

# Roche Healthcare Limited Warfedale View

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on 27 February and 2 March 2018. This was our first inspection of the service since it became registered in January 2017.

Warfedale View provides support with personal care to people living in specialist 'extra care' housing. At the time of our inspection, 30 people were using the service.

Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Not everyone using Warfedale View receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. 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.

We found some improvements were needed to fully ensure the safe management of medicines. The registered manager took prompt action to ensure the concerns were addressed during the inspection. We made a recommendation that the provider keep medicines under review to ensure the improvements made are sustained.

People told us they felt safe. Care workers understood how to keep people safe and told us any potential risks were identified and managed. Risk management plans were in place to ensure people's safe care. Care workers knew how to protect people from risks associated with harm and abuse. Safeguarding procedures and policies were in place. Care workers and the registered manager were aware of their responsibilities to identify and report any allegations of abuse to the local authority.

Overall, there were sufficient staff to provide the service people needed. Some people were not satisfied with their call times. The registered manager agreed to review this with people. Safe recruitment practices were followed. Care workers felt well supported and received appropriate training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's care records clearly identified where people had capacity to make decisions about their care and support. Care workers understood people needed to consent to their care and were confident they supported people to make their own decisions. People received assistance with

meals and healthcare when required. This supported people to maintain their health and well-being.

People we spoke with told us they were happy with the care they received and were complimentary about the care workers who supported them. People said staff knew them well and treated them with kindness and compassion. Care workers were familiar with people's routines and individual needs. Staff understood the importance of treating people with dignity and respect and promoting their independence.

People told us they had no complaints and when they had raised any issues, they were dealt with quickly and appropriately. People's diverse needs were respected and they were supported to avoid social isolation. People felt involved with the service and planning of their care and support. Care records were updated as people's needs changed to ensure care workers were fully aware of their needs.

The registered manager and the provider monitored and reviewed the quality of care through audits, spot checks, and reviews of the service. This demonstrated a commitment to continuous improvement of the service. People, their relatives and care workers all spoke highly about the way the service was managed.

## 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.

People's medicines were overall, managed safely. However, we identified some potential risks with the management of medicines. Action was taken at the time of our inspection to ensure medicines were managed safely.

There were sufficient numbers of staff to help keep people safe and meet their individual needs. Some people were not satisfied with their call times. We were assured these would be reviewed and addressed.

People were protected from abuse and there were risk assessments in place which showed specific areas of risk, and the measures put in place to minimise those risks.

### Is the service effective?

**Good** ●

The service was effective.

Care workers told us they received good training and support to carry out their role. Records we looked at confirmed this.

People consented to their care and the service operated within the principles of the Mental Capacity Act 2005.

People received the support they needed to maintain their nutrition and hydration, and ensure their health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service spoke positively of the caring approach from care workers. Care workers were familiar with people's preferences and needs.

People's privacy and dignity was respected.

Care workers were committed to promoting people's independence and supporting them to make choices.

### Is the service responsive?

Good ●

The service was responsive.

People felt confident raising concerns or complaints and these were listened to and acted upon.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was a sensitive approach to the consideration of people's end of life care.

### Is the service well-led?

Good ●

The service was well- led.

The service had a registered manager who understood the responsibilities of their role.

The provider had effective systems in place to monitor the quality and safety of the service in order to drive improvements.

People who used the service and their relatives were asked for their views about the care and support the service offered. There was a positive, open and supportive culture at the service.

# Warfedale View

## 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 service provides care and support to people living in specialist 'extra care' housing. It provides a service to older adults and younger disabled adults.

This was an announced inspection carried out on 27 February and 2 March 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager was available and to make arrangements for people who used the service to be asked if we could visit them.

Inspection site visit activity started on 27 February 2018 and ended on 2 March 2018. It included visits to people who used the service and their relatives. We also spoke with care workers when we visited the service and by telephone after the visit. We visited the office location on 27 February 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one adult social care inspector and an expert- by- experience who had experience of extra care housing services. 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 our inspection, we reviewed all the information we held about the service, including registration reports and statutory notifications sent to us by the service. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information 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.

At the time of the inspection, there were 30 people receiving the regulated activity of personal care from the provider. During our inspection, we spoke with six people who used the service, five relatives, five care workers, a senior care worker, the registered manager and the area manager.

