

Infinity Social Care Limited

Reed Pond House

Inspection report

4 Reed Pond Walk
Gidea Park
Romford
Essex
RM2 5PB

Tel: 01708741648
Website: www.infinitysocialcare.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 22 December 2016 and was unannounced. Although the service has been registered with the Care Quality Commission since 2013, this was their first inspection since registration as they did not have any people using the service until May 2016.

Reed Pond House is a residential care home registered to provide accommodation and support with personal care for up to four women with learning disabilities. The service is provided by Infinity Social Care Limited in a large, detached house very close to Raphael Park in Romford, in the London Borough of Havering. There were two women living there when we inspected.

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. However, the registered manager was not available to speak with us as part of our inspection.

We found the service was not well-managed and the registered manager did not have clear oversight or effective governance of the service. There were no systems in place to ensure the service was safe or providing effective, high quality care.

Staff had not been thoroughly checked before they started work to ensure they were suitable to support people, nor were there systems in place to protect people from financial abuse. Staff had not received appropriate training, supervision or support to ensure they supported people effectively. There were not enough staff to ensure people could undertake the activities of their choice, or to cover in emergencies without disruption to the people receiving support.

Risks relating to people's support had not been appropriately assessed, nor risks relating to the provision of the service. Consent was not always sought in line with legislative requirements and the requirements of the Mental Capacity Act 2005 were not always fulfilled. Some people did not have their needs assessed and their care planned when they moved into the service, and we have made a recommendation about this.

Medicines were managed safely in the service, and people were supported to access healthcare services when they needed them and to eat a healthy, balanced diet. Staff supported people to undertake the activities of their choice, and the service provided information to people in a format that met their communication needs.

The service premises were clean and recently refurbished to a high standard. Staff were kind and had developed good relationships with people, as well as facilitated a good relationship between the people who used the service.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have 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 always safe.

People were not protected from the risk of financial abuse, and staff were not effectively checked to ensure they were suitable to support people.

Risks weren't always assessed.

Medicines were managed safely within the service. The service premises were clean.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received the training and support they needed to keep people safe and meet their needs.

The requirements of the Mental Capacity Act 2005 were not understood by staff and the managers of the service.

Staff supported people to access healthcare services and eat a balanced, nutritious diet of their choice.

Is the service caring?

Good ●

The service was caring.

Staff knew people, their needs and histories very well, and were kind, compassionate and caring in their interactions.

Information was available in a format people could understand.

Is the service responsive?

Good ●

The service was responsive.

There was a system in place to assess and document people's needs, but this was only used for half of the people who used the service. We have made a recommendation about this.

There was a system in place for receiving complaints.

Is the service well-led?

The service was not well-led.

There were no mechanisms in place to check the quality and safety of the service people received, or to seek and act on feedback about the service.

Requires Improvement 

Reed Pond House

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 December 2016 and was unannounced. The inspection was conducted by an inspector.

Prior to the inspection visit we reviewed the information we held about the service, including notifications of events affecting the operation of the service and the people who live there about which the provider is required to inform us.

During the inspection visit we spoke with one person who uses the service and the deputy manager (who is also the Director of the company providing the service, Infinity Social Care Limited). We looked at the personal care and support records for both people using the service and some records relating to the management of the service such as policies and procedures. We looked around the service premises and observed care and support being provided.

After the inspection we spoke with two support workers and the other person who uses the service over the telephone. We also spoke with a Quality Officer from the local authority to gain their feedback about the service provided.

Is the service safe?

Our findings

People who use the service told us they felt safe living there. One person said, "Yes, I am very safe here." Another person told us, "Yes they look after me very well here."

However, we found that the service provided was not always safe. Recruitment procedures were not established and operated effectively to ensure persons employed were of good character and had the qualifications, competence, skills and experience necessary to support people. We found that the provider was not able to demonstrate they had appropriately checked staff before they started working with people who use the service. While one support worker told us they had a check from the Disclosure and Barring Service (DBS) to check their criminal history and that they weren't barred from working with people in need of support, we found that this DBS check was not obtained when the support worker started work at Reed Pond House, but was obtained through a previous employer. The support worker was not signed up to the DBS update service (which allows employers to get updates from the DBS) and so the provider had not checked if the information contained in the DBS check was current, or if the staff member was on the barred list.

