

Housing & Care 21

Housing & Care 21 - Sheffield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 04 and 05 April 2016, and was an announced inspection. Housing and Care 21 DCA (Sheffield) were given 48 hours' notice of the inspection. We did this because we needed to be sure that the manager and some office staff would be present to talk with.

Housing and Care 21 DCA (Sheffield) is a domiciliary care service. The agency office is based in Sheffield. They are registered to provide personal care to people in their own homes throughout the city of Sheffield. The service was last inspected on the 08 September, 01 and 02 October 2015 and was found to be in breach of five regulations at that time. Regulation 18: Insufficient staff were employed to cover care. People employed by the service did not receive appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 12 :People were not receiving their medicines when they needed them because visits were missed. Medicine risk assessments had not been reviewed. Regulation 13:The safeguarding file didn't contain details of all current safeguarding referrals. CQC checked and found that Housing and Care 21 (HC21) did not always notify CQC of safeguarding concerns, or take steps to identify any issues, patterns or trends. A warning notice was issued for this. Regulation 9: People did not always receive person centred care and treatment that was appropriate and met their identified needs. Regulation 17: Systems were not in place to ensure an accurate and contemporaneous record in respect of each service user was maintained. Systems were not in operation to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider sent a report of the actions they would take to meet the legal requirements of these regulations. The action plan received from the provider showed all actions would be completed by March 2016.

We undertook this inspection so we could look at whether the provider had made progress in meeting these regulations.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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. The manager had been in post since January 2016 and had applied to register with us.

Significant changes to the staffing at HC21 had occurred since our last inspection. The registered manager and members of the senior staff team had left the agency. The provider had put interim management arrangements in place to support the operations and on-going improvement of the service.

All of the staff and most people spoken with reported improvements to the agency in recent weeks.

People spoken with said they had regular care workers that they knew well. People told us their regular care workers were kind, caring and considerate. They told us they felt safe with their regular care workers.

The provider did have adequate systems to ensure the safe handling, administration and recording of medicines to keep people safe.

Staff recruitment procedures were thorough and ensured people's safety was promoted. The provider had

undertaken all the checks required to make sure people who were employed at HC21 were suitable to be employed.

The provider had recruited permanent care workers to ensure they had sufficient numbers of suitably deployed staff.

Although there had been improvements there were some staff who had outstanding training requirements and some staff had not received supervisions or appraisal.

Staff were provided with relevant induction support and training to make sure they had the right skills and knowledge for their role.

People's care plans were person centred and contained information on the support needed and risks to the person to ensure people's needs and preferences were reflected. For example, we found information in care records regarding people's life histories and preferred past times and interests. This meant information to provide personalised and person-centred care was made available for staff to read.

Most people felt staff were caring and respected their privacy and dignity. However there were examples where this was not the case.

Some people felt complaining did not improve the service they received as any concerns they raised weren't responded to or acted upon. People told us they did not always get a response when they telephoned the agency office.

There were some systems in place to assess and monitor the quality of service provided. The provider had an improvement and action plan that showed audits had taken place to measure improvement and identify further actions needed to continue improvements. However sufficient time had not yet passed to see if this was embedded into practice.

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
Risk assessments had been undertaken to identify and minimise risks so that safety was promoted.
A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.
Some staff had outstanding training requirements and had not received supervision or appraisal for development.
People reported some improvements with the service provided to them, however sufficient time had not passed to embed these changes within the service.

Is the service caring?

Good ●

The service was caring
Most people felt staff were caring and respected their privacy and dignity.
Staff knew to always maintain confidentiality

Is the service responsive?

Requires Improvement ●

The service was not always responsive.
Some people felt complaining did not improve the service they received as any concerns they raised weren't acted upon.
People's care plans were person centred contained relevant information about the support people needed.

Is the service well-led?

Requires Improvement ●

The service was not always well led.
The service did not have a registered manager at the time of the inspection
Some improvements had been made in relation to how the provider monitored the quality of the service, but sufficient time had not passed for us to assess whether this was embedded into practice.
Processes for auditing and monitoring the quality of the service were being developed but were not yet fully operational.
People found the manager supportive and approachable.

Housing & Care 21 - Sheffield

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 over two days on 4 and 5 April 2016.

We usually ask the provider to complete a Provider Information Return (PIR). 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. On this occasion we did not ask the provider for a PIR as the inspection was moved forward due to the rating the provider got at the last inspection.

Prior to the inspection we reviewed information we held about the service. We looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We spoke with the local authority to obtain their views of the service.

