

Infinity Social Care Limited

Reed Pond House

Inspection report

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21 June 2017

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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?

Inadequate 

Summary of findings

Overall summary

Reed Pond House is a care home registered to provide accommodation and support with personal care for up to four people with learning disabilities. The service is provided by Infinity Social Care Limited in a large detached house in Gidea Park, Romford. There were two women living there when we inspected.

This inspection took place on 20 and 21 June 2017, and was unannounced on 20 June. During our last inspection on 22 December 2016, we found that the provider did not meet the fundamental standards of safety and quality relating to capacity and consent, safeguarding people from abuse, staffing, fit and proper persons employed and good governance. We requested an action plan detailing how the provider would address these areas of concern, however they did not provide us with one. During this inspection, we found that although some improvements had been made in some areas, the service was still not meeting the required standards.

The service had 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.

Reed Pond House provided a personalised, person-centred support service to the two women who lived there. They were in control of their day-to-day support and staff supported them to work towards their goals while developing the skills they needed to become more independent.

Staff supported people to maintain good health and eat healthier foods. People received their medicines as prescribed, although we have made a recommendation about ensuring that guidelines for the administration of 'as required' medicines be reviewed.

However, systems were not always operated effectively to ensure staff were suitable to work with people in need of support, and staff had not been trained in essential topics relevant to their role. People were not always safeguarded from the risk of abuse as the provider did not operate effective systems to protect people.

The registered manager had not kept their knowledge up to date of the statutory and regulatory environment in which they provided care. This was evident in their lack of understanding of the requirements of the Mental Capacity Act 2005 and the impact of these on the people who use the service. The registered manager could not demonstrate they understood the regulations, or appreciated the consequences of providing a service that failed to meet fundamental standards of quality and safety. They did not submit required notifications to the Commission of events that affect the service, or display the rating from their previous inspection.

Records continued to be unavailable or incomplete.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

While risks relating to the support people received were assessed and strategies in place to mitigate those risks, other risks relating to the service were not.

There were enough staff at the service to meet people's needs, however staff were not appropriately checked before they started work. The provider addressed this very shortly after the inspection. People were not protected from the risk of abuse.

Medicines were managed safely in the service, although we have made a recommendation about guidelines for staff for administering 'as required' medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received supervision and appraisals were planned, however they had not completed any training required for their role and there were clear gaps in their knowledge.

The registered manager and staff did not demonstrate appropriate understanding of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff had developed strong relationships with the people they supported, and facilitated a strong relationship between them.

Staff encouraged people to have visitors to the service and facilitated ongoing communication with people's family and friends.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned and delivered to meet their needs. People were encouraged to undertake the activities of their choice, and staff facilitated their participation.

The service worked with people to support them to maintain appropriate community behaviours.

Is the service well-led?

The service was not well-led.

Although some improvements had been made, the registered manager did not have the required knowledge of the statutory and policy framework within which the service operated.

Some checks of the quality and safety of the service took place, and a system had recently been implemented to allow people the opportunity to provide formal feedback about the service they received.

Inadequate 

Reed Pond House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 June 2017 and was unannounced on the first day. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

Before the inspection, we also reviewed information we held about the service, such as notifications of incidents affecting the service that the provider is required to tell us about. We also reviewed information about safeguarding and concerns we received from a local authority commissioner.

During the inspection, we spoke with both people who use the service, two support workers, the registered manager (who is also the responsible individual for the provider) and the provider's finance officer. We looked at records relating to people's care and support, such as care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service such as staff rotas, service user guides, questionnaires and emergency plans. We looked at information relating to staff such as recruitment documentation, and supervision and training records.

After the inspection we spoke with a professional who works with the people who use the service, for their feedback on the quality and safety of the service people received, and received further information of concern from five other professionals who also work with the people who use the service.

Is the service safe?

Our findings

People told us they felt safe living at Reed Pond House. One person said, "Yes they help me to keep safe, sort out my money." Another person said, "[The staff] help me out a lot."

During our last inspection, we found that some risks relating to people's support had not been appropriately assessed with strategies in place to mitigate those risks. We also found that risks relating to the service premises and the environment had also not been assessed and mitigated. During this inspection, we found that both people who used the service now had appropriate risk assessments in place with comprehensive strategies for staff, which were reviewed and updated periodically. However, we found that risks relating to the service premises and the environment had still not been addressed, and the registered manager was not aware of some of these risks such as legionella and did not have an effective system in place for testing and ensuring the service premises were safe. The service had a 'safety folder' with some information, but the health and safety risk assessment forms for the service remained blank, as they were at our last inspection, and the registered manager still had not considered these risks at all.

