

Peculiar Care Homes Limited

Studio 24

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Studio 24 is a domiciliary care service that provides personal care to people living in their own houses and flats. The provider also has supported living environments which also offer respite services. The service provides support to a wide section of the community, people with a physical disability, learning disability or autism, mental health needs and or sensory impairment. At the time of our inspection, there were 45 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were not always supported to have maximum choice and control of their lives as staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice and follow the principles of the Mental Capacity Act (MCA). Medicines were not managed and administered safely.

Right Care

People received care that was personalised from staff who knew them well. However, risks to people were not always assessed and documented appropriately to ensure their safety. There were enough appropriately skilled staff to meet people's needs and keep them safe. Safe recruitment processes were followed. People's privacy was respected and they were treated with dignity and respect. People were supported where required to access a range of health and social care services when they needed them.

Right Culture

Systems and processes in place for monitoring the quality and safety of the service were not robust or effective in identifying issues and concerns found at this inspection and for helping to drive service improvements. Staff received training and support relevant to their needs and the needs of the people they supported. The registered manager understood the responsibilities of their role including the duty of candour.

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 good (published 30 October 2017).

Why we inspected

This was a planned inspection to assess if the provider was complying with our regulations. We conducted a comprehensive inspection which looked at all the key questions.

Enforcement

We have identified breaches in relation to the need for consent, safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Studio 24

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 Health and Social Care Act 2008.

Inspection team

This inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is both a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats. It also provides care to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two days' notice of the inspection. This was because we needed to be sure that the registered manager and staff would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information to limit the time spent at the office. Inspection activity started on 05 January 2023 and ended on 16 January 2023. We visited the location's office on 05 January

2023.

What we did before the inspection

We reviewed information we had about the service since they registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and the providers head of care. After our visit to the office, we also spoke with 4 care staff. We spoke with one person using the service and 11 relatives by telephone to seek their views about the quality and safety of the care and support they received. We reviewed records, including 4 care plans and care records, 3 staff recruitment and training records and a variety of records relating to the management of the service, including quality monitoring systems and audits.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and documented appropriately to ensure people's safety. Therefore, staff did not always have access to identified risk management information and details of the actions they should take to safely mitigate and manage risks.
- One person's support plan recorded that the person was at risk of choking whilst eating and drinking. It failed to detail what the risks were, the support they required, and the actions staff should take to minimise the risk of choking. There was no risk assessment in place to assess and mitigate the risk of choking and this required improvement. We drew this to the registered manager's attention, who following the inspection sent us a completed and up to date support plan and risk assessment for the person.
- A support plan recorded that a person may express behaviours that could put themselves, and others, at risk of harm. Again, this failed to detail the behaviours and the triggers, the support the person required to remain safe, and the actions staff should take to minimise any risk behaviours. There was no risk assessment in place to mitigate identified risks and this required improvement.

We found no evidence that people had been harmed, however, care records failed to demonstrate that risks to people were safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Systems in place for managing and administering people's medicines were not safe.
- Medicines care plans and risk assessments had not been developed and completed in line with best practice guidance. There were no records to detail why people had been prescribed their medicines or the potential risks and side effects that the medicines may pose. This meant staff did not have the appropriate guidance or means to ensure people's medicines were safely managed and administered.
- Written guidance and/or medicine protocols were not in place to support staff on when and how to administer and record PRN 'when required' medicines. This meant staff did not have the information available to know when someone may require the medicines or how much to give, therefore, medicines may not be administered safely.
- Staff had received medicines training, however, staff medicines competency assessments had not been completed to ensure staff were competent to manage and administer medicines safely. This meant the provider could not be assured that medicine procedures and best practice was being followed correctly and safely by staff. We drew these concerns to the registered manager's attention who following the inspection sent us confirmation that staff medicines competency assessments had been completed.

Whilst we found no evidence that people had been harmed, systems were not in place to ensure medicines were safely and appropriately administered and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. However, during our inspection we were informed of some areas of concern relating to time keeping and the duration of care visits from some relatives of people using the service. We drew these concerns to the registered manager's attention who took immediate action to address them. Following our inspection, we received confirmation that the concerns had been addressed to the satisfaction of the people using the service. We will check on the management of safeguarding concerns again at the next inspection of the service.
- Safeguarding and whistleblowing policies and procedures were in place and staff we spoke with were familiar with them. The registered manager was aware of their responsibility to report allegations of abuse and how to refer to the local authority where required.

