

Buckinghamshire Care Limited

Seeleys Respite Centre

Inspection report

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13 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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 April 2016. It was an unannounced visit to the service.

We previously inspected the service on 29 April 2014. The service was meeting the requirements of the regulations at that time.

Seeleys Respite Centre (Seeleys) is registered to provide accommodation for younger and older adults who are living with a learning disability. The service provides residential respite care. It can accommodate a maximum of 12 people at any one time. At the time of our inspection four people were staying at the service. People use the service as and when needed, this can be from one night upwards. People who use the service are awarded an allocation of nights per year. We heard some positive feedback about how people book their stays. One relative told us "The bookings system is managed really well, very flexible."

The service did not have 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.

Risk assessments were completed for each person using the service; however potential environmental risks were not always identified or assessed. For instance, we found a number of potential risks in communal areas which could have led to people coming to harm.

People were not always protected from risk of fire as a fire door was unable to close. Staff did not appear to be aware of where to find information on how to support people to leave the building escape in the event of a fire.

The service did not ensure that consent was gained from people in line with the Mental Capacity Act 2005. It had sought consent from third parties without satisfying themselves that the third party had legal authority to act on the person's behalf.

The provider had not ensured that the Commission was notified of specific events it was required to do so.

Medicine was generally managed and stored safely. However, there was a lack of information for staff about 'as required' (PRN) medicine. We have made a recommendation about this in the report. Some staff that had not been assessed as competent to administer medicine had access to the keys for the medicine cabinets. We have made a recommendation about this in the report.

There was a clear recruitment policy which was followed to ensure the service employed suitable staff. However, the policy did allow the service to start new employees without all the required checks if a risk assessment was undertaken. We have made a recommendation about when the service starts new staff

without all the required pre-employment checks.

Staff demonstrated compassion and a caring attitude towards people using the service and were knowledgeable about their likes and dislikes.

People were supported with care that was personalised to them; care plans detailed how people would like to be supported.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found breaches of the Care Quality Commission (Registration) Regulations 2009. 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?

Requires Improvement ●

The service was not always safe.

Potential risk to people's safety and wellbeing had not always been assessed and identified.

Staff who were not assessed as competent to administer medicine had access to the keys for medicine cabinets.

There were enough staff of duty to provide safe care.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service did not seek consent from people in line with the Mental Capacity Act 2005.

People had access to healthcare professionals when needed.

People were supported to have enough food and fluid.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who demonstrated kindness and compassion.

People cultural and religious beliefs were respected and celebrated.

Is the service responsive?

Good ●

The service was responsive.

Staff knew the preferences of people they were supporting as details about people's like and dislikes were gathered and recorded.

The provider had a system in place for people and their relatives to feedback about their experience of the service.

People had access to a choice of activities.

Is the service well-led?

The service was not always well-led.

The service had not had a registered manager in post since April 2014.

The service had not notified CQC of certain events that it was required to do so.

Staff and relatives had confidence in the new management structure.

Requires Improvement 

Seeleys Respite Centre

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 12 and 13 April 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Some people who used the service were unable to communicate verbally with us. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three relatives; the deputy manager and two senior management staff members, together with five support staff. We reviewed six staff files and six care plans within the service and cross referenced practice against the provider's own policies and procedures.

Is the service safe?

Our findings

Potential risks to people's safety and well-being were assessed. We saw that risk assessments were completed for potential risks, for example, from falls and moving and handling. The assessments gave a good level of detail to staff on how to minimise risks to people. However, environmental risks were not always assessed or identified. We were informed that one member of staff was a 'champion' for health and safety. The staff member had not been at work and in their absence no-one else had conducted the regular health and safety checks. No evidence was found for checks carried out in March 2016, apart from a fire alarm check.

On day one of the inspection we identified that blind cords had not always been secured on the brackets fitted. This meant that there was a potential for people to be harmed. We informed the staff about this on day one of our inspection, and remedial action was taken on day two. On day two of our inspection we observed cans of air freshener in the communal bathrooms and toilet areas. These could have been inhaled by people using the service. We also found cable ties in the communal toilet areas. These could have been used as ligatures. We found rolls of plastic bags were left in the bathrooms areas. These were all potential risks which had not been assessed by the service.