We spent time looking at documents and records related to people's care and the management of the service. We looked at three people's care plans and three people's medicines records. We also looked at staff training and recruitment files, a selection of the home's policies and procedures, quality assurance and auditing processes, and meeting minutes.

# Is the service safe?

## Our findings

People who used the service or their relatives told us they or their family members felt safe and were supported well by the service. People told us they felt safe and listened to; they gave examples of how issues were dealt with and how problems were resolved promptly to the satisfaction of all concerned. People said their property was respected and they didn't feel anxious about leaving personal items around in their homes.

We looked at how people's medicines were managed and found overall medicines were managed safely and people received their medicines as prescribed. However, some people were prescribed 'as and when required' medicines such as painkillers or creams. We found some guidance for these medicines was in place but this needed more personalisation regarding people's individual needs for these medicines, such as where creams were to be applied. One person was prescribed a variable dose medicine for pain relief. There were no protocols or care plans available to guide care workers as to how to select the appropriate dose or how the person expressed they were in pain. The registered manager showed us new documentation they were about to introduce to update the guidance and instructions.

One person was prescribed a cream to be applied after showering. The instructions on the Medication Administration Record (MAR) differed from those in the person's care plan. This inconsistency could lead to needs being overlooked. The registered manager corrected this at the time of the inspection.

People told us they had no concerns about how their medicines were managed. They said they received them at the time they needed them. People's abilities were taken into consideration and independence was promoted when people were assessed as having the necessary skills to manage their own medicines.

We have made a recommendation the registered manager and provider keep medicines under review to ensure the improvements made at the time of the inspection are sustained.

Records showed care workers had completed medicines training and their competency was assessed to ensure they were safe to administer medicines to people. Care workers told us they received training as part of their induction and had their competency checked. They were able to describe the procedures they followed to ensure people were supported safely with their medicines.

People who used the service were safeguarded from abuse. They told us they felt very safe. Care workers had received safeguarding training. Care workers were able to describe the different types of abuse and were aware of the provider's whistleblowing procedure. They understood their responsibilities in relation to safeguarding people from abuse and said they would always report any concerns. They said they felt confident any concerns would be taken seriously by the registered manager and provider. One care worker said, "I am 100% certain [Name of registered manager] would sort things out."

Risks to people were identified and managed. Prior to the start of the service, environmental risk assessments were undertaken of the person's home to make sure it was a safe environment for care workers



to work in. We saw individual risk assessments were also completed and included the risk of falls, pressure ulcers and those associated with moving and handling. We noted the risk assessments were completed from a generic document which meant some people were assessed for risks that were not relevant to them. This could lead to confusion for care workers. The registered manager agreed to review these records.

In their accommodation, everyone had an emergency call system fitted. People also had pendants so they could request assistance when they were out and about in the complex. Care workers said they always responded promptly when people requested assistance. The provider had a system in place to monitor response to emergency calls. The registered manager showed us there had been no concerns regarding response times.

People and their relatives told us they were, overall, provided with consistent regular care workers who were punctual. One person and their relative told us they were not satisfied with their call times. We reported this to the registered manager who assured us they would discuss this with the person and aim to change the call times to suit them better. Most people told us they thought the service would benefit from more staff as calls could be late or a little rushed, but said their needs were met. Other comments we received included; "No matter how busy they are they always chat and always ask me if there is anything else I need. I feel very comfortable with all of them" and "I feel as though they treat us well and respect us and although she has to wait sometimes as they are busy with others, she always gets the care she needs and they never seem to rush her."

Care workers told us the staffing arrangements for allocating work was organised well. They said they worked in small teams to provide the care and continuity people needed. Records we looked at confirmed this. One care worker said, "We have time to get to know people; it's lovely." One care worker told us there were times when they ran a little late and got behind with their calls. They said they always kept people informed if they were going to be late and it was never more than half an hour at the most. Care workers said they did not feel rushed and spent the time that was needed with people. One said, "We don't cut corners people always get the time they need."

The registered manager told us staffing levels were determined by the number of people who used the service and their needs. They said the numbers of people who used the service fluctuated so they had to make sure they always had enough care workers available to cover this situation. They told us recruitment was on-going to ensure this.

There were safe recruitment and selection processes in place. We looked at the recruitment files for three care workers and saw appropriate recruitment procedures had been followed. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children.

