Health & Care Services (NW) Limited

Potton 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?	Requires improvement
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 22 June 2015. At our previous inspection in October 2014 we found that there had been breaches in a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which have now been replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches had included the layout of the premises, safeguarding of people, providing suitable and adequate food and drink, providing staff with effective supervision and training, promoting people's dignity and failure to have an effective complaints system in place.

During this inspection we found that considerable improvements had been made in all areas. However, there was still insufficient experienced staff to provide care and support for people with complex needs at all time.

People felt safe living at the home and enjoyed the food they were offered. They had choice and were supported to eat their meals. Their weight had been monitored and suitable steps taken when concerns were identified.

People received their medicines as prescribed and protocols were needed for medicines given 'as and when'

Summary of findings

required. People had been involved in developing their care plans and relevant people had been informed of any changes. However, people's needs had not always been responded to in a timely manner and their assessed needs were not always met. Their rooms were personalised and they enjoyed the activities provided at the home. Staff, including the activity coordinator, had received specialised training to enable them to work with people who were living with dementia more effectively.

Relatives and friends were free to visit people at times that suited them. People were assisted to access the services of other healthcare professionals to maintain their health and well-being and had access to an advocacy service.

There were personalised risk assessments in place which were reviewed regularly and environmental risk assessments were in place with regular checks of equipment made. A new emergency call system had been installed and people could access their call bells easily.

Staff were caring, compassionate and promoted people's dignity. They were provided with training, supervision and an annual appraisal. The recruitment system was robust which enabled the provider to be confident that staff were suitable for the roles in which they were employed. Staff were able to defuse situations when people's behaviour had a negative impact on others and were kept advised of learning from incidents and identified best practice by the manager.

A registered manager had been appointed and this has had a positive impact on the home. The requirements of the Mental Capacity Act 2005 and related Deprivation of Liberty Safeguards were understood and implemented. There was an effective formal complaints system in place as well as an informal system for recording minor issues. There was also a robust quality assurance system in place. Relatives and staff were encouraged to attend meetings at which aspects of how the home was run were discussed.

During this inspection we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

There were insufficient numbers of staff to meet the needs of people at all times.

People felt safe living at the home.

Personalised risk assessments were completed and reviewed.

Requires improvement

Is the service effective?
The service was effective

Staff were supported by way of training, supervision and appraisals.

People received enough food and drink to maintain their health.

The requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards were understood and implemented.

Good

Is the service caring?
The service was caring.

Staff were caring and compassionate.

People's dignity was promoted.

People had regular access to an advocacy service.

Good

Is the service responsive?
The service was not always responsive

People's needs were not always responded to in a timely manner.

The activity coordinator had specialised training to make the activities provided more relevant to people who were living with dementia.

There was an effective complaints system.

Requires improvement

Is the service well-led?
The service was well led.

There was a registered manager in post.

People and staff found the manager to be approachable.

The was a robust quality assurance system in place.

Good

Potton 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 inspection took place on 22 June 2015 and was unannounced. The inspection team was made up of two inspectors, a specialist advisor with experience of dementia care 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.

Before the inspection we reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the home that had been provided by staff and members of the public.

During the inspection we spoke with four people and three relatives of people who lived at the home, two nurses, five care workers, the cook, the activities coordinator and the manager. We carried out observations of the interactions between staff and the people who lived at the home and also carried out observations using the short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments for three people, checked medicines administration and reviewed how complaints were managed. We also looked at four staff records and reviewed information on how the quality of the service was monitored and managed.

Requires improvement

Is the service safe?

Our findings

When we inspected the home in October 2014 we found that there were insufficient numbers of staff to meet people's needs safely. During this inspection, we found that staffing levels had been increased and there was a greater staff visibility around the home. Relatives told us that there was generally enough staff to care for the people who lived at the home. One relative told us, "There are days with hiccups, but generally, as a very frequent visitor, I feel there are enough staff to care for my [relative] most of the time." A member of the care staff told us that there was, "Not enough staff generally." They went on to say that the nursing staff were available to help with care tasks if they were needed. They went on to say that, "When fully staffed yes it is safe. It is a great place to work." Another staff member told us, "There are not enough staff here. One nurse and six carers is not enough and it regularly falls below that anyway, especially at weekends."

