

Housing & Care 21

Housing & Care 21 - Keelboat Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 11 July 2017. The inspection was announced which meant the provider knew we were coming. At the last inspection on 27 May, 7 and 8 June 2016, the service was rated requires improvement. We made a recommendation for the provider to review care practice in line with the Mental Capacity Act 2005.

The provider provides an on-site domiciliary care and support service to people who are tenants within Keelboat Lodge extra care scheme. The scheme can accommodate up to 71 people, at the time of our inspection there were 44 people receiving a care service.

The service did not have a registered manager. A new manager had been appointed and had recently taken up their post. The intention was that this manager would apply to become the registered manager for Keelboat Lodge. A registered manager is a person who has registered with the Care Quality Commission 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.

Medicines audits had not been effective in identifying and investigating medicines errors. This had also been identified during a recent check on the service by the provider's internal quality department. We have made a recommendation about this.

People told us they were happy with their care. They also said staff were kind and caring.

The provider had effective risk management processes. Where potential risk had been identified a risk assessment had been completed and control measures identified to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

A new assessment and support plan format had been implemented. This was person centred and based around people's needs and preferences. Support plans were individual to each person and had been reviewed to keep them up to date.

The provider had dealt with previous safeguarding concerns appropriately including making a referral to the local authority safeguarding team.

The provider had effective recruitment processes to follow when assessing the suitability of new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS).

We found the provider had good systems to monitor incidents and accidents and ensure the correct action

had been taken.

Personal evacuation procedures had been written to help ensure people received appropriate support in emergency situations.

Staff were well supported and received relevant training. Training, supervisions and appraisals were up to date for all staff.

People only gave us positive feedback and said they knew how to complain. Previous complaints had been dealt with in line with the provider's complaint procedure.

People were consulted to gather their views and feedback about the care provided at the service. Good feedback had been received during the most recent consultation in February 2017.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

We found errors relating to variable medicines errors had not been investigated. Other medicines records were accurate.

There were effective risk management processes in place.

There were effective recruitment procedures in place.

Is the service effective?

Good ●

The service was effective.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

Staff told us they were well supported and received the training they needed.

People were supported to have enough to eat and drink and access healthcare.

Is the service caring?

Good ●

The service was caring.

People told us they received good support.

Staff were kind and caring.

People were treated with dignity and respect.

Care records were person-centred and included details of people's preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed shortly after moving to the service.

Support plans were detailed and personalised.

People gave us positive feedback about their support and knew how to complain.

Is the service well-led?

The service was not always well led.

Medicines audits had not been effective in identifying medicines errors. We have made a recommendation about this.

People and staff told us the new manager was approachable.

People and staff had the opportunity to feedback about the support provided at the service.

Requires Improvement ●

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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 checked 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 was a comprehensive inspection and was carried by one inspector. The inspection took place on 11 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be available to speak with us.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people living at the service and one relative. We also spoke with the acting care team leader, two care assistants. We looked at a range of records which included the care records for four people, medicines records for four people, recruitment records for three staff, supervisions, appraisal and training records. We also looked at a range of other records related to the quality and safety of the service.

Is the service safe?

Our findings

Medicines records we viewed supported the safe administration of medicines. We found most medicines administration records (MARs) were accurate. However, we found a small number of errors relating to medicines with a variable dose which had been dealt with at the time. Staff had completed training and had a competency assessment before administering people's medicines. People said they received their medicines regularly. One person commented, "They give me my tablets on time."

People told us the service was a safe place to live. One person said, "Yes I feel safe." A relative told us, "It is definitely safe. I trust them with [my family member]."

Staff also felt the service was safe. One staff member said, "Yes I think it is safe. The front door gets locked and visitors have to buzz (to gain access)." Another staff member said, "Yes it is a safe place. I think it is safe enough, there is somebody here 24/7."

Staff demonstrated they understood their role and responsibility within the safeguarding process including how to report concerns. The provider's safeguarding log evidenced that where required referrals had been made to the local authority safeguarding team. Thorough investigations had been carried out to ensure people's safety and wellbeing. For example, there had been three safeguarding concerns in January 2017 relating to medicines errors. Records showed the provider had taken a robust response to dealing with these issues which included obtaining medical advice, additional training for the staff involved and invoking the disciplinary procedure.

Staff also knew how to raise concerns using the provider's whistle blowing procedure. The staff we spoke with confirmed there had been no reason to use the procedure but would have no hesitation if people were at risk of harm. One staff member said, "I have not used it [whistle blowing procedure]. I would definitely raise anything." Another staff member told us, "I have not used it. If I went to [new manager] or [senior] though I would feel easy talking to them." A third staff member commented, "I could approach management and it wouldn't be frowned upon."