Staff had also not been trained in first aid, and the registered manager had not undertaken a first aid needs assessment to determine if the workplace required a trained first aid officer or a person appointed to make first aid arrangements.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection, we found that the provider did not have appropriate systems in place to safeguard people from the risk of financial abuse as there was no oversight or checks of the financial recording system. We found this had improved at this inspection, as there was now a system of weekly checks and monthly reconciliation of people's day-to-day financial accounts undertaken by the provider organisation's finance officer. We looked at the financial transaction records and these were correct and up-to-date.

Staff were able to tell us the appropriate action to take should they suspect a person was being abused, and both support workers had attended a training session in recognising and responding to self-neglect. There was also appropriate information displayed in the service with the correct contact details for reporting suspected abuse.

After our inspection visit, however, we received information from the local authority that the provider had not cooperated with officers investigating reported safeguarding concerns. The registered manager had not provided documents requested by the investigating officers and had not participated in the investigations openly and transparently, leaving the people who use the service at risk of abuse.

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

The provider had also not notified us of allegations of abuse, as required by their registration with the Care Quality Commission.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

During our last inspection in December 2016, we found that the provider did not have effective systems in place to ensure persons employed were of good character and had the skills, experience and qualifications necessary to perform their role. During this inspection, we found the provider had not improved their system in any way, and the staff members who were previously working without checks continued to work without appropriate checks. We asked the registered manager about the steps they took when they recruited a staff member to support people, and they told us they always sought two references and a check from the Disclosure and Barring Service (DBS) before the person started work. However, we found that two staff continued to work at the service without the required checks in place. A third staff member had a DBS check from a previous employer, however had not signed up to the DBS update service and the provider had not taken any steps to ensure the staff member remained a suitable person to provide support.

Additionally, we saw that one support worker had completed an application form before they started work at the service, however it contained a long gap in employment that was not appropriately explored by the registered manager and there was no explanation for this in their recruitment records.

Shortly after the inspection, the provider sent us evidence to show that our immediate concerns in this area had been addressed, the required checks were now in place and people were supported by suitable staff.

During our last inspection, we found that the provider did not have a system in place to ensure there were enough staff deployed within the service to allow people to continue with their regularly scheduled activities in the community when there had to be changes in the rota. During this inspection, we checked the rotas and daily records, and asked people if they had been able to undertake their activities and they told us they had been. We saw that the registered manager and deputy manager stepped in when necessary and also that agency staff were used periodically to fill gaps in the rota.

People told us staff supported them to take their medicines. One person said, "I put my cream on myself but the staff help me with my tablets." Medicines were mostly managed safely within the service. We checked Medicine Administration Records (MARs) and saw these were fully completed and up-to-date. Medicines were appropriately stored and disposed of. One person had been prescribed a medicine for use when required (known as PRN medicines) and there were guidelines in place for this, however these were unsigned and undated, and did not detail the specific circumstances in which the medicines should be administered. Upon checking the records, we found that this PRN medicine had not needed to be administered since the person moved into the service. We recommend that the registered manager reviews PRN guidelines within the service to ensure these are specific and reviewed by a qualified medical professional within an appropriate timeframe.

Is the service effective?

Our findings

During our last inspection in December 2016, we found that the provider had not ensured staff had the appropriate skills, abilities and competencies to meet people's needs. Staff had not undertaken any training since they started working at the service. During this inspection, the registered manager showed us that they had purchased a training package from a training provider, and two staff told us they had started working on the module for medicines administration but had not yet completed it. The registered manager told us they were not aware that this training module required an observation to assess whether the staff member was competent at administering medicines, and had not arranged these competency assessments for this module or any others where these were required.

Staff and the registered manager told us they had not had any other training since working at the service. They had not been trained in any of the practical aspects of care delivery such as abuse awareness, first aid, infection control or food hygiene. The registered manager told us they did not have a training plan for the service. Additionally, staff and the registered manager told us they were required to complete training in their own time, for which they were not paid, as this was not included in the staffing rota for the service.

This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Shortly after the inspection, the provider sent us a training plan and certificates showing that both support workers had attended a session in January 2017, on self-neglect.

During our last inspection, we found that staff had not been trained in the requirements of the MCA and could not demonstrate they understood what this meant for the people they supported. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

During this inspection, we found that staff had still not been trained and remained unable to demonstrate appropriate knowledge and understanding of the Act. One person who used the service had undergone an assessment of their capacity to understand and make decisions relating to property and financial affairs, and had a deputy appointed by the Court of Protection to make financial decisions on their behalf. We asked the registered manager what had changed in the service since the deputy had been appointed, and they told us nothing had. The registered manager was not aware that, by having a deputy appointed by the Court, this meant the person was legally unable to make decisions in this area for themselves. They did not realise that the appointed deputy now had the legal right to make all decisions relating to finances and

property on the person's behalf and considered how the systems used within the service must change as a result.

