Centurion Health Care Limited

69 Chartridge Lane

Inspection report

69 Chartridge Lane
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19 April 2016

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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 13 and 19 April 2016. It was an unannounced visit to the service.

We previously inspected the service on 13 February 2014. The service was meeting the requirements of the regulations at that time.

69 Chartridge Lane provides support for up to six adults with learning disabilities. It was full at the time of our visit.

The service had a registered manager in post. 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.

We received positive feedback about the service. Comments from people included "Staff have been absolutely tremendous," "It's superb here," and "Staff support me when I need help." A relative described the service as "It's like a family home."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service to enable people be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care.

People's medicines were not consistently managed safely as records of medicines administration were not always accurate. Staff supported people to attend healthcare appointments to keep healthy and well.

Staff received appropriate support through a structured induction, regular supervision and staff meetings. We saw there were sufficient staff to meet people's needs. We found staff had not always been recruited effectively to make sure they had the right skills and experience to support people safely.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had been kept up to date to reflect changes in people's needs. The service listened to people's views and involved them or their relatives in decision-making. People were supported to take part in a wide range of social activities.

There had not been any complaints about the service. People knew how to raise any concerns and were relaxed when speaking with staff and the registered manager.

The building was well maintained and complied with gas and electrical safety standards. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

The provider regularly checked the quality of people's care through visits and audits. There were clear visions and values for how the service should operate and staff promoted these. Records were generally maintained to a good standard and staff had access to policies and procedures to guide their practice.

We have recommended the service follows good practice in relation to staff training before people are admitted to the home.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to recruitment practice and maintenance of accurate medicines records. We also found a breach of the Care Quality Commission (Registration) Regulations 2009 as the home had not updated its statement of purpose. 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 at risk of harm because recruitment practices were not consistently robust.

People were at risk from unsafe care and treatment as accurate records were not always maintained of when staff had given them their medicines.

People lived in premises which were well maintained and free of hazards, to protect them from the risk of injury.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent and to access the community.

People's views were listened to and acted upon.

People were treated with kindness, affection and compassion.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not updated the statement of purpose to reflect the needs of people cared for at the home.

People's needs were met safely and effectively because the provider monitored quality of care at the service.

People had good links with the local community.

69 Chartridge Lane

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 13 and 19 April 2016 and was unannounced.

The inspection was carried out by one inspector. The provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Instead, we gave them the opportunity to tell us what the home did well and any improvements that were planned.

We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.
We contacted two health and social care professionals, to seek their views about people's care. We also contacted three people's relatives after the inspection, to ask them about standards of care at the service.

We spoke with the registered manager and four staff members. We checked some of the required records. These included three people's care plans, six people's medicines records, four staff recruitment files and five staff training and development files. We met all of the people who lived at the home and spoke with three of them about their experiences of care.

Requires Improvement

Is the service safe?

Our findings

People were placed at risk of harm because there were ineffective recruitment procedures. In one staff file, we found the two references provided poor quality of information. For example, they were general letters of recommendation which the member of staff had brought with them. The letters were unsigned and were typed on paper which did not contain any letter heading. There was no evidence to show these references had been checked to make sure they were genuine. In another staff file, we saw a second reference had been requested but there was no evidence it had been returned or followed up. The registered manager was unable to produce this reference during the two days of the inspection.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were not consistently managed safely. People told us they received their medicines when they needed them. However, we saw staff did not always maintain accurate records to show when medicines had been given to people. For example, on the first day of our inspection, staff had signed in spaces on the record sheets for the previous day.

We also noted gaps where staff needed to sign to show they had given people skin creams and other prescribed medicines. One person was prescribed pain relief four times a day. The record sheet showed several gaps. From discussion with the registered manager, we found the gaps corresponded to occasions when the person refused pain relief. However, staff had not recorded to show the medicine had been offered to the person but they had refused it. This meant there was no consistent audit trail to reflect when people had received or were offered their medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone.

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff were aware of their responsibilities to report any abuse to a manager and to external organisations if necessary, such as the police and social services.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on supporting people to access the community and how to help them manage behaviours, as examples. This helped ensure people were supported safely and maintained their independence.

The building was well maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately in emergencies.

Staffing rotas were maintained and showed shifts were covered throughout the 24 hour day. We observed there were enough staff to support people with their care needs and to access the community. Staff we spoke with confirmed staffing levels enabled them to provide appropriate support to people. We saw staff managed busy times of the day well to ensure people's needs were met, for example, at meal times. People we spoke with told us staff were available to support them when they needed assistance.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence.

