

PAKS Trust

Hatfield House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 21 May 2018. The inspection was unannounced and carried out by one inspector.

P.A.K.S Trust is a non-profit and independent provider of support for people with learning disabilities, autism, mental health conditions, complex needs and behaviours that challenge.

Hatfield House is one of six services provided by P.A.K.S Trust, who also provide a day centre for people that use their services. Hatfield House provides accommodation with personal care for up to four people with a learning disability. At the time of our visit, there were four people living in the home.

At our last inspection in January 2016 we rated the service as Good. At this inspection, we found three of the five key questions we ask, continued to be Good. However, two key questions about whether the service was safe and well led, we rated Requires Improvement. This meant the overall rating given to the service was Requires Improvement.

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.

The registered manager and provider had systems in place to monitor the quality of the service people received. However, audits were not always effective because actions were not always taken or taken in a timely way to make improvements where these were identified as needed.

Staff knew people well and how to keep them safe because risks were verbally identified and shared with staff. However, assessments of identified risks were not completed and actions to minimise risks of harm had not been undertaken.

People had their prescribed medicines available to them. However, the medicines management system was not consistently safe.

Staff had received training in the Mental Capacity Act 2005 and worked in line with this to promote people's best interests. Staff offered choices to people and gained consent before, for example, supporting them with personal care.

Staff understood their responsibilities to protect people from the risks of abuse. Staff had been trained in what constituted abuse and would raise concerns under the provider's safeguarding policies. The provider checked staff's suitability to deliver care and support during the recruitment process.

There were enough staff on shift to support people and meet their individual needs. Staff received training and used their skills, knowledge and experience to provide effective and responsive care.

People's needs were assessed before they moved to live at the home.

Accidents and incidents were recorded by staff. There was no overall system in place for accident analysis and actions were not always taken to minimise the risks of reoccurrence.

People were supported to eat and drink enough and staff promoted healthy choices around food.

People were very relaxed in the presence of care staff and the registered manager. Staff were friendly towards people, showing respect to them in their approach.

People were able to take part in individual leisure activities according to their preferences. There were also opportunities for people to attend a day centre operated by the provider.

Staff were happy in their job role and felt well supported by the team and the registered manager.

People and their relatives had no complaints about the service. They felt the registered manager would deal with any concern if they needed to raise something.

Further information is in the detailed findings below.

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 mostly safe.

Staff understood their responsibilities to protect people from the risk of abuse. Staff knew people well so knew how to protect people's individual wellbeing. Risks were not always assessed and recorded. Staff's suitability to work at the home was checked before they started working at the home.

Overall, people received their medicines safely and as prescribed. However, the registered manager and provider needed to ensure safe medicines management was consistently followed by staff.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service was not consistently well led.

The provider had systems in place to monitor the quality of the service. Delegated audits lacked the oversight of the registered manager and provider. Where actions were identified as needed for improvements to be made, these had not always been completed and remained outstanding for over six months.

Staff felt supported by the registered manager and people and their relatives felt the registered manager was approachable.

Requires Improvement ●

Hatfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 21 May 2018 and was unannounced. Further feedback was gained from telephone conversations with people's relatives following our visit. One inspector undertook the inspection.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. We looked at the Provider Information Return (PIR). This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection we spoke all four people that lived at Hatfield House. We spoke with two people's relatives, four care staff and the registered manager.

We reviewed two people's care plans, daily records and medicine administration records. We also looked at the management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At our last inspection in December 2015 we rated this key question as Good. At this inspection we found some areas of the service required improvement. The rating has therefore changed to Requires Improvement.

People told us they felt safe living at the home. One person said, "I'm safe here. The staff are here." This person pointed to the staff member and told us they would help them if needed. Training records showed most staff had been trained in safeguarding people. Of the five staff spoken with, all understood what abuse was and how they would report this. One staff member told us, "I'd report it to the manager." This staff member showed us further information was displayed on a notice board on how to report further to the local authority or Care Quality Commission if needed. The registered manager understood their responsibilities in protecting people from abuse and when they needed to report incidents to the local authority and Care Quality Commission.

