

Complete Care Services Limited

Quince House

Inspection report

77 Adeyfield Road
Hemel Hempstead
Hertfordshire
HP2 5DZ

Tel: 01442248316
Website: www.completecare.org.uk

Date of inspection visit:
31 August 2018
05 September 2018

Date of publication:
25 October 2018

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

The inspection took place on 31 August 2018 and was unannounced. At our last inspection on 5 July 2015, the service was found not to be meeting the required standards in the areas we looked at. They were rated requires improvement in Safe and Well-led.

At this inspection we found that the provider had made the improvements required. However, we have found other areas that require improvement and have spoken about this in the body of the report. The rating remains as Requires Improvement.

Quince House provides care for up to six young people with a learning difficulty. At the time of our inspection six people were living at Quince House. Quince 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 care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We found that people's dignity was not always promoted, staff interaction did not always ensure a positive experience. People were not always supported to follow their activities due to staffing.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. However, staffing numbers were not always sufficient to meet people's individual needs.

Infection control was not always managed appropriately by all staff.

Documentations had not always been completed appropriately.

Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Complaints were recorded and responded to in line with the service policy.

People, relatives and staff were complimentary about the registered manager and how the home was run and operated.

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 consistently safe.

Infection control systems were in place. However, staff did not always follow the correct guidance to ensure effective infection control.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

People were supported to take their medicines safely by trained staff.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff did not always promote people's choice.

People had their capacity assessed and best interest decisions completed.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Care was not always provided in a way that promoted people's dignity and respected their privacy

Staff did not always engage with people when supporting them.

Staff did not always knock on people's doors before entering their rooms.

Requires Improvement ●

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Confidentiality of people's personal information had been maintained.

Is the service responsive?

The service was not consistently responsive.

People were not always supported to maintain social interests and take part in meaningful activities relevant to their needs.

People received care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People and their relatives were confident to raise concerns which were dealt with promptly.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Documentation for people's activities was not always completed as required.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Requires Improvement ●

Quince 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 31 August 2018 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us by law.

During the inspection we spoke with two people who lived at the home, two relatives, three staff members and the registered manager. We looked at care plans relating to two people and three staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

We saw that staff had a cleaning schedule and employed systems to maintain infection control, for example protective aprons and gloves were worn when supporting people with personal care. Colour coded systems were in place, such as chopping boards and mops to ensure cross contamination was managed to keep people safe. However, we saw one staff member had walked through the home after delivering personal care without removing their apron and gloves. This meant that the risk of spreading infection was high due to the staff touching objects such as door handles. The gloves and apron should be removed on completion of personal care. This required improving.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The registered manager conducted all the necessary pre-employment and identity checks before staff were offered employment; this also included reviewing gaps in staffs' employment history. The registered manager told us they used agency staff to cover shortages and that agency staff completed inductions before working independently and were regularly utilised to ensure continuity of staff.

Staff were able to identify potential risks to people's health, welfare or safety and appropriately managed and mitigated risks to keep people safe. Staff told us that any changes to people's needs were reported back to the office. One staff member said, "I observe people closely, we are their eyes and ears. I would always document and report any concerns." We saw in people's care plans that risk assessments for the person and the environment had been completed. We saw that there was clear guidance for staff on how to support people's needs. People were supported by staff to take risks in a safe environment. For example, baking with staff or accessing the community.

Staff received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. One member of staff told us, "I would always tell the manager and if needed I can go above them. I could also report concerns to the [local authority] and CQC. We have all this information on the notice board in the kitchen."

There were processes in place to monitor incidents and accidents. Staff were familiar with the reporting and recording procedures. Staff understood the importance of documenting and reporting any incidents. People were supported to take their medicines safely. Staff had been trained in safe administration of medicines and knew how to ensure people received their medicines safely. Staff had their competency regularly checked by the registered manager. We saw that medicines were monitored and regularly audited.

We saw that the home was well maintained with a programme of tests and checks completed regularly. This included things like gas safety checks and fire safety checks with weekly fire alarm tests. Any issues identified were dealt with proactively which helped ensure risks were mitigated and managed effectively.

Is the service effective?