Additionally, although we requested to see documents attesting to the good character of staff employed at the service, such as references of conduct in previous roles and application forms detailing employment history in health and social care, these were not provided to us. We could not be assured that the provider of Reed Pond House had undertaken any checks of staff prior to them starting work. We were also not assured that any staff working at the service had the right to work in the United Kingdom as these documents were not made available to us.

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

People weren't protected from the risk of abuse as the provider did not have adequate systems in place to protect people. Records showed that staff of the service supported people to manage their day-to-day finances, however when we checked these records we found minor discrepancies between records of money being withdrawn and what was entered into transaction records, and one uncorrected error. We noted that the registered manager did not have a system in place for checking these records, or a system of regular reconciliation of financial accounts, which left people at risk of financial abuse and theft.

Additionally, we did not see evidence that staff had been trained in recognising and reporting abuse. Staff told us they had not undergone any training since starting work in the service, including safeguarding people from abuse, and staff training records were not made available to us throughout our inspection.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, we found there was information available for staff and people who use the service on reporting

and recognising abuse. The service had developed a 'service user guide to keeping yourself safe' which was comprehensive, detailed and included information in pictorial format to assist people who did not read, or didn't read very well. This guide included contact details for the local authority for reporting abuse. Similar information was available in the staff handbook, however one support worker told us they hadn't read the handbook, but was able to outline to us the correct procedure for reporting suspected abuse should that be required.

We found there were not always enough staff to ensure people could undertake the activities of their choice and as scheduled, and the service relied heavily on temporary staff who were not always familiar with people's needs, preferences or wishes for their support. On the day of our inspection visit, one support worker was not able to work their allocated shift, so people were supported by the deputy manager. The deputy manager told us that one person would ordinarily be supported to undertake activities in the community on that day, however was not able to as the rostered support worker could not work. This meant the person had to stay home and undertake activities within the service premises, instead of their usual, scheduled activities in the community. There was not an appropriate system in place to ensure there was always enough staff to meet people's needs.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some risks were well-managed in the service, but others hadn't been considered or addressed. One person's records contained assessment of the risks relating to their support and guidelines for staff to mitigate those risks, but the other person's records did not contain any assessment of risks although their information from the funding local authority indicated there were some risks associated with their support.

We saw that some risks relating to the service premises had been considered, but not all. There was an emergency evacuation plan displayed on the wall and fire exits were marked. We also saw there was helpful signage around the service premises demonstrating how to operate some of the equipment. The service had a risk assessment schedule that had been filled in, but all of the corresponding risk assessment forms were blank and we were not provided with any completed risk assessments. We were not assured that the registered manager had a full, comprehensive understanding of the risks associated with people's support or the provision of the service, or that these risks had been assessed and mitigated.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were managed safely in the service. One person told us, "The staff help me take my medicines." Medicines were kept in a locked cabinet and each person had a medicines administration record that was completed correctly when we checked. There was information in people's personal care and support records about the types of medicines people had been prescribed, and their side effects. Staff were aware of these when we asked. The service also had an appropriate system for the ordering, delivery and disposal of medicines.

The service premises were spotlessly clean when we visited, and we saw that the property had been recently refurbished to a high standard. The deputy manager told us that staff were responsible for cleaning duties and that a formal cleaning rota would be introduced should the service grow. Handwashing facilities and personal protective equipment were available and we saw these used by staff during our visit.

Is the service effective?

Our findings

People told us the service met their needs. One person said, "The staff look after me very well, I like it here."

However, we found that the service did not ensure that staff had the skills, abilities and competencies to meet people's needs. Each staff member we spoke with told us they had not received any training since starting work at the service, and the induction into the service they received was limited to health and safety aspects of the service premises. During our visit, we saw one record of training that was provided incidentally at a local authority provider forum, on dysphagia, but there was no record of which staff had attended this, nor of the relevance to the people who use the service (as none of them had any record of problems with swallowing). Staff had not been trained in administering medicines, safeguarding adults from abuse, food hygiene, infection control, the requirements of the Mental Capacity Act 2005 (MCA), or first aid, or in any topic specific to the needs of the people who use the service.

