Hales Group Limited

Bishopsfield Court

Inspection report

Mountsteven Avenue
Walton
Peterborough
Cambridgeshire
PE4 6WD

Tel: 01733321616

Date of inspection visit:
20 January 2017

Date of publication:
23 February 2017

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

Bishopsfield Court is registered for, and provides, personal care for people living in their own homes in an extra care housing scheme. There were 45 people being supported with the regulated activity of personal care at the time of this inspection.

This announced inspection took place on 20 January 2017. This is the first ratings inspection at this location since Hales Group Limited became the registered provider on 06 June 2016.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Arrangements were in place to make sure that people, where needed, were supported safely with the management of their prescribed medicines by staff. Guidance for staff on how, why and when to administer 'as required' medicines was in place as a prompt.

People were supported by staff in a kind, caring and respectful manner. People's privacy and dignity was respected by staff when entering their flat and assisting them with their personal care.

People had support and care plans in situ which provided staff with prompts that they needed when providing support and care to people. These plans contained information such as how people wished to be assisted, their likes and dislikes and what was important to them. People and/or their relatives were involved in the setting up, agreement and review of their/ their family member's plans of care. However, sometimes the reviews of people's care plans to make sure they were up-to-date and met people's current needs were not always carried out in a timely manner.

Plans were put in place to minimise and manage people's identified risks and to assist people to live as independent life as possible and remain in their own homes.

Staff meetings took place and staff were encouraged to raise any concerns or suggestions that they may have had and provide feedback on any improvements to be made. Staff understood their responsibility to report any suspicions of harm or poor care practice.

Pre-employment recruitment checks were undertaken before new staff were employed. This was to make sure that they were suitable to work with the people they were supporting. However, not all of these pre-employment checks undertaken, were carried out in a robust manner.

Documented evidence showed that there was a sufficient number of staff available to support people with the care that they required.

People were assisted to maintain their health and well-being and were supported to access external health care professionals where needed. Where this support was required, people's health and nutritional needs were met.

Staff were trained to provide effective care which met people's individual support and care needs.

Staff were supported by the registered manager to develop their skills and knowledge through supervisions, spot checks, and observation checks to review their competency and training.

The registered manager told us that no one using the service lacked the capacity to make day-to-day or important decisions. The majority of staff received training and staff understood the basic principles of the Mental Capacity Act 2005 (MCA). This meant that there was a reduced risk that any decisions made on people's behalf by some staff would not be in their best interest and as least restrictive as possible.

The registered manager sought feedback about the quality of the service. They had in place quality monitoring checks to identify areas of improvement needed. These checks and corresponding actions were in place to identify and drive forward improvements required.

There was an 'open' culture within the service. People and their relatives were able to raise any concerns that they might have with staff and the registered manager. Records showed that these were responded to and resolved, where possible, to the complainants' satisfaction.

Notifications are information on important events that happen at the service that the provider is required to notify us about by law. The previous registered manager had failed to notify the CQC about safeguarding incidents that they required to inform us of. However, the current registered manager was aware of all of the important events they needed to notify the Care Quality Commission (CQC) about.

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 always safe.

Checks were carried out to make sure that only suitable staff were employed to work with people. However, some of these checks were not always very robust.

The management of people's prescribed medicines were administered in a safe manner.

Risks to people had been identified and plans were in place to reduce these risks.

There were enough staff to provide the necessary support and care for people. People were protected from harm.

Is the service effective?

Good

The service was effective.

Staff were trained to support people.

The majority of staff had been trained and staff understood the basic principles of the MCA 2005. At the time of this inspection no-one lacked capacity to make day-to-day decisions.

People's health and nutritional needs were met.

Staff had supervisions, appraisals and observation checks to make sure that they carried out effective support and care.

Is the service caring?

Good

The service was caring.

People's dignity and respect was maintained

People said staff were kind, caring and respectful.

Records showed that people were involved in the decisions about their care and support needs.

Is the service responsive?

Good

The service was responsive.

Pre-assessments of people's care and support needs were carried out to make sure that the staff could meet people's needs.

People's care and support needs were then planned and evaluated to make sure that they were up to date.

There was a system in place to receive and manage people's suggestions or complaints.

Is the service well-led?

Good

The service was well-led.

The CQC had not always received notifications about important events that they were legally obliged to be notified of by the previous registered manager. Notifications are now being submitted under the new registered manager.

There were systems to monitor the on-going quality of the service provided to drive forward any improvements needed.

People who used the service and staff were asked to give feedback on the quality of the service provided.

Bishopsfield Court

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 20 January 2017 and was announced. The inspection was announced so that we could be sure that the registered manager and staff would be available during our inspection. The inspection was carried out by one inspector.

Before this inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also received feedback about the service from representatives of a local authority commissioning team; this helped with our inspection planning.

