For one person who tended towards social withdrawal staff supported the person to engage socially and remain active in the community. They were also supported to see their family regularly. Where one person expressed challenging behaviour staff guidelines were provided to de-escalate an incident. Staff we spoke with told us about the techniques applied and how they followed the care plan guidelines. Each incident was also recorded for the purpose of reviewing themes and lessons learned. This enabled the registered manager to assess whether strategies were effective or needed to be amended.

In order to enhance staff understanding of the person, each person had a detailed action plan which identified the person's support needs and actions to take. Where one person expressed anti-social behaviour incidents were discussed as soon as discovered. Their behaviour was discussed with the person and other health professionals and an acceptable behaviour contract was set-up. This highlighted to the person the potential consequences of their actions if they persisted with their behaviour.

People's support records contained personalised information. This included personal relationships; their interests; personality traits; how they communicated and where they needed particular assistance. One person liked being listened to and staff spent time with them when they wanted to express their feelings.

People undertook activities personal to them and were independent. They could come and go as they pleased. An activities person visited the service once a week to engage in activities of people's choice. Despite staff efforts the take up was limited. People were taken out in the car which they enjoyed. Where one person enjoyed cricket it was suggested they go and watch the cricket, they declined. The deputy manager told us they are arranging a house Christmas lunch at a local restaurant. They were hoping the majority of people would choose to attend. Should people need them the Samaritans and National Mind helpline numbers were displayed in the hallway. Also on display were links to the community such as meetings for people who may be struggling with isolation and Baptist church meetings. Some people maintained contact with their family and were therefore not isolated from those people closest to them

People were also offered access to the Community Psychiatric Nurse (CPN). They supported the person with their medication and health needs. Regular catch-up meetings were also held between the CPN's, staff and managers to remain up-to-date and discuss best practice according to the person's circumstances and needs.

The provider had systems in place to receive and monitor any complaints that were made. Where

complaints had been received the matter was investigated by the registered manger and was processed in accordance with their complaints policy. We saw that appropriate actions had been taken to resolve issues of concern.

Is the service well-led?

Our findings

The provider did not have effective auditing systems in place to assess the quality and safety of the service. We found that the formal health and safety audits were incomplete. We were told by the deputy manager that the auditing process was currently being transitioned over to a new system. The provider had not taken all reasonable steps to protect people and staff from acquiring infections and cross infection. The deputy manager agreed to deal with this issue and introduce a more effective auditing process regarding this area of their work.

The management encouraged team work and staff felt listened to. Staff members had contributed towards changes to the service and identified solutions and improvements, most often in the area of people's behaviour. An example of this included an implementation of a special post box for one person's use alone so that they were reassured that they had not missed the post and it had not been stolen. This relieved their anxiety. Innovations and ideas were regularly discussed between the management and staff and improvements have been made because of this collaborative approach.

Staff were knowledgeable of all aspects of the service and felt they worked well as a team. They had an in-depth knowledge of the people they supported. Staff meetings were held every two months. Issues discussed included action plans and care plans, resident meeting updates, people they support and arising needs. One member of staff told us; "We have regular staff meetings. They are very good and assisting. We have help with training. [Deputy manager] is always there to provide support. The service is well-run and the clients are happy."

Communication between staff and managers was prioritised as one of the important aspects of their work. The service uses one communal communication book as a back up to important information that needs to be passed on. A general diary of service user activity was maintained by staff and all important matters are discussed at handover. This meant that staff had all the appropriate information at staff handover.

People were encouraged by the provider to provide feedback on their experience of the service to monitor the quality of service delivered. People had access to their own keyworkers. The keyworker had a special responsibility for ensuring that the person had maximum control over all aspects of their daily life. Regular resident meetings were also held. The deputy manager told us these had a structured meeting format. The staff put notices up about the meeting and the deputy manager would sit in the dining room to offer people the opportunity to ask questions and raise any issues. We noted at a recent meeting one person told the deputy manager they were happy with everything. They were offered the opportunity to engage in new activities relating to their interests and this offer was declined. Another person talked about culture, politics, the news and the healthcare system. The person also asked for an up-date on their financial affairs. The deputy manager advised that counselling details had been put up by the front door in case people wanted to talk to people independent to the service.

The service had also offered staff and health professionals to express their views in a quality assurance survey. They received one staff and health professional response. The staff response was positive regarding

their training and accessibility to the registered manager. The health professional thought there was a positive and welcoming atmosphere. They stated; "As far as I am concerned the staff always treat the residents with respect and care and call us appropriately."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not supported in a safe and clean environment. There were inadequate systems in place to manage and monitor the prevention and control of infection. The provider had not taken all reasonable steps to protect people and staff from acquiring infections and cross infection.</p>