

Housing & Care 21

Housing & Care 21 - Poppyfields

Inspection report

Chapman Way
Eynesbury
St Neots
Cambridgeshire
PE19 2PF

Date of inspection visit:
13 January 2016
04 February 2016

Date of publication:
08 April 2016

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

Housing & Care 21 – Poppyfields is a domiciliary care agency, registered to provide personal care to people who live in their own homes. Everyone currently receiving care from the agency lives at Poppyfields, a housing-with-care scheme owned and managed by Hanover Housing Association. Poppyfields is located on the outskirts of St Neots, close to a large superstore and health centre. Each person has their own flat and access to shared areas of the building including a large lounge/dining room.

This comprehensive inspection was carried out on 13 January and 4 February 2016. We gave the provider 48 hours' notice of the inspection as we needed to be sure that a senior member of staff would be available.

This service requires a registered manager. 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. There was no registered manager in place. The previous registered manager left the service in late 2015, following a period of absence. The member of staff managing the service at the time of the inspection (referred to throughout this report as the manager) had worked at the service for a number of years. They had been the deputy manager before being appointed to the post of manager in January 2016.

People and their relatives told us they were very happy with the service being provided by the agency. They were complimentary about the staff and about the management of the service. People, relatives and staff made a special point of praising the manager who was newly appointed to the post.

We saw that people receiving a service and the staff got on well together and were comfortable in each other's company. People told us they felt safe with the service provided and relatives had no concerns about the safety of their family members. Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people were assessed, recorded and managed so that people were kept as safe as possible.

Staff had been recruited in a way that ensured as far as possible that they were suitable to work in a care environment. There were a sufficient number of staff on duty to meet people's assessed needs and support them in the way they wanted to be supported. Staff had undertaken a range of training courses so that they were equipped to do their job well. Medicines were managed within good practice guidelines.

The Care Quality Commission (CQC) is required by law to monitor and report on the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. Most of the people who received a service from the agency had mental capacity to make their own decisions. Staff showed that they respected people's choices and supported each person in the way they preferred. However, not all staff were able to demonstrate a sufficiently robust understanding of the MCA and DoLS. This increased the risk that decisions made on behalf of people who did not have capacity might not be in

their best interests and as least restrictive as possible.

Staff supported people to have sufficient amounts of food and drink to meet their nutritional needs. Staff also supported people, when required, to access health care so that their health and well-being were maintained.

Staff showed that they cared about the people they were looking after. Staff treated people with kindness, respect and compassion and made sure that people's privacy and dignity were upheld at all times. People's personal information was kept securely so that their confidentiality and privacy were maintained.

People, and their relatives when appropriate, were involved in planning the care the person needed. Staff gathered as much information as possible about the person so that the person received the care they needed in the way they preferred. Care plans were personalised and showed that staff supported people to be as independent as possible.

The provider had a complaints procedure in place. This had not always given people the information they needed to be able to raise their concerns effectively. The manager was in the process of updating the information so that people would have external contacts to whom they could complain.

People and their relatives were encouraged to put forward their views about the service in both formal and informal ways. Staff were also given opportunities to put forward their ideas about ways in which the service could improve. Audits of the service were carried out to make sure that the best possible service was provided. Records were maintained as required.

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

Staff had undertaken training in safeguarding and knew how to keep people safe from harm. Potential risks to people were identified, assessed and managed so that the risks were minimised.

There were enough staff on duty to make sure that people's needs were fully met. Staff had been recruited in a way that ensured they were suitable to work in a care environment.

People received their medicines safely and as they were prescribed.

Is the service effective?

Good ●

The service was effective.

The manager worked with staff from the local authority to ensure capacity assessments were carried out when required. Some staff were not fully aware of their responsibilities to protect the rights of people who lacked the mental capacity to make all their own decisions.

People were cared for by staff who had received training and support to enable them to do their job properly.

People were supported to ensure that their nutritional and health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respectful in their interactions with people who received a service.

People were treated with respect and staff encouraged people to retain their independence. Staff supported people in a way that upheld their privacy and dignity.

Personal information about people was kept securely so that their confidentiality was preserved. Staff did not discuss people's care with other people.

Is the service responsive?

Good ●

The service was responsive.

People raised concerns with the staff team. There was not enough information available to people so that they could raise a complaint outside the organisation if they wanted to.