The manager told us that there was normally a ratio of one staff member for four people who lived at the home. This had been calculated in accordance with the provider's policy and the guidance issued by The Regulation and Quality Improvement Authority based on people's calculated dependency levels. Two people had been assessed as requiring one to one care for part of each day because they displayed behaviour that had a negative impact on others, although the requirement for this was in the process of being reassessed by the funding authority as the people's physical capabilities had changed. Additional care staff had been employed to cover busy times, such as in the morning, when people were getting up and having breakfast, and in the evening when they had supper and went to bed. Nursing staff assisted the care staff when needed, as did the manager and the activities coordinator.

At the time of our inspection there were 20 people living at the home. The rotas we looked at for the two weeks prior to our inspection showed that at least five staff members had been on duty at all times. On most days the additional morning and evening care staff had also been on duty. However, there were insufficient staff on occasions to provide the one to one care that the two people needed and the level of staff cover determined by the dependency tool. We saw that one of the people who required one to one care had been left unattended in the dining room at lunch time, had risen from their chair to leave the table unassisted and had almost fallen. The manager told us that they were to have a meeting with the provider later in the week to discuss the staffing levels. They said, "For safety they cannot continue at their current levels."

The lack of sufficient staff at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at four staff files and noted that robust recruitment and selection processes were in place. We found that pre-employment checks had been completed to ensure employees were suitable for the role in which they were employed. We also saw that the manager had taken steps to end the employment of staff who were no longer able to carry out their duties effectively.

People and relatives we spoke with told us that they felt that they or their relative was safe and secure living at the home. One person told us, "Yes, I feel safe but I want to be at home with my [relative]." One relative told us "My [relative] has been here for two years. Yes I feel [relative]'s safe and well cared for. My [siblings] feel the same."

We saw that there was a current safeguarding policy, and information about safeguarding was displayed on a noticeboard in the entrance hall together with details of the telephone numbers to contact should people wish to. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these. Staff also knew and understood about the provider's whistleblowing policy.

During our inspection in October 2014 we saw that people did not always have access to call bells in their rooms. However, at this inspection, we saw that a new emergency pull system had been installed which was clearly visible and accessible with cords above people's beds.

There were personalised risk assessments in place for each person who lived at the home. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. These included the identification of triggers for behaviour that had a negative impact on others or put others at risk and steps that staff should take to defuse the situation and keep people safe. Risk

Requires improvement

Is the service safe?

assessments had been reviewed regularly to ensure that the level of risk to people was still appropriate for them. This demonstrated that risks had been managed appropriately to keep people safe.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. These had been reviewed at least annually to ensure that current risks had been identified and mitigated. The service also had a Business Continuity Plan in case of an emergency, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply or in an event of a fire. We saw that there was a system in place to ensure that repairs needed to the home or equipment had been recorded and the actions taken to rectify the fault and by whom. This enabled the manager to check that all necessary repairs had been carried out to ensure that people lived in a safe and comfortable environment.

Accident and incident forms had been completed appropriately and a monthly analysis of these had been produced to identify any trends or changes that could be made to prevent and reduce recurrence. This was used to identify ways in which the possible risk of harm to people could be reduced and managed appropriately.

We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. Staff who administered medicines confirmed they had received regular training updates. We looked at the Medicines Administration Records (MAR) for 15 of the people living at the home and saw that these had been completed correctly and medicines received had been recorded. We checked stocks of medicines held which were in accordance with those recorded. We noted that there were no protocols in place for the administration of medicines that had been prescribed 'as when required' (PRN). Staff did not have guidance as to when people should be offered the PRN medicines. Although regular audits of medication had been carried out, these did not identify any prompts to develop protocols for the safe management and administration of PRN medication.

Good

Is the service effective?

Our findings

During our inspection in October 2014, we found that people were not given a choice of what they ate and were not given drinks with their meals, nor were they given the support they needed to eat their food. During this inspection people and their relatives told us that they liked the food and they were given choices about food and drinks. One person told us, "I like my food. It's tasty and sometimes I have more." Another person said, "I like my food. It is nice." A relative told us, "The food is good and wholesome although my [relative] has to have liquid intake. From what I have observed the food is varied and good." Another relative told us, "The meals are lovely."