Staffing and recruitment

- There were enough staff to meet people's needs and staff were recruited safely.
- Most people told us staff were consistent, came on time and supported them as required. However, a couple of people told us care visit times and the duration of them varied and this was discussed with the registered manager. Comments included, "The carer we had was frequently late, however, this has changed now so it's better", "We have the same carers, my [loved one] is happy", "They [staff] come every morning, always on time. I feel the company and the manager are so good to me", "They're [staff] regular, we have about five permanent ones", and, "They [staff] come regularly to take [loved one] out and that's good."
- There were safe recruitment practices in place. Staff records showed recruitment checks were carried out before staff started work. Checks included, staff identification, employment history, references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- There were systems in place to respond to accidents and incidents and to learn lessons from them.
- Staff recorded incidents and accidents and knew how to escalate issues or concerns. Incidents and accidents were discussed with people, their relatives and health and social care professionals where appropriate to resolve them and minimise the risk of reoccurrence.
- Incidents and accidents were discussed in staff meetings to ensure lessons were learnt.

Preventing and controlling infection

- People were protected from the risk of infection. The registered manager confirmed, and we saw that staff were supplied with appropriate Personal Protective Equipment (PPE) to keep them and the people they supported safe.
- Staff had completed infection control training and had a good understanding of infection control practices.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were aware of the importance of seeking consent from people and care plans documented some discussions had with people and their relatives, implementing lists of decisions and how people made them. However, the provider failed to work within the principles of the MCA as assessments of people's capacity to make specific decisions, to consent and where required best interest assessments to determine action to take, had not been completed and this required improvement.

Failure to assess capacity and to obtain consent in line with the principles of the MCA was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager sent us confirmation that where required mental capacity assessments, best interest assessments and meetings had been completed in line with the MCA.

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

- Support plans and assessments were in place to document the support people required with their nutrition and hydration needs. However, as detailed in the safe section of this report, support plans were not always detailed nor documented risks relating to eating and drinking such as choking risks and this required improvement. We will check on the improvement of this at the next inspection of the service.

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

- Assessments with people and others involved in their care, were undertaken prior to them using the service. This ensured all information and individual wishes were obtained to help plan and deliver the care and support people required. Information gathered included people's personal history and lifestyle choices, medical history, health conditions and social and emotional needs.
- People's diverse needs were assessed and supported where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to their needs and the needs of the people they supported. One member of staff told us, "I had a very good induction and the training is very good. I have done training for supporting autistic people, safeguarding and mental capacity. The manager always makes sure we keep up to date with training." Another member of staff commented, "The manager is very good and I have supervision every month. I feel well supported."
- People and their relatives were largely positive about staff and the support they provided stating that they felt staff had the skills and knowledge to support them appropriately. Comments included, "Some carers are very well trained doing Makaton courses, but a few others don't seem to understand autism," "Yes, they're [staff] trained. When I tell them what to do, they have the right attitude because they're very respectful, and listen to me", and, "They [staff] know [loved one] so well and appear to be well trained."
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Where required people were supported to access a range of health and social care services. One relative told us, "I do the appointments as a parent. I want to be on top of it. I go with staff to see the nurse, and we keep records."
- Autistic people, and people with learning disabilities should be supported to have Health Action Plans and Hospital Passports. These are documents and plans which facilitate a shared understanding of people's health needs by having all the pertinent information in one place. These have been developed in recognition that autistic people and people with learning disabilities often face difficulties accessing healthcare and can experience inequalities in their health outcomes. These were in place.
- Records showed that staff communicated and worked with health and social care professionals to provide effective care and support to people when needed.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. 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 were treated with kindness and respect. Feedback from people and their relatives was largely positive saying they felt staff were caring and supportive. Comments included, "The carer very properly cares", "Carer knows [loved one] well and [loved one] knows them", "Everything is done well. I'm so happy", "[Loved one] looks happy because they say, 'Let's go' to the staff!", and, "[Loved one] is happy when they come back, you can just tell."
- Staff had a good knowledge of the people they supported and how best to support them. One member of staff commented, "We get good training to make sure we can help people as best we can. When I first started, I shadowed an experienced member of staff which helped me to get to know people well."
- Staff completed equality and diversity training and were committed to providing a service which was non-discriminatory. The registered manager told us they aimed to provide care and support in a way which respected and supported individual diverse needs and wishes.