Additionally, staff of the service had not received any formal supervision or appraisal of their work. The deputy manager informed us that supervision was conducted "informally at this stage" due to the small size of the staff team, however the provider's policy on staff supervision stated that formal supervision meetings would be held "monthly or more frequently" and recorded. We could not be assured that the registered manager had clear oversight of the work of the support staff or the deputy manager, and nor could we be assured that staff had formal opportunities to discuss their work, any issues relating to the support people received, or their career development with their manager.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider also did not have a system in place to ensure that people consented to their care in line with legislative requirements. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

One person told us that staff "always ask me what I want to do" before providing day-to-day support, however there were no formal mechanisms in place to determine whether people had capacity to understand and consent to their support, nor had staff been trained in the requirements of the MCA. One person's records included recent correspondence from the Department of Work and Pensions which stated

that a person's relative had Power of Attorney (PoA) over some decisions, demonstrating that the person had been assessed as not having capacity to understand and make decisions in that area, however this was not reflected in any of their care and support documentation from Reed Pond House. We asked the deputy manager what the PoA related to and they did not know. Staff were not aware of the requirements of the MCA, how to legally obtain consent from people in line with legislation and what this meant for the people who lived in the service.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We did not observe any restrictions on people's liberty within the service, and neither of the people who use the service were subject to DoLS.

Staff supported people to eat and drink enough and maintain a balanced diet. Each person who lived at the service bought their own food and cooked the meals of their choice with staff support. One person told us, "I cook my own dinner. Sometimes we decide what we want and cook together." During our visit, we observed a staff member supporting a person to bake and ice cakes, which the person told us they enjoyed very much. Food was stored appropriately and staff supported people to purchase healthier foods and eat a balanced and nutritious diet. One person's records included a detailed, step-by-step plan for staff to support them to learn food shopping and cooking skills.

However, one person's care and support records stated that their goal was to "lose weight and become fitter", yet their monthly weight recording chart was blank and there was no other reference to this in the person's records. The provider was not able to demonstrate how the person was supported by staff to work towards this goal.

Staff supported people to access healthcare services when required. One person told us, "The staff help me go to the doctor when I need it" and we saw this was reflected in their care and support records. Each person had a hospital passport detailing their health and communication needs should they need to be admitted to hospital, however for one person this pre-dated them moving into the service and did not contain accurate, up-to-date information about where they were living and the support they received.

Is the service caring?

Our findings

People told us the staff of the service were caring, and we observed this during our visit. One person told us, "[Staff] always make me feel better when I am sad. They help me."

Staff had developed positive, caring relationships with the people they supported, and had supported the people to develop a positive relationship with each other. We observed staff using physical touch to support a person when they were anxious, in a caring and friendly way that was very well received and effective in calming the person down. Staff spoke very fondly about the people they supported and were able to tell us about important events in their lives and history. One support worker said, "It's lovely, the people for whom we are here are lovely. It's great working here."

People told us staff supported them to work on their independent living skills and assisted them to learn new things. One person told us about how staff supported them to vacuum and keep their room tidy. The deputy manager told us that people needed encouragement and support to undertake daily household chores, but regularly did so with support from the staff. The deputy manager also told us about how one person's independent living skills had progressed since they moved into the service, with them now preparing their own breakfast and attending to their own personal hygiene needs mostly independently when previously they hadn't been able.

Staff supported people to express their views and be actively involved in decisions about their support. People told us they were in control of their day-to-day support. The deputy manager also informed us there had been one 'tenants meeting' held since both people had moved in, however this was not recorded.

People's privacy and dignity were respected by the staff of the service. One person told us, "Staff always leave me alone when I want it. They respect my privacy." A staff member told us about how they ensured people's privacy and dignity were maintained when supported with personal care. They said, "We don't need to physically assist people most of the time – just encourage and supervise. However, I always make sure people are dressed and covered and their dignity is safe."

