

Parvy Homes Limited

Swanage Lodge

Inspection report

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Hayes
Middlesex
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26 April 2016
27 April 2016

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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?	Good 

Summary of findings

Overall summary

This inspection took place on 26 and 27 April 2016 and the first day was unannounced. We last inspected the service in July 2014 when it met all of the regulations.

The service is a care home without nursing and provides accommodation and personal care to up to six people with mental health needs. When we inspected, six men and women with mental health needs were using the service.

There was 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.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place. However, there were no clear systems and processes in place to demonstrate how all allegations would be effectively investigated.

Staff had undertaken training in the Mental Capacity Act (MCA) 2005 and the registered manager was aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). We were told and saw that people were given choices and the opportunities to make decisions. However, people's ability to make decisions was not clear on their care records. Also there was a restriction for people in that they could not access the kitchen without a member of staff and this had not been risk assessed or identified by staff as a restriction.

People had various levels of independence and required different levels of support and encouragement. Staff understood people's individual needs and knew how to motivate them.

People's nutritional needs were being met. Staff supported people to cook meals where they were able to.

Staff received the training they needed to provide them with the skills and knowledge to care for and support people effectively.

There were enough staff on duty day and night to make sure people's needs were met in a safe and timely way.

The provider carried out checks to make sure staff were suitable to work with people using the service.

Care plans were in place and people had their needs assessed. Care records reflected the needs and wishes of the individual and included information about these needs so the staff could support them.

People had a range of risk assessments in place to help them maintain their independence and to guide staff in how to support them.

The health needs of people were being met. Staff had received support from healthcare professionals and worked with them to ensure people's individual needs were being monitored and met.

A range of activities were offered to people and they had the chance to engage in these both in house and in the community with each other. People also had the opportunity to go on holiday.

The provider had a complaints procedure and people told us they knew how to make a complaint or what to do if they were unhappy about something.

People received their medicines as prescribed and in a safe way and there were records to show these had been administered.

There were systems in place to monitor the quality of the care being provided.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to systems and processes had not been established or operated effectively to protect people from abuse. The provider had not also not acted in accordance with the Mental Capacity Act.

You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe.

There were no clear systems and processes in place to demonstrate how all allegations would be effectively reported and investigated.

People using the service told us they felt safe.

The provider carried out checks to make sure staff were suitable to work with people using the service.

There were enough staff to meet people's needs.

Staff followed the provider's procedures to make sure people received the medicines they needed safely

Requires Improvement 

Is the service effective?

The service was not always effective.

The provider did not always act in accordance with the Mental Capacity Act 2005 to ensure restrictions were identified, assessed and were proportionate.

Staff received the training they needed to care for and support people effectively.

People told us they enjoyed the food provided and were encouraged to prepare and cook meals themselves if they were able to.

People using the service had access to healthcare services and they were supported to stay healthy.

Requires Improvement 

Is the service caring?

The service was caring.

People had positive relationships with the staff.

The registered manager and staff we spoke with knew people's

Good 

needs well and we observed caring and professional interactions between staff and people.

People were able to choose where they spent their time and were supported to maintain social relationships.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care plans informed the staff on how they should support people.

People took part in a range of different activities. Some people were independent and saw friends and family without needing the support of staff.

There was an appropriate complaints procedure and people and their relatives knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The registered manager was visible and inclusive and wanted to provide a good quality of life for the people using the service.

There was an open and positive culture where staff felt able to share their views on the service.

The provider had arrangements in place to monitor the quality of the service

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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 26 and 27 April 2016 and the first day was unannounced.

The inspection team comprised of a single inspector.

Before the inspection, we reviewed the information we held about the service. This included the last inspection report and the Provider Information Return (PIR) the provider sent us in April 2016. The PIR 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. We also contacted the local authority's safeguarding adults and monitoring teams.

During the inspection, we spoke with five people using the service, the provider (who is the registered manager), two deputy managers and a senior staff member. We looked at four staff member's employment files, the care records for two people using the service and other records related to the running of the service. These included medicines management records for one person, health and safety records and audits the provider carried out to monitor the operation of the service.

