

# Striving for Independence Homes LLP

## Pettsgrove Care Home

### Inspection report

SFI Care Homes,  
3 Pettsgrove Avenue,  
Wembley  
Middlesex  
HA0 3AF  
Tel: 0208 795 1586  
Website: SFicarehome.co.uk

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 12 December 2014, at which we found one breach of legal requirements. This was because the provider did not ensure people's care records were accurate and up to date; had not taken action to ensure the complaints procedure was accessible to people using the service and did not have effective systems for monitoring the quality of care.

After the comprehensive inspection, the registered provider sent us an action plan telling us how they would

meet legal requirements and recommendations. We undertook a focused inspection on the 19 June 2015 to check that they had followed their plan and to confirm that they now met legal requirements. We found the provider had started to address the shortfalls, but still needed to demonstrate the service was well-led.

We undertook another comprehensive inspection on 16 July 2015 to check that the provider had fully

# Summary of findings

implemented their action plan, to confirm that they met legal requirements and because of safeguarding concerns that had been reported to us which are subject to an on-going investigation.

You can read the report from our last comprehensive and focussed inspection, by selecting the 'all reports' link for 'Pettsgrove Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Pettsgrove Care Home provides accommodation for up to six people with learning disabilities. At the time of our visit there were four people using the service.

The service did not have 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 and associated Regulations about how the service is run.

At this inspection, one of the service directors was managing the service pending the appointment of a registered manager.

Whilst there were systems in place to review the quality of the service these were not sufficient to ensure high quality care was provided and that risks to people's safety and welfare were mitigated. These quality checks had failed to identify shortfalls we saw at this inspection.

People were not protected from the risk of financial abuse because the provider did not ensure there were safeguards in place to protect people's financial interests. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation.

There were no sufficient arrangements to deal with emergencies to reduce risks to people. There were no assessments about people's support needs in respect of evacuation. Similarly, staff were unsure about how to safely support people to leave the building in an emergency.

Although people were supported to eat regular meals, their choices for food were not always supported.

People were supported to access external health and social care professionals. There was evidence that people were referred to specialist services when required.

There were suitable arrangements for the recording, storage, administration and disposal of medicines.

We identified four breaches of the relevant regulations in respect of safeguarding people, safe care and treatment, dignity and respect, and good governance.

# Summary of findings

## 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 safe. There was a current serious safeguarding investigation into the alleged financial abuse of people using the service. There were handover arrangements to address this but even here we found shortfalls.

Plans were not in place to support people to leave the building safely in an emergency such as a fire.

There were sufficient staffing levels on the day of this inspection. However, the provider covered some shifts with agency staff and staff from its other homes.

There were suitable arrangements for the recording, storage, administration and disposal of medicines.

Inadequate



### Is the service effective?

The service was not always effective. Although people were supported to eat regular meals, their choices for food were not always supported.

People were not always supported to make decisions in relation to their care and support; they were not being fully involved in making decisions about their meals.

People had access to external health and social care professionals. There was evidence that people were referred to specialist services when required.

Requires improvement



### Is the service caring?

The service was not always caring. Respecting of people's dignity and privacy was not consistently applied by all staff.

We observed inconsistencies in the way that staff responded and interacted with people who lived at the home. We observed good interaction but we also saw poor interaction.

Requires improvement



### Is the service responsive?

The service was responsive. People participated in activities. There was a programme of activities organised by the home in collaboration with two other homes owned by the provider.

We saw from people's files that, where they could, had regular discussions with their key workers about their care and support needs.

The home had a complaints procedure, however, the provider had not received complaints.

Good



### Is the service well-led?

The service was not well led.

Requires improvement



# Summary of findings

The systems in place to monitor the quality of the service were not effective and there was a lack of open and transparent culture.

A lack of thorough audits in the service meant concerns we had identified had not been picked up and dealt with.

