

Shanti Healthcare Limited

Kestrel House

Inspection report

75 Harold Road
London
E11 4QX

Date of inspection visit:
24 May 2016
31 May 2016

Date of publication:
22 July 2016

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 24 and 31 May 2016 and was unannounced on the first day.

The service had a number of breaches of the regulations at our last inspection on the 14 and 15 October 2015.

The breaches related to safe management of medicines, seeking consent, safeguarding, meeting nutritional needs, person centred care, notifications of Deprivations of Liberty Safeguards (DoLS) and good governance.

Kestrel House is registered to provide care for up to 19 adults with mental health needs. At the time of our inspection there were 17 people using the service.

The service had a registered manager. 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.'

The service had made some improvements since our last inspection and are no longer rated as inadequate in any key question and therefore no longer in special measures. However there were still improvements to be made around staff understanding of mental capacity.

People's medicines were now administered and recorded in a safe way. Records showed people were receiving their medicines when they needed them, there were no gaps on the medicine administration records and any reasons for not giving people their medicines were recorded. Medicines were now audited to check daily stock balances.

Risk assessments were more detailed and guidance was now given on how to manage and support people to keep them safe. Risk assessments were current and were updated after incidents. However the service needed to ensure that falls risk assessments were updated. People's care plans were more personalised with goals they wanted to achieve and descriptions on what success would look like. The service listed people's preferred name and after the inspection they sent us evidence that they had completed people's life histories.

People told us they felt safe and relatives said they had no concerns about the safety of their family member. Records showed that safeguarding and accidents and incidents were notified to the CQC and to the local authority as required.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Records showed that five people were deprived of their liberty lawfully and in their best interests and the service had followed the correct procedure and informed the CQC. Mental capacity assessments had been completed but in two

cases there were errors on the form and they lacked detail. More staff understanding of mental capacity was needed and policies in this area needed to be provided to staff. We have made a recommendation in this area.

At our last inspection people who needed support with nutrition had not been identified and were not receiving adequate support in this area. During our recent inspection people who required special diets were supported to eat well and this was recorded in their care plan.

People and their relatives said staff were caring and we observed staff be kind towards people. The service had implemented personal histories about people and people were more involved in their care planning.

The registered manager showed us photographs of improvements made to people's bedrooms after people had asked for them. This made their bedrooms more personalised and people had said how happy it made them.

The service had introduced new auditing systems to monitor the quality of the service and staff had commented that there was more auditing taking place and they thought it was good. Staff and residents met regularly to discuss the service. The registered manager recorded and documented all of their audits and some of these included Records were in the process of being updated however quality assurance systems did not always identify missing information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People received their medicines safely and on time. Medicines were recorded and stored safely.

Risk assessments were more robust and included historical information and guidance on how to manage people's risks. The service needed to ensure falls risk assessments were updated after people had a fall.

Safeguarding, accidents and incidents were now reported to the local authority for further investigation and to the CQC.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider was meeting the requirements in relation to Deprivation of Liberty Safeguards.

Mental capacity assessments had been completed incorrectly and policies did not provide staff with sufficient guidance in this area.

People and their relatives thought that staff were good.

People with special diets were now engaging with health professionals and were being supported to maintain healthy eating.

Requires Improvement ●

Is the service caring?

People were involved more in their care planning and records showed that people's care plans were written with their involvement.

People had a forum in the residents meetings to say what they wanted in the service. This had resulted in people having their bedrooms updated, some people were able to keep pets which made them happy and have family photos placed on their bedroom wall in a collage.

People's privacy and dignity was respected.

Good ●

Is the service responsive?

The service was not consistently responsive.

Care plans were more personalised. Risk assessments were more detailed and personalised to the individual and how to manage risk was clearly documented.

The service had provided people's life histories, preferred name and photo after the inspection.

People told us they took part in a range of activities which included the gym, cinema, visiting local recording studio and an upcoming trip to Centre Parcs.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The service had made a number of improvements to how they quality assured the care provided. We saw a number of effective monitoring systems used which included random night visits, a monthly audit of incidents and accidents and care plan audits.

Records were audited however the service needed to identify systems to ensure care plans were signed by people as the audit did not capture this.

Staff acknowledged that there was more transparency and more checks were taking place to ensure quality for people in the service.

Requires Improvement ●

Kestrel 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.

The inspection took place on the 24 and 31 May 2016 and was unannounced on the first day.

The inspection team consisted of two inspectors, a mental health specialist, a pharmacist and an expert by experience, who had experience with people with mental health conditions. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We observed staff interactions with people in the service and viewed people's bedrooms and bathrooms with their permission. We spoke to eight people using the service, four relatives, six members of staff and the registered manager. After the inspection we received feedback from a police officer who has contact with the service.