During the inspection we spoke with the registered manager, an activities coordinator/ care worker and two care workers. We also spoke with three people who used the service, one relative and a visitor to the service.

We looked at three people's care records; two staff recruitment files; quality monitoring documents and their corresponding action plans; medication administration records; and records in relation to the management of staff.

Requires Improvement

Is the service safe?

Our findings

Two staff files we looked at showed that pre-employment checks were carried out to clarify that the proposed new staff member was of a good character. Recruitment checks included references from previous employment and a criminal record check that had been undertaken with the Disclosure and Barring Service (DBS). Proof of current address, a health declaration and photographic identification had been obtained, and any gaps in employment history explained. One staff member said, "I had to complete an application form and have a face-to-face interview. I also had a DBS (criminal records) check and provide two references and a copy of my identity, before I could do any care calls."

However, we noted that in one of the staff files, a reference requested from previous employer in health care had not been received. Records we looked at did not document that this request had been followed up with the previous employer or an explanation that documented why there was a lack of reference. This meant that some recruitment paperwork did not show that robust pre-employment checks had been carried out in full, on new staff. Robust recruitment checks would reduce the risk of unsuitable new staff working alongside people.

People and a relative of people using the service told us they/ their family member felt safe. This was because of the support and care that was provided by staff members. A person said, "(I) don't feel scared living here, there is nothing to be scared of." Another person told us, "We don't have to worry about a single thing."

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One member of staff said, "I would report (any concerns) to my line manager or head office. I could also report to social services, the police, and CQC." We saw notices within the service's office that prompted staff to report any suspicions of harm and poor care. Training records we looked at confirmed that staff received training in respect of safeguarding adults and safeguarding children. This demonstrated to us that there were processes in place to reduce the risk of harm to people who used the service.

People told us, and records showed there were enough staff to safely provide the required care and support needed. A relative said that their family member received a few visits a day and that following a recent accident, staff would, "Pop in," to see how their relative was even when staff were not working. They confirmed to us that, "Staff were quick to respond to a care call." The registered manager told us, and documentation showed us, that there were enough staff available to work and to meet people's assessed needs. They said that they were currently recruiting to fill senior care worker vacancies as there was a shortfall at the service. The registered manager told us that although they could not guarantee a senior care worker on all shifts, staff were supported by the on-call support. One member staff confirmed to us that when needed the, "On-call (staff member) was contactable."

We noted that members of staff completed daily notes at each care call: this was to document that they had completed all of the support required and set out in the person's care record during each care call. We saw

that staff were asked to check if (where appropriate) people were wearing their lifeline. A lifeline is a personal alarm that a person can activate to request help. Our review of a selection of daily notes showed that staff were recording whether the person's lifeline was in situ. This meant that we could be assured that people were being supported by staff in the safest way possible.

People had risk assessments and care and support plans in place that they had agreed. These records gave information and guidance to staff about any risks identified and the support people needed in respect of these. Any significant prompts for staff were highlighted in red. This reduced the risk that these important prompts for staff would be missed. Risks included, but were not limited to; people at risk of any moving and handling requirements; maintaining their personal hygiene; nutritional needs; health risks; social needs; risks when taking their prescribed medicines, any mental health needs and their continence.

Accident and incident records were kept; we saw that these documented the incident and any actions taken to reduce the risk of recurrence. Evidence showed that these were reviewed for 'key trends' as part of the provider's monitoring.

The majority of people we spoke with did not require assistance with their medicines. People who were supported with this, had no concerns about the support they received, where needed, to take their prescribed medicines. One person said, "Staff start at 7:00am and get my tablets out." A staff member confirmed to us that, "You observe that the (person's) medication has been taken, they have to take it while we are present in the room otherwise we can't sign it off (document as given)."

Staff told us and records showed that staff had training to administer people's prescribed medicines and that their competency was checked. A staff member said that they completed a yearly medicine administration refresher training course and that throughout the year their competency was appraised by a more senior staff member. This showed that there were processes in place to make sure that people were supported, where needed, with safe medicines management.

People's care records contained information for staff about whose agreed responsibility it was, (e.g. staff, the person and /or their relative) to order and collect people's medicines. They also documented whether the person, a relative or a staff member was responsible for prompting or administering people's medicines. We noted that there were prompts for staff in respect of how and when medicines were to be administered safely, including medicines that were 'time sensitive'. Records also held information for staff on how and when to administer medicines prescribed to be given 'when required'. This meant that there was guidance for staff on how to manage people's prescribed medicines safely.

Good

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection (the legal body who can authorise a person to be lawfully deprived of their liberty). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us during this inspection that no one using the service lacked the mental capacity to make day-to-day decisions or bigger decisions.