The registered manager told us they were in the process of applying for DoLS on behalf of both people who used the service. They told us, "It's hard to get your head around it all." We did not observe any restrictions on either person's liberty during our visit.

This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection we saw that staff had not had any regular supervision or appraisal of their work since starting work at the service. During this inspection, we saw that periodic supervision meetings had taken place for two support workers and appraisals were planned for when staff had worked at the service for a year.

Staff supported people to purchase and cook healthy foods and maintain appropriate nutrition. The registered manager showed us a series of easy-read cookbooks the service had purchased to assist people to become more independent in this area. One person told us, "Staff help me to cook, to prepare the food and to go shopping." This person had a goal to reduce their weight and become more fit. Staff had supported them to join a gym, go swimming and take other forms of regular exercise. However, records demonstrating how staff supported them to achieve this goal were incomplete, as their monthly weight recording chart had not been filled in since April 2017 and used a variety of units (stones as well as kilograms). As a result, their progress was difficult to monitor.

Staff supported people to access health care services and maintain good health. One person told us, "[Staff] help me to go the doctors when I need to." Each person had a Health Action Plan which detailed their current health needs and the support they required, however these were undated so we were unable to tell if these had been regularly reviewed and reflected their current needs.

Is the service caring?

Our findings

People told us the service was their home, and this was reflected in feedback from a professional who worked with the people who used the service. The professional told us, "The ladies have made it their home and are very happy there."

We observed that staff had a positive, friendly rapport with people and the atmosphere within the service was homely, relaxed and comfortable. We saw the registered manager use physical touch to reassure a person when they needed it. One support worker told us, "We are like a family here", and this was evident from the interactions we observed.

Staff strongly encouraged people to make day-to-day decisions about their support and people told us they felt they had control over the service they received. One person said, "The staff help me to do whatever I want. This is my home and they are here to help me." Staff confirmed this ethos when they told us, "[The people who use the service] are not frightened to tell us what they want, they tell us everything and are very open with us", and "number one is you have to respect the service user and the family, we are here for them".

The registered manager facilitated people's understanding and control of the service they received by considering their communication needs and ensuring all documentation related to their support was in pictorial format. Staff had also made and used a variety of bespoke resources to assist people to make decisions and communicate their wishes.

Staff respected people's privacy and dignity. They told us about how they considered these when supporting people with their personal care needs. We saw they asked for permission from people before discussing with us details about the person's support that may be personal or embarrassing. People told us they felt respected by staff regarding such matters.

Staff supported people to maintain relationships with their family and friends, and facilitated the development of a strong relationship between the people who used the service. One person told us about a barbecue they were planning for a few weeks' time and how they had invited their family and a friend. They also told us about how the staff supported them to use the phone to stay in touch with people they cared for. The registered manager told us people could have visitors whenever they wished.

Is the service responsive?

Our findings

People told us the service responded well to their needs and wishes. One person said, "I go swimming, I go to the gym, I go to [a local day centre], I go to discos. I do everything."

People's needs were assessed and their care plans developed to meet those needs. During our last inspection, we saw that the service had not undertaken their own assessment of one person's needs and developed their own care plan, but used that from a previous care home in which the person had lived. We made a recommendation that the service review their system of needs assessment and care planning to ensure that these reflect people's current needs and support at Reed Pond House.

During this inspection, we saw that both people who used the service now had an assessment of their needs undertaken by the deputy manager, and a care plan developed based on those needs in their personal care and support records. These were comprehensive and person-centred, and contained information such as 'to support me in my life you need to know this'. We saw these had been reviewed and updated very recently prior to our visit, and the registered manager told us about how each person had a review meeting to discuss their support at Reed Pond House the week before our visit. The review meetings involved the person, their family and their social worker from the local authority.

Staff supported people to undertake the activities of their choice, and supported them to work towards their goals. People told us about their activities and each person had a weekly planner in their personal support records. Staff supported people to participate in activities separately and together, and both within the service premises and in the community. People told us and records confirmed that they went swimming, to the gym, out shopping, to various community groups and also had DVD nights with popcorn and games nights at home. People told us they also planned to go on holiday together, with staff support, during the summer.

Staff supported people to develop their skills and abilities to achieve their goals. Each person had a 'person-centred planning workbook' document in their personal care and support records which outlined their wishes and aspirations, and how staff needed to support them to work towards these. The registered manager told us, "The most important thing is that the clients do what they want and we listen to them. Our goal is to support them be as independent as possible and to do what they want to do." We saw staff supporting people to do daily chores and household tasks to facilitate this.

