

142 Petts Hill Care Home

# 142 Petts Hill Care Home

## Inspection report

142 Petts Hill  
Northolt  
Middlesex  
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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

The inspection took place on 22 February 2016 and was unannounced. The service was last inspected on 16 July 2014 and at the time we found that improvements were required with regards to the provider's compliance with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). At this inspection, we found the provider had made the necessary improvements.

142 Petts Hill Care Home is a care home without nursing that provides accommodation, support and care for up to three people who have mental health needs. At the time of our inspection three people were living in the home, two of whom had been living there for over 25 years.

The home was owned by a group of family members. There was a registered manager in post at the service at the time of our 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.

Medicines management was unsafe. Medicines were not stored securely and records did not ensure that a clear audit trail was provided. The manager did not have systems in place to monitor the management of medicines. This resulted in people being at risk of not having their medicines properly administered.

Staff told us they felt supported by their manager. Formal staff supervision had taken place in the past but had not been carried out since 2013. Staff had not received an annual appraisal since 2013. The manager told us that they carried out informal supervision but those meetings were not recorded.

People's capacity to make decisions about their care and treatment had been assessed.

Staff had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service.

People's needs were assessed and care and treatment were planned and delivered in line with their individual care plan. The care plans contained assessments of people's needs and information on how care was to be provided. The care plans contained information about people's daily routines and preferences. Visits by health care professionals were recorded.

Care plans were reviewed and updated regularly and signed by people (where they were able) or by their representatives. Individual risk assessments were carried out, so that people were cared for safely.

The provider had processes in place for the recording and investigation of incidents and accidents.

Health and safety audits were undertaken which indicated that all areas of the home were checked for

safety and any areas requiring maintenance were identified.

All staff working at the service had a Disclosure and Barring Service (DBS) check carried out.

There were enough staff on duty to meet people's needs in a timely manner, and bank staff were available to cover in the event of staff shortage.

People told us they felt safe at the home and trusted the staff. They told us staff treated them with dignity and respect when providing care and support. Relatives we spoke with confirmed this.

There was a complaints procedure in place and people told us they knew who to complain to if they had a problem. Relatives were sent quality questionnaires to gain their feedback on the quality of the care provided.

People said they liked living at 142 Petts Hill Care Home. One person said, "It's paradise here." People were complimentary about the approach of the staff and managers. We observed a calm and friendly interaction between staff and people living at the service. People were supported to undertake activities of their choice, and those were recorded in their care records.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines. 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?

Some aspects of the service were not safe. Medicines were not stored securely and records did not ensure that a clear audit trail was provided. The manager did not have systems in place to monitor the management of medicines. This resulted in people being at risk of not having their medicines properly administered.

The provider had processes in place for the recording and investigation of incidents and accidents. Risks to people's safety were identified and managed appropriately.

There were enough staff on duty to meet people's needs in a timely manner.

People felt safe when staff were providing support. Staff had received safeguarding adults training and demonstrated a good knowledge of this area of their work.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received the necessary training to deliver care to people. Staff felt supported by their manager, and received informal supervision, however there were no recent records of the meetings and staff did not receive an annual appraisal.

Where people lacked the capacity to make decisions, the staff had followed the requirements of the MCA and DoLS.

People were protected from the risks of inadequate nutrition and dehydration. People were offered a choice of food and drink for every meal and throughout the day.

**Good** ●

### Is the service caring?

The service was caring. Staff interacted with people in a friendly and caring way. People said that they felt well cared for and had a good and caring relationship with all the staff. Relatives and professionals we spoke with confirmed this.

Care plans contained people's likes and dislikes and identified the activities they enjoyed, people who were important to them

**Good** ●

and their cultural needs. People were supported by caring staff who respected their dignity.

People were able to make choices and told us the staff respected these.

### **Is the service responsive?**

**Good** ●

The service was responsive. Assessments were carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and were reviewed and updated regularly.

Relatives were sent quality questionnaires to ask their views in relation to the quality of the care provided. People were encouraged and supported to develop and maintain relationships with people that mattered to them.

People told us they knew how to make a complaint but this had not been necessary. Staff told us people's concerns were resolved as soon as possible, so the provider's formal complaints procedure had not been used.

### **Is the service well-led?**

**Good** ●

The service was well-led. The provider had a number of systems in place to monitor the quality of the service.