In the records we looked at we saw that some people had 'Power of Attorneys' (PoA) in place. (A power of attorney is a legal representative who has been empowered to make either financial or care and welfare decisions on a person's behalf). We found that people's care records documented whether a person using the service had either a financial or care and welfare PoA in place. However, there was no documented evidence that the registered manager had seen the legal paperwork to confirm the authenticity of this. This meant that there was a potential risk that this information could not be an accurate reflection of the legal arrangements in place.

Records showed, and staff confirmed, that the majority of staff had received training on the MCA. Staff were able to demonstrate to us that they had a basic understanding of the principles of the MCA. One staff member said, "MCA and dementia training is being booked as I missed the training in August…you have got to make sure people fully understand what you say to them or they may feel it is a threat. You double check (their understanding). I supported a person this week with their clothes (choice). If a person continues to not understand I would ask another care worker to help and would flag (concerns) with a senior (care worker)." Another staff member told us, "(You ask) can someone make an informed decision or choice? Decisions made (by staff) would need to be in their (the person they were supporting) best interest. You support a person's choice…if you are really concerned around a person's understanding, you should contact the GP." A third staff member said, "Just because you have dementia does not mean that you can't make choices. Use verbal prompts; talk them through the choices to support their (a person's) independence."

Staff told us and records showed that training included, equality and diversity; privacy and dignity; fluids and nutrition; first aid; moving and handling; dementia; learning disabilities and safeguarding adults. Additional training included, infection prevention and control; food hygiene; safeguarding children; medication administration; and British Life Support (BLS). This showed that staff had the skills and knowledge to meet the needs of the people they supported.

Records we looked at showed that staff had supervisions and observation spot checks where they would

discuss their performance and on-going development. Staff had an induction period which included mandatory training and the shadowing of a more experienced member of staff. A staff member told us, "My induction was five days training and shadow shifts (working alongside a more experienced staff member). I accepted some extra support (from the management) regarding my confidence (lack of), they listened to my request and gave me this support." All new staff had to complete an induction period until they were deemed competent and confident by the registered manager to deliver effective care and support.

Care records we looked at documented whether the person required assistance from staff with their food and fluid intake and meal preparation. People we spoke with were either able to prepare their own meals and drinks or were supported by the landlord organisation that delivered a main cooked meal at lunchtime. However, people did tell us that when staff attended their care calls, staff would offer to make a drink for the person they were supporting. One person confirmed to us, "Some (staff) make a nice tea and coffee."

Records showed where people were also supported by external health care professionals. A relative told us, "I always get a phone call if anything is wrong. They (staff) are quick to get the GP out, their duty is to the person, they (staff) put the person's best interest first." They also confirmed to us that their family member had also been visited by the district nurse. One person said, "Staff help (me) with the GP and the dentist." This showed us that t external healthcare advice or support was sought when needed.

Good

Is the service caring?

Our findings

People and a relative told us that their/ their family member's privacy and dignity was valued by staff. One person said, "(Staff) knock on my door (before entering) and respect my privacy." This was also confirmed during our observations and from conversation with staff. One staff member told us, "You always knock on the (person's) flat door and wait for a 'come in' (before you enter)."

People told us that the assistance from staff members helped them maintain their independence. They said the support from staff meant they were able to stay in their own flat and that this was their wish. A relative told us, "Staff support [family members] independence. They are 100% better from when they first came to live here." One person said, "Anything I ask for, I have had, if I was unhappy I would change (the service)."

People and a relative of a person using the service made a number of positive comments about the staff who provided their support and care. People told us, and our observations showed that staff spoke to the people they were supporting in a kind and respectful manner. One person said, "I am treated well. Staff are kind and caring, I'm perfectly satisfied. Staff here are first class." Another person told us, "Everyone is nice, friendly and cheerful. I love living here – quite happy." A relative said, "You can have a laugh with the girls (staff), they are a happy bunch."

We saw that care records contained limited information about people's personal history. However, people told us and we observed that staff knew the people they were assisting well. Records showed, and people and/or a relative confirmed, that they were involved in the development and review of the care that they were provided with. If a person attended their review but was unable to sign to say that they agreed with any changes in their plans of care, this was documented by staff. A relative told us, "(Staff) respect me and I always join in the conversation about any decisions made…I feel involved." However, we noted in one of the care records we looked at that the next review was to be completed by July 2016, but a review had not taken place until January 2017. This meant that there was an increased risk that the persons care record was not up-to-date or met their current needs.

Information in care records included how people wished to be supported and people's end of life care wishes. These included a person's wish not be resuscitated. This indicated to us that there were processes in place to respect people's end of life wishes.

Advocacy information for people to refer to should they wish was on request from the registered manager. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People and a relative of a person using the service told us that they or their relative were involved in agreeing the care provided. Commissioning authorities provided details of people's needs before the provider agreed to provide a service. This was so that the provider could make sure the service could meet the needs of people they were to support.