# Pettsgrove Care Home

## 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 16 July 2015 and was unannounced. The inspection team was made up of one adult social care inspector, a bank inspector, and an

expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case people with learning disabilities.

Before the inspection we reviewed the information the Care Quality Commission already held about the home. We contacted the local authority safeguarding and commissioning functions and they shared their current knowledge about the home.

We spoke with six members of staff as well as the two directors of the service and a healthcare professional. We looked at all care files as well as other records and audit documents. We looked around the building and with permission from people, also looked at their bedrooms. We also spoke with one person who used the service.

# Is the service safe?

## Our findings

Before our inspection the provider notified us of a safeguarding matter that related to the safekeeping of people's money. This had been reported to the relevant authorities. As a result the local authorities were in the process of taking responsibility for people's money and arranging advocates for people. The provider still had responsibility for the safekeeping of people's money in the home on a day to day basis and we looked at these arrangements.

At this inspection, we observed although staff had completed safeguarding training and were aware of how to report any signs of abuse; we found people were at risk of financial abuse. There were no adequate systems in place for the safe handling of their money. The provider did not ensure there were safeguards in place to protect people's financial interests. People who lacked capacity to manage their own money were not assessed in accordance with the code of practice of Mental Capacity Act 2005. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. For example, until recently, one of the directors was an appointee for managing money belonging to three people living at the home even though no mental capacity assessments for this decision had been completed to make sure the best interests of people were fully considered.

We also saw that each entry on the individual account record was not countersigned to provide a witness to each transaction. We looked at transactions for the past month and none were countersigned by the person using the service, or where the person was unable to sign, a second signature was not sought from another staff member. In addition, the money tins belonging to people were not subject to a regular audit or checked at regular intervals by the responsible person.

The provider failed to protect people from abuse and to have systems in place to prevent the abuse of people using the service.

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

CQC is considering the appropriate regulatory response to resolve the serious issues we found in respect of this regulation.

There were no sufficient arrangements to deal with emergencies to reduce risks to people. The provider showed us evidence they carried out fire drills regularly, but there were no emergency evacuation plans in place for each person. A plan of the layout of the house was on the wall by the main door to assist emergency workers if required. However, assessments about people's support needs in respect of evacuation (Personal Emergency Evacuation Procedures) were not available. Staff told us that they had received training in fire safety, and their training records confirmed this. However, they gave different descriptions of the action they would take if there was a fire. The provider could not find the fire risk assessment, which meant it would not have been made available to the fire service in an emergency. Staff were unsure about how to safely support people to leave the building in an emergency.

The provider had failed to make sure that risks had been assessed and managed to protect people from harm and ensure their safety.

**This was a breach of Regulation (12) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw that risks concerned with people's individual care had been carried out. We looked at the files of four people living at the home. We saw that individual risks were mentioned in the personal profile at the start of each person's file. There was a clearly marked section containing full risk assessments and we saw that the risks were clearly described; triggers were identified where appropriate and actions set out for staff to enable them to reduce or manage the risk. For, example, a person was said to be at risk of leaving the premises without staff support and we saw that actions were in place to reduce this risk including a loud alarm on the main door of the home.

In another example, one person was indicated to display behaviour that challenged in certain situations. The way the person expressed early signs of this were described along with triggers known, such as exposure to loud noise, being around too many people or not wanting to do something. The instructions for staff included removing the person from agitating situations, and suggestions to help

## Is the service safe?

the person to calm. Staff were knowledgeable of risks to people and we observed them being mindful of risks identified. For example one person's risk assessment identified risks concerned with poor hygiene and we saw staff reminding the person to wash their hands before they handled food.