On day one of our inspection we asked the provider for the evidence of how they would support people in the event of a fire. Two senior staff and the person in charge of that shift were unable to easily find this information. After some time and following a telephone call to the deputy manager, a file was found. This contained individual personal emergency evacuation plans (PEEPs) for everyone who used the service. The folder contained many PEEPs and they were not filed in any particular order. This meant that the staff would have had to search the folder for the four people using the service on that day. A fire risk assessment was in date, the service had previously had a fire inspection which made a number of recommendations, one being that a fire grab bag should be in place. It stated what items should be in the bag. This included PEEPs. However we looked at this with the provider and it did not contain all the recommended items.

One day of our inspection we went to close a fire door in the lounge area, we were unable to close this door. We spoke with the staff on duty; they advised us that it had been like that for approximately two weeks. There was no record that this had been reported. We brought this to the attention of the provider and we noted on day two this was being repaired. Therefore we were not satisfied that the service had adequate protection for people around health and safety and fire risk. Staff on duty were unable to locate PEEPs and the staffing register was not updated, which meant that there was no accurate record who was in the building.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We observed that there appeared to be enough staff on duty at the time of our inspection. Due to the nature of the service and the varying degrees of dependency, there was no tool used to calculate the provision of staff. For instance, people may require emergency respite care. We asked the provider how staffing levels

were managed in these circumstances. The provider told us and staff confirmed that additional shifts would be offered to staff to ensure there was adequate cover. The service also had an 'on call' system and if needed management would help to cover the service. One relative confirmed that they thought there were enough staff on duty in the service.

The service had a recruitment policy which allowed staff to commence in employment without all the relevant checks completed including a criminal records check (DBS) and references from their previous employer. The policy stated that a risk assessment should be undertaken and signed off by a senior manager. We spoke with the provider about this and they informed us that they would only start a new member of staff without the appropriate checks if a copy of a previous DBS was seen and a risk assessment completed. We looked at recruitment files. One staff member had a risk assessment, however it was not fully completed and the file showed that a DBS was obtained four months post start date. We checked whether there was any evidence of a previous DBS, we did not see this.

It is recommended that the service ensures thorough risk assessments are undertaken if staff are commencing employment prior to a full DBS.

People were protected against the risks of potential abuse. Staff received training on how to recognise abuse. Staff we spoke with were able to demonstrate learning from this training. They told us what they would do when safeguarding concerns occurred. Staff had access to the contact number of the local safeguarding team and advised us that they would use this number if needed. Staff also demonstrated confidence in raising concerns outside of the organisation if they felt the management team were not acting in a way staff felt appropriate.

We found little information available for people using the service about who to contact if they had safeguarding concerns. We spoke with the management team about this and they advised us that they had recognised this as an area of improvement.

We asked the provider if they had made any safeguarding alerts to the local authority. They confirmed that they had. We saw that a record was made of this and what actions had happened as a result. However the provider should have also informed CQC. We checked that we had received information about this event. Our records showed that the provider had not informed us of this. We discussed this with the provider; there was some confusion about this. The provider is now fully aware of their obligation to report safeguarding concerns to CQC when they are made aware of them.

In general there were safe medicine administration systems in place and people received their medicines when required. The service had responded to feedback given from relatives about medicine safety. We saw that two people always supported with the administration of medicines. We saw evidence that the service checked medicine in at the beginning of the respite stay and checked it out on discharge from the service. There was a clear protocol in place for when people arrived with medicine that was not as prescribed. For instance, we saw evidence that staff checked with the person's GP or pharmacist when needed.

Each room had its own medicine cabinet and the service had additional safe storage for medicine that required it. We saw that records were kept of medicine that required additional storage; we checked the records against current stock and found these to be accurate.

The service had a clear medicine policy, and also had a 'homely remedy' policy which gave staff clear guidance on safe medicine administration. However, on day one of our inspection we observed the medicine trolley containing all the keys for the medicine cabinets was unlocked and the keys to the trolley

were found attached to it. This was contrary to the service's own policy which stated 'The keys will be kept with the designated member of staff appointed that shift and the procedure for handing over the keys should be clearly understood by all staff concerned. Care must be taken to ensure that keys are properly controlled.'

We recommend the service ensures that only people who have been assessed as being able to administer medicine have access to the keys.