The provider operated an effective risk management process within the service. A range of standard assessments were carried out when a new tenant moved into Keelboat Lodge. For example, assessments of the person's living environment, medicines and falls were in place. Since our last inspection the provider had developed the falls risk assessment tool to provide more meaningful information about the level of risk a person faced. Where potential risks had been identified, control measures were in place to help minimise the risk of harm to people. For example, for one person who was at risk of skin damage, staff were to apply specific creams to their skin each day. If the person refused to allow staff to apply creams they were to contact the district nurse. Records confirmed staff had consistently followed this process.

People told us staff were consistent and reliable. One person said, "The staff turn up on time." Another person commented, "If you ring they are straight up. They stay the full length of time." Staff also confirmed there were enough staff on duty to meet people's needs. One staff member commented, "We manage fine."

There were effective recruitment processes in place to help ensure new staff were suitable to work at Keelboat Lodge. The provider carried out a range of pre-employment checks such as requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people. Additional risk assessments were carried where gaps had been identified in applicant's employment history prior to confirming their employment.

The provider kept a comprehensive log of incidents and accidents to evidence the action taken to keep people safe. The log confirmed appropriate action had been taken to address each incident. This included reviewing one person's medicines and referrals to GPs or other health and social care professionals.

Care records contained information about people's support needs in an emergency. This meant staff had access to relevant guidance about how to support people in an emergency situation.

Is the service effective?

Our findings

Staff told us they received good support. One staff member said, "I feel supported. It is a pleasure to work here. I absolutely love it." Another staff member told us, "I feel supported. I know if I have a problem I can go to them [management]. The team work well together, we help each other. I have always felt comfortable here. When I came here I felt at ease straightaway. It has a nice presence about it." Supervisions and appraisals were up to date for all staff.

The provider's training matrix identified training courses which were mandatory for care staff. For example, moving and handling, fire safety, medicines, safeguarding and nutrition. Records confirmed training was up to date. One staff member told us, "I am up to date with training." One person said, "They [staff] definitely know what they are doing."

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. We checked whether the service was working within the principles of the MCA. Following our last inspection we made a recommendation that the provider should review its practice in line with the MCA. This was because minor restrictions were in place without a MCA assessment having first been completed. For example, locking one person's care records and another person's medicines in the office. We found this was no longer the case and these restrictions were no longer in operation.

Staff showed a good understanding of MCA and how to support people with making daily living decisions and choices. People using the service were able to make these decisions with help in some cases from staff. For instance staff members asking people to make a choice after being shown things. One staff member commented, "We get clothes out and show them."

People told us they were asked for permission before receiving support from staff. One person said, "They will ask you what you want." A relative told us, "They will always ask is there anything else you want."

Staff supported people with eating and drinking and accessing the healthcare they needed in line with their support plans. This included for example, support with preparing meals and drinks and referrals to health professionals. One person said, "The food is nice. They [staff] make me a sandwich at tea-time." Another person told us, "They ask what would you like for your tea and they do it." One person had been referred to an occupational therapist due to difficulties with mobility.

Is the service caring?

Our findings

People gave us good feedback about the care provided at Keelboat Lodge. One person commented, "It has been lovely. The staff are good, the food is good and the care is good. I am very happy." Another person told us, "I have been here for two years. I like it here. The staff are very friendly. I appreciate what they do for me."

People and a relative told us the staff team were kind, caring and considerate. One person said, "Whatever you ask them to do [staff] they will do it for you." Another person commented, "Nice staff. The staff are good. Some of the staff are really kind." A third person told us, "They are kind, oh they are very kind." A relative told us, "You can't fault the carers. I couldn't have done without them. They are absolutely brilliant."

People described to us positive relationships with staff members. One person commented, "We speak to each other. We get on alright and my family like them. They go out of their way to help you, to see that you are alright. They are there for me and I am pleased they are." One staff member said, "We talk to people, make them feel comfortable. We have a laugh and carry on." This meant the staff approach to people ensured their well-being was protected.

Staff aimed to promote and maintain people's dignity and respect. People and a relative confirmed this was the case. One person commented, "There is nothing abrupt about any of them." One staff member said, "We reassure people and put them at ease. We talk to them and keep the door shut [for privacy]."

Staff supported people to be as independent as possible. One staff member commented, "When we go in we ask people [what help they want]." Another staff member told us, "We try and get people to do things as much as they can, if they can. We encourage people."

Care records we viewed were personalised and contained details of people's preferences. One person said, "They talked to me and my daughter about preferences." People had a document called 'All About Me' which gave details of their life history. This included information about their early life, family, education, family life, careers and hobbies. This meant staff had access to information to help them understand people's needs better.

We saw staff had listened to people when they wanted to advocate their own needs. Relatives had also advocated on behalf of people and their information had been included in people's care plans. This showed us staff involved people and their relatives in their care.