People's preferences were recorded in people's care plans: these were used as prompts for staff on how the person wished their care to be provided and how staff were to encourage people's independence where possible. People and a relative told us that they had care plans and risk assessments in their/their family members flat. These records were used by staff to understand the persons they were supporting needs and record the support and assistance given during each person's care call.

Reviews were carried out to make sure that people's current support and care needs were documented and up-to-date and documented who was in attendance. These reviews were also an opportunity for the person and/or their relative to feedback on the quality of the service provided by staff. People and a relative told us that communication was good and that they felt updated. One relative said, "(Staff support of their family member) takes a ton of weight off of a relatives shoulders, a ton of worry is removed."

Staff had an understanding that they needed to raise any complaints or concerns raised with them by the people they supported with the registered manager. They also told us that they would inform the person that this was the action they intended to help resolve the persons' concern. One staff said, "If a concern was raised, I would see if I could help the person and then flag it to a senior/ manager. I would ask the persons permission (to do this)."

People and a relative told us they knew how to raise any complaint with the service should they need to do so. This information was also included in the provider's service user guide which was given out to people when new to the service. Records of complaints received showed that they had been investigated and the complainant responded to, to their satisfaction where possible. Any actions taken were also recorded to reduce the risk of reoccurrence. One person said, "If I had a complaint I would make it. I raised a complaint as a staff member was sharp (with me) I spoke to the manager and got an apology." Another person told us, "I can talk to staff if I had a concern."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by care staff. Staff spoke highly of the registered manager. One staff member said, "Moving forward I feel really positive, the changes that are coming will be for the best…I feel supported. You can say to the (registered) manager, 'help me' or 'can you look at this' we can speak to them about anything…The (registered) manager is now more visible." Another staff member told us, "I feel supported. Teamwork is definitely there, there have been good changes with the new (registered) manager, they are approachable."

Staff were able to tell us about the values of the service. One staff member said, "It is about independent living. We encourage people to do as much as they can for as long as they can."

People were supported with links with the local community should they wish to. We saw a person being assisted to attend a day centre. We also noted that there was a coffee morning and then an art class, open to visitors to the communal areas of the service, people from the local community and/or people living at the extra care housing scheme. The art class tutor told us that people living at the service were encouraged to attend the classes should they wish to take part. One person said, "I choose not to get involved, but I always have a choice."

Monitoring systems were in place to check the quality of the service provided. We noted that there was an internal audit completed and submitted to the provider's quality assurance team called a 'monthly information return.' Areas reviewed during this included, but was not limited to, compliments and complaints received, any safeguarding concerns, and staffing.

We also saw that provider checks included people's daily notes and medicine administration records. Audits were carried out on staff records, including staff recruitment; staff supervisions; spot checks on staff; staff training; staff medication competencies; and staff appraisals. People's care and support plan reviews were also monitored as part of the reviews of the service provided. Where improvement had been noted we saw documented records of the actions taken, including any required with the responsible staff member. These included deadlines set for the completion of staff supervisions. This meant that there were processes in place to monitor the quality of the service provided and action taken to drive forward improvements.

Records showed that meetings were held for staff. These were used to update staff on any 'key trends' found from recent quality monitoring, the areas of improvement needed and any actions taken as a result of any concerns. These meetings were also used to update staff about the provider organisation and the service. Staff told us meetings were held and were used for example to update staff on people's health, and discuss any issues. One staff member said, "Staff can add items (of discussion) onto the agenda." Another staff member told us, "At team meetings you are able to raise concerns and you always get a copy of the minutes (from the meeting)." This demonstrated to us that staff were updated and involved in the service.

Staff told us that they were aware of whistle-blowing and that they would raise a concern as they had a duty of care to do so. One staff member confirmed to us that, "I have no concerns around whistle-blowing. I want

people to be healthy, happy and safe."

There was a positive response from people and a relative when asked about any checks from the staff in relation to the quality of the care they received. One person said, "I have had a survey (requesting) feedback and I can feedback to the (registered) manager if needed." People also received newsletters from the registered manager and staff updating them on forthcoming events and updates on the service. People we spoke with told us that they felt communication was good.

People who used the service had been part of a telephone survey in August 2016 and November 2016 and asked to give views on the quality of the service provided. We saw that the survey carried out in November 2016 found improvements had been made from the previous survey. In the November 2016 survey more people said that they were now aware of how to raise a suggestion and complaint about the service. This demonstrated to us that the registered manager listened to improvements required and endeavoured to resolve them to people's satisfaction.

We noted that the previous registered manager had not on occasion informed the CQC of potential safeguarding allegations. However, the current registered manager was aware of the incidents that occurred within the service that they were legally obliged to inform the CQC about.