A high percentage of people who use the service had medicine to support with management of epilepsy. We saw that the service had advice from people's GPs on when 'as required' (PRN) medicine should be given to treat epilepsy. However, people were also prescribed other PRN medicine, for instance, paracetamol. We saw no evidence of what information was available for staff to advise them how the person would tell staff they needed PRN medicine and how this was to be administered. The service policy stated 'A risk assessment on admission should establish whether the client is able to request this medication when needed or if they need to be asked/prompted if they require it.' We saw no evidence of this risk assessment in records reviewed for non-epilepsy related PRN medicine.

We recommend the service ensures staff have adequate information to ensure people's safety around PRN medication.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

Is the service effective?

Our findings

We observed people being supported by staff who provided personalised care. 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 little evidence of the involvement of people in their care. Relatives we spoke with had mixed experience of being involved in decision making around care and treatment for their family member. We spoke with the provider about this and they told us that they had received advice from the local authority. However, they acknowledged there was a need to ensure that consent was obtained from the person or someone who had legal authority to act on the person's behalf. We noted that a number of family members had signed documentation; however, the service had not ensured that they had the legal authority to do so.

These were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

A large percentage of people using the service had non-verbal communication skills, there was a lack of evidence of how the service ensured those people were offered choice and involved in decision making. The service had introduced a new care planning process which when embedded should provide a forum for people to be involved in their care.

Staff understood about DoLS and the service had made appropriate referral to the local authority. They kept a record of applications made and progress on them. No applications made had been assessed to date. The provider was aware of the need to notify CQC when a decision was made about a DoLS application.

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. There was a mix of information available to staff. Some people had a new style care plan and others had the old style, however detail about them was evidenced in both.

We observed staff supporting people with their meal when required. Staff did this in a calm and sensitive manner. The meal time was not rushed.

People were supported by staff who had received a thorough induction to assist them to understand their

role and responsibilities. Once in post, staff received training that the provider deemed essential. The deputy manager had a system to record when staff had undertaken training and when refresher training was due. Staff demonstrated knowledge of training both in discussions with us and their observed practice. Relatives told us they thought the staff were "Well trained and approachable."

Staff had a varied view on the frequency of one to one meetings with their line manager. The service had a supervision policy which stated that staff should have a one to one meeting every six weeks. We found a lack of evidence that this happened, for instance, one member of staff had been in post nine months and had four meetings with management. We spoke with the provider about this. They acknowledge that the lack of stable and sustained management had contributed towards this. However, they felt confident that this would improve now a manager was in post. Staff we spoke with felt that new management were approachable and they felt supported.

People's healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. We saw evidence of people being supported with their healthcare. For instance, one person was visited by the district nurse to administer insulin. We also saw evidence of working with specialist doctors. The service ensured it shared information about people's seizure history with external healthcare professionals.

Is the service caring?

Our findings

People were supported by staff who were very passionate about providing good quality care. Comments from staff included, "I am here to make a difference" and "I really love working here, it's like my extended family, I try to make it an enjoyable stay."

Relatives we spoke with were happy with the service provided. One relative told us the care was "first class" another relative told us "on the whole I am very happy with the service."

Staff showed concern for people's well-being in a caring and meaningful way, and they responded to their needs quickly. For instance, one person began to cough after eating their meal. It was obvious that they were getting distressed. Staff responded very quickly to this and very calmly and professionally dealt with the situation. The staff member's approach put the person at ease. It was clear from the exchange of words after the event the person was very thankful for the staff intervention.

We observed staff talking to people; this was done so in a friendly manner. Staff took the lead from the person, it was clear that some people liked to have a laugh and joke with staff, while other people were more relaxed in their communication with staff.

Staff were knowledgeable about people, and their wider family networks. We overheard staff talking to people about their family and what had happened in their life since they had last stayed at the service.

Staff took time to talk to people about what they wanted to do. After a mealtime staff asked each person what they would like to do. This enabled the staff to plan the rest of the shift. One person wanted to use the computer. Staff supported this.

Two people using the service on the day two of the inspection were wheelchair users. Staff ensured that they checked with the person before they moved them.

Staff were aware of how people like to be supported. For instance, one person needed adapted cutlery to enable them to be more independent with their meal. We saw that this was provided.