Is the service responsive?

Our findings

The provider had recently implemented a new format to assess people's needs and plan their support. The new format prompted staff to gather information to develop individualised support plans based around people's needs and preferences. The support assessment tool included what was important to people, what was currently working for them in their life and what a 'good day' and 'bad day' looked like for them. This meant staff were focused on identifying exactly what support people wanted from them.

Support plans were detailed and person-centred. They provided a structured guide as to what staff should do from arriving at a person's apartment through to leaving at the end of the call. People's preferences were clearly documented as a reminder to staff. For example, one person's support plan stated they liked a particular brand of coffee and a specific sweetener. One person commented, "I have a care plan, I have looked through it."

Support plans also contained prompts to ensure important tasks had been completed such as completing documentation, leaving living rooms and bedrooms tidy, opening blinds and making people's beds. Support plans had been reviewed to keep them up to date with people's changing needs.

The provider was registered to provide personal care. However, people said staff still supported them down to the communal areas to attend any of the social activities that were provided. This included for example, afternoon tea on a Monday. One person told us, "On a Monday we have afternoon tea. We have a chinwag, cake and sandwiches." This meant the provider was supporting people to prevent them from becoming socially isolated.

We only received positive feedback about the care provided at Keelboat Lodge. People also told us they knew how to complain if required. One person said, "I would go to [new manager]." Another person told us, "If you have a complaint they will listen." A third person said, "I have no complaints, none whatsoever." A relative commented, "I have never had any complaint of any of them. [If I had a complaint] I would just go to the office." Previous complaints had been fully investigated and resolved. Records showed the manager had followed up concerns with the relevant person to confirm they were happy with the outcome. Action taken to address complaints included giving an apology, one to one discussions with staff and adapting the support people received.

The provider regularly monitored the complaints received across all of the extra care schemes within the provider group. This was used to look at trends and patterns such as the number of complaints received, the reasons for complaints, response times to dealing with complaints and the outcome. These were collated into a report which summarised the learning from complaints and any action needed. For example, additional customer service training for staff, reviews of rotas and a reviews of certain policies and procedures.

Is the service well-led?

Our findings

The provider had quality assurance systems in place to check people were receiving safe care. These included regular monitoring of complaints, medicines, and support plans. Medicines audits were not always effective identifying issues. For example, we saw two recent examples where medicines with a variable dose had been administered incorrectly. Although we saw the provider had taken prompt action to deal with these issues and had followed medical advice to keep people safe, we were concerned these errors had not been identified in the subsequent medicines audits. This meant the provider had not taken any action to investigate these errors and ensure action was taken to prevent future errors. The provider planned to conduct an immediate investigation.

The provider's 'Internal Audit and Risk Department' also carried regular checks on the quality of care provided at each of its services. A report had been developed following the most recent audit of Keelboat Lodge in May 2017. This identified a number of areas of compliance, such as best interest forms being completed where required. The report also identified a number of areas for development. This included 'MAR chart auditing arrangements were not always effective in identifying and addressing anomalies'.

We recommend the provider considers best practice on monitoring the management of medicines with a variable dose and updated its practice accordingly.

We saw other audits had been completed appropriately and had been effective in identifying areas for improvement.

The service did not currently have a registered manager. A new manager had been employed and was new in post. They intended to apply to the CQC to become the registered manager. People and staff told us the new manager was approachable. They were also confident the service would develop under the new management. One person said, "The new manager is very good. She is lovely, approachable." Another person commented, "[New manager] is nice." A third person told us, "I think she will be lovely. I like [new manager], she is a lovely woman." I think she will do a lot for us. I think she is a go-getter." One staff member commented, "I think they are great, definitely approachable. You can go to them about anything." Another staff member told us, "I think it is managed fine, they are all approachable." Statutory notifications had been submitted to the CQC when needed.

Regular team meetings took place which meant staff were able to share their views and suggestions about the service. Minutes of previous meetings showed these were used to discuss improvement to care practice, such as improving the management of medicines. The new manager had recently held an initial meeting with staff. One staff member said, "I walked away really positive. [New manager] has a great empathy to add to the scheme."

People had been asked for their views about the service they received at Keelboat Lodge. This was last done in February 2017. Feedback had been received from 16 people. We viewed this feedback and found it was mostly positive. Questions asked included asking people whether staff were well presented, whether people

were treated with dignity and respect and felt safe. We found there were no specific concerns raised.

The provider regularly received compliments from relatives thanking the provider and staff for the care family members had received at Keelboat Lodge. Six compliments had been received between April and May 2017. These described the support as comfortable, kind and compassionate. Staff were described as loving, supportive, patient and understanding. One relative thanked staff for taking time to talk to their family member when they were lonely.