All of the staff working in the home supported people at lunch time so that they received their meals in a timely fashion, although three people had to wait whilst other people were assisted to eat their meals. The food was kept in a heated trolley whilst the people waited to be served so that it was hot and appetising when it was served. We saw people were supported appropriately and the meal time was very relaxed. For example, music was played in the background and staff chatted with people. People were offered choices of food and were supported to make decisions as to what they wanted to eat. One person who was reluctant to eat their lunch was offered helpings of cereal which they happily ate. Another person had requested a jacket potato for their lunch whilst another person had wanted a salad. They were provided with their choice of meal. We saw that some people were given cutlery that had been adapted to make it easier for them to eat their meal without assistance.

People's weight had been monitored and food and fluid charts had been completed for people where there was an identified risk in relation to their intake that provided detailed information on what they had consumed. If people were identified as being at risk of weight loss, their food had added cream and butter to make it richer and they had been referred to the dietitian or GP. One of the care records we looked at showed that the person had been placed on a fortified diet as they had been losing weight and the kitchen staff had been notified of this requirement. The cook told us that they were aware of who required special diets for health reasons, such as gluten free or for the control of diabetes, or fortified and liquid diets and prepared their food accordingly.

When we carried out our inspection in October 2014 we found that staff had not always understood the training they had received and were not supported by way of formal supervisions and appraisals. During this inspection relatives told us that staff had the skills that were required to care for people. One relative told us, "They are very good with watching for things such as pressure sores." Another relative said, "They all seem to know what they are doing."

Staff told us that there was a mandatory training programme in place and that they had the training they required for their roles. One member of staff said, "I have done creative minds training. The training included different methods of communication to meet the need of individuals and how to engage them in activities." They went on to tell us that they no longer tried to prevent people from engaging in behaviour that may be reflecting an earlier part of their life, such as moving furniture in their room. Staff confirmed that new members of staff shadowed more experienced staff before being required to care for people alone. This enabled them to develop an understanding of people's needs and the skills needed to provide for them.

Staff also told us that they received supervision and felt supported in their roles. They said that these sessions were useful and allowed them to discuss any training needs. One staff member told us that they had requested training in care for people who had a percutaneous endoscopic gastrostomy (PEG) tube. This enables people who cannot swallow to receive nutrition and fluid directly into their stomach by way of the PEG tube. Records showed that staff had annual appraisals. The manager told us that the process had been completed for all staff by 30 March 2015.

Staff told us that they learned the triggers that would lead to people behaving in ways that had a negative impact on others and these were recorded in their care plans. Staff were aware of ways to reduce the impact of such behaviour, such as offering the person a cup of tea or taking them into the garden for a walk. We saw staff deal with a situation that had arisen with two people in which they showed care and sensitivity, using humour to diffuse any flash points.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received

Good

Is the service effective?

training on the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and we saw evidence that these were followed in the delivery of care.

We saw that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and were documented within their care plans. Applications for the deprivation of liberty had been made for all people who lived in the home as they could not leave unaccompanied and were under continuous supervision. This made sure that these decisions, which impacted on their rights to liberty, were made within the legal framework to protect people's rights. We saw that best interest's decisions had been made. For example, for one person the decision was in respect of the use of a wheelchair or reclining chair and for another the administration of medicines given covertly, which is without the person's knowledge. We saw that appropriate action had been taken when considering whether resuscitation would be appropriate in the case of a cardiac arrest.

Staff were clear that where people had capacity to make decisions, their wishes should be respected. One relative told us, "My [relative] is in bed a lot these days but they do get [them] up as soon as [they] are willing in the morning."

We saw that where necessary people had been assisted to access the services of other healthcare professionals to maintain their health and well-being. When the healthcare professionals had visited people at the home they had recorded details of the reason for their visit with their recommendations. People were accompanied by a member of staff from the home if they had appointments, such as an outpatient appointment at the hospital or a medication review, which they needed to attend.

Good

Is the service caring?

Our findings

During our last inspection in October 2014 we found that people's dignity was not always protected. People had been left for long periods wearing soiled clothes protectors after their meals and with plates of congealed food in front of them. During this inspection we found that staff promoted people's dignity. Clothes protectors were removed once people had finished eating their meals and used plates and unwanted food cleared without delay. We saw a carer assisted a person who was struggling to get into their room in such a way that the person barely noticed any difficulty. This protected their dignity. Staff told us that they always closed people's door when providing personal care and we saw that staff knocked on people's door and waited to be acknowledged before entering their room. However, we did witness a couple of incidents in the dining room when one member of the kitchen staff appeared to talk quite sharply to two people whilst they were serving lunch. We made the manager aware of this.

