Aldwyck Housing Group Limited

Bushey Flexicare

Inspection report

Collins Court
Lea Close
Bushey
Hertfordshire
WD23 3PY

Tel: 07976969553

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25 February 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 25 February 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended visit so that appropriate staff would be available to assist us with the inspection.

Bushey flexi care is registered to provide personal care and support for older adults or people with age related frailty. The service provides support to people who live independently in their own homes. The service was supporting 20 people who lived within the complex which consisted of two buildings Collins Court and Storey Court located within Barley Close which also formed part of the complex. There were 89 homes in total within the complex.

There was a registered manager who was no longer working at the service and had applied to deregister. The acting manager was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People felt safe, living in their own homes. Some of the staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns. There was a robust recruitment process in place; however this was not always followed to help ensure that potential staff were suitable to work with people in their own homes.

People and relatives were positive about the skills, experience and abilities of support staff who worked in people's homes. Staff received some training and refresher updates relevant to their roles and responsibilities and had periodic supervision with their line manager.

People were supported to maintain their health and had access to health and social care professionals when necessary. People were supported with shopping, food rotation, (checking that food was used in date order) meal planning and meal preparation.

Staff discussed people's wishes and preferred routines and obtained their consent before providing personal care and support. People were cared for in a kind and compassionate way. However people who could not always make day to day decisions had not had mental capacity assessments. (MCA)

Staff had developed positive and caring relationships with the people they supported and knew them well. However, people were not always involved in the planning, delivery or reviews of their care. People's private and confidential information was stored securely maintained at the service and in the office.

Care was provided in a way that promoted people's dignity and respected their privacy. People received care and support that met their needs and took account of their preferences. Staff were knowledgeable

about people's preferences, routines and personal circumstances. However, care records did not contain sufficient detail to demonstrate that 'personalised' care and support was provided. The manager took immediate responsive action to remedy this in response to our feedback.

People were encouraged and supported to pursue social interests and take part in activities that were of interest to them, both at the service and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated.

Relatives and staff were positive and complimentary about the manager and how the service was operated. However, the quality monitoring at the service was inadequate and did not identify some of the issues and concerns what we found during our inspection. The provider and manger responded immediately and an action plan was put in place to make the required improvements. The provider has told us how they plan to monitor the quality of service provided, reduce potential risks and drive improvements going forward.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Potential risks to people's health and well-being were not reviewed regularly or managed effectively.

Recruitment processes were not always safe because they were not followed.

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

There were sufficient numbers of staff were available to meet people's individual needs at all times.

People were responsible for taking their own medicines. However staff sometimes reminded them.

Is the service effective?

Requires Improvement

The service was not always effective.

MCA assessments had not been completed.

People's consent was obtained by staff before care and support was provided.

People were supported by staff that had received some training or had previous experience.

People were encouraged where appropriate to eat a healthy balanced diet.

People had their health care needs met with access to GP's and other health related professionals when required.

Is the service caring?

Requires Improvement

The staff were caring, however people were not involved in planning or reviewing their care.

People were cared for in a kind and compassionate way. Staff the

people they supported well and were familiar with their needs.

People were involved in the initial planning of their care. However, reviews were infrequent and people were not routinely involved.

People's privacy and dignity was respected and maintained.

People's confidential records were stored safely and remained confidential.

Is the service responsive?

Good

The service was responsive.

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

Care plans provided limited information to inform staff how to support people.

People were encouraged to participate in a range of events and activities that was available at the service.

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

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People, and relatives were very positive about the manager and how the service operated.

The systems that were in place to monitor the service were ineffective and risks were not managed or reviewed.

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

Bushey Flexicare

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 took place on 25 February 2016. The inspection was carried out by one inspector. We also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us.