People, relatives and professionals we spoke with thought the home was well-led and the staff and management were approachable and worked well as a team.

We saw evidence that the service worked well with other health care and social care professionals to make sure people received the care, treatment and support they needed.

# 142 Petts Hill Care 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 inspection took place on 22 February 2016 and was unannounced. The inspection was carried out by a single inspector.

Before we visited the service, we checked the information we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection visit, we spoke with two people who used the service, the owners (which included the registered manager) and two support workers.

Following our visit, we spoke with three relatives and three social care professionals to get their views about the service.

During the inspection, we looked at all the people's care records, all the staff's records, how medicines were managed and a range of records relating to the management of the service.

# Is the service safe?

## Our findings

The provider did not always manage people's medicines safely. We looked at the storage, recording of receipt, administration and return of medicines and records in relation to the management of their medicines.

Medicines were stored in a locked filing cabinet in the duty office, however we saw that one person's medicines were kept in a cardboard box on a cabinet and not locked away. The manager said that this was because there was not enough room in the lockable cabinet and told us that they locked the office door.

A large number of the medicines had passed their expiry date. Some were kept in the bottom of the locked cabinet and others were kept in plastic bags on a bottom shelf. A small amount of medicines which were no longer prescribed or used by people who used the service were kept with the currently used medicines. Therefore people were at risk of receiving medicines which they had not been prescribed and were not safe to use.

The medicines administration record (MAR) charts for all the people who used the service indicated that medicines administered for the three days prior to the inspection had not been signed as given. We checked the dosage system used by the service and saw that most of the medicines for the three days had been dispensed and given as prescribed, but one person had not received their prescribed medicines. We saw that where medicines were not given during the current cycle and previous cycles, nothing was recorded on the MAR charts to provide an explanation. We saw that one medicine was prescribed to be taken daily, but this was only administered three times during February 2016. The staff told us that this medicine was supposed to be given only when required. There was no record of this instruction on the person's MAR chart. Therefore people were at risk because they did not always receive their medicines as prescribed.

MAR charts did not record the number of medicines received at the beginning of each monthly cycle, this meant there was a risk that any discrepancies in stock would not be identified.

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

The provider had a policy and procedure for the administration of medicines. We saw from the training records that all staff had completed a course in the management of medicines as well as regular refresher training. People told us they received their medicines at the expected time and they received the assistance they needed.

Staff had completed training in safeguarding adults and were able to demonstrate knowledge in this subject when we spoke with them. The service had a safeguarding procedure and all staff were aware of this. We saw that the manager had worked with the local authority's safeguarding team when they had identified concerns for the safety of a person who used the service, and had put appropriate measures in place to protect the person.

There had not been any recent accidents or incidents at the service. However we saw that when accidents had happened in the past, the staff had taken appropriate action. This included calling the emergency services for a person who had a fall and had sustained an injury.

We viewed the care and support plans for all the people who used the service. Detailed person specific risk assessments were in place and regularly reviewed and updated. They included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as washing, dressing and nutrition. Where risks were identified, staff were given clear guidance about how these should be managed. Staff told us risk assessments were reviewed at least every six months or when people's needs changed. This included additional staffing support for one person whose mental health needs had recently increased.

The provider had taken steps to provide care in an environment that was safe and adequately maintained. We were informed and witnessed that the staff maintained all aspects of the home, including the cleaning and gardening.

Systems were in place for the monitoring of health and safety to ensure the safety of people, visitors and staff. This included weekly fire alarm tests and regular fire drills to ensure that people using the service and staff knew what action to take in the event of a fire. Records we viewed confirmed that they were detailed and regular. There was a general fire risk assessment in place and each person who used the service had a personal fire risk assessment in place which was kept in their care records, this included clear guidance for staff with regard to a person who smoked.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check in the form of a Disclosure and Barring Service (DBS) check was completed.

People told us that there were always enough staff to support them during the day and night. One person said, "I can always speak to somebody, they are always around." One relative told us that the staff were always there and available and added, "They are great, always there to help." We viewed the staffing records for four weeks and saw that there was adequate cover at all times. The manager told us that they also employed two bank staff who were able to cover at short notice in the event of staff sickness. This ensured that there were always enough staff on duty to meet people's needs.