We looked at nine care files, audits, minutes of meetings, DoLs authorisations and policies and procedures for the service.

Is the service safe?

Our findings

People told us they felt safe and their relatives told us they thought their relative was safe.

One person said "I feel safe." People were able to lock their rooms but some people chose not to and it was their choice. A relative said "[Person] is 100% safe here" another relative said "I'm never concerned that [person] will abscond." The service used CCTV so they could see who was arriving at the service.

During our last inspection medicines were not managed safely. Medicines were not being recorded properly and stocks were not accounted for. Some people were also not receiving their medicines on time.

The provider had a new medicines management policy which was updated in January 2016 and reflected current guidance and detailed the procedures they used.

The service had made improvements in the safe management and storage of medicines. Staff told us how medicines were obtained and supplies were available to enable people to have their medicines when they needed them. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Medicines which were waiting to be returned to the pharmacy were stored in a locked cupboard in the office and we saw these were recorded in the returns book.

As part of this inspection we looked at the medicine administration records (MAR) for all 17 people. We saw appropriate arrangements were in place for recording the administration of medicines. The records were clear and fully completed. Records showed people were getting their medicines on time, there were no gaps on the administration records and any reasons for not giving people their medicines was recorded.

There was a new system in place to remind staff when people were due their depot injections and records showed people were getting their injections on the day they were due. This minimised the risk of people not receiving their medicines on time.

Where people self administered medicines there were new risk assessments completed. Records showed staff checked people were taking them as prescribed which supported them to be safe with their medicines and encouraged independence. Also, when people who used the service went on leave there was a record confirming the medicines given to them so the service could monitor people's stock correctly.

At the last inspection new medicines were not dated once opened, however this had now changed and we saw for example, eye drops were dated when opened which protected people from receiving medicine which could be out of date.

Audits we saw included daily stock balance checks of medicines to ensure the administration of medicine was being recorded correctly. The sample we checked showed in nearly all cases the balance recorded matched the amount of medicines in stock. Where there was a discrepancy this was discussed with the member of staff who explained it was a written error.

At our last inspection risk assessments were not robust. Since the last inspection the registered manager told us that people's care plans and risk assessments were being updated. The service had made improvements to ensure where risk was identified guidance was given on how to manage and support people to keep them safe. For example where people were at risk of self harm, staff were given guidance on how to support people so that they could minimise any risk with regular visual checks on people.

Risk assessments clearly identified the risk, what the triggers were and protective factors, how it was to be managed and the professionals involved. This information was detailed and tailored to each individual so staff understood how to respond to people's needs. We saw evidence that risk assessments were updated following any incidents, with a supplementary risk assessment with a summary of the event and action taken in relation to people's care. Records confirmed this was in people's files.

Records showed that falls assessments had been completed for people. However in one instance where someone had a recent fall a new falls assessment had not been completed but the current risk assessment identified the fall and the person was seen by a health professional. Risk assessments and guidance on how to support people with epilepsy had been completed in people's care plans and staff were aware of when people had a seizure and that they should contact the emergency services.

People had personal emergency evacuation procedure (PEEPs) to be used in the event of an evacuation and gave information on how to support people safely during an emergency. For example, people with mobility issues had their bedroom on the ground floor. Records confirmed that people in the service had read and signed their PEEPs.

Is the service effective?

Our findings

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.

At our last inspection the service was not always effective. The service was not meeting the requirements in relation to the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. One person was found to be deprived of their liberty illegally at the previous inspection.

Progress had been made in relation to DoLS and five residents were subject to DoLS authorisations. These authorisations were legal and the correct procedure had been followed and the CQC had been notified. However, whilst a new DoLS policy had been written, it continued to lack specific guidance. There was a lot of information provided on the surrounding law to follow but guidance on how the processes should be best applied to the service were lacking.

Staff assessed people's capacity for DoLS but not for other decisions. There was still no specific policy on mental capacity assessments to further support staff in this area.

Records showed that capacity assessments were now in people's files but had been completed incorrectly and lacked detailed information about people's decision making. For example we looked at two capacity assessments and in both forms the conclusion was that the person lacked capacity when the form had been ticked that they had capacity. This was amended when brought to the attention of staff and they admitted it was a mistake and explained how the form should have been completed. On our second visit the registered manager showed us more detailed information for decisions had been completed. Capacity assessments did not address a specific question and the capacity assessments viewed were to address a general statement for example 'to provide 24 hour accommodation' and not the ability to make a specific decision or level of complexity relating to people's decisions. Staff were to be given further training in the area of Mental Capacity on the 3 June 2016 and we received confirmation of this after the inspection.