Overall, staff knew how to keep people safe because they knew people well. For example, one person chose to smoke an electronic cigarette in their bedroom. The registered manager told us staff kept the charger device so that they could charge the electronic cigarette for this person in a communal area during the daytime. However, there was no risk assessment to show how this decision had been reached and agreed upon for safety reasons.

Staff showed an awareness of risks associated with people's individual needs because information had been verbally shared with them from other staff and the registered manager. For example, one staff member told us, "We have to make sure (name) does not walk on any uneven surfaces because they might fall. They had a fall last week when they were out." This person showed us their bruised arm and told us they had toppled forward when they went to sit on a chair. We found this person had no falls risk assessment despite there being previous falls when they had lost their balance. We discussed this with the registered manager and they told us they had taken action and made a wheelchair available for the person when they went out in case there were areas of uneven ground. However, they agreed there was no falls risk assessment in place.

The registered manager told us individual assessments related to potential risks had not been recorded for people and it was something they would now act upon to make the improvements needed.

The registered manager explained that the landlord was responsible for arranging some of the utility safety checks in the home, including gas and electrical checks. We found the gas safety check was due in March 2018 but had not been carried out. The registered manager took immediate action and contacted the landlord who arranged a gas safety check to be carried out on 25 May 2018.

Staff said there was always enough staff on shift to support people safely. One person told us, "Staff are always here." Staff had time to spend with people and told us they did not feel rushed in supporting people. One staff member told us, "It is really good working here, we have plenty of time to do things and support people."

The provider had a safe system of recruiting staff. Staff told us that employment checks were completed before they started working at the home.

There was a fire alarm system in place at the home. The registered manager told us people had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff of the level of support people would need in the event of an emergency. However, we found these were not all located within the home for staff and emergency services to refer to. The registered manager told us they would update people's PEEPS and ensure these were accessible in the home. This would mean emergency services could take swift action to keep people safe.

People had their prescribed medicines available to them. One staff member said, "We have training before we support people with their medicines. We have people's monthly medicines and I've never known us to run out of anything."

We looked at people's medicine administration records (MAR) and found one person had one medicine listed in error and a prescribed medicine not listed. The staff who had the delegated responsibility of receiving people's medicines into the home and checking them against the MAR had not identified this error. This posed a risk of this person not being given all of their correct medicine. We discussed this with the registered manager and a staff member and immediate action was taken to rectify this recording error.

Some people had topical preparations, such as creams. Body maps were available to show staff where creams should be applied on the person's skin. Staff had recorded when tubes of cream were first opened and used. We saw one person's tube of cream was dated 6th February 2018 and, in line with best practice guidance, should not have been used beyond 6th May. However, this tube of cream was still in use despite there being a new unopened tube of the same cream available. We found the provider's medication policy gave no guidance to staff about the shelf life of topical preparations once opened to ensure they were safe to use.

Some people had medicines prescribed 'when required' and we saw a note written against all 'when required' medicines that staff had to gain permission from the registered manager or manager on call before administering the person's medicine. This posed a potential risk of pain relief medicine or medicine for a person's anxiety being delayed. The registered manager told us this was a historical practice across the organisation. During our visit they discussed this with the deputy general and responsible person for the organisation and agreed the practice would be reviewed.

We found there were no 'when required' protocols for staff to refer to at the home. The registered manager told us they thought the 'when required' protocols were with the MAR sheets. However, these were later located at P.A.K.S Trust office which is a different address to the home, the registered manager returned the protocols to the home.

Learning had not always taken place when errors occurred. For example, it had been identified in January 2018 that staff had not consistently signed people's MARs when medicine had been administered. A note had been left for staff about signature 'gaps' on MARs and the importance of signing following the administration of medicines. However, the same issue was reported again in both March and April 2018, which showed lessons had not been learned and improvements not made.

Staff told us they each took responsibility, during their shift, for infection prevention and control. We saw staff wore personal protective equipment (PPE) such as gloves and aprons when needed. During our visit we saw the home was clean and tidy and, overall, free from odours. One staff member explained one person

had a tummy upset and this had caused some odour, though we saw staff were doing all that was possible to maintain cleanliness during this time.

Overall, people were protected from the risks of infection. However, we saw the communal ground floor toilet / shower room had a communal use hand towel for people to use as an alternative to the paper towels available. This had been identified during a quality monitoring visit by the local authority in September 2017, though was still in place at the time of our visit. This posed risks of cross infection.

