

MCCH

Pelican Court

Inspection report

6 Pelican Court
Watlingbury
Maidstone
Kent
ME18 5RJ

Tel: 01622814008

Date of inspection visit:
26 July 2016

Date of publication:
21 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 26 July 2016 and was unannounced. At our previous inspection on 8 and 9 June 2015 we found breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to meet the relevant requirements.

Pelican Court provides accommodation for people who require personal care. The accommodation is set over two floors providing support for up to nine adults with learning and physical disabilities and complex communication needs. Some people were not able to communicate using speech and used body language, signs and facial expressions to let staff know how they were feeling. At the time of the inspection support was being provided to six people, four people were living on the ground floor and two on the first floor.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the registered manager had applied for DoLS authorisations for people living at the service, with the support and advice of the local authority DoLS team. The manager and the management team understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded.

People experienced a service that was safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put into place to manage any hazards identified. Staff knew how to support people whilst minimising any potential risks that had been identified. The premises were maintained and checked to help ensure people's safety.

There were enough staff on duty with the right skills to meet people's needs. Staff had been trained to meet people's needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained and assessed to administer medicines safely.

People were supported to remain as healthy as possible. Guidance was available within people's support plans to inform the staff of any specific health condition support. People were encouraged to maintain as much independence as possible.

Staff had received the training they required to meet people's needs. A comprehensive induction programme was in place which all new staff completed. Staff had a clear understanding of their roles and people's needs. Staff were supported in their role from the management team.

People were treated with kindness and respect. People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their loved ones and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to meet people's needs including any specialist support needs.

People participated in activities of their choice within the service and the local community. There were enough staff to support people to participate in the activities they chose.

Processes were in place to monitor and improve the quality of the service being provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the potential risk of abuse.

There were enough trained staff to meet peoples assessed needs.

Safe recruitment practices were followed to ensure staff were suitable to work with people who required care and support.

People received their medicines safely as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

Staff were trained to meet people's needs including their specialist needs. Staff received the support and guidance they required to fulfil their role.

People were supported to remain as healthy as possible.

People were provided with a suitable range of nutritious food and drink.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and used these in their everyday practice.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, dignity and independence were maintained.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

People were supported to maintain relationships with people

that mattered to them.

Is the service responsive?

Good ●

The service was responsive.

People were offered a range of activities to meet their individual needs and preferences.

People's needs were assessed, recorded and reviewed on a regular basis.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

There was a positive and open culture within the service.

Peoples views were actively sought and acted upon.

Staff were kept up to date with any changes to people's health and care needs.

Pelican Court

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.

This inspection took place on 26 July 2016 and was unannounced. The inspection team consisted of one 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.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with two people about their experience of the service. We spoke with three support assistants and the registered manager to gain their views. We asked three health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences and spoke to one relative.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at two people's care files, three staff record files, the staff training programme, the staff rota and meeting minutes.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service and with the staff that supported them. A relative said, "I am very, very happy, 101% happy. The care is second to none."

At our last inspection on 8 and 9 June 2015, we identified breaches of Regulation 12, there was a failure to follow stipulated risk assessment guidelines, Regulation 18, there were not sufficient to meet people's needs and Regulation 19, recruitment information was not available in relation to each person employed. This was to meet the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and required the provider to make improvements. At this inspection we found that improvements had been made and the service was now meeting the regulations.

People were protected from the potential risk of abuse. The provider had an up to date safeguarding policy and procedure in place which gave staff the information they required if they had any concerns. Information about keeping people safe was also available in an accessible format which included pictures and information that people could understand. Staff received annual training in safeguarding of adults from harm and abuse and were confident that any concerns they raised would be taken seriously by the registered manager. Staff were able to describe the potential signs of abuse and the action they would take if they suspected abuse. For example, contacting the registered manager, the Care Quality Commission or the providers whistle blowing phone line.

People's finances were protected from potential misuse. Peoples money was kept within locked tins with every purchase made checked and receipted. Daily checks took place of people's cash tins and a monthly check took place checking the recorded entries against the receipts. Systems were in place to ensure that people were protected from financial abuse.

At the previous inspection there were not enough staff on duty to meet peoples assessed needs, and the use of agency staff was high. At this inspection there were enough trained staff on duty to meet people's needs. The registered manager told us they had been recruiting new staff and, they were now fully staffed. Observations showed that people did not have to wait for staff to support them to meet their needs. For example, support to make a drink or make lunch. People were offered the opportunity to go out into the community for lunch with staff support. Staffing was planned around people's social activities and records showed that there was a consistent number of staff on duty at all times.

At the previous inspection recruitment information was not available for each person employed at the service. Staff files we viewed did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found recruitment checks had been completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from

previous employers had been obtained. Staff were given a job description which outlined their role and a contract of employment. Each member of staff had a personnel checklist in place which enabled the registered manager and the provider's HR department to track each member of staff and ensure the correct documentation was in place.