The service followed its recruitment and selection policies when new staff were appointed. Staff were required to complete an application form, shortlisted, and attend a formal interview as part of the recruitment process. Written references from previous employers had been obtained and criminal checks were made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

There were sufficient staffing levels on the day of this inspection. We met one care staff who was on night duty from 9pm to 9am. They told us that this was a waking shift, as was indicated on the rota. We also saw that one care worker who started at 6.30am was present when we arrived at 7.10am. Another member of staff arrived at 9am and staff changed with the arrival of two other carers. We saw that drivers were at the home from the early morning to take

people to their various activities. There was a cook who cooked lunch for people living at the home and people using the onsite day centre. However, the director of the service told us three staff were off sick., and the vacancies were being covered by agency staff and staff from one other service that belonged to the provider

There were suitable arrangements for the recording, storage, administration and disposal of medicines. This was covered in the policy and procedure for the administration of medicines. People received their medicines safely, when they needed them. Medicines were administered to each person from blister packs. The Medicines Administration Records (MAR) had been correctly completed; there were no gaps in all MAR examined.

Medicines that were to be administered "as required" (PRN) were included on the medicine MARs and there were appropriate guidelines for their administration. The guidelines covered relevant information such as, 'reason given by GP for the PRN medicines', 'how much PRN medicines can you take in a set period' and 'when to take PRN medicines'.

# Is the service effective?

## Our findings

At our comprehensive inspection of 11 and 12 December 2014 we found that the provider did not always keep accurate and up-to-date records in respect of care and treatment of people who used the service. We also found that the provider did not always keep a record of staff supervision. This was not in line with the provider's supervision policy, which required that all supervision meetings were recorded. At our focused inspection on 19 June 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to our recommendations.

At this inspection we found, although people were supported to eat regular meals, their choices for food were not always supported. For example, we saw that choices available for breakfast were clearly displayed pictorially in the dining room. This included a full English breakfast, scrambled eggs, baked beans on toast, porridge, cereals and toast. Night staff provided us with incorrect information that people ate breakfast shortly after getting up and that they were able to choose what they wanted to eat. The night staff told us that two people had had a cooked breakfast that morning and the written records of the meal were made and we saw that this inaccurately recorded that some people had had sausages and baked beans. However we did not see anyone eating a cooked breakfast at the time indicated by the staff and there was no evidence that food had been cooked in the kitchen around the times stated. One of the people said to have had sausages stated that they only had cereal and another member of staff said that no one had had a cooked breakfast that day. We reported the issue to the manager who said she would investigate.

We asked staff about how people made choices about their food. We were shown menus that were drawn up but it was not clear how people provided input into these decisions. A cook came in each weekday to cook lunch for people at the house and those using the on-site day centre. The cook explained that they suggested a meal and checked that people were happy with this as well as providing an alternative if a person did not want that meal. We saw the cook checking out the suggestion for lunch on the day of our visit and that a different pudding was provided taking account of what people at the activity centre asked for. At lunch we saw that people who could express a choice were

offered their preference. For example one person chose sandwiches rather than the cooked meal available. However one person told us that they wanted burgers but this option was not provided for their lunch.

We saw that there was food available at the home. The fridge and freezer were well stocked with fresh and frozen food. The cook provided a hot meal cooked from scratch at lunch time. There were plenty of eggs, frozen sausages, breads and cereals. The meal we saw prepared was attractive and helpings were generous. We saw that some people made their own drinks. Staff showed us the weekly fruit basket for people although this was not freely accessible to people living at the home.

We looked at how people who lacked the capacity to make certain decisions were being supported. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA and aim to protect people who may need to be deprived of their liberty, in their best interests, to deliver essential care and treatment, when there is no less restrictive way of doing so. Any deprivation of liberty must be authorised by the local authority for it to be lawful. There were DoLS authorisations for four people using the service. We saw the provider had followed the correct process to gain authorisation. Staff we spoke with said they had received the relevant MCA and DoLS training and we confirmed this from records.

Although MCA 2005 code of practice had not been applied in respect of people's finances, we saw that people's capacity to make decisions about other aspects of their care had been assessed separately. There were assessments about people's capacity to understand the implications of health related treatment; about clothes and food choices, and about their care plans. For example, in one assessment a person was assessed as able to understand the need for medical treatment but not to fully understand any risks associated with treatment.