Is the service effective?

Our findings

At our last inspection in January 2016 we rated this key question as Good. At this inspection we found staff continued to give an effective service to people. The rating continues to be Good.

One person told us, "Staff are good and help when I ask them." One relative said, "The staff are very good, I am happy with my family member's care and that they live at Hatfield House." Another relative told us, "It's just like a small group of friends living together, the staff make things work well for people."

Staff knew people well and how to effectively meet their individual needs, that had been assessed. Staff were trained and had the skills and knowledge they needed. New staff completed an induction when they started working at the home. One staff member told us, "I'd worked for PAKS Trust before and returned to work for them after a few years break. The manager updated my employment checks on me before I started back at work and I had an induction to update me. That was useful to me."

Staff told us they had regular refresher training. One staff member said, "The training is good here, it's face to face in a group session." Staff said they had regular team meetings where they could raise issues and be updated by the registered manager. One staff member said, "I told the manager that we needed a new kitchen fridge because the one we had was too small. They listened to that and we had a new fridge so we can ensure food items are not all crushed now."

Staff had one to one supervision meetings where they could discuss issues relating to their work and any developmental needs they had. The registered manager told us the provider's induction was linked to the Care Certificate and one staff member was doing this. Other staff had their NVQ in Health and Social Care, but would be able to access the Care Certificate as a refresher to their knowledge. The Care Certificate assesses staff against a specific set of standards. Staff need to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the Act. The registered manager gave us an example of one person who liked their bedroom-temperature to be very hot, though at times this was excessively hot. During a recent spell of very hot weather, this person had continued to have an electric heater on. Staff had acted in this person's best interests and explained why they had to remove the heater from their bedroom for their wellbeing so they did not use it during the hot weather.

A room temperature recording chart was implemented on the day of our visit so staff could effectively monitor the temperature. The registered manager told us this person had recently been more confused

than usual and an urgent DoLS had been applied for. No one living at the home currently had an authorised DoLS in place.

Staff understood their role in protecting people, but some were unsure of the terminology of what the MCA and DoLS meant. For example, staff told us they gained consent from people before supporting them with showering. The registered manager said MCA and DoLS knowledge would be refreshed during a team meeting.

The registered manager told us that during June 2018 they had worked with the local authority to reassess the needs of all four people living at the home, taking into account their best interests and support needs to ensure the funding they received was correct. The registered manager told us, "The local authority have been very supportive and the outcomes for people are positive enabling their care and support to continue here." They showed us people's individual assessments and said these would go into people's care plans that were currently being updated.

People were offered choices about what they ate and drank and staff encouraged people to have a balanced diet and maintain a healthy weight. One person told us their GP had said they had higher cholesterol than recommended. This person said, "I put the butter on too thick on the bread." This person laughed and staff supporting them said they were encouraging them to spread butter thinly on their sandwiches.

Staff supported people to visit their GP when needed or arranged home visits. One person had recently been poorly and their records showed staff had taken this person to hospital and phoned their GP whenever needed. Staff were working in line with the guidance provided to deliver effective care and support to help this person recover.

Hatfield House is a two-storey detached house. It was not purpose built, however, meets the current needs of people living at the home. One person has a ground floor bedroom and three people used the stairs to access their first floor bedroom. One person whose bedroom was on the first floor was, at times, can be unsteady on their feet. This person told us, "I hold both handrails when I go upstairs." This person had not had any falls within the home. The registered manager told us that if, in the future, as people became older they found the stairs a challenge a stair chair lift would be fitted.

Is the service caring?

Our findings

At our last inspection in January 2016 we rated this key question as Good. At this inspection we found staff continued to have a caring approach toward people who were happy living at the home. The rating continues to be Good.

People and their relatives made positive comments to us about the staff. One person told us, "I like the staff, they are good because they help me." One relative told us, "The staff are very good and have a caring way, the manager is exceptional; very kind to the people living there."

Staff told us they were very happy in their job role. One staff member explained they worked at P.A.K.S day centre as well as supporting people at the home. This staff member told us, "If someone feels poorly or chooses to stay at home instead of going to the day centre, then a member of day centre staff comes to the house to support them. I know everyone really well from them attending the day centre." Another staff member told us, "I love working here, it is so rewarding supporting the four people."