We recommend that the provider follows the Royal Pharm Guidance on The Handling of Medicines in Social Care

<https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>



## Is the service effective?

### Our findings

At the inspection of 16 July 2014 we found that the provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who used the service. At the inspection of 22 February 2016 we found the provider had made the necessary improvements.

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 found that the provider understood the principles of the MCA and had followed its requirements. The manager had made an application for a DoLS for a person who was at risk of harm when going out by themselves and this had been approved by the local authority. We saw that a best interest assessment had taken place and that the relevant people had been involved. This meant that the person was being lawfully deprived of their liberty.

Where possible, people were involved in reviewing the care and support they received. Where people were unable to make an informed decision about the care and support they received, we saw that staff had worked with their relatives and relevant professionals involved in their care to agree decisions that were in the person's best interests, in line with the requirements of the MCA 2005.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. Our observations throughout the day confirmed this.

We did not see any recent records of staff supervision and annual staff appraisal. Staff files contained records dated 2013. We discussed this with the manager. The manager and staff told us that they had informal meetings but these were not recorded. Staff told us that they talked about everything relevant to their role and the care of the people who used the service. Staff told us that they felt supported by their manager and were able to discuss issues whenever they needed to.

People who used the service and their relatives told us staff had the knowledge and skills they needed. One person said, "The staff are very good, they know what they are doing." A relative confirmed this and said, "My [family member] is the best he has been since he left home, it just shows how good they are. It's excellent!" We saw that people were being cared for by staff who had received the necessary training to deliver care safely and to a high standard. The manager had identified training courses as mandatory. They included first

aid, infection control, administration of medicines, health and safety and safeguarding adults. They also undertook training specific to the needs of the people who used the service which included MCA 2005 and equality and diversity training. The training records we looked at confirmed that training was regular and refreshed annually. All staff had been supported to complete a recognised qualification in health and social care. This meant that staff had received a range of training to support them in providing appropriate and safe care.

The staff recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally and as an important aspect of their daily life. People's individual nutritional and cultural needs, likes and dislikes were assessed and recorded in their care plans. Staff told us that they involved people in the planning of menus and people we spoke with confirmed this. People told us the food was good and they could eat whenever they wanted to. We viewed the weekly menus and saw that there was a good choice which included a cooked breakfast each day, and a variety of freshly cooked meals. One person told us, "I like the food here, it is very good" and another said, "I eat what I like and it is always nice, I have no complaint." People's weight was monitored and we saw evidence of this in their care records. All the records showed that people's weight was stable which indicated they were receiving adequate nutrition.

People told us they were supported to maintain good health and had access to the health care services they needed. One person told us, "They [the staff] keep me healthy. I see the GP whenever I need to." A relative said, "My [family member] has never been healthier. They take good care of his health needs." The care plans we looked at contained individual health actions plans. They contained details about people's health needs and included information about their medical conditions, mental health, dental, medicines and general information. Records of healthcare appointments included the outcome of the appointment and any action needed. These included routine appointments and specialist appointments.

We visited the bedrooms of two of the people who lived at the service, with their permission, and saw that they were clean and spacious and freshly decorated. One person told us, "I like my room, it's the way I like it." We saw that people had been able to personalise their rooms to their own requirements.

## Is the service caring?

### Our findings

People and relatives were complimentary about the care and support they received. One person told us, "Everyone is nice here, I like them all" and another said, "I've been here a long time and it's really good, I would not change a thing. I have no worries here, it's all good." One relative told us, "The level of care is really good" and added, "My [family member] enjoys it here, it's more like a family atmosphere than a home, it's perfect." Another relative said that the staff were "professional and very good at keeping them informed" and added that they had no concerns. A social care professional told us that each time they visited the service unannounced, they found people to be calm and happy, the home clean and relaxed and the staff welcoming and friendly. They added, "My client does not want to leave, he is very happy, and so is his family. People are well cared for."

We saw staff treated people with respect and in a caring, professional manner throughout our inspection. Staff we spoke with spoke respectfully about the people they cared for. They talked of valuing people and respecting their rights and their diverse needs. Every member of staff we spoke with demonstrated a sound knowledge of people's individual needs and wishes and we saw that the culture of the service was based on providing care that met each person's unique needs, this included cooking meals that reminded a person of their country of birth.