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

- People and relatives where appropriate were involved in decisions about their care. Most people and their relatives told us they were consulted about the care and support they received. However, one relative told us they felt they were not involved in the planning and management of their loved one's support. We drew this to the registered managers attention who took immediate action to address the issues. Following our inspection, the registered manager sent us confirmation that the relative was happy with the actions taken.
- Staff were knowledgeable about the needs and wishes of people they supported. Staff told us they encouraged and supported people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and respected their dignity and privacy. A relative told us, "[Loved one] is very happy when outside. Staff make sure [loved one] is safe but respects my [loved ones] independence and choices."
- Staff understood the importance of promoting and maintaining people's privacy, independence and dignity. Staff we spoke with provided examples of when they did this, for example, when supporting people to access services and with managing their personal care. One staff member told us, "It's important for me to ensure I'm helping someone the way they want to be helped, it's their wishes."
- The registered manager and staff were aware of the importance of maintaining confidentiality and people's care records were kept securely. Information was protected in line with General Data Protection Regulations.



Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People received care and support to maintain their well-being. However, support plans and care records were not always reviewed in line with the provider's policy to ensure individuals' care and support was consistently personalised and reflective of their needs and preferences. This required improvement. We drew this to the registered manager's attention who took immediate action to review and update individuals care records ensuring they were reflective of their needs and wishes. We will check on this at the next inspection of the service.
- Care plans detailed people's personal histories such as family life and social networks, diverse needs and their interests and hobbies.

End of life care and support

- At the time of our inspection, the registered manager told us that no one using the service required end of life care and support. They told us that if end of life care and support was required, they would work with appropriate health and social care professionals to ensure people received good end of life care. They said they were in the process of developing plans to include information about how people wished to be supported at the end of their lives. We will check on this at the next inspection of the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented within their care and communication support plans. Communication plans included detailed information for staff on how best to communicate with people effectively.
- Information such as care and support plans were available in accessible formats, for example, large print different languages and pictorial to meet people's needs.

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

- Staff supported people to take part in activities that were meaningful to them and which reduced the risk of isolation where this was part of their plan of care.
- Staff knew what relationships and activities were important to people and how best to support them. A

relative told us, "They [staff] are very good, they take [loved one] everywhere. [Loved one] loves trampolining."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which informed people on how to make a complaint. Information included timescales for responding to complaints and details of who people could complain to if they were dissatisfied with the response they received from the provider. The registered manager told us and we saw during our inspection that they followed their policy responding to complaints promptly and positively as a means by which to improve the service.
- People and their relatives told us they knew how to make a complaint if they needed. Comments included, "I've had contact with the manager, It's all been resolved now", "I know I can call the manager at any time if needed", "I could contact the manager if I needed to complain", and, "I have nothing to complain about, I'm very happy."

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 our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were not robust to ensure good governance or to help drive service improvements.
- Audits to regularly monitor and check the quality of the service were not robust or sufficient to alert staff and management of the concerns and issues we found within the service. Audits failed to address the shortfalls in practice, for example, risks to people were not always assessed and documented to ensure people's safety, medicines were not managed and administered safely and the provider failed to work within the principles of the MCA.
- During our inspection the registered manager demonstrated they were open to learning and improving the service, however, they were aware of the need to strengthen and to further develop their systems to drive improvements.

The lack of a robust and effective system to ensure compliance with regulations was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating.
- The registered manager told us they monitored care visits to ensure staff supported people when required. They also conducted spot checks to observe how staff supported people within their homes.
- Staff understood their responsibilities and communication with the office and registered manager was consistent. Staff meetings were held on a regular basis allowing staff to share issues or concerns.

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

- Staff understood the impact they had on the quality of people's lives and told us they worked well as a team to provide good care to people.
- Staff spoke positively about the service and management. Comments included, "The manager is very supportive and has even helped me to progress my professional career", "We give people good support, the manager gives us good support", and, "The manager is very good and all the staff are good, we work well as a team."
- The registered manager understood the duty of candour. They confirmed they would be open and

transparent in sharing details of any incidents or accidents where appropriate.

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

- There were systems in place to seek feedback from people and their relatives on the service they received. The provider carried out surveys to understand people's views. We looked at the results for the survey conducted in September 2022. This showed that 97% of respondents said they felt comfortable with staff, 97% said they were able to contact management should they have any concerns and 99% said staff behaved professionally when interacting with them and their visitors. We also noted that an action plan was implemented to address some areas for improvement such as staff arriving on time.

Working in partnership with others

- The registered manager was aware of the need to work with health and social care professionals when required to ensure people's needs were safely met.
- Staff understood the need to inform the registered manager and people's families where required, should people become unwell or require intervention from health and social care professionals.

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
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to work within the principles of the MCA.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed and documented to ensure people's safety. Medicines were not managed and administered safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes for monitoring the quality and safety of the service were not robust to ensure compliance with regulations and to drive service improvements.