Care plans were personalised and contained sufficient, up to date information and guidance to ensure that the care delivered by staff was consistent.

Staff supported people to attend activities, outings and entertainment arranged by the housing provider.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff were complimentary about the current management of the service.

There was a range of opportunities available for people, their relatives and the staff to put forward their ideas for improvements to the service.

Records were accurate and complete and notifications had been sent to CQC as required by the regulations.

Housing & Care 21 - Poppyfields

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 was carried out by two inspectors. Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We spent time visiting people in their flats and in the lounge/dining area where we observed how staff interacted with the people who received a service from Housing & Care 21- Poppyfields. We spoke with seven people who used the service; two relatives; three care workers including senior care workers; and the manager. We looked at five people's care records and records of the administration of their medicines. We also looked at some of the records relating to the management of the service, including staff recruitment files and some of the audits that the service completed. Following the inspection we spoke with one relative on the telephone.

Is the service safe?

Our findings

People and their relatives told us that they felt safe with the staff who were providing their care. One person said, "I feel safe. I've got the cord [for the alarm] on all the time. Staff are good, I'm looked after well, they're very nice." One relative told us, "[My family member] is as safe as she can be. Staff are responsive to her alarm," and "I've never heard anyone being unkind." One relative told us, "I'm not a trusting person, but I trust them [the staff]."

Staff told us that they had undertaken training in safeguarding people from abuse and harm. They told us they had completed in-house training arranged by the provider and had also attended training provided by the local authority at an external venue. Staff demonstrated that they had a good understanding of safeguarding people and that they would recognise if anyone was at risk of harm. They knew to whom they would report any concerns, including external agencies such as the local authority safeguarding team. Telephone numbers to report any concerns were on display on notice boards at the service. This meant that the provider had appropriate arrangements in place to safeguard people from harm.

The provider had a system in place to manage risks to people. Care records showed that assessments of potential risks to people had been carried out, which identified any risks. These included risks involved with falls, mobility and medicines. Plans had been put in place so that staff knew how to minimise the risks. Staff were aware of the risks and guidance for each person they were supporting.

We asked people, their relatives and the staff whether they thought there were enough staff to meet people's needs. One person told us, "[The staff] have plenty of time. They turn up on time 90% of the time: they're only late if something has happened." Another person said, "Staff are punctual, never really late." A relative said that they felt there were enough staff during the day but they wondered if there were enough at night. However, they said there had never been any occasions when their family member had not received the care they needed. One person told us that they had had cause to call for help during the night and "staff came very quickly."

Staff told us there were enough staff on duty each day to meet everyone's assessed needs. They said that staff "covered each other" when other staff were on sick leave or on holiday. Staff also said that the manager was very good at helping out "hands-on" if she was needed. The manager told us that when they carried out an assessment or review of each person's needs a score was attached to the assessment. The score identified the level of staffing needed to meet the person's needs. Staffing was adjusted when the levels of need changed, to ensure that current levels of need were met.

The provider had a robust recruitment procedure in place. Staff told us that all the required checks, including references, proof of identity and a criminal record check had been completed before they were allowed to start working alone with people. This meant that the provider had systems in place to ensure that people's needs were met by a sufficient number of staff who were suitable to work in a care environment.

Staff we spoke with knew about the provider's whistleblowing policy. Telephone numbers for staff relating

to whistleblowing and employee assistance were readily available. The poster on display stated that an investigating officer would be appointed within 24 hours. One member of staff told us they had had cause to report a colleague by using the policy within the past 12 months. They were pleased to tell us that, "I don't need it [the whistleblowing policy] now [the issue has been resolved]."

We checked how medicines were managed by the staff. Staff told us they had been trained to give medicines safely and had had their competence checked before they started giving people their medicines. They described the process they went through each time they gave someone their medicines, which was in line with good practice. A risk assessment had been completed for each person and gave staff guidance about the ways in which the person preferred to take their medicines. For some people, the risk assessment had identified that the person was able to take their own medicines without staff assistance. For people who needed some support, this was detailed in the care plan, which also included information such as if the person had any allergies to particular medicines.