Following on from the inspection, we received feedback from two relatives and one healthcare professional.

Is the service safe?

Our findings

The registered manager had raised some alerts of incidents of potential abuse to the local authority and the Care Quality Commission (CQC) and was aware this was part of the process to prevent abuse occurring. The service also had a safeguarding policy and procedure in place and staff had access to these documents. Where people made repeated allegations this was noted in their care plans. The plans stated that these concerns should be reported. However, there was not enough information about what constituted a serious allegation. Nor were there clear guidelines for the staff about which concerns they should report to the local authority and CQC. Furthermore we saw that the forms the registered manager had completed did not fully outline what the allegation was. The registered manager acknowledged these needed improving and confirmed they would ensure this was acted on. They also told us they would consult with the local authority so that there was a plan in place to support the person using the service and inform staff of when an allegation needed to be taken further and reported to the relevant professionals.

This relates to a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they felt safe living in the service and receiving support from staff. Comments included, "I feel safe here," and "Feel safe, I am alright living here." People confirmed they would know who to contact if they had any concerns and said they would talk with the registered manager. They also added they did not have any concerns about the service.

Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. They were aware of reporting any concerns to the registered manager and if necessary external agencies, such as the local authority or the police.

There were emergency procedures in place. There was an on call named person on the rota so that staff knew who to contact if they had a query or concern. There was a defibrillator in the service which staff had been trained by an external professional to use in the event of a person having a cardiac arrest. Staff also received basic first aid training and the registered manager informed us that they had completed the more in depth first aid training which gave them extra knowledge and information in the event of an emergency. Overall staff knew to call the emergency services immediately to ensure people were assessed and treated as soon as possible.

The registered manager took steps to make the building and the equipment within it safe. We saw various checks on fire safety were in place. Fire drills were held weekly and the fire risk assessment had been reviewed in May 2015. The registered manager informed us that the fire equipment was due to be serviced. The kitchen fire door did not automatically close which was addressed during the inspection to ensure it closed effectively, which in event of a fire would minimise the spread of this. The registered manager confirmed that fire doors were being checked monthly but that this would be reviewed in light of the inspection findings. Other servicing checks were in place on the equipment people used on a daily basis,

such as the portable appliance tests, which was checked April 2016. Gas safety checks had also been carried out in March 2016.

People's care records included assessments of possible risks. These included wandering off whilst in the community, risk of choking, if the person ate their food too quick, and risk of self-neglect. The assessments included guidance for staff to minimise these risks and keep people safe. Staff reviewed people's risk assessments regularly.

We saw accidents were recorded and these included details of what and how the accident happened and the actions staff took immediately afterwards. The registered manager said minor incidents were recorded within people's records. They confirmed there had been no major incidents others than those reported to the Care Quality Commission (CQC) but stated they would record anything of concern that had an impact on a person and/or others.

We viewed staff recruitment files. Staff confirmed they had been interviewed and provided the necessary documentation to work in the service. We saw application forms had been completed and contained full employment histories on three of the four staff files viewed. There was one unexplained gap from 2014-2016 when the staff member applied to work in the service. Evidence on the application form indicated the staff member had been studying a degree but there was no information on this form or on the interview notes to confirm this had been checked. The registered manager said they would ensure this was checked and recorded and they confirmed shortly after the inspection that this had been verified and recorded. Pre-employment checks including references from previous employers, a Disclosure and Barring Service (DBS) check, evidence of people's right to work in the UK and proof of identity had been obtained. Photographs of staff had been taken and were being placed on the files. Most references had been verified to ensure they were genuine but not all of them. Furthermore the interview notes did not ask questions about people's knowledge of care and was more focused on checking the information noted on the application forms. The registered manager told us that they would review the interview questions and form used and that references would show they had been verified.