The inspection team was made up of three adult social care inspectors and two expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited and spoke with three people who were supported by HC21 in their homes. We also saw any care records which were kept at people's homes. We looked at two further care records during the visit to the agency's office.

During the inspection we contacted 11 people who were supported by the service. We were able to speak over the telephone with nine people supported by the agency and one relative about the service they were provided with. The acting manager was not at work on the day of the inspection. We visited the office and spoke to the operational manager, the homecare business support manager, senior carers, and care coordinators. We viewed records relating to the running of the agency, which included staff training records, audits, complaints records and written policies and procedures.

Is the service safe?

Our findings

The service was last inspected on September 8 and 2 of October 2015. During the last inspection there were not enough staff employed to cover care, meaning people were having missed calls. Due to the missed calls, people were not always receiving their medicines when they needed them. Medicine risk assessments had not been reviewed and there were gaps and inconsistencies in the MAR (Medication Administration Record) sheets. Risk assessments were not always reviewed. This was a breach of Regulation 12 – safe care and treatment.

At the inspection on the 5th April 2016 we found improvements had been made. The operations manager told us that since the last inspection they had recruited more staff and this meant that there were less people having missed calls. However, there had still been occasions when care workers had not arrived for their planned visits or arrived for visits late or early and this had left people at risk. "The majority of people told us the care workers did visit them however people raised concerns about the variations in time of arrival for the visits. Some people said they had experienced care workers not arriving as planned. Two people said, "I have more regular people but the arrival time varies but I am happy with the service otherwise." One person told us, "Time keeping is the biggest problem but they have got better since February." One person told us, "I asked for an earlier call for a hospital appointment and the care workers didn't turn up, it's the office staff they don't communicate to the carers." There had been some recorded missed visits and the manager showed us evidence that these had been investigated. There was evidence that appropriate action had been taken to prevent these reoccurring.

During the last inspection the safeguarding file did not contain details of all current safeguarding referrals and the provider had not always notified CQC of safeguarding concerns. This meant the provider was in breach of Regulation 13 – safeguarding service users from abuse and improper treatment and the provider was issued with a warning notice.

During this inspection the provider showed us the safeguarding file and we saw evidence of safeguarding investigations which included notes on the investigations. We discussed with the provider their regulatory responsibility to notify the commission of any safeguarding allegations. The staff we spoke with understood the nature of abuse and knew they should inform their supervisor if abuse was suspected. Staff told us they had received training in safeguarding during the last six months. The provider discussed appropriate actions to take if suspected abuse was reported to them. We found a policy on safeguarding people was in place so staff had access to important information about their roles and responsibilities. We saw the policy had been reviewed to ensure it was up to date.

We discussed any safeguarding investigations that had taken place with the provider. They told us they had updated the safeguarding file since our last visit and had introduced a more structured approach to recording safeguarding concerns. There was evidence of safeguarding investigations that included any actions taken as a result of the investigation. We could see that since the last inspection notifications were sent to the commission. However there was one incident where the notification was submitted late. We reminded the provider of their regulatory responsibilities to inform the commission without delay of any allegations of abuse. The provider confirmed they would send the notifications as a matter of urgency. It is important to ensure providers inform the commission without delay of any notifiable incidents or concern. We looked at a number of staff files and saw improvements had been made to the recruitment process. The managers' present at the inspection told us there was an on-going recruitment drive in place. The managers'

confirmed that they could meet people's needs and felt confident improvements had been made to the service.

We saw three staff files and evidence of application forms, including notes taken from the interview were seen along with references for the provider to assess the suitability of each candidate. Appropriate checks taking place were evident in staff files along with documentation to confirm people's identity.

We looked at four people's care records at the office and three people's care records in their home. The care plans were person centred, detailed and provided staff with information on how to meet people's individual needs. We found assessments had been undertaken to identify risks to people who used the service. These included environmental risks, moving and handling risks, falls risks and any risks due to the health and support needs of the person. Daily notes made by staff members about people were maintained and completed after each visit. This meant staff were able to keep up to date with any changes or relevant information to effectively provide care and support.

We checked staff records and spoke with staff. We saw staff had received regular medicines training and the service had a medicines policy in place which stated, "the level of assistance required by individual customers will be defined in the customers care plan."

We saw there were comprehensive medicine risk assessments in place in all the care records we looked at. The risk assessments covered whether people needed support and if so at what level. The person's current medication was listed and there was evidence this was kept up to date. There was information on where the medicines were stored, the person's pharmacy and GP and any family who were responsible for the ordering or collection of medicines. There was a body map which detailed any topical creams or ointments which needed to be applied, at what interval and where on the person they were needed.