People were comfortable in the presence of staff. We saw that all four people moved about the home, without restrictions, and interacted with staff. Staff were polite to people and showed a caring attitude. For example, one person had been unwell and on the advice of their GP was avoiding milk in their drinks. When this person asked for a coffee, the staff member took time to explain why the coffee would have no milk in and gave them other options in case they preferred something else.

Staff knew people well and how they liked to be cared for. Staff attitudes showed they valued people. For example, one person was a little hard of hearing and staff took their time to ensure this person understood what was being said.

Staff knew how people liked to spend their time. One staff member told us, "All four people usually choose to attend the PAKS day centre during the week. There are lots of activities there." These included cooking, arts and crafts, shopping, visiting garden centres and walks. During our inspection visit, two people returned home from the day centre and they told us they had enjoyed their day. One person told us, "We went for a walk, I liked it." Another person smiled and laughed when they said they had 'done music'.

Staff promoted other people's independence by encouraging them to make day to day choices about what they wanted to do. The registered manager told us one person liked to help put out the bins and be involved in other household tasks. This person nodded to us in agreement, smiling and telling 'yes, I do that.'

People told us, and we observed, staff respected people's privacy and dignity. When bedroom doors were closed, staff knocked on the door before entering and told people who they were. Staff gave us examples of how they ensured people's dignity was maintained. One staff member said, "One person uses a commode at the moment in their bedroom, we always give them as much privacy as possible and would wait until they called when they needed some support." Another staff member told us, "I support people to have a shower and always make sure the door is closed so no one else comes in."

Relatives said they had no restrictions placed on them when they visited the home. One relative told us, "I visit the home frequently, I've never been told I can't go at a set time. My family member also phones me once a week at least and we have a chat about things." Another relative told us they always felt welcome when they visited.

Is the service responsive?

Our findings

At our last inspection in January 2016 we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating continues to be Good.

The registered manager explained to us that plans of care were in the process of being re-written to include an 'outcomes' focus. They added this meant there would be a stronger focus on people's individual needs and showing how these were met. Due to this mid-way transfer of care plan information, it meant we looked at some partly completed care plans because some information had yet to be transferred.

People's needs were assessed and plans of care developed so staff had the information they needed to meet those needs in an individual and consistent way. Information was included about people's likes and dislikes. There was a pictorial section in the care plan that showed people had been involved in planning their support. For example, one person chose to have a 'star chart' about their behaviour and had decorated this. The registered manager told us the star chart was historical and the person would become upset if they no longer had this in place.

Staff were responsive to people's individual needs. One person was described to us as not liking items in their mouth, such as a toothbrush and had a fear of the dentist. An electric toothbrush had been purchased and they were supported by staff to use this. This had helped this person become more 'tolerant' of things in their mouth. At their most recent dental visit, they had managed to have a full 'clean and polish' appointment with the dental hygienist.

People's relatives told us they felt involved in their family member's care. One person's relative told us they were always involved in care and support review meetings. This relative added, "The staff keep me informed about my family member."

People had key information listed in a 'passport to health' so that staff could take this to hospital if a person was admitted. The registered manager added that one person had recently had some hospital visits and the hospital had kept their information for future reference so that a consistent approach was taken.

People and their relatives only made positive comments to us about the service and said they had no concerns or complaints. Everyone felt staff were approachable and would resolve any issues if they needed to raise one. One relative said, "I can call into see the manager at their head office or phone them, I'd do that if I had any concerns. But, I don't, we are happy with everything."

The complaints policy was displayed, although this was in a written format that people may have found difficult to follow. However, people verbally made staff aware of their needs and staff told us if someone complained they would make the registered manager aware if they could not sort out the problem themselves for the person. Following our inspection, the registered manager sent us a copy of a pictorial complaints policy that they said they would also display in the home.

The registered manager told us no one had previously lived at the home that had required end of life care. They added that the vision for people was that if it were in their best interests, end of life care would be given to them at the home. This would be with the support of outside healthcare professionals.

Is the service well-led?