People told us that their views were respected and that they were consulted about their care. Staff told us that they spoke with people informally regarding their care and their needs and wishes because people living at the service tended to get agitated during formal meetings and being asked to sign documents made them feel nervous. They told us they obtained information about people's life history, likes, dislikes, hobbies and interests by involving relatives in review meetings. We saw that care plans were person-specific and included details of people's likes, dislikes and preferences as well as their needs and abilities. One person's care plan provided a detailed approach for staff to follow when they became upset or distressed. We viewed the care notes for all the people who used the service and saw that they were written in a respectful way and detailed how people had spent their days, any concerns and information about health or emotional needs.

People told us that staff respected their privacy and we saw evidence of this throughout the day of our inspection. Staff told us that this was people's home and they should be able to go where they wanted to. Some people chose to eat in their room, and told us that staff enabled them to do so. People had their meals whenever they chose and got up and retired anytime they liked. A relative said, "It's their home and they live their lives as they wish, with the support they need."

People told us they were able to have visitors whenever they wished. Relatives we spoke with confirmed this. One relative said, "I always feel welcome, anytime I visit" and another told us, "I visit often, and it is always a great atmosphere. They always make me feel welcome." One person told us it was important for them to keep in touch with their family and staff made that possible.

## Is the service responsive?

### Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive. Two people using the service had been living there for over 25 years. One person told us, "If they did not listen to me, I would not stay here, but they do." The manager told us that people were referred from the local authority and they had obtained relevant information from them. This included background information which helped staff understand each person and their individual needs. We saw an action plan in place for a person who was reluctant to engage with healthcare professionals. This required the healthcare professional to give enough notice for staff to prepare the person. This reduced the person's anxiety and enabled them to receive the medical care they needed. A social care professional told us that the staff provided a service according to people's individual needs.

We looked at the care plans for all the people using the service and saw they were comprehensive and contained detailed information about what the care needs were for each person and how to meet them. This included a person's wishes in the event of serious illness or death, their cultural and religious needs, and whom the person wanted informed.

Staff encouraged and supported people to undertake activities of interest to them. One person attended a day centre several times a week and their relatives told us they enjoyed it very much. Another person told us they went out regularly with their family member and looked forward to this. There were a range of activity materials available at the service and people had access to them whenever they wanted. Staff told us that people enjoyed board games and they often sat together and played. Some people were independent and went out by themselves to the shops or cafes. Staff told us they were available to support people with outings whenever they wanted. We were told that the service celebrated events such as Christmas and birthdays and relatives were invited. Staff told us that owing to the changing needs of some people using the service, they were thinking of developing the environment and the activities to be more dementia friendly, and were going to seek guidance from relevant websites and organisations.

The service had a complaints procedure in place and this was available to staff and visitors. People who used the service were given their own copy. People knew who to complain to if they had any issues but told us they had not needed to make a formal complaint. One person told us, "If I have a problem, I tell any of the staff and they sort it out, it's simple." One relative said, "I never have to complain but if there are any issues, we communicate and they sort it out straight away. No problem" and another informed us that the staff team were "very responsive and keep us informed."

We viewed a sample of quality questionnaires which had been sent to relatives and returned to the service. The questionnaires included questions about the quality of the care and the suitability of the staff. We saw that all areas were rated highly. Comments included, "Very happy with the care my relative has been receiving at this home" and "A very welcoming and comfortable home."

## Is the service well-led?

### Our findings

The home was owned by a group of family members. One of the members had also been the registered manager with the Care Quality Commission since 2010 and held a recognised management qualification.

People and their relatives we spoke with were complimentary about the staff and the manager. They said that they were approachable and provided a culture of openness. People thought that the home was well managed and the staff worked as a team. One person told us that the whole staff team were good and said, "They know me and I know them. They are all good. I can speak to any of them." A relative said, "I can't praise them enough, they are so professional."

The manager had systems in place to assess and monitor the quality of the service such as health and safety checks, cleanliness, maintenance of equipment and risk assessments. Where issues were identified, we saw evidence of the outcomes clearly showing that the issues had been resolved. This included calling the relevant contractors when the fridge temperature was found to be slightly raised.

Staff told us they had monthly team meetings and records confirmed this. The items discussed included feedback from people's reviews and discussions, housekeeping, health and safety, training needs and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations.

The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT) who provided support and advice so staff could support people safely at the service.

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 HSCA RA Regulations 2014 Safe care and treatment  The registered person had not made suitable arrangements to ensure that medicines were managed safely.  Regulation 12(2)(b)(g)