Due to the nature of the service, some people only used the service for one night at a time. The service tried to ensure that the same room was available for people. We heard some very positive comments about the booking system, "The bookings system is managed really well, very flexible." This also aided personalised care.

We found little evidence about advocacy for people using the service and in general there was a lack of information for people in easy read formats. We discussed this with the provider and they acknowledged this is an area of improvement. We talked to relatives and they felt communication with them had improved. One relative commented positively on the newsletter and meetings held. They acknowledged that communication was two way.

Due to the nature of the service it does not provide end of life care. Care plans provided details of emergency procedures should a person fall unwell during their stay.

Is the service responsive?

Our findings

People had their needs assessed before they stayed at the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. We saw that pre-admission sessions were offered to people. This generally consisted of three tea visits. This gave people the opportunity to trial the service. It also gave staff an opportunity to learn more about the person and their likes and dislikes.

Some people had care plans that clearly explained how they would like to receive their care, treatment and support. Other files had a mix of information in them, one file had a care plan which had been started last year and it was not completed. We spoke with the provider about this and they did acknowledge they had been through a transitional period. However, they felt confident the transitional period was over. We saw evidence that people's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved.

The service operated a keyworker system. This identified a worker who was responsible for updating information about a person using the service. A relative told us they had been involved in two reviews and felt the keyworker system worked well.

We saw that there were a number of bedrooms with sensory equipment, where people could have some quiet time. Relatives told us they would like to see more activities on offer. Comments included "I like to see them doing more with people" and "I would like to see that people go out more often at weekends." Another relative told us their son "gets bored as nothing goes on." However, people had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. For instance, we observed people completing jigsaws and using the computer.

We saw evidence of other activities such as disco evenings and trips out to the local park.

Staff we spoke with told us about how they supported people to practice their religious beliefs. "We help people pray I will get down on the floor with people to help them pray."

The service sought feedback from people, their relatives in the form of an annual survey. Results from this were analysed and action plans were produced to monitor changes required. One relative told us that they had seen changes made from comments made by relatives. For example, changes had been made to the newsletter following feedback.

The service had a complaints procedure. Formal complaints were reported to the quality manager and were logged and monitored. We saw that the service also kept correspondence from relatives who had made comments about the service, which fell outside of the formal complaints process. This enabled the service to learn and develop and demonstrated an openness to improve.

Is the service well-led?

Our findings

Staff and relatives commented on the improvements the service had made. Both groups we spoke with acknowledged that the period of time without a registered manager had been unsettling and difficult. Due to the fact that the service had been without a registered manager since April 2014 CQC has placed a limiter on the rating for this domain.

When there are changes in the management of a regulated service there is a requirement to notify CQC. We have reviewed the notifications received and we had not always been informed when there have been management changes.

This is a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

There is a requirement for providers to inform CQC when specific events happen. One event is when abuse or alleged abuse had occurred. At the inspection we were informed that the service had made a referral of an alleged abuse to the local authority but had failed to notify CQC.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had a clear vision for the future; it had a strategy for continued improvement. The providers were confident that they had the structure and personnel in place to deliver a quality service. They were pragmatic in their appraisal of the task ahead of them.

Staff we spoke with had some knowledge of the vision and values of the organisation and all told us they wanted to provide a quality service. Staff had confidence in the new management. Comments included "X is very easy to get on with, very approachable," "X is fantastic." Another member of staff said that the deputy manager "has helped me a lot."

Quality audits were undertaken regularly which monitored a number of key areas of service delivery. For instance, staff files, client files and complaints. Action plans were developed and monitored by senior staff to help drive improvements in the service.

The providers embraced feedback from people and their relatives. There was an active 'carers' reference group' which met regularly. Relatives we spoke with were positive about this forum and valued it. They had seen improvements made to the service following comments made. This meant that people and relatives felt valued and listened to.

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 5 Registration Regulations 2009 (Schedule 1) Registered manager condition The service did not have a registered manager in post.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The service did not send us information when required regarding changes to the management of the regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service did not always notify us of alleged or actual abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service did not ensure that where people lack capacity to give consent practice followed the Mental Capacity Act 2005

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure that risks to health and safety were assessed and did not do all that is reasonably practicable to mitigate the risk.

The enforcement action we took:

We issued a warning notice.