Medicines were managed safely and staff followed a medicines policy and procedure. People told us they received their medicines on time and when they needed it. People's medicines were stored securely within their own bedroom. Systems were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were carried out on a monthly basis by the registered manager. These processes gave people assurance that their medicines would be administered safely.

Staff were trained in the administration and handling of medicines and completed a competency check with the registered manager which included observations before they were 'signed off' as competent. Staff completed an annual assessment workbook detailing the administration of medicines. Some people had "As and when required" PRN medicines. Protocols and guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions.

The premises and equipment were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, gas safety inspection and the general electrics were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A weekly safety check was completed which included a walk around of the building to monitor any safety hazards. A system was in place to monitor and record any maintenance issues that were found within the service. These were acted on and completed quickly once they had been identified. A fire risk assessment was in place and an evacuation plan which was to be followed in the event of an emergency.

People had a personal emergency evacuation plan (PEEP) located in the fire file and a copy kept within their care plan. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Accident and incidents were recorded via an online system called 'Recordbase'. Staff completed a paper copy of any accident or incident and this was then transferred onto the online system by a member of the management team. The system was able to identify any patterns or trends that had occurred. The system also alerted senior members of the management team if an action plan had been generated following the accident.

At the previous inspection staff were observed not following a person's specific risk assessment relating to their nutritional needs. At this inspection we observed staff following the specific guidelines and risk assessments in place for people. Staff knew people well and understood the importance of following people's specific support guidelines. Potential risks to people in their everyday lives had been assessed and recorded. These included risks to people's health, the use of equipment, accessing the community and finances. Where risks had been identified safety measures had been put into place to reduce the risk. Risks were rated following the measure and guidelines that had been put into place. Information was then recorded if any further action was required for example, contacting the emergency services or the person's GP.

Environmental risks to staff had been assessed and recorded which included guidelines for staff to follow. For example, if staff were lone working or the personal protective equipment PPE they should use. A system was in place to ensure these were reviewed on a regular basis. People could be assured that any potential risks to them or others had been assessed and reduced following the control measures.

Is the service effective?

Our findings

People told us they enjoyed the food that was provided and they were able to access snacks when they wanted to, outside of mealtimes. A relative told us that they felt nothing was too much trouble, speaking positively about the staff. People were supported to try food from different countries and experience other cultures. During our inspection people had invited their friends and family to a day about India. People were going to experience Indian cuisine and music.

Some people living at the service had specific health needs relating to nutrition and hydration. Health care professionals were involved to advise staff how to ensure people remained as healthy as possible. Records showed that guidelines and recommendations that had been made by a dietician were implemented and followed by the staff. People who were at risk of malnutrition and dehydration had their food and fluid intake monitored and recorded. Staff understood the importance of ensuring people received a balanced diet and ensured people remained hydrated. Staff said that some people were supported and encouraged by staff to make their own food on a daily basis. We observed people being supported to make their own lunch. People who did not choose to prepare their own meals were offered a variety of options to choose from. This enabled people to maintain a level of independence and enabled people to gain skills in a supported environment.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. One person said, "When I need a doctor, someone rings them up and they come in." A relative told us that the staff arranged for their loved one to see the doctor when they needed it. All appointments with professionals such as dentists, GP's, district nurses, opticians and hospital appointments had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. Information was available to staff within people's care files regarding any specific health condition support they required. People's weight had been monitored and recorded. Action that had been taken by staff when they had been concerned about people's weight had been recorded. For example referring people to the relevant health care professionals.

Staff had supported people to create a hospital passport to use when they visited hospital. These detailed people's specific health conditions and important information that hospital staff needed to know about the person.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the assistant team leader had applied to local authorities to grant standard and urgent DoLS authorisations. These applications are assessed by the DoLS team to ensure that the constant supervision was lawful.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and

the Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people to make choices. Staff had been trained to understand and use these in practice. Mental capacity assessments had been completed with people for less complex decisions such as, a health appointment, consent to treatment, consent to taking medication or purchasing a piece of equipment. A best interests meeting (BIM) had taken place with the relevant health care professionals regarding purchasing the new piece of equipment. Staff were observed offering people choices of where they wanted to spend their time and what they wanted to eat. Staff were observed asking people for their consent before they offered support.

The service was accessible to the people living there, for example wider door frames for people who used a wheelchair. There was a large accessible outdoor space which was used for games and relaxing. We observed people choosing to spend their time in the garden, lounge and their bedroom.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. New staff completed a week-long induction at the providers head office before starting work at the service. New staff worked alongside more experienced staff within the service before working unsupervised and followed an in-house induction plan which detailed the specific needs of the people living at the service. One member of staff said, "We are currently mentoring the new team members and have been given extra responsibilities which are shared amongst the team." Records showed and staff confirmed that they had received the support, training and guidance to meet people's needs including any specialist needs. Staff we spoke with confirmed they had been able to develop and progress within their career by completing additional qualifications to further their knowledge. For example staff completing a vocational qualification in Health and Social Care.

