

Completelink Limited

Prestwood House

Inspection report

Wolverhampton Road
Prestwood
Stourbridge
West Midlands
DY7 5AL

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Tel: 01384877440

Website: www.prestwoodcare.co.uk

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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Prestwood House is a residential care home providing personal and nursing care to 37 people at the time of the inspection. The service can support up to 59 people across three floors, each of which has separate facilities. Some of the people at Prestwood House are living with dementia.

People's experience of using this service and what we found

We found a number of improvements had been made since the last inspection. People now received safe care when they were supported with their mobility and assessments of people's capacity were now recorded. The provider had also improved their complaints process and some improvements had been made to the home environment. However, we identified further improvements were still required.

Improvements were required to the standard of documentation and care records. We found some care planning documents and risk assessments were generic in nature and required updating to ensure they reflected people's individual needs. People's fluid intake had not been consistently monitored to ensure people were not exposed to health risks. Although some aspects of the home environment had improved since the last inspection, further work was required.

People told us they felt safe and staff knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely. There were enough staff available to meet people's needs. Staff were safely recruited.

People were asked for their consent before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed and documented to ensure they received consistent support from a trained staff team. People received sufficient amounts to eat and drink to maintain their health. Staff received training relevant to their role and understood people's individual needs well. Some improvements were required to the home environment.

People were supported by a caring staff team who knew people well. People were supported to maintain their independence where possible and their dignity was valued and respected. People were encouraged to make daily living decisions and staff supported them to make their own choices.

People were supported by a staff team who knew them well and understood their needs and preferences. People and their relatives were involved in the assessment and planning of their care. People were supported to participate in activities and follow their own interests. People knew how to raise a concern if they were unhappy about the service they received.

People, relatives and staff felt the service was well managed. The manager and provider had made improvements since the last inspection. People and staff were given opportunities to share feedback about the service. The manager undertook regular auditing to ensure the quality of care provided. Staff worked well with other partner agencies to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 18 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Prestwood House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a specialist nurse advisor 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.

Service and service type

Prestwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service, seven relatives, four care staff, two nurses, three members of the housekeeping team, the newly appointed manager and the registered manager. We looked at 11 people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at two staff recruitment records.

After the inspection

At the end of the inspection we requested some additional information from the manager, this was received without delay.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was due to people not always being supported with their mobility in a safe way. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe. There's always someone around and I've never had any concerns."
- Staff had received training in how to keep people safe and knew how to escalate any concerns for people's safety and well-being.
- The registered manager had submitted notifications to CQC, as required by law and had notified the relevant local authority where there were concerns for people's safety.

Assessing risk, safety monitoring and management

- Risks were assessed and managed and staff followed information in people's care plans to support people safely. For example, where people were at risk of developing sore skin, staff were aware of how to keep them safe by regular repositioning. We observed staff supporting people with their mobility and this was done safely.
- Staff ensured people who were at risk of choking were given food and drinks as directed by healthcare professionals. Risks were regularly reviewed to reduce the risk of avoidable harm.

Staffing and recruitment

- People and their relatives told us there were enough staff, however some commented that there was sometimes a delay in them receiving support from staff. One person told us, "If I use the buzzer I don't usually wait very long, if you have to wait staff come and explain why"
- We observed staffing levels throughout the home and found there were enough staff to respond to people's care and support needs.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. One person told us, "Nurses give medication, if I've got a headache I just ask and I'm given painkillers." We observed nurses asking people if they required pain relief throughout the day.
- Where people were given medicines covertly this was documented in their care plan. We found staff had acted in people's best interest's and held the appropriate discussions with relevant people, however these decisions had not always been clearly recorded. We shared these concerns with the manager, who took action to ensure decisions were recorded.

- Systems used for the management of medicines were safe. Medicines were administered, stored and disposed of safely.

