142 Petts Hill Care Home

142 Petts Hill Care Home

Inspection report

142 Petts Hill
Northolt
Middlesex
UB5 4NW

Tel: 02084229910

Date of inspection visit:
10 September 2020

Date of publication:
05 October 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
142 Petts Hill Care Home is a care home without nursing that provides accommodation, support and care for up to three people with mental health needs. At the time of our inspection, two people were living in the home.

People's experience of using this service and what we found
Staff did not always follow the procedure for recording and the safe administration and recording of medicines. There were systems in place to monitor the management of medicines but these had not identified shortfalls.

There were systems in place to protect people from the risk of infection and staff had received appropriate training in this. However, some areas of the home were unclean, and staff did not always follow safe procedures in relation to personal protective equipment (PPE).

The provider had put a number of systems in place to monitor the quality of the service and put action plans in place where concerns had been identified. However, these systems had failed to identify the issues we found during the inspection.

Risks to people's wellbeing and safety had been assessed, and, where risks had been identified, the provider had taken appropriate action to mitigate these. The provider's risk assessments were regularly reviewed and updated. The provider had processes in place for the recording and investigation of incidents and accidents. Risks to people's safety were identified and managed appropriately. There were enough staff on duty at all times to meet people's needs in a timely manner.

People felt safe when staff were providing support. Staff had received training in safeguarding adults and demonstrated a good knowledge of this and what they would do if they thought someone was at risk of harm.

People who used the service, relatives and professionals were consulted about their views of the service and the care provided. There were regular staff meetings and the staff supported each other. The provider liaised with the local authority and other managers to discuss issues and make improvements.

People were supported to have maximum choice and control of their lives and staff supported hem in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was good (published 8 March 2018).

Why we inspected
We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection prevention and control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the management of medicines, so we widened the scope of the inspection to become a focused inspection which included reviewing the key questions of safe and well-led.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our safe findings below.

142 Petts Hill Care Home

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check on a specific concern we had about infection prevention and control. However, we found additional concerns and widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
142 Petts Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. We telephoned the provider on arrival to check if anyone was unwell and if it was safe for us to come in.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection-
We met one person who used the service and observed interactions between them and the staff members. We spoke with all three staff members, including the owner, registered manager and a senior support worker.

We reviewed a range of records. This included both people's care records and medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures and safety checks.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People did not always receive their medicines safely. One person's medicines administration record (MAR) showed they had started to take a prescribed medicine to be taken once a day from 7 September 2020. There were three staff signatures to show they had supported the person to take this daily, but four tablets were missing from the medicines pack. Another medicine to be taken twice a day showed seven staff signatures but eight tablets were missing from the pack. The senior support worker was unable to offer an explanation for these discrepancies.

● One MAR chart showed staff recorded the code 'n' which meant to indicate 'Offered PRN (as and when required medicine), not required' for four of the person's prescribed medicines. We were unable to locate these medicines. We asked the provider where they were and why the person was not taking these. They told us the medicines had been discontinued by the GP. However, they were unable to show us evidence of this, or explain why they were using the 'n' code. They also continued to receive and use MAR charts for these medicines from the pharmacy and had not taken action to stop this.

● For the other person using the service, it was not possible to audit if the number of tablets being held in packs tallied with the staff signatures indicating the person had taken their tablets. This was because staff did not keep records of the total amount of prescribed medicines when they carried forward medicines from the previous month. The senior carer was unable to show us evidence of the number of tablets given. They also did not record the dates when they opened new boxes of medicines which also made auditing difficult. The senior carer was unable to show us evidence of the number of tablets given. This meant that we could not be sure the person received their medicines as prescribed. .

● We found two pots of emulsifying ointment and a pot of medicated skin cream on a shelf in the back room. The medicated skin cream belonged to a person no longer at the service and was dated 3 December 2018. There was no visible label on the other pot, but it had clearly been opened and used. We also found, in a person's bedroom, a pot of medicated skin cream dated 29 July 2019. The label was not visible, and the pot looked old. The provider told us this was a prescribed cream but was not sure if the resident used it. Beside this, there was a pot of emulsifying ointment dated 24 January 19. Inside was some of the cream with a cigarette butt. The provider was unsure if the person was actually using this cream and how long it had been there. Neither of these creams were recorded on the MAR charts.

The provider had not ensured that they followed their policy and procedures in relation to medicines management. This placed people at risk of not receiving their medicines as prescribed. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities)

Regulations 2014.