Our findings

At our last inspection in December 2015 we rated this key question as Good. At this inspection we found some areas of management oversight of the service required improvement. The rating has therefore changed to Requires Improvement.

The service had had an established registered manager who had been in post registered with us since October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager understood the requirements of their registration and when notifications needed to be sent to us; about specific events that happened at the service.

P.A.KS Trust has a website which provides information about their services and a link to their latest CQC rating. The last inspection rating was displayed within the home.

People and their relatives spoke in a positive way about the quality of care and support at Hatfield House. One relative told us, "My family member chose Hatfield House, we looked around several homes and they said 'this one.' I am happy with the service they receive."

The registered manager was responsible for two homes registered with us. However, they were not based at either of these. Instead, they worked from an office which was also the location of P.A.K.S Trust day centre. Staff told us the registered manager visited the home at least weekly and was always available by phone if needed.

Staff were positive about the registered manager. Staff described themselves as being 'happy' working at the home and felt 'supported by the manager.' The registered manager was described as being approachable and people, relatives and staff felt they would listen and act on any issues raised.

The home was not consistently well led. Systems were in place for quality assurance monitoring. However, issues identified were not always acted upon.

The registered manager delegated regular audits of the quality of the service to a staff member. Whilst the registered manager and this staff member had weekly meetings to discuss any issues, we found the registered manager did not have sufficient oversight of audits and where issues were identified, action was not always taken.

For example, health and safety audits identified issues that required improvement. We found issues remained outstanding for long periods of time. For example, torn lino flooring had been identified in September 2017, rusty radiators in February 2018 and an 'urgent need for the corroded hand rail' in the

ground floor shower room to be replaced. The audits did not have action plans to outline progression and completion of actions needed for improvements. The registered manager told us a new hand rail was being sought for the shower room, but agreed other areas for improvement were known about, though actions had not yet been taken. No explanation was offered to us about why some actions had not been taken to make improvements.

Action was not always taken when needed to investigate 'missing' medicines. For example, medication audits dated January and April 2018 found people's individual paracetamol stock did not match their records. The registered manager confirmed no investigation had been conducted and no changes made to the system for recording. The registered manager showed us a 'tally chart' that was used for a different type of medicine and suggested this would tighten recording systems. They told us this would be implemented following our visit.

A pharmacy visit undertaken in August 2017 identified the need for people's medicine administration records (MARs) to have a current photograph attached. The service medication audit dated January 2018 identified MARs did not have people's photograph. The most recent medication audit, dated April 2018, described this action as being 'in hand.' This showed where actions for improvement were identified they were not taken in a timely way. At the time of our visit, the action had still not yet been completed.

A local authority quality monitoring visit had taken place during September 2017 and identified some areas requiring improvement. For example, the risk of cross infection from a shared towel in the ground floor communal toilet/ shower room. Service audits also identified this remained in place and we saw the towel was there on our visit. The registered manager told us they understood the risks of cross infection but had not explained this to people and removed it. The need for a privacy window blind for the ground floor shower room had also been identified by the local authority, though we found this had not yet been purchased. This potentially posed a risk to people's privacy not being maintained.

One area of torn lino flooring and areas where flooring lino did not have a seal against the skirting boards meant effective cleaning could not always take place. We saw some areas of the home's décor were worn, such as areas of chipped paint in the hallway. One person living at the home pointed out peeling wallpaper to us. The registered manager told us they would arrange for some re-decoration to be completed.

Accidents were recorded in an accident log book. However, there was no overall accident analysis. The registered manager told us they acted on individual accidents. However, we found action were not always timely or taken to reduce the risks of reoccurrence. For example, one person had lost their balance and fallen over in the garden during March 2017. The action recorded was to have a hand rail in place so this person could access the garage, through the garden, to help with their laundry. We found the hand rail had not been put in place. We discussed this with the registered manager and following our visit, they told us a ramp would be installed making the area accessible.

Questionnaires were given to people and their relatives to seek feedback on the service provided. The registered manager told us these were given out two weeks prior to our visit and had not yet been returned or analysed.

The registered manager told us quality assurance checks were undertaken by either another registered manager or from the provider. Although we were told these were quarterly visits, the last available reports we saw were dated February 2016 and January 2017. There were no actions identified as requiring improvement.

