

Genesis Housing Association Limited

St Lukes Place

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?

Good ●

Summary of findings

Overall summary

We inspected St Lukes Place on the 8 March 2016. St Lukes Place is a domiciliary care agency that provides a range of services for people who live in the community. The service provides personal care and domestic support. At the time of our inspection there were 23 people using the service.

The service had a registered manager in post. 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.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff supported people with their medication as required.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs, district nurse and occupational therapist. People were supported with their nutrition and hydration needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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.

People felt safe. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

People were supported with their medication if required.

Is the service effective?

Good ●

The service was effective.

Staff attended various training courses to support them to deliver care and fulfil their role. Staff received an induction when they first started work at the service.

People's food choices were responded to, and they were supported with their nutritional choices.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

St Lukes Place

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.

We inspected St Lukes Place on the 8 March 2016. The inspection was announced. We told the provider one day before our visit that we would be coming. We did this to ensure the manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

During the inspection we visited four people that used the service. We met with the registered manager, business manager and care co-ordinator at their office and spoke with one member of care staff. We reviewed four care records, training records, two staff recruitment and support files, audits and minutes of staff meetings.

Is the service safe?

Our findings

People felt safe using the service, they told us, "I know all the staff that visit me." And, "The carers always check my patio door is locked." A member of staff told us, "We always wear our uniform and carry identification badges so that we are recognised."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns I would report it to the manager and make sure I documented it. I would follow it up and if I did not think it had been dealt with I would go to an outside agency such as the local council safeguarding team." The service also had a 'whistle blowing' policy where staff could discuss any issues confidentially. The manager and care co-ordinator had a good knowledge of how to deal with safeguarding concerns and demonstrated the importance of working together with local authorities to keep people safe.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. The risk assessments included making sure the environment was safe, from any hazards such as loose carpets, electrical wiring, fire hazards and clutter. The risk assessments also highlighted where people may be at risk of falls and how staff can best support them.

The service provided care within a sheltered housing complex. All people living there had emergency call alarms that alerted a warden if they were in need of help. One person showed us how they wore the emergency call alarm around their wrist at all times. Another person told us, "I had the emergency call bell in my pocket but I kept setting it off so I wear it now." Staff told us that they always made sure people had access to their alarms or reminded people to use them and have them close by in case they needed them.

Staff knew what to do if there was an accident or if people became unwell in their home. Staff said, "If somebody was unwell, if necessary I would call an ambulance and notify my manager and their relatives." Staff also said they would support people to make a doctor's appointment.

Staff were effectively deployed to ensure that people received timely and safe care. Staff had weekly rotas of call time for people to deliver support to. People said they knew all the staff that visited them. The registered manager said they had a small team that covered all the calls and that they did not use agency staff. The service also had on-call support from a nominated member of staff who would cover any calls if staff needed emergency leave or were unable to attend due to sickness. Staff recorded the time of their arrival and length of stay in the person's care file.

The registered manager had an effective recruitment process in place and there were currently no staff vacancies. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People who used the service were responsible for their own medication. These were usually provided in a

monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required staff supported people to take their medication. This was recorded on medication cards. The care co-ordinator audited these each month to check medication had been signed for and dispensed properly. One person told us, "I was getting in a mess with my medication, I thought I was taking it but I wasn't, now the carers come twice a day just to check I have taken it correctly."

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. People told us they felt staff were well trained to do their job. One person told us, "They all do a good job." Staff told us they were up to date with their training and were booked to renew certain training that they needed to refresh yearly. The care co-ordinator also arranged for additional training for staff to give added skills where needed. For example they arranged for a district nurse to train staff in how to apply pain patches and how to administer eye drops.

Staff undertook a thorough induction when they started at the service. The care co-ordinator worked alongside new staff to ensure they had a good understanding of people's care needs. The manager told us that they liked new staff to do at least two weeks of 'shadowing' other staff. They told us this gave them an opportunity to get to know all the people they would be supporting and what their individual needs were. A member of staff told us, "When I first started I met people to get to know them then I worked with other staff, so I knew what support I needed to give." The manager told us that new staff are supported with training and had commenced the new Care certificate. The Care certificate is a training course which can enable staff who are new to care to gain the knowledge and skills that will support them within their role. Staff received regular supervision, one member of staff said, "We have supervision every couple of months." This helped staff to identify any additional training or support they might require. The care co-ordinator also undertook observations of staff work to ensure they were performing their role correctly.

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 who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this. This told us people's rights were protected.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them or by helping them with shopping for food. People tended to have a cooked meal within the sheltered housing scheme at lunchtime. One person told us, "The carers help me with my breakfast and make me a sandwich for my tea and I have a slice of cake." Another person told us, "The carers always make sure I have a cup of tea when they pop in." Some people had shopping delivered to their flats and staff assisted them in putting this away. A member of staff told us, "I always check people's fridges and make sure that food is in date." The care co-ordinator told us that nobody currently needed assistance with special diets.

