New Hope Specialist Care Limited

The Limes

Inspection report

37 Avenue Road
Blackheath
Rowley Regis
B65 0LP
Tel: : 0121 559 3935
Website: newhopecare.co.uk

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection was unannounced and was carried out on 27 November 2014 by two inspectors. The last inspection was carried out on 18 June 2013 when we found there were no breaches in regulations.

The Limes is a care home for up to eight people who have a learning disability. Seven people were living at the home during our inspection.

There was 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. At our inspection the manager told us they were handing in their notice and following the inspection we were notified that the registered manager has ceased their employment with the provider.

We found there was a lack of effective systems in place to check the quality of the service and people could not be

Summary of findings

assured that quality assurance checks would result in an improvement in the service provided. You can see what action we told the provider to take at the back of the full version of this report.

People told us they felt safe at the home. The staff we spoke with understood how to recognise and report any abuse. No-one at the home was subject to the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 (MCA). We found that the provider had complied with the requirements of MCA and DoLS.

Staffing levels were sufficient which meant people were supported with their care and enabled to pursue interests of their choice in the community. Staff received some training and supervision to support them in their roles to meet the needs of people although this was not always up to date. Care staff and the registered manager told us they did not feel supported in their role.

People were involved in daily living tasks at the home to promote their independence and they told us they could have family and friends to visit anytime. A range of activities were organised with people having the opportunity to use community facilities and take part in activities of their choosing.

People told us they liked the staff and the atmosphere in the home. Staff who worked at the home were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity were respected.

People's nutritional needs were met and the health care support was arranged to keep people well. Systems ensured people received their medicines as and when they were prescribed.

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?

Good

The service was safe.

Staff spoken with knew how to keep people safe. They could identify the signs of abuse and knew how to respond if they witnessed or suspected any abusive practice. There was enough staff to meet people's needs safely.

Risk assessments were in place which included information about how to manage and reduce risks that people faced.

Appropriate arrangements were in place to manage medicines. Medicines were recorded appropriately and kept safely.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

The registered manager and staff told us and records confirmed that some areas of training to cover areas to meet people's needs had not been refreshed. Staff supervision was not always regular and staff had not received an annual appraisal.

The registered manager had a satisfactory understanding of the Mental Capacity Act 2005 and we did not observe any restrictions of people's liberty during the inspection.

People had enough to eat and drink during the day and were supported to manage their healthcare needs.

Is the service caring?

Good

The service was caring.

There were positive and kind interactions between the staff and people who lived in the home. People could choose where they wished to spend their time in the home and their rights to privacy and dignity were respected.

Staff spoken with demonstrated a good understanding of people's needs and were aware of their personal preferences and histories.

People were supported to maintain relationships with their family and there were no restrictions placed on visitors to the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Systems to seek the views of people needed to be improved and action taken in a timely manner to respond to their comments.

Summary of findings

People we spoke with felt they could raise any concerns or complaints with the registered manager and other staff. Trends or patterns regarding complaints had not been identified and used as an opportunity for learning or improvement.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in that matched their interests.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Roles and responsibilities within the location were not clear which had impeded communication between the manager and the provider and impacted on the drive to improve the service.

The home had a registered manager in place at the time of our inspection but they ceased working at the home after our inspection.

The quality assurance monitoring systems in place were not always effective.

The Limes

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 27 November 2014 and was unannounced. It was undertaken by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR) but this was returned to us after the date we had requested. This is a form that asks the provider to give some key information about the service, what the home does well and improvements they plan to make. We also reviewed the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We also received information from a local authority who had purchased services from the provider. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with five of the seven people who lived at the home and we observed how staff supported people throughout the day. We spoke with three care staff, the deputy manager and the registered manager. We also spoke with a health care professional who was visiting a person at the home. We looked in detail at the care records of two people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service. Following our inspection we contacted the provider to request some further information regarding staff training, recruitment and quality assurance. This information was received.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person told us, "I can speak to the staff if I am not happy. I'm not frightened of anyone here."

There were appropriate arrangements to minimise the risk of people being abused. Staff had received information on protecting people from abuse as part of their induction to the home and the safeguarding procedures were accessible to staff. We discussed the safeguarding procedures with three members of staff and the registered manager. These procedures are designed to protect people from abuse. All staff spoken with had an understanding of the types of abuse that people were at risk of and were clear about what action they would take if they witnessed or suspected any abusive practice.

Some money was held on behalf of people and we saw that records were kept of expenditure. Staff checked the monies held on a daily basis to make sure there were no errors and that the money held was correct. Our discussions with the registered manager indicated there was no system in place for the provider's representative to audit the financial records and monies held. This meant that the systems to safeguard people's money were not robust. Following our inspection the provider informed us that improvements would be made immediately.