Our findings

Staff told us they obtained people's consent before they offered any support. One staff member said, "Choice is important because they [people who lived at Quince House] are like you or me and we treat them with respect." Another staff member commented, "We support people with choice and encourage them to do what they can for themselves." However, we did see during the inspection that staff did not always support people to have a choice or promote their autonomy. We have discussed this in more detail in the caring section of this report.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. One staff member said, "I always assume people have capacity, to ensure they are not deprived of their human rights. They may have capacity for somethings but not all things and we shouldn't assume."

Staff had 'one to one' supervision meetings where they had the opportunity to review and discuss their performance. Staff we spoke with confirmed they had supervisions. One staff member said, "I have had supervisions." We saw evidence that staff attended regular meetings and staff we spoke with confirmed they had regular staff meetings.

Newly employed staff members were required to complete an induction programme during which they received training relevant to their role. They worked alongside other experienced colleagues and were not permitted to work unsupervised until they were competent in their duties. Staff received training in areas such as safeguarding, medicines, health and safety and first aid. Staff we spoke with confirmed they had completed their training. One staff member said, "Oh yes I had training, I also completed my induction. Everyone including agency staff must complete an induction. I was shadowed (this is when a new staff member works with a competent member of staff until they are competent to work independently) and I am up to date with all my training." We saw training records that demonstrated staff received regular training when required.

People's needs were assessed, preferences were noted in care plans with guidance for staff. We saw that people's needs were met. For example, where one person required 1:1 support we saw this was in place throughout the day. We saw evidence of involvement from other professionals to ensure people's needs were met. For example, we saw dietitian's involvement documented in one person's care plan. We also noted that when people's health needs changed referrals to other professionals such as GP's were made quickly.

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. We found that people were supported to eat healthy balanced meals and were weighed regularly. We saw

involvement from the dieticians and staff were aware of people's dietary needs. People's needs were reviewed and documented to ensure that the care and support provided helped them to maintain the best physical, mental and emotional health. Staff liaised with appropriate health and social care services if they felt there was a change in people's condition. For example, we saw evidence where staff had raised concerns regarding one person's health, resulting in a GP appointment and medicine being prescribed. This demonstrated staff ensured people had access to other professionals when required.

Is the service caring?

Our findings

We saw people's dignity and respect were not always maintained by staff. For example, we saw during breakfast that staff placed clothes protectors on people without their consent or explaining what they were doing. This did not show respect for each person's choice. We saw for one person, whilst they were waiting for their breakfast to be served, that they turned sideways in the chair. A staff member, without asking their permission, placed a hand on the person's legs and manoeuvred them round to face the table saying, "You have to have your breakfast before you can go anywhere." This did not maintain the person's dignity or respect their choice. We spoke to the registered manager about this and they addressed this with staff.

The service had a knock and wait policy in place that gave guidance to staff on the importance of knocking and waiting before entering in to a person's room. Staff we spoke with knew about the policy and the importance of knocking and waiting before entering in to someone room. The knock and wait policy was in place because most people were unable to communicate verbally, this would give people time needed to prepare for staff entering in to their room. However, we saw one staff member walked in to one person's room without knocking on more than one occasion, this also did not promote people's privacy and dignity.

We also observed that people were not always supported with positive interaction by staff. For example, during breakfast one person who required one to one support was having their breakfast and the staff member supporting them was not observing or interacting with them. The person experience could have been made better with positive interaction from the staff.

We found that people were supported with their daily needs by staff that knew them. We saw that people got up at a time that they wanted and suited them. Evidence in daily notes kept by staff showed that people went to bed at times that were appropriate for them.

We saw that care plans were detailed with information and guidance for staff with all the information they required to best support and care for people. Each care record contained a profile about the person which helped staff to have a full understanding of the person's life, with their likes and dislikes and what staff needed to do to provide the care and support to meet their needs.

The person's private and confidential information was stored securely within the main office and we saw that confidentiality was maintained by the registered manager.

Is the service responsive?

Our findings

People who used the service and their relatives gave mixed feedback about the support provided. One relative said, "I am happy [name] has been out every day and I think they are happy. "Another relative commented, the experience has been pretty mixed. I do not feel the communication has been all that great." Another said, "I never really see anybody do any activities with people or stimulating them when I visit."