We viewed the staff rota from mid- April to mid- May 2016. The deputy manager confirmed that staff did not work excessive hours or too many days in a row. The rota confirmed this. People told us that there was always a staff member to talk with if they needed to. We observed that staff were around chatting with people and checking they were comfortable throughout the inspection. People also received one to one time with staff so that they did not feel isolated.

Medicines were stored securely and the majority of medicines were administered to people using a monitored dosage system. No-one was self- administering their own medicines. One person told us, "The medicines keep me well but can make me forgetful." A second person said, "Medicines do help me out." The records of medicines received and administered to people were up to date and this provided an audit trail to show people had received their medicines as prescribed. We found no errors in the balances of medicines we checked. There were systems in place for when medicines were delivered and returned to the dispensing pharmacist. There was information on the medicines people received so that staff had access to this and could check for any side effects. Staff confirmed they only administered medicines if they had received training. Training records confirmed this and the registered manager explained that staff completed an in-depth long distance learning course on this subject. In addition they assessed the staff member's competence to carry out this task before they were left to do this unsupervised.

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. We found the registered manager had sent applications to the local authorities responsible for funding people's care for authorisation to restrict people's liberty in order to keep them safe. For example, where people needed constant supervision, the registered manager obtained authorisation from the local authority. We saw no examples of people being deprived of their liberty unlawfully. However, we were informed and saw that the kitchen was locked when there were no staff available to support people. There had been no risk assessments carried out demonstrating that there were any presenting and potential risks to people and or others and it was not clear why people were restricted in accessing the kitchen without staff supervision. The registered manager had not considered or recorded in people's care records if people were capable and had the capacity to understand the possible risks in using the kitchen unsupervised.

Furthermore, people had plans in place to support them with managing their money and to plan how many cigarettes they smoked throughout the day. Although this was to ensure people had sufficient funds and did not run out of cigarettes, there was no record of who had agreed to these plans and who had been involved in these particular decisions about people's lives.

This relates to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received MCA and DoLS training and we saw information on the MCA around the service to inform both people using the service and staff. A staff member we asked described the implications of the DoLS for people using the service. Another staff member told us, "we can't force our decisions and choices on them (people using the service)." A person using the service told us that they were helped to make daily choices and that staff didn't make them take part in anything they didn't want to. A relative also confirmed that they were involved in important decisions being made about their family member.

Staff said they received one to one supervision and records on two staff member's files confirmed this. One staff member told us that the supervision meetings gave an chance "to discuss what you have problems with." The two most recent staff members to join the team did not have a record of their one to one supervision, although we were told they would have met with their line managers during their induction. The registered manager told us they would ensure any meetings would be recorded and that due to the small

size of the service staff received support and guidance on an ongoing basis.

Staff confirmed they received an induction when they first started working in the service. This had included reading documents and shadowing experienced staff. The service was using the old common induction standards for new staff to work through. These standards which were from the social care organisation Skills For Care were no longer promoted to be used as Skills For Care had developed a new set of standards in April 2015. The registered manager was aware of these standards which provided staff working in care work with information on what they needed to be aware of and work on to ensure they worked safely in the service and in people's best interests. The various online training courses that staff completed the registered manager informed us were aligned to the Care Certificate standards.

Staff training records showed that staff received training the registered manager considered essential. This included first aid, fire safety and mental health awareness. There were some training courses due for staff to complete and the registered manager was aware of what training needed to be completed to ensure staff had the necessary skills and knowledge to support people effectively.

Staff had received food safety training, which they were due to complete refresher training on and from our discussions with them and observations during the inspection, we saw they catered for people's individual nutritional needs and preferences. People's comments included, "I can make drinks and staff usually cook my meals," "the meals are alright" and "the food is good here, no complaints." Staff recorded the meals people ate when they were supporting people so that they could check the types of food people enjoyed and also to ensure people had a balanced diet. For those people who went out into the community without staff support then this was more difficult for staff to check that people were having nutritious and healthy meals. We saw that there had been discussions, where necessary, with people using the service, their family members and relevant professionals to encourage people to eat more healthily.