People and relatives told us that the staff were kind and considerate. One person told us, "People are kind here and they look after me." Another person said, "I like it here." A relative told us, "The bottom line is I am 98% happy with my [relative]'s care." Another relative told us, "My [relative] is well looked after here." We heard one person tell a member of staff, "You are lovely."

We observed staff to be caring and compassionate. They were friendly and open, positive about working with people who were living with dementia and taking the challenges this presented in their stride. One member of staff told us, "I love the residents. One of them [name] is like a sister to me."

The care plans we looked at contained evidence that, where they had been able to, people or their representative had been involved in the development of the care plans and the regular reviews of their care and support. Relatives told us that they were able to visit at any time. One relative said, "What is good here is that as a daily visitor to my [relative] I have the door code and I can come and go as I please. I'm almost like part of the family." Another relative told us, "I visit every day and they always make you feel welcome."

We saw that people had personalised their rooms. One relative told us, "[Relative]'s room is nice." There were small boxes outside each room containing small items of people's personal belongings to enable them to identify their rooms. Rooms contained photographs and personal items to remind people of their families and friends.

We saw that people and their relatives had access to an advocacy service. An advocate held one to one sessions with people as well as group sessions at the home. The manager told us that they had attended meetings on behalf of people during the recent contract negotiations. We saw that a photograph of the allocated advocate and their contact details were on a noticeboard in the corridor for people's information.

The notice board in the corridor also gave people and their relative's information about the home, the provider's vision and values, who to contact if they had a safeguarding concern and information about complaints. There was also a copy of the action plan produced following the CQC's last inspection and details of how the actions identified were progressing provided for their information.

Requires improvement

Is the service responsive?

Our findings

During our inspection in October 2014 we found that people did not always get the care and support they needed when they wanted it. People who wanted to get up were left in bed longer than they wished. During this inspection no such concerns were raised with us. One relative told us, "When I turn up at the home I always find things are going okay. They get my mother up." Another relative told us, "We get [relative] into the lounge well before lunch."

However, during our inspection we noted that staff did not always respond to people's actions in a timely fashion. There was an incident during the lunchtime period when one person was displaying behaviour that could have a negative impact on others but it took staff 15 minutes to distract the person from the behaviour and a further 15 minutes to clear up the debris caused by it.

Before people moved into the home their needs had been assessed to ensure that the home could meet them. Information on their likes and dislikes had also been obtained. We found that care records accurately reflected people's individual needs and had been updated regularly with any changes as they occurred. One relative told us, "What reassures me about here is that I know the manager would always call me if there was a concern about my [relative]."

The care plans were detailed and showed how people's assessed needs would be met. One person had been assessed as requiring one to one support at all times because they displayed behaviour that may have a negative impact on others but we noted that this was not always provided. Another person had been assessed as requiring one to one support for part of each day, also because they displayed behaviour that might have a negative impact on others. A member of staff told us that if both the people who had been assessed as requiring one to one support were in the lounge area then one member of staff would often provide the support for both. A representative of the commissioner told us that the need for such intensive support for both people was in the process of being reviewed as their physical condition had changed. However, we did not see either person displaying any behaviour that might have given rise to concern.

People told us that they enjoyed the activities at the home. One person told us, "I like the garden here and we walk round a lot." Another person said, "I do like the garden here. It is very nice." The activity coordinator explained how they had assisted people to grow carrots and potatoes in the garden and encouraged people to prepare them for cooking. Maintaining their day to day living skills, such as preparing vegetables, had been recognised as good practice for people who were living with dementia. However, we saw little evidence that people were involved in other everyday tasks such as dusting, polishing or helping with the laundry.

The physical environment at the home had been identified as being unhelpful in assisting people to maintain their interests and hobbies. A major refurbishment has been planned which would relocate the activities room to a more central location.

The activities coordinator had received specialised training designed to enhance the quality of life for people who were living with dementia using their life stories. They showed us how this had been incorporated into people's care plans. We looked at people's activity records and saw that each person had their own 'scrap book' which they worked on with art work and items that were of individual interest. The activities coordinator also encouraged people to read aloud to each other and each person had been provided with a personal portable music device so that they could listen to music of their choice. The activities coordinator had also introduced an album of the month which each person was offered. A 'music man' visited the home twice a month so people could change their music selections. The activities coordinator also organised 'pamper sessions' where people were arranged round the room with foot baths whilst they listened to music.