Preventing and controlling infection
● We were not assured people were always protected by the prevention and control of infection
● We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. The staff kept a log of PPE stocks. They told us they wore PPE whenever they attended to people's personal needs. On the day of our inspection, when we attended the service, the senior support worker did not wear a mask and the owner and registered manager wore their masks under their chin. The staff kept a log of PPE stocks to make sure they had enough.
● We were not assured that the provider was preventing visitors from catching and spreading infections. There were guidelines displayed in the entrance hall and bottles of hand sanitizer for visitors to use. The registered manager told us they asked all visitors to wash their hands as soon as they entered the home. However, they did not ask us to do this and we had to ask where the hand washing facilities were.
● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although there were cleaning schedules in place and the provider employed a person to undertake a weekly deep clean of the home, we found areas to be dusty and unclean. For example, there was a thick layer of dust on the cooker hood, shelves, window sills and a person's bed frame. Some kitchen cupboards were unclean and cluttered. The registered manager seemed to be unaware of this, and just repeated that the cleaner had been the day before and the home had been cleaned.

Infection prevention and control measures were not always followed. This placed people at risk of infection and cross contamination. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management
● There was an up to date fire risk assessment and regular fire checks undertaken. The provider had a health and safety policy and procedures in place and we saw the provider undertook regular checks of the environment. These included gas and electrical appliances and water checks. However, we found that the ceiling light in the back room was not working and flickered continuously when switched on. We discussed this with the owner who said they were not aware of this. They told us they would take action to get this fixed.
● We found that risk assessments were carried out for different aspects of people's care such as mental health, personal neglect, smoking and moving and handling, and these were detailed and up to date. Each person also had a Covid-19 risk assessment in place. Risk assessments included guidelines and measures in place to reduce the risk. For example, where a person using the service was reluctant to have personal care

including washing their hands, we saw staff regularly met with the person to discuss the current situation and guidelines in relation to infection prevention and control.

Learning lessons when things go wrong

● The provider told us they learned lessons when things went wrong by discussing the concerns as a team. Incidents and accidents were recorded and analysed so appropriate actions were taken to reduce the risk of reoccurrence. For example, where a person had fallen from the garden chair, a risk assessments had been put in place where a member of staff was always with the person to assist them and to prevent falls.

Systems and processes to safeguard people from the risk of abuse

● The provider had a safeguarding policy and procedure in place. All staff received training in safeguarding adults and training records confirmed this. People who used the service had lived at the home for a long time and were settled and happy. The provider worked with the local authority and relevant healthcare professionals where they had concerns about the welfare and safety of people. Documents we viewed evidenced this.

Staffing and recruitment

● The service was a family run business and the family group cover all shifts on a 24 hour rota. The provider told us they have not needed to use agency staff and there was no staff shortage. The rota we viewed confirmed this. The provider had not recruited new staff since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had processes for auditing and monitoring the quality and safety of the service. However, these had not been effective as they had failed to identify the issues we found during our inspection.
- The provider's processes for the management of medicines had not been effective and we found issues with the storing, disposal, recording and administration of people's medicines.
- The provider's processes had failed to identify the shortfalls we found in relation to infection prevention and control, including the use of PPE and the cleanliness of the environment.
- We found issues noted at previous inspections during our visit, such as concerns regarding the safe management of medicines and appropriate infection prevention and control. This meant we found that the provider did not consistently learn lessons from mistakes and did not consistently embed the improvements they had made to the service as a result.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility and were open and honest where shortfalls were identified. Where issues in relation to infection prevention and control had been identified prior to our inspection, they put in place an action plan and made some improvements. However, they admitted that further improvements were required and told us they would work on this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were happy at the home and felt well cared for. There was continuity of staff and a family atmosphere at the home which helped make people feel safe and secure. We saw on the day of our inspection that staff interacted with one of the people using the service in a respectful and inclusive manner.

- Documents we viewed indicated people's individual needs were recorded and respected. There was

evidence that a person's mental health had improved and they were stable and well.
● There was mutual respect between the staff and people who used the service, and the staff knew people well and how to meet their needs.
● Staff told us they supported each other and worked as a team. They told us they cared about the people who lived at the home. Our observations confirmed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There were regular staff meetings where relevant issues were discussed, for example the current pandemic, health and safety, appointments, inspection reports and issues concerning people who used the service. Staff also included people who used the service through individual discussions where they were able to share their feelings and their needs.
● We viewed a sample of quality questionnaires which had been sent to people's relatives and returned to the service. These questionnaires included questions about the quality of the care and the suitability of the staff. We saw that all areas were rated highly and indicated people's satisfaction of the care received.

Continuous learning and improving care; Working in partnership with others
● The provider told us they had felt well supported by the local authority during the pandemic. They said they had received advice and guidance which had been helpful.
● The staff worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. The staff had undertaken online training to keep their skills up to date and records evidenced this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure the proper and safe management of medicines. Regulation 12 (1) (2) (b) (g) The registered person did not always assess the risk of, preventing, detecting and controlling the spread of, infections, including those that are health care associated. Regulation 12 (1) (2) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17(1) (2) (a) (b) (c)