Personal protective equipment (PPE) was held at the office and made available to care workers as they needed them. Care workers told us they wore protective personal equipment when undertaking personal care tasks to ensure infection control procedures were followed to keep people safe. Care workers told us they received training in infection control and prevention during their induction. Records we looked at confirmed this. We saw PPE was readily available and in use.

The provider learnt from any incidents or mistakes to ensure people were safe. Accidents and incidents were recorded. Any accidents or incidents were audited and analysed to identify what had happened and actions that could be taken in the future to reduce the risk of re-occurrences. Care workers were aware of their

responsibilities to report any accidents or incidents. A person who used the service told us, "They responded quickly when I fell and they got the paramedics and stayed with me to reassure me."

# Is the service effective?

## Our findings

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to effectively meet the needs of people they were planning to provide support to. People who used the service, their relatives and other professionals were also involved in the assessments to ensure they fully reflected people's needs.

People we spoke with were complimentary about the care workers that supported them and felt they cared for them properly. People told us care workers received a good standard of training as they always knew how to do things. One person said, "Yes, on the whole they seem to know what they are doing. If new staff come, they ask us to tell them what we need and they check the book to make sure they are doing the right thing."

Care workers told us they were well supported. They said they received appropriate training and induction and felt equipped to do their job well. They told us during their induction they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs. One care worker said, "It's what I love about this company, so good on the training and education side of things." We looked at the training plan which identified the type and frequency of training care workers should complete. This showed care workers had completed the required training, which included fire training, infection control, moving and handling, equality and diversity and safeguarding.

Care workers told us they received regular supervision and had an annual appraisal of their practice. Supervision and appraisal are structured support meetings to help staff develop in their role. Records we reviewed showed staff received regular supervision and an annual appraisal of their performance. One care worker said, "It's great that you know how you are doing and especially when you get the positive feedback, makes you want to do even better."

People who used the service told us they made decisions about their care and treatment. We looked at care records and saw people had signed consent forms for key holding, access arrangements and the sharing of information. One person said, "They are all very good and nothing's too much trouble and they always ask me if everything is ok before they leave." A person's relative told us, "Every time they have finished helping [family member] they ask them if they need anything else and I like that." A relative told us, "They always ask [family member] what they need and don't just shower them. They ask, so some days they get washed and other days it's a shower but it depends on [family member]."

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The procedure for this in community settings is via application to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered manager told us currently everyone receiving personal care was able to consent to the care and support provided.

We found care workers followed the principles of the MCA and people's consent was sought in advance of care being provided. Care workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests. One care worker said, "We must always respect people's choices; it's not up to us how people live their lives."

People received the support they needed with eating and drinking. Where people required assistance with meals, this was clearly recorded in their care plan and daily records showed staff provided appropriate support. Care workers told us they always asked people if they wanted a drink left with them at the end of their visit.

People's care records showed their health needs were assessed and reviewed. We saw evidence that the service had worked with other agencies such as speech and language therapists and occupational therapists to make sure people's needs were fully met. Care workers told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived. The registered manager told us of a new initiative that was about to be introduced. A local GP was going to visit the extra care housing complex at a set time each week to enable people the opportunity to see their GP regularly in their home.

# Is the service caring?

## Our findings

People and their relatives were complimentary about the service they or their family member received from the agency. People told us care workers treated them well and were kind. Comments we received included; "They are very good and I wouldn't be able to manage without them", "They sit and speak and have fun", "The staff are lovely, I'm very attached to those we know" and "They are very good, they just make sure I get what I need." A relative said, "I have peace of mind knowing [family member] would be cared for properly if I couldn't be here."

People and their relatives told us they or their family members were cared for well and their privacy and dignity was always respected by care workers. Comments we received included; "Always feel like it's our home and not their work place, so yes everything is respected and I don't feel as though it's an intrusion when they come to care for [family member] and they always knock" and "They knock and say good morning and always show me respect." People told us they felt the staff were aware they were entering their home and treated it that way by knocking and asking if it was ok to do things.

People told us the care workers assisted them to maintain their independence. One person said, "They encourage me to do as much for myself and I get what I want; the girls here are very helpful and we have a good relationship with them which makes it easier." Care workers were aware of the importance of maintaining independence for people. One said, "It's good for people to keep going, gives them their confidence." We saw care plans directed care workers to encourage people to do as much as they could for themselves.