Risks to people's health and welfare had been assessed and management plans had been drawn up for any area of risk identified. For example people's safety outside the home had been carefully considered and staff explained that people did not access the community on their own unless they had been assessed as safe to do so. Some risk assessments were being reviewed at the time of the inspection to make sure the information was current. These arrangements helped to keep people safe.

People told us they received the support they needed from staff and the staff we spoke with did not raise any concerns about the levels of staffing. We spoke with a health care professional who told us there were always enough staff available when they visited.

We were informed by the registered manager that staffing levels were increased to take account of any special activities or appointments that people needed to attend. There were arrangements in place to cover annual leave or staff absence. The provider employed a single member of staff to cover annual leave or staff absence Staff were visible and attentive to people's needs by providing help and support when people needed it, indicating there were enough staff.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We were informed that evidence of DBS checks for two new staff was held by the provider. This information was sent to us when we requested it. This confirmed that checks had been completed to help reduce the risk of unsuitable staff being employed at the home.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Medicines were stored safely, and records were kept which showed that medicines were kept at the correct temperatures to remain fit for use. We looked at the medication records for three people; these indicated people received their medication as prescribed. The service had assessed the risk when people wished to manage their own medicines to ensure it was safe to do so. People we spoke with confirmed that they received their medicines regularly and were assisted to self-medicate in safe way. The service had written information available about medicines to give to people. This gave staff important information about why people were prescribed medicines, their medical background and potential risks associated with their prescribed medicines.

The deputy manager told us that all staff who administered medication had been trained to do so but that some staff had been waiting to attend medication training. We were informed by the registered manager and the deputy manager that it sometimes posed difficulties in covering the staff rota to ensure there was a staff member able to administer medication at all times. The registered manager provided evidence that training had been scheduled for one member of staff to attend medication training a few days after our inspection. Records showed that staff who administered medication had been assessed as competent to do so but these assessments had not been renewed since 2012.

Requires Improvement

Is the service effective?

Our findings

All of the people we spoke with were positive about the care they received. One person told us, "Staff look after us, they are lovely." A healthcare professional told us they did not have any concerns about the competency of staff, they commented, "They all seem to know what they are doing."

Training records and discussions with staff showed they had received training that was specific to the needs of people at the home. This included training in health conditions such as epilepsy and diabetes. A new member of staff told us they were being supported to undertake a qualification in care. Two staff who had worked at the home for some time told us that that they felt the training and support for staff needed to be improved. They told us that supervision was not always regular and that refresher training in many areas was overdue. This meant that staff did not feel fully supported in their role. The registered manager told us that they were aware that some staff needed refresher training and this had been repeatedly requested from the provider.

We looked at the induction arrangements for two new staff. They had both completed induction training but this had not taken into account the Skills for Care Common Induction Standards (CIS). The registered manager told us the induction included a period of shadowing experienced staff members, to get to know the people they cared for. This was confirmed by a new member of staff. Following our inspection we were informed by the provider that a new training package had recently been purchased to help ensure staff received regular training and an induction that met recognised standards.

We were informed by the registered manager that staff had not had an annual appraisal. They told us he had been intending to complete these the following month. Lack of appraisals could result in staff not having adequate opportunities to discuss their training needs and develop in their roles.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. We found the registered manager had a good understanding of DoLS and were aware of a recent supreme court judgement and its implications on compliance with the law. Staff had received training on the MCA but this had not been updated since the supreme court judgement. The manager told us he had not made any DoLS applications for people living in the home but had experience of having discussions with the Local Authority to determine if an application was needed for a person who previously lived at the home. We did not observe any restrictions of people's liberty during the inspection.

People were supported to eat and drink sufficient amounts of food and drink that they liked. We observed that people had unrestricted access to the kitchen and were able to help themselves to drinks and snacks. People told us they were involved in planning the weekly menu and shopping for food. One person commented, "The food is alright, I choose what I want to have."

People's dietary needs had been assessed. We saw people's food preferences, likes and dislikes had been recorded in the care plans we looked at. One person was being supported to lose some weight via a healthy eating plan. This meant that staff had the information available to meet people's nutritional needs.

Information relating to people's healthcare needs was clearly recorded within their support plan. There was evidence where health professionals had been requested if a person's health deteriorated or changed, and that staff followed up on any actions required. The staff we spoke with had a good understanding about the health issues of the people we asked them about. One person had a health condition that needed regular monitoring. Staff we spoke with were aware of recent recommendations from a health professional regarding this persons health condition and we observed staff encouraging the person to follow these recommendations and take an active part in maintaining their own health and well-being.

Good

Is the service caring?

