Health & Care Services (NW) Limited

Potton House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Potton House is a nursing home that provides accommodation for persons who require nursing or personal care. The service can accommodate up to 24 people who may have dementia care needs. At the time of inspection, 24 people were using the service.

People's experience of using this service:
• Administration of medicines was not always recorded.
• Audits we found did not always contain accurate information.
• People received safe care. Staff understood safeguarding procedures.
• Risk assessments were in place to manage risks within people's lives.
• Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
• Staffing support matched the level of assessed needs within the service during our inspection.
• Staff were trained to support people effectively.
• Staff were supervised well and felt confident in their roles.
• People were supported to have a varied diet.
• Healthcare needs were met, and people had access to health professionals as required.
• People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
• Staff treated people with kindness, dignity and respect and spent time getting to know them.
• People were supported in the least restrictive way possible.
• Care plans reflected people likes dislikes and preferences.
• People were able to take part in a range of activities and outings.
• People and their family were involved in their own care planning as much as was possible.
• A complaints system was in place and was used effectively.
• The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required
• The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 22/07/16)

Why we inspected:
• This was a planned inspection based on the rating at the last inspection.

Follow up:
• We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe Details are in our Safe findings below.	**Requires Improvement**
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.	**Good**

Potton 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out 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
Potton House is a care home. People in care homes receive accommodation and
nursing or personal care. 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:
Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

The provider completed a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was used to plan our inspection and taken into account when we made judgements in this report.

During the inspection process we looked at two people's care records, we spoke with four people who used the service, six relatives of people that used the service, two members of staff, the manager, the quality lead, and the registered manager. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

● Medicine administration records (MAR) were not always used. The service had separate MAR for the recording of skin creams (topical medicines). People had been administered topical medicines, but the MAR had not been completed for several weeks. We saw that MAR had been used for these medicines up to December 2018, but none had been completed after this point. This placed people at risk as the medicines they had received were not always accurately recorded.

● Other medicines administered by staff were stored securely, and administered and recorded accurately.

● Staff involved in medicine administration had been trained to do so, and were confident in this role.

● Some medicines were only required for use on an 'as and when' basis. Protocols were in place to ensure these medicines were used appropriately, which staff followed.

Staffing and recruitment

● We received mixed opinions on the staffing levels within the home from both staff, people and relatives. One relative told us, "I am happy with the staff numbers, I have no complaints." Another said, "Sometimes they are very busy, they could do with more staff at night". One staff member said, "If someone calls in sick, It can be very difficult to get cover at short notice, so it affects the team."

● The manager told us that recruitment had been difficult, and a large number of agency staff were being used. New staff had recently been employed and were due to start soon.

● Our observations during inspection were there was enough staff on shift to support people safely, and respond to people promptly.

Systems and processes to safeguard people from the risk of abuse

●People felt safe using the service. One person told us, "I feel safe because the building itself puts its arms around you, I am happy here." Relatives we spoke with also felt that the service was safe for people.

● Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

● Staff had a handover system to pass important information about people when changing shifts.

● Systems and processes were in place to monitor accidents and incidents.

Assessing risk, safety monitoring and management

● Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. Staff we spoke with were confident that risks were managed safely.

●People we spoke with were happy that risks were monitored. One relative of a person said, "[Name] spends all day in their recliner chair, they have no skin problems. They have a gel cushion and the recliner chair was

modified for them. [Name] has a file in their bedroom where staff sign when they are re-positioned. They have an air mattress which is set according to weight."

Preventing and controlling infection

● People were protected against the spread of infection. We saw that regular cleaning took place throughout the home, and all areas we saw were clean, tidy and well maintained. People we spoke with said their rooms were regularly cleaned.

● Staff were trained in infection control, and had personal protective equipment available as required.

Learning lessons when things go wrong

● Staff meetings were used to feedback on areas of the service that had been identified by management as requiring improvement. For example, we saw that minutes of meetings where staff had talked about improvements to daily note taking.

Good

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

Good: 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
● People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
● Detailed pre-assessments of people's needs were carried out before using the service, to ensure their needs could be met.
● Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience
● All the staff had received the training they required to effectively do their jobs. Staff told us this included extensive training during their induction period, and ongoing refresher training. Specialist training was included, such as training in dementia care.
● Staff that did not already hold a care qualification, were able to complete the Care Certificate when they started work. The Care Certificate covers that basic skills required to work in care.
● Staff we spoke with were happy with the quality of the training and were confident in their roles.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a balanced and healthy diet. One person told us, "They always know what I like to eat. You can have snacks, fruit, biscuits and crisps."
● We saw that a choice of food was on offer to people, which was freshly cooked daily. We spoke to the chef who was aware of any dietary requirements and preferences people had.
● We observed lunch being served, and saw that people were given the support they required to eat their lunch, in a relaxed atmosphere.

Staff working with other agencies to provide consistent, effective, timely care
●Throughout the inspection we observed staff responding to people's needs in a timely way. Staff attended handover meetings to share relevant information and keep up to date with people's needs.
● Staff were working alongside other agencies, such as the clinical commissioning group, to identify where funding could be provided for people's needs.

Adapting service, design, decoration to meet people's needs
● The service was designed in a way that made it accessible to those that used it. All rooms were on one floor, with wide enough doorways and new flooring throughout.
People's rooms were personalised to their own preferences and contained items that belonged to them.