Staff told us they felt supported by the registered manager and the staff team. Staff received regular supervision meetings in line with the providers' policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff also received an annual appraisal with their line manager. These meetings provided an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year. One member of staff told us they felt that things had improved since the new registered manager started working at the service. The registered manager used a communication book to ensure communication between her and the staff team. This enabled staff to have the most up to date information to complete their role.

Is the service caring?

Our findings

People told us the staff were kind, compassionate and respected their privacy. One person said, "I like everything here. I like the staff because they are kind and the residents are nice." A relative said, "The staff are kind and friendly. They are very helpful. I feel that (loved one) is very lucky to be there." We observed staff knocking on people's bedroom doors and waiting for a reply before entering. Information regarding how people wanted their privacy and dignity maintained had been recorded in their support plans. Staff knew people well, with many of the staff having worked at the service for a number of years.

People told us they were able to make their own decisions about their lives. People's support plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. Staff were in close contact with people's family and friends who were all involved in helping people to write their support plans. A relative told us they were kept up to date with what was going on with their loved one.

People were supported to remain as independent as they wanted to be. For example, we observed staff encouraging people to put their own laundry away. Support plans contained information to inform staff what the person was able to do for themselves and what they required support with. Support plans contained information regarding how to encourage people to increase their independence for example one said, 'Encourage me to brush my teeth and rinse out my mouthwash.' One person said, "I don't feel like things are being done to me but rather I'm being supported."

People had been involved with the choice of decoration for their bedroom. Each bedroom reflected people's personalities, preferences and choice. Some people had photographs of family and friends and pictures of interests on their walls. People had equipment like televisions, radios and music systems. People chose where to spend their time and this was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. A relative told us that they were kept fully informed about their relative and were welcomed when they visited.

Some people had spoken to staff about specific information when they were at the end of their life. One person had an 'End of life plan' in place which recorded who they would want at their funeral, what they wanted to wear and the music they would like played.

Is the service responsive?

Our findings

People told us they received the support they required when they needed it. A relative said that when their loved one visited them they were happy and they were always happy to return to the service. They also said they felt the staff had their loved ones best interests at heart.

At our last inspection on 8 and 9 June 2015, we identified a breach of Regulation 9, people were not offered a range of activities to meet people's needs. This was to meet the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and required the provider to make improvements. At this inspection we found that improvements had been made and the service was now meeting the regulations.

At this inspection people were supported to participate in a range of activities of their choice at home and within the local community. Some people had chosen to have a weekly timetable of activities in place, this was down to the individual. During our inspection we observed people participating in various activities in house including crafts in the garden and arts in the lounge. People were also offered the opportunity to go out in the community for a meal.

People told us they had been involved in planning their care, with their relatives. People if able, told staff how they liked their care provided and told us that staff did as they requested. We saw people had been involved in writing parts of their care plans. For example, the one page profile detailed what the person liked doing, important things that staff needed to know and what other people like about the person. People's support plans were person centred, they detailed what people could do for themselves and what support they required from the staff. People were able to maintain as much independence as they wanted to.

Peoples support plans had been developed with them and their families from the initial assessments which had been completed by the local authority. People had the opportunity to look around the service and meet other people who lived there prior to making a decision to move in. Support plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support, any equipment that was required and any social and leisure needs. Staff knew about people's needs, their backgrounds and the care and support they required.

Peoples support plans were reviewed with them and their key worker on a monthly basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved or supported by staff to be involved in the development and review of their support plans. These meetings enabled people to review their support plans and to discuss any health concerns or appointments the person had. A plan of the activities people had participated in was recorded within their monthly review for example, an exercise class, massage and a boat trip. Some people were not able to communicate using speech and used body language, signs and gestures to let staff know how they are feeling. Staff understood peoples communication needs and interpreted what people were saying and what people wanted.

A complaints procedure was in place which came in different versions accessible to people living at the service. For example they were available in large print; picture format and audio. People told us they would speak to the staff if they were unhappy and, they said the staff would listen to them. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had not been any formal complaints since the last inspection.

Is the service well-led?

Our findings

People told us they knew who the manager was and saw them most days. A relative told us they felt the service was "Run very efficiently."

There was a registered manager in place who had been managing the service for a period of seven months, however they had worked for the provider for a number of years. Staff said "Things are improving now (name) is managing the service." Another said they felt the new manager was "Pretty good." The registered manager told us they had been working a variety of support shifts to get to know people and as a way to observe the culture and practice of staff.

Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the registered manager who was available during the inspection. The registered manager was supported by a deputy manager and two personal assistants, who managed the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing quality care to people.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some feedback from the management team. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handovers between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. The registered manager would use these policies if staff were not completing their role and responsibilities. Staff knew where to access the information they needed.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager on a monthly basis and the senior operations manager on a quarterly basis, including health and safety, medicines management, finances and an audit of people's files. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits was used to make changes and improve the service provided to people. Records were up to date and were located quickly when needed.

People's views about the service were sought through meetings, reviews and survey questionnaires. These were written in a way that people could understand. Annual satisfaction surveys were sent out to people and their relatives. People and those acting on their behalf had their comments and complaints listened to and acted upon.