Records showed that staff had signed the medicine administration record (MAR) charts each time they gave a person their medicines. Records for people who had been prescribed creams to use on their skin included a body map. The body map detailed where any creams should be applied. If someone had more than one cream, each cream, and the place on the body it should be applied were highlighted in a different colour. We saw that when staff had been involved in ordering, storing and disposal of people's medicines, they had carried out the tasks in line with the provider's policy. This meant that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

Staff told us they had undertaken training in a range of topics relevant to their role. They said their training started with a thorough induction, which included training in topics such as moving and handling and health and safety. They then shadowed more experienced members of staff until they were confident and deemed competent to work alone. One member of staff told us that "on-going training" was arranged in a number of ways, including e-learning; training by a Housing 21 employee from the provider's head office team; or training delivered by the manager and senior staff from the agency. Staff were satisfied that they received adequate training to be able to provide people with the care and support they needed. The manager told us that more than 75% of the staff team had achieved a national vocational qualification in care.

Staff received formal supervision every three months from their line manager. Observations of staff practice were carried out by the senior staff and each staff member had an annual appraisal. One member of staff told us that their one-to-one supervision sessions were "helpful", but they said, "We can raise concerns at any time and they're resolved." This meant that the provider had taken appropriate steps to ensure that staff had the knowledge, skills and support to provide effective care to the people who received a service from the agency.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We spoke with the manager about the MCA and DoLS. The manager had a good understanding of the principles of the MCA. She told us that most people who received a service from the agency had capacity to make decisions about their every-day lives. The manager was working with experts from the local authority to complete an application to deprive one person of their liberty. Staff had identified that at times this person was not safe to leave their home unaccompanied.

The manager stated that all staff had received training regarding the MCA and DoLS. Staff demonstrated that they respected people's choices about how they wanted to be supported. However, when we spoke with staff we noted that their knowledge and understanding of the principles of the MCA were not always embedded. One member of staff told us, "We always assume that the person has capacity and do what's in their best interests. We work with [people's] families." Without a formal capacity assessment having been completed, this meant that some decisions made on people's behalf might not have been in their best interests and as least restrictive as possible.

Staff from the agency made sure that the people they supported had enough to eat and drink. Staff assisted

people who needed assistance to get their own breakfast, evening meal and drinks throughout the day. Most people partook of the lunch provided in the dining room each day by the housing association who owned the building. Staff from the agency supported people to get to the dining room. If a person had been assessed as requiring support to eat, staff provided this support. Staff were aware of people who were at risk of malnutrition or dehydration and the manager told us that additional support was offered when the need had been identified. The manager said that at the time of the inspection formal risk assessments of people's nutritional needs had not been carried out. She was aware that these required completion and was in the process of putting these in place.

Generally, people or their relatives arranged their own healthcare appointments that the person needed. However, if a person was not well, staff would request a GP visit, or ambulance in line with the person's and their families wishes. Health appointments, and any resulting changes to the care and support people needed from the staff, were recorded in their care plans. This meant that people were supported by the staff with regard to their nutrition and health to make sure that they stayed as healthy as possible.

Is the service caring?

Our findings

People and their relatives all made very positive comments about the staff. One person said, "Staff are helpful. They will do anything you ask, within reason.... I can't fault the care staff." Another person told us, "They [the staff] always finish with 'is there anything that I can do for you?' before they leave.... They go out of their way to be pleasant all of the time." One relative told us, "The carers [staff] are good, they are all caring," and "The carers [staff] are lovely....I'm very happy with them." One relative was realistic about the staff. They said, "Some [staff] have more empathy than others, but that's life."

During our visit we saw that people were very comfortable with the staff and got on well with them. A person who had recently started to receive a service from Housing & Care 21 - Poppyfields said, "They're good girls. The staff are good to us; they're all lovely and always willing to help us." At lunchtime we noted that staff understood and responded to people's humour in a sociable, friendly way and there was some lively banter between people and the staff. Interactions between people and the staff were warm and caring, whilst staff remained professional in their approach. One person told us, "I've got a really good relationship with them [staff]. I think they [other people who used the service] will all tell you the same."

People told us that staff made them feel special. One person said, "It's all about us, the residents." Another person told us, "There is personal contact now when the carers [staff] are with us. When they are here then we are the ones, nothing gets in the way of us." A relative said, "They [staff] treat them [people using the service] like proper people, like their own grandmothers." We saw that people and/or their relatives had been involved in deciding the level of care each person needed and were involved in reviews of the care provided. One relative said that staff always involved them if there were any changes in their family member's circumstances.