Our findings

All of the people we spoke with confirmed the staff were caring and kind and that their friends and relatives were able to visit at any time without restrictions. People told us, “The staff are all nice.” “I can tell staff if I am upset” and “The staff all speak to me nicely. I get on with all of them.” We spoke with a care professional who was visiting a person at the home. They told us, “The staff are very kind. [Person’s name] said to me that he wants to stay here for ever, and that’s good enough for me.”

Wherever possible, people were involved in the planning and review of their care. We looked at two care plans and noted they included information about how people preferred their care and support to be delivered. We observed throughout our visit that staff assisted and supported people in a kind and caring way. They knew and used people’s preferred names. There was a relaxed atmosphere in the home. Staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people’s needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with people who lived at the home.

We saw that people's independence was promoted. People had the opportunity to shop for food and cook their own meal. During our visit one person made their own lunch, another person peeled potatoes ready for the evening meal. One person spent time ironing and told us this was a task they enjoyed doing. This showed that people were supported to be as independent as possible. When we arrived at the home the front door was answered by a person who lived there and during the day people also answered the telephone. This showed that people took an active role in the day to day routines in the home.

Staff gave people choices about everyday decisions to promote their independence. An example of this included discussing with people a planned trip to the pantomime and the options for travelling to the venue. Where people needed additional support with decision making then the option of involving an advocate was explored. The registered manager told us of some recent events that had made one person anxious. They told us that they were making a referral for input from an advocate to make sure the person had someone who was independent to speak up on their behalf.

People’s right to privacy and dignity was respected. People were able to spend some time alone in their bedrooms. Some people had chosen to have doorbells fitted to their bedroom doors and told us that staff usually sought permission before entering. One person told us, “I have my own key to my bedroom.”

During our inspection the minutes of a recent resident meeting were on display. The minutes recorded one person’s initials and some personal information about why they had not attended the meeting. There was no indication that the person had chosen to share the information with the meeting and have it retained in records of the meeting.

Requires Improvement

Is the service responsive?

Our findings

People were supported to visit and to keep in touch with their family members. During our inspection one person was preparing to go and stay with a close relative. The care plans we viewed had information about the support people needed to maintain contact with their family and friends. Records showed that consultations had also taken place with people about what presents they would like to buy their family for Christmas. We saw that a coffee and mince pie morning was being arranged as a Christmas social activity and people who used the service were completing invitations to invite the people they wanted to attend. This showed that people were supported to maintain relationships with people that were important to them.

People were supported to undertake the hobbies and interests they wanted to do. One person told us, "I go to places I enjoy such as the German Market and the Sea Life Centre." Other people told us about the activities they participated in that included watching football matches and gardening at an allotment. People told us about a forthcoming holiday that was planned. They told us they were going to Spain. One person told us, "I enjoyed it last year and want to go back."

People who wished to move to the home had their needs assessed by the provider to ensure staff were able to meet their needs and expectations. A person who had recently moved into the home had an opportunity to visit and have an overnight stay to see if they wanted to live there.

We looked at two people's care files. These gave detailed information about people's health and social care needs. We saw this information was individual to the person and included lots of detail about people's likes and preferences. Staff we spoke with were able to tell us about people's preferences and routines. They understood and respected people's individuality. A health care professional who was visiting a person told us, that "The Limes has been absolutely fantastic for [person's name]."

Regular meetings were held with people, both as a group and individually to seek their feedback. People had been consulted on a range of issues from what to include on the menus and where they would like to go on holiday. A person living at the home told us that the home's vehicle was not working and they had been waiting a long time for it to be repaired. The minutes of a meeting with people in September 2014 recorded that people were informed that the provider had said they did not need a vehicle. Whilst there was no evidence to show the lack of vehicle had a significant impact on people, staff explained to us that the lack of transport meant that they were not always as flexible as they had been in the past since they had to rely on using public transport and taxis. We were informed following our inspection that an alternative vehicle had been made available to people.

People had the opportunity to complete a survey about their satisfaction with the home in 2013. Those we looked at indicated people were happy but we noted the survey used was more suited to people who were receiving a domiciliary care service rather than living in a care home. A new format had been introduced in 2014 but not all people had completed this. One person had completed only half the survey. We were informed by staff this was because the other half of the survey had not been available. This had been several months ago and the person had still not been provided with the full survey to complete and staff had not followed up on this on behalf of the person to enable them to fully participate. This meant that not all of the people who lived in the home had been supported to give their views on how the service could be improved.

People we spoke with felt they could raise any concerns or complaints with the registered manager and other staff. Comments from people included, "I would take my complaints to the manager" and "If I had a complaint I could tell the staff, but I do not have any." We saw that an easy to read complaints procedure had been developed. The registered manager told us that people had been provided with a copy. People we spoke with could not remember being provided with these. The registered manager told us they would make sure people had copies available to them.