Staff were able to demonstrate the need to seek consent before giving care when referring to people's personal care. For example one member of staff said "If I notice [person's] beard is growing I will ask them if they would like to have it cut and I will do it for them."

We recommend the service follows guidance on implementing policies around DoLS and Mental Capacity for

people's care.

People told us they thought staff were good at their job. One person said "They [staff] ask you what you need in particular [registered manager]." Another person said "The staff are qualified and I can ask them for what I need."

Relatives spoke positively about staff and their ability to do their job. One relative said "They keep in regular contact over [person] care needs." The same relative said "they always inform me if there is something concerning." Another relative said "the care [person] gets is 100 %."

At our last inspection people's records were not detailed in relation to nutritional assessments. The service had made improvements in providing more detail. For example the service documented whether people were vegetarian, had any allergies and any cultural specific foods they wished to eat. Furthermore at the last inspection people identified as being overweight recorded their food intake at each meal as required by their care plan. We reviewed people's weight records and saw evidence that people were losing weight through calorie controlled diet therefore the service was supporting people to reach a healthy weight. Staff demonstrated they were aware who was on a controlled diet and that people saw the GP and dietician in relation to this. Records confirmed these appointments were attended by people with staff.

The majority of the people told us they liked the food at the service and records showed that people were offered a choice of meal for breakfast, lunch and dinner. This was recorded on a board within the dining area. People who chose to go out could eat outside of the service, one person said they asked staff to save their meal which was done. People could have an alternative and some people chose to go out for a take away. One person said "I go for a takeaway and [manager] takes me."

Records showed that the service had regular contact with health professionals and referred people to see the GP, psychiatrist and community mental health team promptly.

Is the service caring?

Our findings

At our last inspection the service was not caring. People were not always involved in decisions about their care and care files did not include life histories, aspirations or people's interests.

Care plans we viewed at the inspection did not have life histories but after the inspection we were sent evidence that this had been done and included a photo of people and their preferred name. Staff did show us that they had started to write life histories but thought it was too much information to disclose about people. Where people had a preferred name this was documented but it needed to be completed for all people in the service where applicable. People when asked, said they did not have a care plan but we saw that people did have them and they had recently been updated. The registered manager and staff told us that they sat with people either in the lounge area or the office and talked about people's care with them.

One person who used the service wrote their own care plan and said what they wanted to achieve. This person had completed level three National Vocational Qualification in Health and Social Care. This demonstrated people were supported to be involved in their care and help them understand and write in their own words how they wanted their care to be delivered. People's aspirations were detailed with explanations on what success would look like and written from the point of view of people using the service. For example people had said success would be "when I have watched Bollywood movies". We saw evidence that people had been supported to do this with the assistance of staff.

We observed people making decisions about their day to day care from whether they wanted to go out to the cinema, what they wanted to eat and whether they were ready for personal care. Staff were kind and patient and we observed where people were going out for a cigarette the registered manager encouraged people to wear a coat as it was cold outside.

People said "staff are nice" and one person described a member of staff as being a 'Trojan' for work. Another person said "I like everything about living in the home." Relatives told us they thought staff at the service were caring. One relative said "staff are caring all the time, never complain about them and if [person] is happy then I'm happy." Another relative said "[Staff] treat [person] with kindness and compassion."

Staff respected people's privacy and dignity and we saw staff knock on people's doors before entering. One person said they liked that their privacy and dignity was respected as they could spend their time in their room to study and play games when they wished. This demonstrated that people were supported to live the life they chose.

People's rooms were personalised and the service supported people to have their room in a way that they wanted it. The registered manager showed us photographs of a feature wall of family photos that had been made for someone. This was caring and made the person very happy. Another person had asked the registered manager for a bath and they arranged for a bath to be installed for the person. The person was grateful and we were shown a thank you card that had been given to the registered manager for making this happen. One person showed us their room and how the registered manager had arranged for an enclosed

garden area to be built with a swing, picnic table and barbecue outside of their bedroom. This private space helped respect the person's private time and dignity as well as helping to develop their independent living skills. This person also requested a fridge which was put in their room and they were allowed to keep pets which the person enjoyed for company.

People had regular contact with their family and we saw relatives visit people during our inspection. People were also able to go and visit their loved ones and one person told us they were going to visit their brother.

Is the service responsive?

Our findings

At our last inspection care files were not person centred and contained similar phrases and information about people.

People were allocated keyworkers and discussed their care plan and concerns directly with them during one to one time or when they needed. A member of staff said "[person] will come into the office for a chat about things" and "We sit in the office and talk about their care."

Some people said they did not know if they had a care plan but two people were aware they had a plan and that they were involved in the planning of their care.