We saw that staff treated people with respect for their dignity and privacy. One person told us, "They treat me with a lot of respect. They're wonderful." Staff knew who liked them to knock on the door of the flat and who preferred staff to open the door and call out as they entered. We saw that staff bent down to the person's level when they were speaking with them and sat next to them when they were assisting the person with their lunch. People were offered support with personal care in a discreet manner. One person told us that staff supported her to access the toilet then left her until she was ready for further assistance. This person said, "They tell us when they'll be back."

People told us they were sure that staff respected their confidentiality. One person said, "The staff are very confidential about other residents. They never talk about them." People's personal care records were kept securely in the staff office.

Care plans had been written in a personalised way that gave staff guidance on how to support the person to maintain their independence. For example, in the care plan for one person's personal care we read, "I would like you to ask me if I would like a shower. Sometimes I will have a wash." The care plan relating to mobility stated, "I would like you to ask me if I want to go to the dining-room in my wheelchair or if I want to walk." People's preferences were included in the care plan so that staff were able to offer people choices in all

aspects of their daily lives. One person told us, "They let me wash myself." We saw that staff supported people to maintain their independence at lunchtime by only offering assistance when it was really needed. A relative told us, "They [staff] encourage [my family member's] independence whenever possible, even though she's very very slow."

Staff encouraged everyone to go to the dining room for their lunch. They respected people's choice if people preferred to stay in their flat and if the person had ordered lunch it was delivered to them. Staff assisted people to the dining room if they needed assistance, or just walked with them when that made the person feel safer. Lunchtime was calm and relaxed and people clearly enjoyed socialising with each other and chatting to the staff. Visitors were welcome to join their family members for a meal.

The manager told us that there was a leaflet available to people about advocacy services if people felt they needed to have an advocate to provide independent support with any aspects of their lives. She said that at the time of the inspection everyone receiving a service was satisfied that their relatives or friends would advocate for them if the person needed them to.

The manager told us that the agency did not guarantee that they would be able to provide end-of-life care, but people were supported in their own home for as long as the service was able to meet their needs. The manager told us that they had worked with other agencies such as the hospital and the community nursing team as well as other care providers who had provided staffing at night when the person had needed it. One person using the service at the time of the inspection had suffered a deterioration in their health. The service had ensured that all the right equipment and additional staff were available to support this person who now rarely left their bed.

Is the service responsive?

Our findings

The manager explained that when a person had decided they wanted to move into Poppyfields and wanted their care provided by Housing & Care 21 - Poppyfields, she went to visit them. She carried out a full assessment of the care they would require and discussed with them the days and times they would prefer their care to be delivered. The manager told us that the service had been able to offer each person the care they needed very close to the times they had requested.

People we spoke with, and their relatives, had no complaints about when or how often the staff visited them. One relative told us that sometimes their family member would telephone them, sounding upset. The relative was very grateful that they could ring the service and a member of staff would always "pop up to see her."

Care records showed that people, and their relatives when the person wanted relatives involved, had been fully involved in planning the care the person needed. One relative said, "I'm involved in [my family member's] care all the time. They're very open to that." Care plans were written in a personalised way and described in detail what each person could do for themselves. The care plans gave staff detailed guidance on the care each person needed, at what time and the ways in which the person preferred their care to be delivered. One person told us she did not want care from male members of staff. This was recorded in the person's care plan and staff knew this person's preference.

We saw that care records included as much detail as staff had been able to gather about the person's past life. This 'life history' meant that staff could get to know people better, even if the person was no longer able to communicate well. They were then able to deliver the most appropriate and person-centred care. Staff completed very detailed 'communication notes' following each time they provided care, so that all staff and relatives, when appropriate, would know what was happening with the person.

Some entertainments and activities were arranged by the housing provider to take place in the communal lounge. Although the agency was not responsible for arranging these, staff supported people to attend when it was part of the person's 'care package'. People appreciated staff's assistance and that staff enthusiastically joined in. The manager said that staff had supported people to attend a pantomime at Christmas. One relative told us that they chaired a 'social committee', made up of people living at Poppyfields and their relatives, which was instrumental in deciding what went on. They said that staff supported and encouraged people to join in.