A 'pat dog' visited the home regularly and the dog was taken to visit the rooms of people who were cared for in bed. People we spoke with loved this service and we saw photographs of people with the dog.

When we carried out our inspection in October 2014 people told us that although they were aware of the complaints system they did not use it as complaints were not resolved. During this inspection we were told that the manager listened and acted upon comments. One relative told us, "If I have a complaint these days then it's dealt with." Another relative said, "I have no concerns at all."

Requires improvement

Is the service responsive?

We saw that one complaint had been received in November 2014 and this had been resolved with a formal response sent to the complainant. In addition to the formal complaints system the manager had introduced a comments book in which people and relatives could raise matters of concern. This identified what the issue was, the action taken and when a response had been given to the person who made the comment. For example, one issue raised on 08 June 2015 had been about the heating as people were too hot. The log showed that the thermostat had been changed to address the issue and people had been advised of this. Another issue about spiritual support had been raised and the manager told us that they were seeking assistance from local communities.

Good

Is the service well-led?

Our findings

Since the last inspection in October 2014 a registered manager had been appointed to support positive changes at the home. Relatives told us that this had been very beneficial in securing improvement. One relative said, "I find the manager and the staff very approachable and go to them with any problem. If the staff can't resolve the issue then I take it to the manager who is very helpful and understanding." Another told us, "My [relative] is well looked after here and certainly things are improving. The atmosphere is more positive than it used to be and the staff try very hard with difficult circumstances."

We found that staff too had found that the atmosphere at the home had improved since the manager had arrived. One member of staff said of the manager, "She's lovely, really supportive of me." Another told us that all the staff were trying very hard to work together since the arrival of the new manager and everyone was keen to turn the home around. Another member of staff said that they had seen quite a few changes over recent months and staff were now more positive.

Staff we spoke with were aware of their roles and responsibilities and the provider's visions and values to care for people in such a way as their dignity and privacy was protected and they achieved their maximum potential. One member if staff told us, "I've been working here for two years and love every minute of it." They were in the home on a voluntary, unpaid basis on their day off to catch up with some paperwork on the day of our inspection. This demonstrated a commitment by the staff to improve the service.

Relatives told us that they were invited to meetings where they could discuss issues about the home. One relative told us, "I've taken part in a residents meeting. They keep talking about the refurbishment and that's been planned for what seems forever." The minutes of the residents and relatives meeting held on 19 June 2015 showed that issues discussed at the meeting had included chaplaincy at the home, the refurbishment , the possibility of accessing lottery funding for a conservatory and the satisfaction survey.

Staff also were invited to meetings at which they were encouraged to participate in discussions on areas such as pressure area care, meal times, staffing, cleaning and training. There were also discussions at the most recent meeting held on 5 June 2015, regarding enhanced pay for covering staff absences, and an incident at another home, run by a different provider, in which a person had suffered harm. The discussions highlighted best practice and actions staff could take to prevent a similar incident happening at the home. This demonstrated that the manager was keen for staff to learn from incidents to protect people from harm.

We found that there was a robust quality assurance system in place. The manager had regularly completed audits in a wide range of areas to identify, monitor and reduce risks, such as environment and infection control. They also completed checks on key areas such as the monitoring of people's weight, levels of dependency and the prevention of pressure ulcers, on a monthly basis. The maintenance person had also completed checks on environmental issues, such as that the call system was operational, on a monthly basis. We saw that action plans were developed and monitored where appropriate. These recorded when and by whom the required action had been taken.

In addition there was a monthly visit by the provider's Operational Director. We noted that the last visit had been undertaken on 12 May 2015 and had lasted until 10 pm so that night staff were included in their observations. During the visit the Operational Director had undertaken interviews with people who lived at the home, relatives, a visitor and with staff. They had observed the delivery of the service, reviewed documentation, medication and complaints. A report of this visit had been sent to the senior management within the organisation as well as to the manager. An action plan had been developed to address the areas for improvement that had been identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **There were insufficient numbers of suitably qualified, competent staff to meet the needs of people. Regulation 18(1)**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.