During the inspection we visited and spoke with two people in their homes within the complex. We also spoke with one relative, three members of staff the manager and the nominated individual and a manager from one of the providers other homes. We looked at care plans relating to four people and two staff files. We looked at policies and procedures and reviewed records related to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in their own homes, and that the staff helped to make sure they were kept safe. One person told us, "I feel safe here there is always someone around to keep an eye on things." However, one person we visited could not remember who we were or why we had visited despite letting us into their home. This meant that they may have been at risk from unwanted callers. This was not detailed in their care plan and staff did not tell us the person had some memory loss problems. The person had not been referred for an appropriate assessment of their needs to check if the support they were receiving was still appropriate to meet their needs safely.

We found that recruitment checks were not always consistent. For example, full employment histories were not always completed and gaps were not consistently explored. Other pre-employment checks included a criminal records bureau check and the taking up of references. However, these were ad hoc and information contained in references just stated employment dates despite the recruitment process detailing that 'where sufficient information is not provided additional checks were to be made'. But there was no evidence that this was happening. The manager could not demonstrate that safe recruitment practices were followed. The lack of information about potential staff or their work history meant that the provider was not able to properly assess the candidate's suitability to work in a care setting. The recruitment process was inconsistent which meant there was a risk that people who were not suited to work in a care environment may have been employed without all the relevant checks being completed.

There was enough staff available at all times to meet people's needs safely and effectively. However, the allocation of visits was not managed safely to ensure that all visits that were required were actually allocated to staff. We saw on the daily rotas and allocation sheet that several visits had not been recorded and these gaps had not been identified by staff. This could have resulted in people having missed or late visits and could put people at risk. People did not tell us they had missed calls however the rota demonstrated many calls were provided later than the times recorded on their care plan and in some case earlier so people did not always know when they were going to receive their support.

There were systems and processes in place to assess individual risks to people. However, these were not reviewed regularly and where changes to people's condition or ability had deteriorated the new risks were not assessed and no remedial actions were put in place. For example, a person who had mobility issues and was at risk of falls and a person who had memory problems and was at risk of going out and getting lost. These risks had not been assessed and no action had been taken to promote people's safety in these areas. We saw in the case of the person who was at risk of failing they had fallen on several occasions. We pointed out to the manager that a review of their risk assessment and appropriate intervention may have prevented the repeated falls. The lack of response to the review of risks to individuals put people at risk of accidental harm.

This was a breach of regulation 12 of the Health and Social Care Act 2014 because the provider failed to ensure that risks that were identified were reduced and mitigated.

Staff were knowledgeable about protecting people from abuse and were able to demonstrate they knew how to report concerns internally or to the local authority if they felt it necessary. However, we found that one member of staff had not received safeguarding training since being employed at the service.. The member of staff was able to tell us what constituted abuse and that they would report any concerns to the senior staff member on duty. Other staff told us they would report any concerns they had to the manager.

Accidents and incidents information was recorded. However the provider could not demonstrate any learning outcomes and therefore poor practice was allowed to continue and the service did not improve.

The manager told us that people managed their own medicines and staff occasionally reminded or prompted them. Staff had received training in the safe administration of medicines.

Requires Improvement

Is the service effective?

Our findings

The manager told us that following completion of their induction new staff 'shadowed' more experienced staff until such time as they were competent to work alone. During this time the manager observed their practice to assess their competency. One staff member told us, "My induction was good and helped me with understanding the role for 'supported living' as I had worked in a care home previously."

Staff told us they felt supported by the manager and were able to speak with them whenever they needed to. The manager confirmed that they made themselves available to support staff and as a small team had regular 'informal chats' and updates about the people they supported. Staff received some supervision's with the manager but these were not regular or in a planned way. However, staff told us they had seen the manager most days and were always discussing people although it was not always recorded.. A member of staff told us "I feel the manager is supportive and approachable."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and found that they had not completed mental capacity assessments for people they supported. Staff had some understanding of MCA however they did not know the implications of not obtaining consent or if people refused care or support. One staff member was unaware that relatives could not consent on behalf people without having the correct authorisation to do so.