People did not have the opportunity to discuss end of life care. For example, what type of funeral they wanted, what music they would like or types of flowers they may want. People's preferences should be sought. We spoke with the registered manager about this. They told us they had broached this subject with relatives in the past, but they did not want to discuss. However, this is one of the requirements CQC looks at under responsive and if people do not want to discuss end of life preferences then this should be noted in their care plan. This required improvement.

People who used the service received personalised care and support based on their individual needs. However, we found one person who was not always supported to attend their day centre. Staff were knowledgeable about people's preferences and wishes but were not always able to support people with daily activities due to required staffing levels. For example, one person who enjoyed going out to their day centre each week had not always been supported to do this. A relative commented, "If they don't have enough staff [name] misses out." We spoke with two professionals who confirmed that the person had only attended the day centre twice since 18 July 2018. The person was scheduled to attend once a week.

The senior member of staff at Quince House acknowledged that staffing issues had been a factor for a couple of occasions they also told us that ill health and adverse weather conditions had prevented their attendance. The senior also stated that the person was always offered other activities. We saw activity sheets for all people who lived at Quince house and these demonstrated people were supported to do activities both inside and outside in the community.

Staff were able to tell us about people's needs and support they required. This demonstrated staff had good knowledge about the people they supported. We saw good guidance for staff in care plans that enabled staff to provide support. Relatives confirmed they were involved in annual care plan reviews. One relative commented, "I always go to the annual review." Another relative said, "We are invited to attend the care plan reviews."

People received care, treatment and support from staff that had guidance about people's health and care needs. People's identified needs were documented and reviewed to ensure they received appropriate care. For example, guidance on how people required their support. People were supported to have their say; the registered manager told us people's views were sought to ensure people were happy with the service.

There was a complaints procedure in place and relatives told us they knew how to raise concerns. There was an easy read complaints guidance with pictures to support people with expressing any concerns. Staff told us they regularly checked to ensure people were happy with the care and support they received. One relative

said, "If I had a problem I have Quince House contact details." Another said, "We know who to contact and any concerns we have raised are acted on."

Is the service well-led?

Our findings

We found documentation was not always completed appropriately. During the inspection we were given some examples of people's activities sheets. We noted that one person's activity sheet was not completed accurately. For example, one staff member had completed the activity sheet to state the person had attended their day care centre, the staff member had also noted their mood as happy. However, we found that the person had not attended this activity on the date documented by the staff member.

On requesting further activity sheets for the person, we noted that the activity sheet had been amended. The activity sheet now stated that they had not attended the day care centre and there had been a further amendment to another activity on a different day. The reason we were given for these changes was that the staff member had assumed the person had been to their day centre. This had been picked up in an audit and changed to reflect what had happened. This meant that the staff member had completed the activity sheet with information that was untrue. The person had not attended the day care centre. Also, we found that the amended activity sheet now had some different staff signatures from the original activity sheet and there were inconsistencies for mood and the activities listed for some days.

We also looked at another activity sheet on a different date for the same person. The activity sheet stated they had attended the day care centre. However, the day care centre has confirmed that they did not attend on this day. The registered manager has checked their records and has assured us that the person did attend. This meant we could not be confident about the accuracy of the information contained in documentation we looked at. This required improving to ensure all documents were completed appropriately and gave the correct information.

Staff we spoke with told us that they felt the service was well-led. Staff told us the manager was approachable and staff felt supported. One staff member said, "[Name] is a good [registered] manager they are approachable and always contactable on the phone." Staff confirmed they had regular meetings and felt they were a good team. Staff told us they had handovers at the beginning of each shift and were aware of their duties and responsibilities.

We saw that the home was well maintained with a programme of tests and checks completed regularly. This included things like gas safety checks and fire safety checks with weekly fire alarm tests. Any issues identified were dealt with proactively which helped ensure risks were mitigated and managed effectively.

The provider had a programme of quality assurance processes in place to continually make improvements and to assess the quality of the service. We saw areas audited included medicines, care plans and records. Where shortfalls were identified records demonstrated that these resulted in actions taken to improve the service.