Good

Is the service effective?

Our findings

People received their care from staff who had been appropriately supported. New staff received an induction which introduced workers to adult social care and was run by a nationally-recognised body.

Staff received regular supervision from their line managers. The staff development files we looked at showed care workers met regularly with their managers to discuss their work and any training needs. This meant staff received appropriate support for their roles.

Staff told us there were good training opportunities at the service and they were encouraged to attend courses. There was a programme of on-going staff training to refresh and update skills. Courses were booked to fill any current gaps to staff knowledge. We saw the service encouraged staff to undertake training at Qualifications and Credit Framework (QCF) level and diplomas. For example, two staff were undertaking a level 3 diploma in health and social care and a further two were studying at level 2. A mental health awareness course had been booked for staff to attend, but this was cancelled due to unforeseen reasons. We checked the registered manager would be re-booking this, to make sure staff had the skills and knowledge to meet everyone's care needs. They told us they would.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily reports and there were handovers between shifts to share information.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the service had made appropriate applications to the local authority; the outcome of these was not known at the time of this inspection. We saw records were kept where decisions were made in people's best interests. These showed appropriate people were consulted as part of the decision-making process. We also heard the registered manager re-direct a social care professional to speak with one person's relative about a personal matter. This was because the relative had the appropriate legal authority to act on their behalf.

The mealtimes we observed were unrushed and gave people time to enjoy their food at their own pace. People told us they were involved in planning the menus and could have alternatives if they did not like the main option.

We saw staff met people's dietary needs well. For example, pictures were used to explain different foods to help people select what they wanted. Their likes and dislikes were known by staff and recorded in people's care plans. Where people had difficulties managing meals, staff had looked at ways to improve this and acted in accordance with their wishes.

People were supported with their healthcare needs. One relative told us how helpful the registered manager and staff had been in obtaining the right healthcare support for their family member. People we spoke with told us they saw their GP and other healthcare professionals when they needed to. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these.

Good

Is the service caring?

Our findings

We received positive feedback from people. Comments included "Staff have been absolutely tremendous," "It's superb here," and "Staff support me when I need help." We asked a relative if staff were kind and caring toward their relative. They said "Absolutely, they are all really friendly. It's like a family home." The added their relative was "So happy where they are."

People told us staff were respectful towards them and treated them with dignity. We observed people's questions were answered straight away and staff responded appropriately where people made light-hearted comments.

We observed staff took an interest in people. For example, staff asked people who returned to the home after going out if they had a nice time and what they had done or bought.

People told us they were happy with the care they received. There was a calm and relaxed atmosphere at the home and people appeared happy and contended. For example, we saw lots of smiles and people were keen to show us what they had been doing, such as artwork.

Staff were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday and any hobbies or interests they had. Staff spoke with us about people in a professional manner throughout the course of our visit.

Staff actively involved people in making decisions. This included decisions about meals, going out into the community, where they would like to go on holiday and activities they would like to take part in.

We saw some documents in people's care plans and information had been produced in picture formats. This helped people understand the documents before they signed them. People's weekly routines had also been produced in pictorial format, to help them remember what they did each day.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews, residents' meetings and surveys.

Staff showed concern for people's well-being in a caring and meaningful way, and they responded to their needs quickly. For example, one person told staff their shoe was hurting their foot. This was quickly addressed by staff and the person was encouraged to wear another pair until they purchased new footwear.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, there had been recent changes to the staff team and also some new people were admitted to the home. One of the staff team, who was the home's equality and diversity champion, introduced a learning session for people. This helped them understand about people's differences and getting on together.

People's visitors were free to see them as they wished. Relatives told us they were made welcome at the home. One commented how nice it had been when staff invited them to share a meal with their family member at the home.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and undertaking household chores. We observed several people going out during the two days of our visit. This included people being supported on a one to one basis to go shopping or into town and people going out to healthcare appointments.

Residents' meetings were held at the home. We read the minutes of the four most recent meetings. These showed people were kept informed of significant events, for example, when new staff and residents would be joining the home and changes such as new carpets and furniture.

Good

Is the service responsive?