We looked at nine care files and saw improvements had been made. Hospital admissions, police incidents and different types of behaviours such as aggression were documented in people's care plan. People had a session where they met with their key worker every three months to discuss their health needs and "things I want to achieve". Topics also covered "motivation and taking responsibility", "who is going to help me?" and "I know when I've accomplished..."

As these were new care plans they were approaching their first review unless they had been changed due to an event taking place.

People set their own goals that were personal to them with the aim of helping them improve their overall health and wellbeing. For example to support an aspect of people's emotional health, people had said they wanted to improve their memory. To help with this staff were to provide memory prompts such as a calendar and newspapers. In the lounge area the service had introduced a large calendar with the day's weather on display. One person said "Its good to know what the weather will be like and staff change it every day."

Risk assessments clearly identified the risk, what the triggers were and protective factors, how it was to be managed and the professionals involved. This information was now detailed and tailored to each individual so staff understood how to respond to people's needs.

Records confirmed the registered manager updated risk assessments after incidents with a supplementary risk assessment with a summary of the event and action taken in relation to people's care. The service responded to risk where people at risk of a fall due to their epilepsy. Records showed they had allocated a person a ground floor room and provided a lowered bed with a padded headboard to someone in case they had a fall.

Staff recorded daily notes at 2 pm and 8pm which coincided with handovers, whereas previously they were just recorded at 8pm. People's emotional wellbeing and what they had done during the day was documented in the daily notes. This increased recording ensured staff were aware of any changes in people so that prompt care could be given.

People took part in various activities and what they liked to do was written in their care plan. On the first day

of our inspection some people had gone out to the cinema or to visit friends.

One person told us they liked to go to the recording studio and some people visited the local shops. Minutes from the residents meeting showed that some people had been to the gym earlier in the year and had enjoyed it but records showed they had not attended recently. Two people told us about an upcoming trip to Centre Parcs they were looking forward to in June as they had previously been and found it relaxing.

The service was holding monthly residents meetings and people in the service were putting forward their views on what they would like to see happen in the home. This ranged from introducing new activities, more fruit on display in the lounge area and offering to have people's rooms repainted. This showed that the service was taking an active interest to improve so people enjoyed their time at the service.

Is the service well-led?

Our findings

At our last inspection the service was not well led. CQC had not received DoLs authorisations or notifications of safeguarding, accidents and incidents that happened inside and outside of the service. Since our last inspection there had been a large improvement in the service communicating these to us. Records we saw showed all the notifications sent and guidance was provided to staff to be remind them to inform the Care Quality Commission of incidents.

There was a new quality assurance system which started with the provider, who completed a quarterly audit, the most recent being completed on the 1 April 2016. The provider sought people's views about the service and obtained their feedback. Records confirmed the registered manager performed an audit of the service which included checking records and the deputy manager carried out a weekly audit of the service which included checking the fire alarms, cleanliness of the service, furniture and equipment in working order and that menus were available.

A number of new audits were introduced to assess the quality of the service and they also worked with a consultant who completed a quality and safety audit of the service. This checked the clinical, safety and quality of services provided. This audit was carried out 10 March 2016 and identified actions for the service to take to improve. For example as a result of the audit the storage of disposed medicines was identified as a safety issue and during our recent inspection we saw that medicines waiting to be returned were stored safely.

The registered manager audited care plans every three months. We saw that the audit had not identified that people had not signed their care plans. We raised this with the registered manager who advised that they would be obtaining people's signatures for this purpose. Records confirmed that incidents were reviewed monthly by the registered manager for the purposes of identifying any patterns or trends. The registered manager told us that they recorded night checks of the service and records confirmed these were done every two weeks.

The registered manager told us that people could come to talk to him whenever they wanted. He said "I have an open door policy." We observed people speaking to the registered manager and saw he took the time to listen to people and answer their questions. The registered manager met with staff every Monday and people had regular monthly meetings to share their views on the service.

The introduction of the resident's newsletter further supported transparency and sharing of information with people at the service so that quality of care could improve.

We looked at surveys returned by people who used the service, and saw communication with the registered manager was good. Comments included "The [registered] manager always has time for me."

Relatives were also asked for their views and some comments included "Staff are friendly", "The house is a real home" and "Very helpful, [relative] is happy."

Staff we spoke with told us that the service had improved. One member of staff said "We are trying to

improve, we now make sure we have two staff sign to show medicines have been given." The same member of staff said "The manager and senior staff are always auditing now, it's good." Feedback was provided by a police officer who had contact with the service. They spoke positively about the service when they visited. The police officer said "The staff are very helpful and in particular [registered manager], who keeps me regularly updated with the progress of [person], which is very helpful."