People told us they were consulted with, listened to and made decisions about their support. People's relatives told us they and their family members were involved in decisions about their care and support.

We observed positive interactions between people who used the service and care workers. We saw a care worker giving a careful and considered explanation to a person when their medicines had been changed by the GP. They spent time and gave re-assurance to the person. The person told us; "I like [care worker]. I tell them what I need and they seem to do it, but I try to do as much for myself as I can but I can't remember much these days my memory has gone, but [care worker] is good; always helps me remember."

Care workers spoke with pride and compassion of the care they provided and gave examples of how they ensured people's privacy and dignity were respected. They told us they made sure people were comfortable with any care interventions, ensured they kept people covered as much as possible and gave people time alone if it was safe to do so. For example, when using the toilet. One care worker said, "I try to make things as dignified as possible." Care workers were trained in how to maintain privacy, dignity and respect during their induction. The registered manager said they made sure this aspect of care delivery was assessed at care worker's 'spot checks'.

Care workers understood the need to maintain and respect people's confidentiality. One care worker told us; "It's important to keep things private; not to speak about other people in front of others." Care workers

were mindful of the fact they worked in people's homes and needed to respect this. One said, "We always knock, wait to be asked in."

Care workers showed us they knew people's likes, dislikes and preferences. They spoke confidently about the individual needs of people who used the service. It was clear they had developed good positive relationships with people and were committed to providing person centred care. A person who used the service said, "We've only been here two weeks and already I feel like they know me and they definitely listen." The registered manager told us they aimed to ensure people had a core team of care workers to maintain consistency and enable care workers to build positive relationships with people. Some people felt they didn't receive the care at a time they preferred and times were not always adhered to. We discussed this with the registered manager who told us they would review call times with people. On-call support was available to people 24 hours per day. People told us they were satisfied with this support. One person said, "This 24 hour care is brilliant and when we have had to call them in the middle of the night they are very prompt and always cope with things really well." Another person said, "The 24 hour care is so reassuring and comforting."

The registered manager told us no one who currently used the service had an advocate. They were however, aware of how to assist people to use this service if needed. (An advocate supports people by speaking on their behalf, in their best interests, to enable them to have as much control as possible over their own lives.)

## Is the service responsive?

### Our findings

People told us the care they received met their needs and they were happy with the service they received. Relatives of people who used the service said the care workers and provider were responsive to the needs and changing needs of their family members. One person said, "They ask us all the time if the care is ok or if we need anything." People said the support they received was how they wanted it to be. They explained how care workers always asked if there was anything extra they needed, as did the managers when they spoke with them.

People's care and support needs were assessed and care plans identified how care should be delivered. A copy of the person's care plan was kept in the person's home and a copy was available in the office. This was so all the care workers had access to information about the care and support provided for people who used the service. People told us they were actively involved in planning their care on a daily basis.

We looked at three people's care plans. We wanted to see if the care and support plans gave clear instructions for care workers to follow to make sure people had their needs met. We saw the plans contained information specific to the person and identified the support people required. This showed us the care and support provided was person-centred and based on the person's own preferences. Care plans contained details of people's routines and information about their health and support needs. For example, what they liked to eat, what drink they liked and how they liked to be supported to get showered and dressed. There was also a pen picture with details of people's life history and background. Care workers said they found this information useful as it helped them to get to know people as individuals.

When we spoke with care workers they showed an in-depth knowledge and understanding of people's care needs and routines. They told us they found the care plans informative and described people's needs well. One care worker said, "Care plans are very good and give step by step guidance on what people need." Records showed people's care was reviewed regularly or when their needs changed. We looked at a selection of daily notes made at the point of care delivery, and they showed care was given as assessed and planned.

At the time of the inspection, no-one was receiving support with end of life care. However, the registered manager told us care workers received training in the compassionate delivery of end of life care. The registered manager also spoke of how they worked alongside other agencies such as district nursing teams when supporting people at the end of their life. Care records showed people's wishes for end of life care had been discussed with them.

The extra care housing scheme had facilities for people to socialise and participate in activities if they wanted to. People were encouraged and supported to attend events if they wished. This helped to avoid social isolation for people. Care workers told us they kept people informed of what activities were on in the complex.