This was a breach of regulation 13 (4) (B) of the Health and Social Care Act (Regulation Activities) 2014 Regulations because the provider did assess peoples mental capacity or follow a best interest process.

Staff had completed an induction at the commencement of their employment during which they received training relevant to their roles. Staff told us the induction included reading the companies policies and procedures and being orientated with the buildings and meeting people who used the service. Other ongoing training included fire safety, safeguarding of adults and equality and diversity and moving and handling. Staff told us that the training they received was appropriate to their job roles.

Staff understood the importance of ensuring people gave their consent to the care and support they received. In the case of people who were not always able to consent, staff explained to people they were going to assist them and told us they obtained implied consent in these cases.

People were supported to have sufficient food and drink. If staff noticed people were losing weight this would be referred to the manager and they would speak to the GP or social worker so that the person could

be supported by the relevant health care professional for example a dietician or speech and language therapist (SALT). People were able to get their own shopping or were supported by family or staff and likewise they made decisions about what they ate. Staff supported people with cooking meals where they had been assessed as needing support with this task. However, other people had their meals delivered by the meals on wheels service.

People's healthcare needs were met by a range of healthcare professionals. We saw that people were supported to attended appointments with GP's chiropodists and dentists. The manager told us some of the professionals visited the service and people could be seen by them if they wished. Alternatively staff would support people to attend appointments.

Requires Improvement

Is the service caring?

Our findings

People received care from staff who were kind, respectful and compassionate. One person told us "The staff are wonderful, they really do care about the people they support." We observed staff to be caring when they were supporting or interacting with people.

We observed that staff knew people well and were familiar with their needs. One person told us, "I get on really well with the staff, they are all lovely." One relative told us, "They [staff] are great here, I am here every day to see [relative] but I do know they look out for all the people here."

We saw that staff supported people with dignity and respected their privacy at all times. We observed staff to knock at people's door and wait for a response before entering. Staff told us they spoke with people while assisting with personal care and always kept them covered so as to maintain their dignity."

People were positive about the staff who provided their support. The manager told us that staff were introduced to people where possible before they started supporting them. We found that staff were able to describe people's needs in detail. However as care plans had not been reviewed regularly we found that people were not routinely involved in the planning and review of their care and support. People we spoke with told us this was not an issue as they had regular contact with the manager and staff and so would raise any issues with their care. Care plans did not contain sufficient personal details of people, for example there were no 'life histories' and topic such as religious or cultural preferences were not discussed as part of the assessment. The manager told us they would be doing much more person centred assessments in future which would include more detailed information and that care plans would demonstrate peoples involvement.

We saw that people had individual care folders in their homes with a copy of their care plan, risk assessment and emergency contact details such as next of kin and their GP. This ensured that staff were able to access relevant information to enable them to support people appropriately. We saw there were daily notes which care staff completed at each visit which gave a summary of the support people received. This ensured that the next staff going in would be kept up to speed with the person's daily living and support needs. For example, if a person refused personal care or a meal the next staff going in would follow up to make sure the person was cared for appropriately.

People were supported to maintain positive relationships with friends and family. One relative told us they saw their relative daily and sometimes more than once a day. The manager and staff told us they encouraged visitors and when they had events at the service they invited people's family members and tried to involve people. We saw the notice board in the entrance hall had details of up and coming events, as well as information about the service.

Confidentiality was maintained throughout the service and confidential information held about people's health and support needs and medical histories was held securely.

Good

Is the service responsive?

Our findings

The service was responsive to people's changing needs. People told us they felt the service met their individual needs.

One person told us "Staff are great, they help me with anything I need." Staff had access to information about how to look after people based on their individual needs. Care plans did not always contain specific details about days and times people required support. However, when we spoke with staff they were able to tell us what support people had and when. This included detailed information about people's routines and how they liked to be supported. For example, one person required support with being reminded to take their medicines at a particular time and another person who attended a day centre was supported to get ready to go. People were supported by staff that had been given the appropriate information to meet their needs.