People were supported to access healthcare. The care co-ordinator told us, "If I have any concerns about people's health or skin condition, I contact the district nurse to assess them." Staff told us they supported

people to attend healthcare and hospital appointments if they wanted an escort to go with them. If people would benefit from additional equipment in their flats to help their independence the care co-ordinator said they would contact a community occupational therapist for advice.

Is the service caring?

Our findings

People were very complimentary of the support they received from staff and how caring the staff were. People told us, "They are all excellent," and, "I have no complaints about the staff, I always have a good laugh with them."

Staff knew people well, including their life histories and their preferences for care. Staff told us how they enjoyed talking with people and listening to them about their lives. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. Staff treated people as individuals and knew for example the exact time people liked to be escorted for lunch. One member of staff told us, "[person's name] likes us to call for them at exactly 12.15 to assist them to the dining room, if we arrive before we sit and talk until that time."

People discussed their care needs with the staff and care co-ordinator. From these discussions and with their agreement a care plan and contract was devised. This outlined all the support required and at what times they would like this support. If people's needs changed they would discuss this with the staff and care co-ordinator. The care co-ordinator met with people frequently to gain their feedback on the support they received.

When talking with staff they were all very positive about the people they supported and spoke of them fondly. Staff felt it was their job to assist people to maintain their independence and build relationships with people. We observed when we were in people's homes, that they were genuinely pleased to see staff. One person we saw liked to hold on to staff's hands and kiss them. They said, "All the staff are lovely, they look after me and know everything I want." Another person told us, "The carers will do a little bit extra for you, like tidy up and put my bag away." The care co-ordinator told us that all the staff were very caring and gave an example of when one person who buys a cake weekly dropped it on the floor, the next day a carer brought them in another cake out of their own money, so the person did not miss their weekly treat.

Staff were respectful of people's privacy and dignity. People told us that staff were very respectful to them and helped them maintain their independence by supporting them in their own home. Staff told us, "We knock and call out before entering people's homes so they know we are coming in."

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. Each person had a full assessment of their needs completed. Information included people's personal histories, their preferences for care and how they wanted to be supported. The care co-ordinator or manager met with people to discuss their care and support needs to see if the service could meet these. One person told us, "[staff name] met with me and we went through everything I needed, it's all written down."

The manager or care co-ordinator developed care plans from these meetings, outlining all aspects of support people required. These included personal care, domestic duties and social support in the community. These were updated if any needs changed with the person or they were reviewed every six months. This meant staff had up to date information of how to support people.

People who used the service were mostly independent and pursued their own hobbies and interests. Some attended activities within the housing complex, whilst others went out into the community or attended day centres. One member of staff said, "I sometimes go on trips out to the community with people, they are called social outings." The manager told us how one person frequently cancelled their trips out, but staff were flexible and would rearrange to take them out at a different time when they wanted to go. This told us the service was responsive to people's needs.

The service had a robust complaints process in place for people to access. People told us they did not have any complaints about the service they received but all said, if they did, they would speak with the care co-ordinator or staff. People were provided with contact numbers to call if they were concerned about their care and these included the local authority and the CQC.

Is the service well-led?

Our findings

The service had a registered manager who had been in post for the past 11 months. They worked closely with the services care co-ordinator to plan care for people and support staff. They were both demonstrated a good knowledge of people using the service.

Staff shared the managers vision to provide the best care they can, to support people to be independent. One member of staff said, "We support people to stay in their own home, to be healthy and happy."

Staff felt supported through regular staff meetings. Staff said they could discuss anything at these meetings and that they found them helpful to discuss people's care needs, or any issues arising around supporting people. Staff also received regular one to one supervision from the manager, where they could discuss any training needs or ideas they had about the running of the service. In addition the care co-ordinator carried out observations on staff's work and gave them feedback on their performance. The business manager told us that the providers aim was that all staff had some form of contact with management every month through either a staff meeting or supervision. Staff also received a yearly appraisal of their performance. This demonstrated that people were being cared for by staff who were well supported in performing their role.

Staff felt supported by the manager and care co-ordinator. One member of staff told us, "If we have any issues we can talk to them or we can telephone them anytime they are always available." Staff told us that they worked well together as a team and that everyone supported each other. The care co-ordinator also had contact with staff every morning to discuss any updates.

People were actively involved in improving the service they received. The manager gathered people's views on the service through direct feedback, telephone calls and by using questionnaires. The responses and feedback from the surveys were all positive. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.

All information around people's care was held in folders, staff updated these during each visit. They were then removed when full and stored in a locked filing cabinet in the head office to ensure people's private information was kept secure.

The manager had a number of quality monitoring processes in place and was very keen to deliver a high standard of care to people. The provider used a system of peer auditing this meant managers from other services came in monthly to audit the performance of the service and if required developed an action plan from findings. The manager used the quality monitoring processes to keep the service under review and to drive any improvements.