The registered manager was aware of the Accessible Information Standard. This is a framework put in place

from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. They told us they would provide adapted information if this was needed. The registered manager was aware of how to access services for visually impaired people and spoke of how they had done this in the past.

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

All the people we spoke with knew how to complain and felt happy to raise concerns if any arose. People were keen to point out that they didn't feel they had any reason to complain as the care workers were all very helpful. One person said, "We have nothing but good to say about everyone as they are all so helpful but if we had a serious complaint we would go to the office." A relative told us, "We know how to contact the manager or whoever is in charge if we want to complain but we have not had a reason to. I would feel very comfortable if I needed to." One person told us they had raised concerns in the past and were satisfied with how this was managed. They told us, "I went to complain and it was handled well and resolved quickly."

The provider had a complaints policy in place and there were systems to ensure complaints were addressed and given full investigation and explanation. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The registered manager told us this was given to people when they first began to use the service. Care workers were aware of the process to follow should someone raise a complaint. They told us they would always try to resolve people's concerns in the first instance but were aware of people's rights to make formal complaints.

The registered manager said any learning from any complaints would be discussed with the staff team to prevent any re-occurrence of issues. Care workers told us they were kept informed of important issues that affected the service delivery such as the outcome of complaints or concerns.



## Is the service well-led?

### Our findings

The service had a registered manager in post at the time of our inspection. The registered manager had relevant experience and background in health and social care. They had a good knowledge of people's needs as well as the day-to-day running of the service. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission so that any action needed could be taken.

People who used the service and their relatives told us the agency was well- managed. Comments included: "There is a lot of thought about how the care is provided and there is always a senior around so you can talk to them if you have any issues and that makes me feel very comfortable. We are all treated so well" and "The leadership seems to be ok; we know it is managed but we don't see that side really or know how it works, we just know it does because of the meetings." People told us they thought the registered manager was open and honest and they were kept well informed on the service due to monthly meetings that took place. It was clear people knew the registered manager and felt able to approach them if needed. People told us the registered manager was visible in the service and frequently asked them if they were happy with everything.

We found there was a positive culture of openness, and support within the service. Care workers spoke highly of the registered manager and provider and told us enthusiastically how much they enjoyed their job. One said, "It's a great company to work for; open door policy, feel like I can ask anything." Care workers described the registered manager and provider as approachable and helpful.

Care workers told us they felt well supported in their role. They said the registered manager expected good standards to be maintained for people who used the service. Care workers said they knew what was expected of them and understood their role in ensuring people received the care and support they required. Care workers also received regular spot checks to ensure they were fulfilling their role properly and people who used the service were satisfied with the care provided. Records showed any issues raised during spot checks were actioned.

We saw staff meetings took place where care workers were able to contribute ideas or raise any suggestions they may have. Care workers told us they felt valued and listened to. They said communication within the service was good and they were kept informed of any changes through direct contact with the registered manager, senior care workers or through a text messaging system.

We looked at a number of different records that showed the quality and safety of the service was monitored in order to drive improvements in the service. A number of audits were completed by the management team and provider. These included audits on medication, care records, accidents, incidents, complaints and staff related issues such as recruitment. We saw reports were completed and any actions identified were addressed. For example, the need to update care records and avoid conflicting information within them and any concerns with medication records. Accident records we looked at contained a good level of detail and showed what had occurred and what was done to prevent re-occurrence of incidents.

People who used the service and their relatives were asked for their views about the care and support the service offered. The provider carried out quarterly reviews with people to gain their feedback on the service. We looked at a sample of these and saw overall, people were highly satisfied with the service. People's comments included; 'Very happy with all my help', 'Everybody is lovely' and 'Care team are part of the family'. Where issues had been raised, we saw action was taken to improve the service. This included changes to care workers and call times.

The provider also conducted an annual survey for people who used the service and relatives. We looked at the feedback from some of the most recent surveys, undertaken in January 2018. These showed a high degree of satisfaction with the service. The registered manager said these surveys were yet to be analysed, and once they had done this, the results would be shared with people who used the service. The registered manager said any suggestions made would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

The registered manager worked in partnership with other agencies when required for example healthcare professionals. One person told us, "When I first came, the manager arranged for OT (occupational therapist) to come and assess our flat so I could move around better as the staff told them I was struggling and they got that sorted straightaway."