A policy on handling people's money was in place and this described the responsibilities of staff to ensure people were protected. We were unable to see completed financial transaction records because the system had only just been implemented.

Is the service effective?

Our findings

During our last inspection people said they did not think staff had received training. We also found that supervisions and appraisals were not up to date. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,.

We checked whether this regulation had been met as part of this new approach comprehensive inspection. All of the people supported and their relatives said when regular care workers visited they were very happy with the care worker and the support they received. Most of the people spoken with said that the service they received from HC 21(Sheffield) had improved since January 2016 and especially in recent weeks. One person told us, "The carer workers are wonderful". Another person commented "I'm very happy with my carers its just the time variations that's the problem." However one person told us that there were, "Fundamental issues in relation to the training of care staff for example, catheter care". A urinary catheter is a hollow tube inserted into the bladder to allow drainage of urine"

The three care records seen at people's homes showed that the call times recorded in the daily records matched the duration of the visit identified as needed in the person's plan. Most people told us that staff stayed as long as they should. One person using the service told us "I am diabetic and need to eat regularly, sometimes the visits are too close together" None of the people visited reported a missed visit..

We found the record showed that the call times recorded in the daily records matched the duration of the visit identified as needed in the person's plan.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. People told us they were asked for consent before any care and support was provided by staff.

We looked at the training records for the service. Training covered mandatory areas including safeguarding, infection control, Mental Capacity Act 2005 (MCA) and moving and handling. We spoke with the operations manager, who told us they were in the process of transferring the training over to an annual system. Staff spoken with said they were up to date with all aspects of training. We looked at the training records and these showed that a range of training was provided that included safeguarding, infection control, moving and handling and medication. Training records showed induction training was provided so that staff had the skills and knowledge needed to support people prior to undertaking visits. We found a system was in place to identify when refresher training was due so that staff skills were maintained. However there were some staff that had outstanding training requirements. The operational manager told us that they were in the process of transferring over to an annual training plan and that they were now taking staff off the rota in order for them to attend the training

The staff training matrix showed that some staff were not up to date with mandatory training, six staff required updated moving and handling training, and 42 staff required safeguarding training. This meant the service did not ensure staff were up to date with their training requirements. This demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We saw the policy stated, 'staff should be provided with supervision with their line manager at least four times in every twelve months and at least one of these should be a direct observation. Supervision team meetings to be held quarterly and an annual appraisal.' On the day of the inspection we saw evidence that staff were receiving supervision, however some of these were outstanding. We discussed this with the operations manager and they showed us a monthly planner that identified outstanding supervisions and appraisals that they had identified and action they were taking to make sure this was addressed.

The provider showed us a supervision file that contained details of recent supervision that had taken place. Staff confirmed supervision was taking place regularly and had been undertaken recently.

We looked at how the organisation communicated with care staff. All care staff were supplied with a mobile phone (I touch) which was linked to a computerised system. This was used to update information relating to people who used the service and to inform staff of the rotas and any potential changes. On the day of the inspection a member of staff told us that in the past contacting the office for senior advice or support was "shocking" but they have got better in the last few months. People using the service also told us about the difficulties contacting the office if there was an emergency.

We discussed this with the operation manager and the home care business support manager. The managers were responsive to these concerns and feedback and they told us they were in the process of reviewing the out of hours support. In response to this they were exploring other technology to try and ensure they could improve communication with the carers and they were reviewing the out of hours process.

We asked staff how they would ensure that people were kept healthy. Staff told us they would always report any changes to the people they supported to the office team after they had gained their consent to do so, who would then contact other health professionals and members of family if appropriate.

Is the service caring?

Our findings

All of the people supported and their relatives said when regular carers visited they were very happy with the carer and the support they received. Most of the people spoken with said that the service they received from Housing 21(Sheffield) had improved since January 2016 and especially in recent weeks. One person told us, "My carers are attentive and caring. They are very conscientious." Another person commented "I'm very happy with my carers but I don't like it when agency cover."

People who used the service told us "I like all my carers and I do get most of the same girls." People said staff treated them with dignity and respect when visiting their homes. People confirmed staff asked for their permission before carrying out any activity.

The staff we spoke with were positive about their roles and demonstrated passion in the way in which they spoke about the people they supported and the satisfaction which it gave them. People we spoke with told us they were happy with the support they received.

Whilst people using the service said things had improved, some people told us that agency staff were not as reliable as Housing and care 21 staff.