Preventing and controlling infection

- People were protected from the risk of infection. The home environment was clean. One person told us, "My room is kept clean. Staff wear gloves and aprons for personal care, I am happy with the laundry service."
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and used these when supporting people with personal care or serving meals. We observed cleaning was on-going throughout the inspection.
- Regular audits were undertaken to ensure infection control policies and procedures were being followed. Audits had identified that improvements were required to the home environment, there was an action plan in place to address these concerns.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at the home.
- Accidents and incidents were monitored by the manager. Any learning identified was put in place for individual people that require a change to their care plans. Where concerns were identified regarding staff practice, the manager had taken action which included retraining and competency assessments.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. This was because people's capacity to make specific decisions had not always been assessed. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were in place, this included all aspects of people's care and health needs. Information gathered during assessments had been used to assess risks and develop care plans which offered guidance to staff about how to meet people's needs.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious needs so these could be met. Staff we spoke with understood what was important to people.
- Where appropriate, relatives had been asked to contribute to the assessment of people's needs, which enabled the staff to understand more about a person's history and how this may impact their daily lives.

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge to support them. One person commented, "The staff are very good. They are well trained to use the hoist." New staff received an induction and worked alongside experienced staff, so they could get to know people and understand their role.
- Staff told us they received training relevant to their role and felt they had the skills needed to meet people's care and support needs. One staff member told us "The training is useful. It helps us care for people." Staff also received supervision which offered them support and guidance within their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the food and drinks provided. One person said, "In general meals are very good, offered alternatives, meals are warm, staff cut my meat up and then I can feed myself."
- We observed there was a positive atmosphere around meal times. People were offered a choice and were shown plated meals to help them choose. Drinks were available and offered throughout the day.
- Where people had specific dietary needs, staff were aware and supported people to eat and drink safely. For example, staff ensured food was prepared safely for people who required texture modified diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to manage their healthcare needs. Staff worked in partnership with other agencies to ensure people received specialist advice when needed.
- People told us staff were responsive when their health needs changed or they were feeling unwell. One person said, "I wasn't well last week, the out of hours doctor came and prescribed medication."
- Care records contained information about people's health histories which offered guidance to staff about

how to identify changes in people's health.

- We received positive feedback from visiting healthcare professionals. A visiting nurse told us, "The manager is good, I can speak to them if I have any concerns. We all work together and staff follow any advice given."

Adapting service, design, decoration to meet people's needs

- Parts of the home environment required redecoration and repair, this included bedrooms, communal areas and bathrooms. The manager shared with us a recently completed infection control audit which had identified areas where action was required and gave clear timescales for when the improvements needed to be made.
- The environment met people's needs. A range of different spaces were available for people to use to socialise with others, spend time with visitors, participate in activities or spend time alone if they wished to.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Improvements had been made since the last inspection and the provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- People told us they were asked for their consent before care was provided. One person said, "Staff always ask me if I'm ready to get up. They ask before doing anything."
- Staff completed training to help them understand the principles of the MCA and understood the importance of gaining people's consent before providing care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they treated with respect and kindness by staff. One person said, "Overall care brilliant, no complaints, all very kind, nothing too much trouble."
- We observed positive interactions between people and staff. Staff knew people's life histories and which relationships were important to them. When visitors arrived, staff greeted them by name and welcomed them.
- Staff were aware of people's diverse needs and so understood how to support them. For example, one person was supported to attend church with their family and friends.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to make their own decisions where possible. One person said, "The staff ask what I want to wear today, it's my choice."
- We observed people made decisions about where and how they wanted to spend their time. We saw people had freedom to move around the home as they wished and were not restricted. Where people preferred to spend time alone in their rooms, this was respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. One person said, "Staff always knock the door before entering, I'm not rushed, they are all lovely and treat you with respect."
- Staff were able to share examples with us of how they supported people to maintain their independence. One staff member said, "We prompt people to do as much for themselves as they are able such as washing and dressing. We encourage people to walk rather than use the wheelchair."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. This was because improvements were needed to the way in which complaints were handled and how people's communication needs were being met. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care personalised to them and their individual needs. One person said, "Staff have got to know me. We have a laugh and a joke."
- Staff were aware of people's life histories and used people's care plans to understand their needs and preferences. We observed staff chatting to people about their children and grandchildren; people enjoyed sharing their news with staff.
- Care plans were reviewed regularly, and any changes were shared with staff to ensure people received care that met their current needs. Relatives told us they were kept up to date with any changes in people's health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Improvements had been made to the information that was available to staff about people's communication needs. Medicines administration records now contained details of people's needs around communication with guidance for staff on how best to support them.
- Pictorial communication systems had been implemented to assist people in making decisions and to aid staff when explaining specific aspects of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were able to take in a wide range of activities which they enjoyed. One person said, "I do puzzles and word searches, we have zumba, bingo, singing, and on Thursdays we have a lovely church service. When the weather is fine we go on trips in the mini bus to Bewdley, Kinver, garden centres, a few weeks ago was Summer fayre, we will be having a Harvest festival. Time goes ever so quickly."
- People were supported to maintain relationships with those who were important to them. Relatives told us they were made to feel welcome when they visited. One relative commented, "I am made welcome, offered a drink straight away, there are no restrictions on visiting." We saw relatives chatted to each other as well as greeting other people who lived at the home.
- Events were planned around dates which were important to people. For example, some people had been