Our findings

People were supported to maintain their independence and access the community. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

Care plans took into account people's preferences for how they wished to be supported. People's preferred form of address was noted and referred to by staff. Care plans identified people's needs such as any medical support they required, nutrition and diet, mobility and dexterity and mental state. Care plans had been kept under review, to make sure they reflected people's current circumstances. Health action plans had been obtained to document the support people needed to maintain their health. The registered manager told us these would be completed.

People's views about their support were respected. For example, the registered manager and a relative told us one person had been offered support with a healthcare need. The person had declined any intervention and was happy to manage as they were. The registered manager was able to discuss with us ideas they had to support the person with their decision.

The home had produced an 'achievement tree'. This displayed goals each person had set. For example, one person had wanted to see their football team play. Another person wanted a mobile telephone. In both cases, staff had supported people to achieve their goals.

People's cultural and religious needs were taken into consideration. For example, five people attended local churches of their choice.

People we spoke with said they knew who their keyworkers were. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date. One person said "I couldn't have done without her" when speaking about their keyworker.

The service supported people to take part in social activities. People told us they took part in a wide range of activities. These included going to college, attending a weekly social club, going to the cinema and bowling. One person did voluntary work at a local gym and at a food bank. People made use of local shops and facilities. We saw people were asked in residents' meetings about the activities they would like to take part in. Recent suggestions included holidays, a garden party and trips out to places of interest.

There were procedures for making compliments and complaints about the service. There had not been any complaints about the quality of people's care. People told us they would speak with staff if they were worried or had any concerns. This included the names of their key workers, the registered manager or a relative. They told us these people would listen to them and help put matters right. Relatives told us they would not hesitate in speaking with the registered manager if they had concerns.

People were encouraged and supported to develop and maintain relationships with people that mattered

to them and avoid social isolation. People told us they were supported to keep in contact with family and friends and their visitors were able to see them and made welcome.

Staff took appropriate action when people had accidents. We looked at records of five accidents or incidents. In each case, we saw appropriate action had been taken. For example, a trip hazard was removed after someone fell over it.

Requires Improvement

Is the service well-led?

Our findings

Providers must notify CQC of any changes to their statement of purpose and ensure it is kept under review. They must notify CQC when there are certain changes to it. These include the range of people's needs the service intends to meet. During the inspection, we found the service was providing care to someone whose needs were not included in the current statement of purpose.

This was a breach of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

We also found staff did not have experience of meeting these care needs. Training had been booked after the person was admitted to the home which was subsequently cancelled.

We recommend training takes place in future before the home admits people with needs staff do not have previous experience of meeting.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There had not been any of these incidents which the registered manager needed to inform us about during the period under review. However, the registered manager was fully aware of their responsibilities towards this requirement of registration.

We received positive feedback about how the registered manager ran the service. A relative told us the registered manager had "Gone out of their way to help" and said they were "Marvellous" and "Really helpful." We saw staff and people who lived at the home approached the registered manager whenever they needed or wanted to. Their queries and questions were answered straight away.

The registered manager kept their learning and development up to date. For example, they had undertaken the My Home Life project. This a national scheme which aims to improve quality of care in homes. The registered manager spoke with us about changes they made as result of this project. These included encouraging a more open relationship with staff. This had resulted in staff coming to the registered manager with ideas to improve the service, such as activities. It had also lead to creation of staff 'champions' where staff took responsibility for an area of practice such as safeguarding, well-being and health and safety.

Staff were supported through regular supervision and staff meetings to meet the needs of the people they provided care to.

The service had a statement about the vision and values it promoted. It included values such as supporting people to access educational and developmental opportunities, working in partnership with carers and relatives and delivering a person-centred approach. Throughout the course of the inspection, we found the service was upholding these values.

The home had links with the local community, for example, local colleges and churches. People at the home had won an award in March this year from a local college for the work they do in the community. This

included helping at a food bank and Work Aid.

Records were generally maintained to a good standard at the service. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

The provider regularly monitored quality of care at the service. Senior managers visited the service regularly and there were also themed audits on topics such as infection control, accidents, catering and medicines practice. Feedback surveys had been completed by staff and people who lived at the service. These showed good levels of satisfaction with quality of care.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

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	Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose The registered person had not kept under review and revised the statement of purpose. Regulation 12(2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service were at risk from unsafe care and treatment as accurate records were not consistently maintained of when staff had administered or offered them their medicines. Regulation 12 (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use the service were at risk of harm as recruitment procedures were not operated effectively in respect of obtaining all required information before staff started work at the home. Regulation 19 (2).