People told us that staff helped them with meals and made sure they had a drink so that their nutrition and hydration needs were met. Care staff Care plans identified when support with meals was required. However one person told us that sometimes care staff were not able to do the basics of preparing a meal. For example, care staff did not know how to use a microwave.

We saw from the care files we reviewed that the registered provider was seeking and gaining consent for care from the people they supported.

People told us they were happy with their care workers and they were kind and polite. However one person gave us examples of care workers who had not been kind and they had told the agency about it.

People told us the care workers respected their privacy and dignity. Staff were able to explain how they would meet the needs in relation to peoples specific needs in relation to their culture or religion for example.

Is the service responsive?

Our findings

The service was last inspected on 15 September and 1 and 2 October 2015 and we found systems were not in place to ensure an accurate and contemporaneous record in respect of each service user was maintained. Some people's care records held inaccurate and out of date information regarding their support needed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred Care. We checked whether this regulation had been met as part of this new approach comprehensive inspection.

We checked three people's care records during visits to their home, and two people's care records during the office visit. We found the plans were person centred and contained guidance for care workers on the support needed, and people's preferences regarding how support was to be provided.

The care plans included a pen picture, life story and included information about the person's communication needs, health needs, their spiritual needs and their daily living needs. Risk assessments were included in all three care files we saw on the day of our inspection. This showed that care records had improved since our last inspection.

At the previous inspection we found that complaints had not always been investigated. The agency had not taken action to minimise the risks of incidents reoccurring and there was no evidence that any other action had been taken following complaints.

During this inspection we looked at the provider's records of complaints and customer satisfaction. Records of some of the complaints made shortly after our last inspection were incomplete and it was difficult to assess whether they had been fully investigated and acted upon. However we saw that there were detailed records of the investigations into recent complaints. The manager was in the process of collating all complaints and analysing these to see if there were any trends or patterns and to send out to customers. We saw some positive feedback about the service and people using services were happy with the care they received from the staff. One person told us "They [care workers] are wonderful.

Staff gave positive feedback about the management and told us they felt confident to raise concerns with them. Staff told us, "Things have got a lot better. They [The office staff] have been communicating with us. We saw some positive feedback about the service and people using services were happy with the care they received from the staff. One person told us, "They [care workers] are always on time and do good work for me." Another person said, " Everything's good and they are doing things how I want it - no problems at all."

Is the service well-led?

Our findings

The service was last inspected on 15 September, 1 and 2 October 2015 and we found the service did not have an effective system to regularly assess and monitor the quality of service that people received. No audits, spot checks on staff or questionnaires to obtain people's views had been undertaken so that the service could be assessed and monitored. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. We checked whether this regulation had been met as part of this new approach comprehensive inspection.

On the day of the inspection Housing and Care 21 were experiencing significant staffing changes. The staffing changes included the sudden loss of some senior members of staff who worked at the location. This had impacted on the way the service was managed and coordinated. The operations manager told us the remaining staff had worked hard to try to deliver a consistent and high quality service to all people. The managers were open in their discussions about the failings they had found, and understood their responsibility and accountability to the people they supported and the staff they employed.

We noted considerable improvements in audits and monitoring which had been completed by the provider. Audits were taking place regularly and there was some evidence of the actions taken as result of the findings. The provider demonstrated an understanding of their role in ensuring the quality of the service was maintained. Staff gave positive feedback about the management and told us they felt confident to raise concerns with them. Staff told us, "Things have got a lot better."

Staff confirmed team meetings were taking place and we saw evidence of team meetings minutes that included attendees and topics covered. Staff gave positive feedback about the management and told us they felt confident to raise concerns with them.

The provider and manager had introduced systems to minimise the risks of missed visits. The manager had started to analyse complaints and incidents. The provider had an action plan and to address concerns identified at the last inspection, through their own quality monitoring and feedback from the local authority.

People who used the service told us they felt the service was being well led over the recent months, although they all reported having concerns prior to this. The concerns had been in relation to missed calls and care staff arriving late for visits.

We saw there was a process in place to gather the views of people who used the service. . Comments included, "It's a good service and I'm happy with the service and they do a good job." Others told us that over the past year they felt there had been problems, although some of these people said that things had improved shortly before our inspection.

We reviewed the daily care records which had been returned to the office from people's homes. We found these were adequately detailed and gave the reader an insight into the visits and how care staff had found people to be on each visit. We found the records at the office were of the same standard and contained all the necessary details

We found a full range of policies and procedures were available at the office. These had been reviewed to make sure up to date information was available to staff.

The provider must ensure that measures are put in place to build on the changes made and continue to

improve the quality of the service provision

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Outstanding training requirements