The service had supported one person to change their behaviours. Documentation from a previous care home in which they lived showed they regularly exhibited challenging behaviours (these are behaviours that pose a risk of harm to the person themselves, other people or property) towards staff and themselves when frustrated or anxious. Daily records of care and support at Reed Pond House showed they had not had any incidents of this type since moving in. The person told us, "When I'm angry I talk to the staff or go in my room." The registered manager told us about how they had supported staff to deflect and redirect when the person started to show signs of anxiety or frustration. The professional we spoke with told us the person had changed since moving in, and was now much happier due to the personalised support they received at the

service.

The provider continued to have a system in place for receiving and responding to complaints, however none had been received since our last inspection. Information about making a complaint was available in pictorial format for people who used the service and others who had communication needs that required this.

Is the service well-led?

Our findings

During our last inspection in December 2016, we found that Reed Pond House was not well-managed as the provider did not have systems in place to assess, monitor and mitigate risks relating to people who use the service and others. The provider also did not have systems in place to assess, monitor and improve the quality and safety of the service people received, or seek feedback from people who use the service and others. Records relating to the management of the service were also not available or not stored in an accessible place. The registered manager did not have effective oversight of the service.

The provider did not return an action plan to us to address these concerns and others found during the inspection, as we requested.

During this inspection, we found some aspects of the governance of the service had improved. The registered manager had introduced written questionnaires for people who use the service, their relatives and others who have an interest such as professionals. We saw that one of these had been returned since our last inspection and the feedback about the service was highly positive. The questionnaire for people who use the service was titled 'service user monthly feedback update' and we saw these had been completed with each person for the two months prior to our visit, and action taken as a result of the feedback. For example, one person suggested they have a barbecue and this was planned.

Additionally, we saw that some regular checks of the quality and safety of the service had been implemented. The registered manager now undertook a monthly medicines audit with a person who used the service to facilitate the safer management of medicines. They had also introduced a monthly report for support workers to complete, outlining the progress each person had made toward their goals and providing a summary of all health appointments, appointments with other professionals, and any issues of concern, however this was scheduled to start two weeks after our inspection so we were not yet able to see these and evaluate their effectiveness.

However, during this inspection we found that many records we requested continued to be unavailable. The registered manager told us these records were with the deputy manager who was working from home, and we gave them the opportunity to send these to us in the few days after the inspection however they did not. The professional we spoke with for feedback about the service reflected this. They told us, "Recording is a concern in the service. The records are not always transparent and there is always paperwork that isn't available – when we ask for it there is always an issue, such as [the deputy manager] has it at home, the computer is broken, the internet is down. There's always some excuse."

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Additionally, the registered manager did not have sufficient knowledge of the statutory and regulatory environment in which they managed people's support, or of the practical aspects of care delivery in a residential service for people with learning disabilities, as detailed throughout this report. They were not

able to demonstrate sufficient knowledge of the regulations or relevant best practice, and did not demonstrate they understood the consequences of failing to take action on set requirements.

This was a breach of regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not display the rating that was the outcome of our last inspection, as required by law. They did not display this on their website or within the service premises.

This was a breach of regulation 20A 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 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 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify the Commission, without delay, of an allegation of abuse in relation to service users. Regulation 18(1) and (2)(e).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers The provider did not ensure that the registered manager was fit to manage the carrying on of the regulated activity, and had the necessary competence, skills and experience to do so. Regulation 7(1) and (2)(b).

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager did not ensure consent to care of service users was provided by the relevant person, and did not act in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11(1), (2) and (3).</p>

The enforcement action we took:

We issued a warning notice. The provider is required to meet this regulation by 31 August 2017.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered manager did not ensure service users were protected from abuse, did not operate effective systems and processes to prevent abuse, and did not operate effective systems and processes to investigate allegations of abuse.</p>

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not have an effective system in place to assess, monitor and mitigate risks relating to people who use the service and others, nor maintain securely accurate records that were fit for purpose. Regulation 17(1) and (2)(b) and (d).</p>

The enforcement action we took:

We issued a warning notice. The provider is required to meet this regulation by 31 August 2017.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 20A HSCA RA Regulations 2014
Requirement as to display of performance assessments

The provider did not display the rating of their performance received following an assessment by the Commission, on their website or within the service premises.

Regulation 20A(1), (2) and (3).

The enforcement action we took:

We issued two fixed penalty notices, which the provider paid.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered manager did not ensure that sufficient numbers of suitably competent and skilled persons were deployed, with appropriate training. Regulation 18(1) and (2)(a).

The enforcement action we took:

We issued a warning notice. The provider is required to meet this regulation by 31 August 2017.