● People felt comfortable using communal areas of the service. One person said, "I like outdoor activities, I go into the garden."

Supporting people to live healthier lives, access healthcare services and support
● People had access to the healthcare they required. A relative of a person told us, "[Name] takes blood-thinning medication and the nurse checks their blood regularly, the home always rings if there is something wrong. [Name] has a crashmat beside their bed and an air mattress, they have no problems with their skin. [Name] has thickener in their drinks and is seen by the speech and language team."
● People's healthcare needs were documented within their files, and any contact with healthcare professionals was documented.
● The service always had a nurse on shift, and other healthcare professionals, such as a G.P, visited regularly.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with respect, care and dignity. One person said, "The staff are very kind, they show respect to the residents. There is a homely feel, I have no problems with any of the carers". A relative of a person told us, "The staff are really good. [Name] is given a shower regularly. [Name] has lived here 2 years, when I come in I feel I'm home."
- Staff we spoke with had a caring manner and approach towards people. One staff member told us, "One day I might need care myself, so I try my best for people."
- Our observations during the day of inspection, were of staff interacting and communicating with people in a warm and friendly manner.

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

- People and their families were involved in care planning and their views and wishes respected. People's care plans expressed their views. There was evidence of best interest decisions in care plans where people needed help to make their choices, and family members we spoke with confirmed they felt involved with people's care.
- Care plans were regularly reviewed and changes were made when required.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity were respected by staff. We observed staff knock on doors before entering and speak with people in a dignified manner.
- We observed staff recognise when one person was walking around with clothing that had come undone. Staff quickly and discreetly went to support the person and their clothing.

Good

Is the service responsive?

Our findings

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

Good:People's needs were met through good organisation and delivery.

At our last inspection in June 2016, this key question was rated "requires improvement". This was because people were not always supported to maintain their hobbies interests and records showed that there was very little in the way of activities to maintain their interest. At this inspection, we found the service had taken steps to improve in this area. Therefore, the rating for this key question has increased to "good".

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There was a varied programme of activities for people to take part in. One person told us, "There's lots to do, if you get bored, there's always something you can find to do". We saw that an activity planner displayed what was planned for the week, and each activity was recorded and evaluated. This enable staff to learn which people took part in which activity, and to encourage people to participate in areas that were of interest to them.
- Both group and one to one activities took place to suit individuals needs and preferences.
- People had a memory box on the wall outside their bedroom holding special photos and memorabilia. There were sensory items on the wall in the corridor for people who walked around including door knockers and bolts and different materials to look at and feel.
- People's care plans contained detailed information about their life history, family, likes, dislikes and preferences. For example, one care plan stated that a person sometimes prefers to eat quietly by themselves, away from others. Staff we spoke with were knowledgeable about people as individuals, and understood their needs.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and people knew how to use it. One person told us, "I have never had to complain but if I was not happy I would go to the person in charge in the office".

End of life care and support

- No current end of life care was being delivered. The manager was aware of what was required to support people with end of life care and care plans documented people's needs and requirements in this area if needed.

Good

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

● Audits in place were not always accurately completed. Senior nursing staff had completed several checklists which said that topical MAR were in place and had been completed correctly. We found that for several weeks, topical MAR had not been completed.

● There were no further checks or audits which had picked up that topical MAR were not being used. Management at the service only recognised this upon our inspection of these records.

● After our inspection, the manager informed us that these checks and audits had been revised and improved, to ensure that lessons were learnt and gaps in recording would not happen again.

●Other comprehensive checks and audits were in place, and covered all aspects of the service. The audits we checked were accurately completed and reflected the quality of the service. When required, actions were set for improvements.

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

● Staff felt well supported in their roles. One staff member told us, "It has been difficult for a while, but I think the new manager will be very good, and I am positive about the home continuing to improve."

● The management staff we spoke with were open and honest, and acknowledged that changes in management, along with recruitment difficulty, had led to some inconsistencies and low morale within the staff team. However, now that staff had been recruited, including a new manager, improvements were being made and staff were positive about moving forward.

● The service had a registered manager in place. The service also had a new manager in place, that would be taking over from the current registered manager imminently. One person told us, "The new manager is visible around the home." 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● The provider understood the requirements of their registration with the Care Quality Commission (CQC) and was meeting the legal requirements. This included sending information to the CQC about certain events and incidents.

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

characteristics

● People and relatives told us they felt engaged with and able to feedback on the quality of the service. One person said, "I have had a questionnaire, staff listen to you."

● Relatives of people using the service felt involved. Relatives meetings were held where people and their relatives felt able to raise any concerns or ideas.

Relatives meetings

● A 'You said, we did' board was displayed, showing the actions that had been carried out after suggestions and comments from both people and relatives. This included improvements to the flooring throughout the service, and changes to the activities.

Working in partnership with others

● The service worked positively with outside agencies including health and social care professionals.

● We spoke with the local authority who had visited the service recently and conducted a quality check. Action plans had been formulated, and areas for improvement had been worked on. The management said they had a good relationship with the local authority team.

● We saw that health professionals regularly visited the service to provide support and care to people. This included the G.P, speech and language therapists, and podiatrists.