We looked at the record of complaints and saw that one complaint was recorded as received. Information was available to show that this had been investigated and discussed with the member of staff concerned. We had been made aware of a second complaint being received and investigated by the provider and appropriate action taken. A record of this was not held in the complaints log.

Requires Improvement

Is the service responsive?

This should be included to make sure any trends or patterns regarding complaints can be identified and used as an opportunity for learning or improvement to benefit people using the service.

Requires Improvement

Is the service well-led?

Our findings

No audit of the service had been carried out by a representative of the provider since July 2014. The audit completed in July 2014 identified that some further staff training was needed. This was again identified in an audit completed by the registered manager in October 2014. The registered manager told us they had reported to the provider that staff required additional training and the provider told us it had been the registered manager's responsibility to arrange the training needed. This showed us action was not taken following quality assurance monitoring and lines of responsibility for taking action were not clear. People could not be assured that quality assurance checks would result in an improvement in the service provided. Quality assurance systems at the home were not robust and required improvement to ensure risks were identified and quickly rectified.

The registered manager told us that whilst maintenance of premises or equipment which presented a risk that could impact on people's health and safety were quickly rectified there were often delays in the response received to other issues. The maintenance log recorded that a tile in the kitchen had been awaiting replacement since May 2014 and that the dishwasher had been out of order since June 2014. The fridge was noted to have several broken shelves. The registered manager told us these issues had been reported to the provider but that no funding had been given by the provider to rectify these issues.

We found there was a lack of effective systems in place to check the quality of the service. The lack of effective quality assurance systems was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager told us and records confirmed that the registered manager had not received a formal recorded supervision or an appraisal of their work performance. In addition there had been no support meetings held between the provider and the manager so that issues could be raised and discussed. The lack of such mechanisms meant that the provider sought no formal assurance that the home was providing a good quality service to enable appropriate action to be taken in response to any shortfalls.

The lack of clarity of roles and responsibilities for driving improvement between the provider and the registered manager were unclear and was demonstrated in the lack of action to complete and return the Provider Information Return (PIR) containing information about the operation of the home. This had not been returned to us until the provider was prompted. We received conflicting and contradictory information about who had taken responsibility for completing the PIR and noted that when it was returned it was not completed to a satisfactory standard and was not fully reflective of the service.

As part of the PIR the provider was asked to tell us about their planned improvements to the service. Much of the PIR document rather than informing us of planned improvements told us that the provider planned to continue with the current systems in place. This meant that the provider was not promoting and encouraging innovation and best practice in order to develop the home into a high quality service.

We were concerned that the required resources may not be available to develop the team and drive improvement. Some staff told us there had been instances when they had not received their wages on time. We noted the rota recorded that one member of staff had not come to work for two days because they had not been paid. The provider told us this was due to an administrative error and that they would put actions in place so that this did not happen in future.

Following our inspection we were informed that the provider had been due to pay their annual fees to the Care Quality Commission in September 2014 but had not yet paid the full amount or contacted us to discuss payment. This indicated that the registered provider may not have ensured that the financial management of the home was adequate to provide a secure service for the people who were dependent on it.

We spoke with a health care professional during our inspection. They told us the registered manager was approachable and that they had not had to raise any concerns. One member of staff told us they felt supported by the registered manager and could raise any concerns they had. Two staff told us the home was not well managed and that the registered manager was often not available. This indicated that staff did not feel supported to carry out their roles.

Requires Improvement

Is the service well-led?

People who lived at the home knew who the registered manager was and one person told us, “Pete, he is in charge, he is the boss.” However, the home has had a number of managers in recent years. One staff told us that they wanted the best for people at the home but that it was difficult as there had been several different managers in post. The previous registered manager had been deregistered in January 2013. There had been interim managers until the current registered manager had applied for registration in May 2014. On the day of our inspection the registered manager informed us that they were intending to hand in their notice. Since our inspection the registered manager has ceased to work at the home and another acting manager is in place. This has meant consistent leadership had not been available in the home. It was positive that the provider has contacted us after the inspection to let us know their intentions in respect of registering a new manager.

There was evidence that learning from incidents and accidents and investigations had taken place and appropriate changes were implemented. Incident reports were produced by staff and reviewed on a monthly basis by the registered manager. The registered manager compiled a report on the incidents that had occurred including any action they had taken to reduce the risks of the incident reoccurring.

We saw that audits had been completed in areas such as: medication, fire, health and safety. We saw records which showed regular health and safety checks, such as hot water temperature checks, were carried out and were up-to-date. Certificates to show that the fire alarms and gas installations had been serviced were not available at the inspection but evidence of this was sent by the provider when we requested this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not have effective systems in place to monitor the quality of service delivery and when areas were identified for improvement timely action was not always taken.**