We saw evidence from staff personnel records that supervisions had been carried out monthly. Staff told us about the induction and training programme they had received which included first aid, food hygiene, medicines, manual handling, safeguarding adults, health and safety



## Is the service effective?

and infection control. Staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people.

People's key workers met with them to consider aspects of their care. We noted that care plans had recently been updated and included information that took account of people's changing needs. People's weight was checked monthly. Staff told us about people whose weight had been a concern.

People had their physical and mental health needs monitored. People were supported to access external health and social care professionals. There was evidence

that people were referred to specialist services when required. We saw evidence that people had dental appointments and saw chiropodists and GPs as needed. For example, people had attended appointments, including diabetes reviews, GP health check-up, and hospital appointments.

However, we saw that their Health Action Plans (HAP) had not been completed. HAP is a personal plan about what a person with learning disabilities can do to be healthy. It lists any help people might need to keep healthy, such as what services and support people need to live a healthy life, healthy foods and when to go for check-up. There was a risk that some people's needs might not be met.

# Is the service caring?

## Our findings

There was a lack of consistency in the way that staff responded and interacted with people who lived at the home, including respecting of people's privacy and dignity.

We observed some good interaction between staff and people. In one example, people had just returned home from outdoor activities and we saw one of the directors shook hands and greeted everyone, asking each person where they had been and what they did; she did so in a calm and caring manner. Also during lunch, we saw other staff encouraged people where possible to hold their own cutlery and observed people's behaviour in respect of whether they were happy to wear a bib or not. We observed staff were compassionate and caring.

However, we also observed poor interaction from staff. At times staff and managers spoke with us about people, but without engaging them in our conversations. Similarly, during lunch we observed that some staff did not always show patience and compassion. For example, we observed most people could eat independently but we saw one person needed assistance and was being fed by staff. The staff appeared hurried offering food whilst the person was still chewing the previous mouthful and not asking whether the person had had enough of the main course before offering the pudding.

People's dignity was not always respected. We observed people eating lunch wearing protective clothing designed

to keep their own clothes clean, in the style of a large bib; however the service did not use serviettes, or adapted crockery and cutlery to enable people to feed independently and reduce the risk of food spillage.

There was a bathroom on the ground floor. The bathroom was referred to as a 'clients' toilet' by the staff we spoke with. We were told to use the toilet on the first floor. This was referred to as the 'staff's toilet'. We were told that the 'staff's toilet' would be cleaner than the 'client's toilet'. However, we used the clients' toilet and observed there was no toilet paper.

### **This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities)**

**Regulations 2014.** People using the service were not treated with respect and dignity at all times while they were receiving care and treatment.

We saw that people were clean and well dressed. Their rooms were clean and each person had personalised their rooms with their own belongings, souvenirs and family photographs. One person told us 'I chose the curtains and the colour for the walls.'

There were arrangements to meet the varied and diverse needs of people. Care records of people contained details of people's religious and cultural background, their interests, and activities they liked. We noted that grab rails were available in the toilets and stair cases.

We saw documented evidence of consultation with people. One relative informed us that they had been consulted regarding the care provided.

# Is the service responsive?

## Our findings

At our comprehensive inspection of 11 and 12 December 2014 we had concerns that people who used the service and their relatives were not encouraged to share their views about the service. The complaints procedure was not accessible to people using the service and their relatives or representatives. At our focused inspection on 19 June 2015 we found that the provider had taken action to address the shortfalls in relation to the recommendation we made. At this inspection we saw that the provider had maintained improvements.

Each person had a personal support plan which set out their capabilities, needs and preferences in more detail. These were comprehensive and accessible and contained information and guidance for staff about how people's needs should be met covering areas such as how the person makes choices, how they communicate, their risks, food preferences, hobbies and interests.