supported to go to the pub to celebrate Father's Day. We observed activities were taking place throughout the day of inspection. These included card making, singing, manicures and watching a film.

Improving care quality in response to complaints or concerns

- Improvements to the way complaints were managed had been made since the last inspection. Where people had made verbal complaints, these were now recorded and responded to in accordance with the provider's complaints policy.
- People and their relatives told us they were confident to make a complaint if they were unhappy with any aspect of their care. One relative said, "I haven't made a formal complaint, but I know how to. If I have any concerns I can speak with the manager, but I also speak to staff on a day to day basis."
- We reviewed records of complaints and found they had been documented and people had received a written response to their concerns in line with the provider's policy. Where complaints had indicated care had fallen below the provider's expected standard action was taken to address this.

End of life care and support

- People were supported to make decisions about the care they would like to receive at the end of their lives. Where possible, staff involved people and their relatives in developing care and treatment plans. These reflected people's cultural, religious and spiritual needs.
- The manager told us they were looking to further develop the information gathered about people's preferences for end of life care. We were shown a new care planning tool that aimed to capture more details about people's wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because quality assurance processes had not always identified concerns or issues with the way people were supported and documentation was not always accurate. At this inspection we found a number of improvements had been made however further improvements were still required. Therefore, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- We identified a number of concerns relating to documentation. We noted that one person who received their medicines covertly, did not have a recorded assessment of their capacity. Although their capacity and best interests had been considered. We also found that there was little oversight of people's fluid intake records, as these were not being checked regularly to ensure people received enough fluid to maintain their health. Although we did not see anyone who was suffering from dehydration during the inspection; people may be placed at risk due to the lack of oversight.
- We found that some care planning records and risk assessments were generic in nature and did not reflect people's individual needs or risks. Further work was required to ensure people received person centred care and records fully reflected their preferences and wishes.
- Further improvement was also required to the home environment, although some improvements had been made since the last inspection. Further redecoration, repair and updating was required to ensure the environment continued to meet people's needs.
- We discussed these concerns with the manager and the registered manager and shared feedback with the provider. The manager told us they were aware of the concerns and had a home improvement plan in place to work towards making improvements in these areas.

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

- There was a registered manager in post. However, they did not manage the home on a day to day basis, this was done by the manager, who had been in post for approximately four months. People and relatives knew who the manager was and spoke positively about them. The manager was keen to drive improvement at the home and had developed an improvement plan to address areas of concern.
- The manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The provider was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.

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

outcomes for people

- People told us they felt they received a good standard of care at Prestwood House. People spoke of a "positive atmosphere" and relatives felt that the manager was visible and approachable.
- One staff member told us they enjoyed working at the home and they felt that they worked in a home that promoted an 'open and honest culture'. Where incidents or errors did occur, the manager supported the staff team to reflect on these and make improvements where required.

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

- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the manager had been open with people and their families and explained what action they had taken to reduce the risk of reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt able to offer feedback about the care they received. Relatives told us they were confident they could make suggestions if they identified any areas for improvement.
- People told us they were regularly asked for their feedback about meals and activities and felt happy to contribute.
- The manager was available if people or relatives needed to talk with them. One relative commented, "The manager is always around, things have improved. We are very happy."

Working in partnership with others

- The manager and staff team worked positively with healthcare professionals and other partner agencies. One healthcare professional told us, "The staff are very personable, they take on board what I say and they remember it. Sometimes they ask me questions and raise concerns. I like that as the more people that are looking out for people the better. I have found the care here to be good. If a relative of mine needed this type of care I would want them to be supported here."
- Where appropriate, relatives were involved in the care planning process and offered guidance to staff about people's preferences.