The provider had a complaints policy and procedure. We saw some information in the folder in people's flats about what people should do if they wanted to raise a complaint. However, this only gave people staff within the organisation to contact. It did not direct people to external agencies such as the local authority, the ombudsman or CQC if people felt they could not raise issues with the agency. We noted that the only information on the notice boards was about how to complain about the housing provider. One relative said, "It would have been helpful to know how to complain. It's not terribly obvious who to complain to – it's difficult to find out who to complain to." The manager told us that the brochure given to people when they

first used the service was being updated to include local contact details.

People told us that they now had no cause to complain. One person said, "I can't find no fault with them." Another person told us, "We can't grumble about anything." People said they would speak to the staff if they needed to. However, we heard from a number of people and relatives that there had previously been some issues about the service. People and staff told us they had contacted the organisation but their concerns had not been taken seriously. A relative told us, "The management (higher) was not as communicative as they should have been." The manager told us that all concerns raised with her were now taken seriously and anything raised since she had taken up the post of manager had been dealt with immediately. She said that there had not been any formal complaints raised in that time. The manager agreed to make sure that it was clear to people to whom they should complain if their complaint was about the care service they received. She assured us this would include details of external agencies.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the care provided by Housing 21 – Poppyfields. A relative said, "I'm very happy with them, very pleased with it." Staff said how happy they were to be working for the agency. One member of staff said, "I love what I do" and told us that they would "definitely" recommend the service to any of their relatives or friends. Another member of staff said, "It's turned around. It's now a lovely place to work. I love it here. I'm happy." Staff also told us that the feedback the staff team had received from families, people who used the service and the reviews of people's care was that "it's a lovely place to live."

People, staff and relatives were effusive in their praise of the manager. One person told us, "The new manager is brilliant; does everything you ask." A member of staff said, "[The manager] is lovely, really approachable and we are trying to pull together for her." Another member of staff told us, "[The manager] is doing a very good job. There's excellent care provided here." Another said, "[The manager] is very efficient, very supportive and the staff and residents are happy." A relative told us they were "much more content" since the manager had been appointed.

Everyone knew who the manager was and we saw that she was very accessible to everyone. She spent a lot of time "out of the office". She visited people in their flats, made sure that high standards of care were being provided and listened to whatever people, relatives, staff and other visitors wanted to tell her. One member of staff said, "She [the manager] comes out of the office and sees the residents. People ask to see her."

Staff were proud of the care they provided. One member of staff said, "Staff go that extra mile." Another member of staff told us, "Cooks and cleaners [employed by Hanover] and care staff all work as one big team, doesn't matter who employs you." People agreed that staff went 'above and beyond'. One person said, "Nothing's too much for them. They go a bit further for you." Another person told us, "If you have any problems, just ask. [The manager] just organised transport for my hospital appointment. She booked accessible transport for me."

There was a number of ways that people and their relatives had been able to give the provider their views about the service. One person told us, "I go to a lot of meetings: Housing 21, catering, social committee and Hanover." They were happy that their views about the service provided by the agency were listened to. This person told us, "The care is better since the change of management." The manager told us that the provider sent out a survey each year to people and their relatives so that views could be voiced anonymously, in writing, if people preferred. A survey had not been sent out recently.

Staff were also given opportunities to voice their opinions about the service and make suggestions for changes. Staff meetings were held every six weeks, minutes of the meeting had been recorded and action plans had been put in place when improvements had been agreed. Staff felt very well supported by the manager and senior staff. They told us they all pulled together as a team and one of the staff told us that the manager was "very encouraging."

The provider had a system in place to make sure that the service delivered by the staff was of the highest possible standard. A number of audits, such as medication audits and audits of care plans were completed regularly. The provider's representative visited the service regularly and wrote a written report about their visit. An action plan resulted from this audit and the manager had to report back on the service's progress with each action.

The manager told us that incidents and accidents, which would include any safeguarding or whistleblowing concerns, were logged in a way that enabled any patterns to be identified. Any learning from these incidents had been discussed with staff and included in improvement plans for the service. One member of staff said that this learning enabled the staff team "to know what to do if there's a next time."

Records were maintained as required and kept securely when necessary. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.