People at the service were supported to maintain good health and had access to healthcare professionals, such as the GP, opticians and dentists. People mainly went with staff support to health appointments so that staff could ensure people's needs were being assessed and met. Appointments were recorded so that staff could monitor when people were seeing the relevant professionals and if any additional support or treatment was required. People's mental health was reviewed along with their medicines on a regular basis. People were regularly weighed so that any weight gain or loss could be acted on quickly to ensure people were well and received the support they required. Their blood pressure was also taken weekly so that staff could check that this was not too high or low and could respond accordingly.

Is the service caring?

Our findings

Comments from people using the service about the staff team were complimentary. One person told us, "I can talk with staff and I meet with them." A second person said, "Staff help me."

A relative told us, "The care my (relative) receives is good. (My relative) is well looked after." Another relative commented that staff members were friendly and that the service was like a family home.

A healthcare professional said that the staff team, "displayed a positive and caring attitude" and that they "seem to understand about mental illness." They also confirmed that people using the service were "treated with dignity and were offered choices in all areas of their care," and commented that people "have freedom to express their individualities."

During the inspection, we saw staff treated people with kindness and patience. Staff we spoke with and observed had an understanding about the different preferences and routines people had. Staff supported people to make decisions for themselves and encouraged people to develop daily living skills.

Both a relative and a healthcare professional confirmed that everyone important in a person's life was involved and/or consulted to ensure people were supported safely and appropriately.

People were encouraged to maintain social relationships with their friends and family members. Often people visited their family or saw them at the service. A relative told us that they visited the service and were made to feel welcomed by the staff team.

People confirmed they were involved in the support and care they received. Staff worked actively and positively with people and met with them on a regular basis. Each person had a named member of staff who was known as a keyworker. We saw a sample of these keyworker meetings that took place on regular basis. The meetings supported people to look at any issues they might have and to discuss their needs.

People were supported to attend their preferred place of worship and staff took people to wherever they wanted to visit in order to meet their beliefs and preferences.

Where relevant people were visited by an Independent Mental Capacity Advocate (IMCA) approximately once month. Their role was to check the person was being appropriately and lawfully supported and cared for.

Is the service responsive?

Our findings

People confirmed to us that they had been assessed before moving into the service. We saw pre-admission assessments that the registered manager had completed. These had looked at people's background and presenting needs so that the registered manager would know if the service could offer them appropriate care and support.

People's care plans reflected their views and identified goals, such as leading as independent a life as they were able to. The information included details on how staff should support people. We talked with the registered manager about ensuring they were not unrealistic or immeasurable as some care plans stated staff were to talk with people for ten minutes and/or thirty minutes per shift, but there was no record of knowing if this had actually occurred. The registered manager confirmed that this would be amended to indicate that throughout a shift staff should ensure they have spent time talking with people. We saw that staff did continuously engage with people and so it was not a concern that this was not taking place. A healthcare professional told us, "The care plans are reviewed at regular intervals and they reflect choices, inclusion, family involvement and the identified needs and problems." We saw that care plans were reviewed monthly to ensure they were relevant and reflected people's needs.

A relative and healthcare professional told us that a sign that the service was working in people's best interests and providing good care was that people had not needed to be re-admitted back into hospital. People were generally stable and any concerns the staff team had they quickly requested a review of the person's needs and/or sought advice. One healthcare professional told us, "the team is unified in delivering the highest standard of care to promote social integration, encourage people to take greater level of responsibilities, prepare people for progression in their lives and to become independent." A relative told us that the staff team have "faith" in their family member and do not give up on them.

People described the different things they did every day. There was no current dedicated activity co-ordinator and activities were planned with all staff members. The provider information return (PIR) stated that the registered manager was planning to recruit someone to carry out this specific role. One person said "I can come and go every day," whilst another person talked about going to the shops and the sports hall to do exercise. The service had access three times a week to this local sports hall where people using the service could take part in a range of activities. This included, playing football and badminton. Accessing this centre had helped people socialise and engage in physical activities. The service had two vehicles to take people out on days out. People also had the chance to go on holiday. One person said "I enjoyed going away last year, we went to Cornwall." A relative confirmed that their family member had been supported to go abroad and that this had all been risk assessed and discussions had taken place with them to ensure this was all agreed.