Some activities and events took place at the service. For example, on the day of our inspection, people had organised a weekly lunch of fish and chips and came together in the communal dining room to meet up and socialise. People tended to organise and arrange their own activities and events which supported their independence.

People told us they were encouraged and supported to have their say. They felt listened to and told us that staff and the management responded to any concerns raised in a prompt and positive way. For example, we saw that there were regular 'tenants meetings' where people were able to discuss a range of topics related to all aspects of the service. We saw that people discussed the environment, up and coming events, their tenancy agreement and maintenance of the complex. We saw actions were recorded along with desired outcomes. This helped to demonstrate that people were listened to and had a voice about how the service operated.

There was a complaints policy and procedure in place and we saw information was displayed on the notice board. The manager told us that when people moved into the complex they were given an information pack which included information on how to make a complaint. People knew how to make a complaint if required. We saw that complaints had been recorded and investigated appropriately. However, none of the people we spoke with had ever had to make a complaint. The manager and staff told us that they discussed things regularly and if anyone was unhappy with any aspect of the service provided. It would be addressed immediately without the need for it to be elevated to a formal complaint.

Requires Improvement

Is the service well-led?

Our findings

The registered manager for the service had left the service a year ago. However they had not 'deregistered' with the care quality commission. An application to 'deregister' the previous manager had recently been submitted. The acting manager was in the process of registering with CQC.

Systems and processes had not been set up to manage records. For example staff competency assessments and refresher training updates were not routinely recorded which meant the system was not as effective as it could have been in supporting staff to reach the optimum levels of competency for their roles.

People's views and experiences had been actively sought by means of a central survey which had been completed. People had been asked their views on a range of topics relating to the service they received. We saw that people were asked about their care and support plans for example and whether they were reviewed regularly and if people were happy with the care they received. However, as the work was on-going we did not see what actions were being put in place to address the negative comments so could not report on how this would impact on people who used the service.

We saw that the older person's services manager also undertook a regular monthly audit of the service. These included regular audits carried out in areas such as falls, medicines, finance management, accidents and incidents and health and safety. Where risks or concerns are identified providers are required to put measures in place to reduce or remove the risks. However this had not happened and the issues and concerns were still evident. We also found that many of the issues we found during our inspection had not been picked up through the internal monitoring of the service for example CQC were not being notified about events that are required to be reported such as falls or injuries to people. We also found that risk assessments were not reviewed in response to people's changing needs. This demonstrated that the monitoring that was in place was not adequate or effective.

This was a breach of regulation 17 (c) of the Health and Social Care Act (Regulation Activities) 2014 Regulations because the provider did not have adequate systems in place to monitor the quality of the service.

The provider is required to notify us of events that happen at the service to assist with the overall monitoring of the service. However, we had not always received notifications as required. For example, if some had a fall or sustained an injury or if someone had been the subject of safeguarding concerns. We discussed this with the manager at the inspection and they were not aware they had to submit notifications so had not been informing CQC of events at the service. However since the inspection we have started to receive regular notifications.

This was a breach of regulation 18 (2) of the Health and Social Care Act (Regulation Activities) 2014 Regulations because the provider failed to notify us of incidents which resulted in an injury to a person who was using the service.

People who used the service, their relatives and staff were all positive about how the service was run. They were complimentary about the manager who they said was "helpful, approachable and hands on". We saw that people knew the manager well and they had a good relationship with them. Staff understood their roles and they were clear about their responsibilities and what was expected of them.

We saw the manager was committed to improving the quality of the service. However, at the time of our inspection there were very little formal quality monitoring procedures or systems in place. What was in place was not always recorded and therefore it was difficult to assess how the service maintained and improved the standards of the care and support it provided.

The manager and staff supported people to be as independent as possible and to establish and maintain links with the local community. We saw that people were part of a 'community complex' which supported people's individual wishes and aspirations.