Each person's file started with an accessible but detailed personal portrait which set out important information about their backgrounds and lives, what people could do for themselves, how they communicated, the kinds of decisions they could make about their care and their support needs and preferences. These pen portraits gave a good sense of each person which helped staff care and interact with people living at the home. For example, one

portrait described how the person preferred to change their own bed linen and described their hobbies. This person was able to tell us about their hobbies which matched the information from the file. The information was dated.

We saw that a statement of purpose and details about the home were made available to each person in their room along with a complaints policy written in relatively easy read style. The provider had also put in place a pictorial version of the complaints procedure. This was on display in the communal area of the home which helped to make it accessible to people. The complaints procedure included details of who people could complain to if they were not satisfied with the care. We asked the director if any complaints about the service had been received and she said they had not received any complaints.

We saw from people's files that, where they could, had regular discussions with their key workers about their care and support needs. Parts of people's care plans were kept in their rooms and one person was able to show us the way staff supported them with their personal care and helped to keep their room clear and tidy.

People participated in activities, most of these were provided as group activities. There was a programme of activities organised by the home in collaboration with two other homes owned by the provider. This included regular outings and day trips to museums, pub lunches, trips to a park and use of an allotment as well as access to a sensory room and the on-site day centre where people could do arts and crafts, puzzles and games.

# Is the service well-led?

## Our findings

At our comprehensive inspection of 11 and 12 December 2014 we found that people were put at risk because systems for monitoring quality were not effective. The provider did not have an effective system of gathering feedback from relatives and other relevant stakeholders. This meant the service was not always able to learn and develop from the views of stakeholders or provide a service responsive to the needs of the people receiving care. In addition, we found that the provider's audit system was not always effective. The system had not picked up the issues of concern that we found. At our focused inspection on 19 June 2015 we found that the provider had started to address the shortfalls, but still needed more time to demonstrate the service was well-led. We also observed that the provider did not have a registered manager. One of the directors told us they were in the process of applying for registration.

On this visit we found that although audits were undertaken they were not always effective. We were concerned about the effectiveness of these audits because they had not identified some shortfalls that we identified at this inspection. For example, the quality assurance system had failed to identify that people did not have completed Health Action plans; there were no emergency evacuation plans in place for individual service users; there were no mental capacity assessments in respect of the arrangements for managing people's money and there was no policy or procedure for managing people's money at the time of this inspection. Therefore, whilst there were

systems in place to review the quality of the service, these were not sufficient to ensure high quality care was provided and that risks to people's safety and welfare were mitigated. The management team had also failed to check that the audits were robust and accurate.

The provider had not acted on people's feedback about the quality of the service. The provider had sent out a questionnaire to relatives on 17 June 2015 to obtain feedback. However at this inspection the director told us the findings had been analysed and that she was in the process of writing the Annual Development Report.

At our last inspection on in December 2014, the provider did not have systems of reviewing and analysing incidents and accidents. Accidents and incidents were not analysed for possible trends in order to reduce re-occurrence. At this inspection we saw there was a process in place to record and report incidents. All incident reports were reviewed by a member of the management team to ensure appropriate management plans were in place to support the person and ensure their care records were updated. However, risks relating to the health, safety and welfare of service users were not assessed, monitored or steps taken to mitigate the risks. The provider did not always learn from previous incidents. We identified that one person had previously collapsed. Even though a record of this was made in their care plan, there was no management plan to minimise reoccurrence.

**The above is evidence of a continued breach of regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The provider failed to protect people from the risk of harm in respect of theft, misuse or misappropriation of money or property belonging to a service user**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider had failed to make sure that risks had been assessed and managed to protect people from harm and ensure their safety.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

**When people receive care and treatment, all staff must treat them with dignity and respect at all times; including**

**supporting the autonomy, independence and involvement in the community of the service user**