People were consulted about the care they received through quality assurance questionnaires in 2015 and the feedback was positive. The registered manager was aiming to obtain the views of relatives and professionals, along with people using the service in 2016.

People also had weekly house meetings held on their behalf with the last one held the week before the inspection. This gave people the chance to share their views about the service and for staff to provide any updates on the service.

The registered manager told us that they had received no formal complaints. We discussed this with the registered manager who said minor complaints were dealt with informally and use of the formal procedures had not been necessary. We saw the complaints policy and procedure and one person we spoke with said they would "talk with staff if they had a concern." A relative confirmed that they had never felt the need to complain but would be happy to raise any issues with the registered manager.

Is the service well-led?

Our findings

There were a number of audits in place to assess and monitor the various aspects of the service. We viewed a sample of the audits, such as health and safety monthly checks. These audits looked at different areas within the service, such as the environment and fire safety. Medicines were also checked and counted (if in boxes or bottles) at every handover of the next staff members. This minimised any medicine errors occurring. In addition, the registered or deputy manager carried out spot checks to ensure staff were counting and auditing medicines appropriately. People's personal finances were also checked on a regular basis and spot checked by the registered or deputy manager to ensure there were no issues.

The registered manager acknowledged that further improvements needed to be made to ensure checks on staff recruitment and other staff records took place and they assured us that these would be implemented following on from the inspection. During the inspection the registered manager was receptive to the findings of the inspection and was keen to make adjustments where necessary. For example, they developed a form during the inspection that would record in one place discussions and decisions made about people's lives so that they could monitor that everyone who needed to be had been involved appropriately. We had been told by people using the service, relatives and professionals that they had been consulted on a regular basis but this form would enable staff to easily check back and see what decisions had been made and with whom.

Staff were clear about their duties and the registered manager told us that they were delegating tasks and encouraging all staff to undertake different jobs within the service. Comments from staff about the aims of the service included, "We want to offer the best care here," and support people to be "independent and confident."

Staff were positive about the culture and atmosphere in the service. They said there was "good communication" between each other and that it was a "good working environment". Staff added that the registered manager was "approachable" and "friendly." One staff member told us that the registered manager was encouraging them to "improve their skills." We saw that staff met as a group on a regular basis and staff confirmed these enabled them to hear news about the service and also contribute their views to the registered manager.

A relative confirmed that the registered manager communicated well with them and kept them informed of any issues or anything that they felt the relative would want or need to know.

A healthcare professional commended the registered manager and told us, "The Manager responds promptly to any enquires and works as a team member and appreciates constructive suggestions to enhance the standard of care." They also stated that "The Manager seems to have very good interpersonal and managerial skills."

The registered manager was experienced in supporting people with mental health needs and had a relevant qualification in management. They were also the provider with a second care home which was located near

to Swanage lodge. The registered manager worked directly with the people using the service and so was aware of their needs and the support they required. They confirmed they received updates from various sources such as the Care Quality Commission and Skills For Care to keep informed of updates on care and practices.

The registered manager had developed an annual report on the service. This looked at where improvements had been made and future objectives for the forthcoming year. This reflection and consideration on how well the service was operating enabled the registered manager and staff team to see what has been achieved for the benefit of the people using the service. It also focused them to look at what else needed to be put in place to drive continuous improvements in the service. The provider information return (PIR) had also recorded improvements the service planned to make which showed the staff team were reflecting on how to make alterations which might benefit people using 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 11 HSCA RA Regulations 2014 Need for consent The registered person had not acted in accordance with the Mental Capacity Act 2005. Regulation 11(3)
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 Systems and processes had not been established or operated effectively to prevent abuse of service users. Regulation 13(3)