Staff supported people to maintain relationships with those important to them, such as relatives and friends. People told us they could have their friends and family visit when they wished and how staff facilitated contact when necessary. The service also had a guide for people on visitors and the house rules to ensure the expectations in this regard were clear. This was in a pictorial format to aid understanding for people who did not read very well.

The service had considered people's communication needs, and most information relating to the service people received was available in a pictorial format.

Is the service responsive?

Our findings

People told us they received care and support that was responsive to their needs. One person said, "If I wanted to do anything, anything at all, the staff would help me. They're lovely here."

People received personalised care that met their needs, as both of the people who used the service were vocal, able to express themselves well and staff listened to them. However, only one person's personal care and support records contained an assessment of their support needs and a care plan developed since they had moved into the service. This was comprehensive, detailed and person-centred, and included their goals and preferences for their support. The other person's records only contained an assessment of their needs by the placing local authority, and care plans developed by other providers such as a respite service they had stayed in prior to moving into Reed Pond House. The deputy manager told us this was because the person had moved in in an emergency, but at the time of our visit they had been living there for more than six months and the provider had not taken any action to review or update their recorded care needs. As the provider used temporary agency staff who relied on the documentation contained within people's records to quickly understand their needs, we were not assured staff always had up-to-date and accurate information about people's support needs and preferences. We therefore recommend that the provider review their needs assessment and care planning system to ensure information about people is accurate and reflective of their needs, wishes and preferences for their support.

The care and support people received from staff on a day-to-day basis was recorded in great detail in daily record books. These were clear and comprehensive and recorded the assistance provided to people, their activities during the day, their health and well-being, and any issues or concerns.

Staff supported people to undertake a range of activities, both within and outside the service premises. One person told us about the day centre they attended and their regular timetable of activities undertaken in the community, including a drama workshop. They told us they had been to a disco not long before our visit, and about how staff had supported them with their Christmas shopping.

The registered manager had a system for receiving complaints, which was outlined in their 'service user guide – supported living'. Complaint forms were available in pictorial format to ensure all people who used the service could use them. The 'service user guide' also contained contact details for other agencies people could contact to talk about the support they received or to seek advice, such as the Citizens' Advice Bureau, the local authority and CQC.

Is the service well-led?

Our findings

During our inspection, and in the weeks directly afterwards, we made several attempts to contact the registered manager to request documents and information that were not made available to us, and to speak with her about how the service was managed. The registered manager did not respond to any of our attempts at contact.

The registered manager also did not have a system in place to assess, monitor and improve the quality and safety of the service people received. There were several references to checks and audits required in the service's 'support, care and office procedures manuals', such as monthly health and safety checks and medicines audits, but none of these were provided to us when we asked, and we cannot be assured that any of them have ever been conducted. The concerns we found through our inspection demonstrate that the registered manager did not have a comprehensive understanding of their role in keeping people safe and ensuring people's needs were met.

Additionally, the registered manager did not assess, monitor and mitigate risks as outlined elsewhere in this report. They also did not maintain secure records relating to the management of the service or people employed, or maintain accurate and complete records relating to people who use the service. Many records we requested were not made available to us throughout our inspection and afterwards. We did not see evidence that the provider had any mechanisms in place to seek and act on feedback from people who use the service and others, or that the registered manager had clear oversight or effective governance of the service.

The above constitutes a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure care and support was provided with the consent of the relevant person. Regulation 11(1). |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not establish and operate effective systems and processes to prevent abuse. Regulation 13(1) and (2). |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not establish and operate effective systems to assess, monitor and improve the quality and safety of the service provided; assess, monitor and mitigate risks; maintain accurate records in respect of each service user, persons employed or the management or the service; or seek and act on feedback from relevant persons. Regulation 17 (1) and (2)(a), (b), (c), (d) and (e). |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or | Regulation 19 HSCA RA Regulations 2014 Fit and |

personal care

proper persons employed

The provider did not establish and operate effective recruitment procedures.
Regulation 19(1) and (2).

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure sufficient numbers of suitably qualified, skilled, competent and experienced staff deployed; or that staff received appropriate support, training, supervision and appraisal.
Regulation 18(1) and (2)(a).