Hales Group Limited

St Edmunds Court

Inspection report

St Edmunds Walk
Hampton Vale
Peterborough
Cambridgeshire
PE7 8NA

Tel: 01733229416

Date of inspection visit:
06 February 2017

Date of publication:
15 March 2017

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

St Edmunds Court is registered for, and provides, personal care for people living in their own homes in an extra care housing scheme. There were 34 people being supported with the regulated activity of personal care at the time of this inspection.

This announced inspection took place on 6 February 2017. This is the first ratings inspection at this location since Hales Group Limited became the registered provider on 06 June 2016.

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

People had support and care plans in place which provided staff with guidance that they needed when providing support and care to people. These plans contained information such as how people wished to be assisted, their likes and dislikes and what was important to them. People and/or their relatives were involved in the setting up, agreement and review of their/ their family member's plans of care.

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

Arrangements were in place to make sure that people, where needed, were supported safely with the management of their prescribed medicines by staff. There were guidelines in place for staff regarding the administration of 'time sensitive' medicines. Although staff had knowledge of how to support people with their increased anxiety, prior to 'as required' medicine being administered; detailed recorded 'step-by-step' information was not in place as guidance for staff members.

People were assisted to maintain their health and well-being and were supported to access external health care professionals where needed. People's nutritional needs were met.

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

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

Pre-employment recruitment checks were undertaken before new staff were employed. This was to make sure that they were of a good character and suitable to work with the people they were supporting.

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

Staff were trained to provide effective care which met people's individual care and support needs. Staff were supported by the registered manager to develop their skills and knowledge through supervisions, spot checks, and appraisals to review their confidence, competency and training needs.

Staff received training and understood the basic principles of the Mental Capacity Act 2005 (MCA). This meant that there was a reduced risk that any decisions made on people's behalf by staff would be made in their best interest and be as least restrictive as possible.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Checks were carried out to make sure that only suitable staff were employed to work with people.

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

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

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

Is the service effective?

Good

The service was effective.

Staff were trained to support people.

Staff had been trained and understood the basic principles of the MCA 2005. People's rights and best interests were supported.

People's health and nutritional needs were met.

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

Is the service caring?

Good

The service was caring.

People's dignity and respect was maintained

People said staff were kind, caring and respectful.

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

Is the service responsive?

Good

The service was responsive.

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

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

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

Is the service well-led?

Good

The service was well-led.

Notifications were now being submitted by the new registered manager.

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

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

St Edmunds Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 February 2017 and was announced. The inspection was announced so that we could be sure that the registered manager and staff would be available during our inspection. The inspection was carried out by one inspector.

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

During the inspection we spoke with the registered manager, a team leader and three care workers. We also spoke with four people who used the service, and one relative of a person using the service.

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

Good

Is the service safe?

Our findings

People and a relative of a person using the service told us they/ their family member felt safe. This was because of the care and support that was provided by staff. A person said, "I could not be better looked after."

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm or poor care occurred. One member of staff said, "I would raise a concern with a senior (staff member). I can also raise with social services, CQC and the police." We saw notices on the communal notice board that prompted people, their visitors and staff on how to report any suspicions of harm and poor care, should they need to do so. Records we looked at confirmed that staff received training in respect of safeguarding adults and safeguarding children. This demonstrated to us that there were processes in place to reduce the risk of harm to people living at the service.

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

We noted that care staff completed daily notes at each care call: this was to document that they had completed all of the support required as set out in the person's care record. We saw that staff were asked to check if (where appropriate) people were wearing their lifeline. A lifeline is a personal alarm that a person can activate to request help. Our review of a selection of daily notes showed that staff were recording whether the person's lifeline was in place. Where this information had not been recorded by staff, the provider's quality monitoring checks documented that the relevant staff member had been spoken with. This meant that we could be assured that people were being supported by staff in the safest way possible.

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

People told us, there were enough staff to safely provide the required care and support needed. A relative said that staff were, "Quick to respond (to the care call bell), very quick, arriving within minutes." The registered manager told us, and documentation showed us, that there were enough staff available to work and to meet peoples assessed needs.

Staff files we looked at showed that pre-employment checks were carried out to clarify that the proposed new staff member was of a good character. Recruitment checks included references from previous

employment and a criminal record check that had been undertaken with the Disclosure and Barring Service (DBS). Proof of current address, a health declaration and photographic identification had been obtained, and any gaps in employment history explained. One staff member said, "My criminal records check and references were in place before I was allowed to deliver care." Another staff member told us, "I wasn't allowed to start my shadow shifts (working alongside a more experienced staff member) until my DBS was back and references followed up."

The majority of people we spoke with did not require assistance with their medicines. People who were supported with this, had no concerns about the support they received, where needed, to take their prescribed medicines. One person said, "(Staff) will prompt (my) medication." Another person told us, "(Staff) help with my medication as I have short term memory loss."

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

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

Records also held information for staff on how and when to administer medicines prescribed to be given 'when required'. However, although staff had a knowledge of how to support people with their medicines and anxiety, detailed guidance for staff on what steps could be used before resorting to 'as required' medicines to reduce a persons' anxiety were not always documented. This meant that documented guidance for staff on how to manage people's prescribed medicines safely was not robust as it could have been. We spoke to the registered manager about this during the inspection and they said that they would make these improvements.

Good

Is the service effective?

Our findings

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

We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection (the legal body who can authorise a person to be lawfully deprived of their liberty). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us during this inspection that only one person using the service lacked the mental capacity to make day-to-day decisions or bigger decisions. A referral had been made to social services for a formal mental capacity assessment to be carried out to establish the person's capacity. We saw that clear prompts were given to staff in the care records we looked at, around supporting people in their best interests in the interim.

Records showed, and staff confirmed, that staff had received training on the MCA. Staff were able to demonstrate to us that they had a basic understanding of the principles of the MCA. One staff member said, "It is whether they (a person) have capacity to make decisions about their health and financial things. If a person has dementia it does not mean they don't have capacity to decide what they want to eat, what they want to wear or what they want to do." Another staff member told us, "If a person lacks capacity you still give them a choice, prompt them using visual prompts." A third staff member said, "Assess if people have capacity and can make their own choices."

Records we looked at showed that staff had supervisions and observation spot checks where they would discuss their performance and on-going development. Staff had an induction period which included mandatory training and the shadowing of a more experienced member of staff. The induction training was in line with the care certificate induction which is a nationally recognised induction programme. Following the induction, a form would be completed after the staff members shadow shifts to discuss what went well and any additional support that they may need. A staff member told us that they had requested additional shadow shifts as they did not feel confident. They said that the management had listened to this request and had supported them with this. All new staff had to complete an induction period until they were deemed competent and confident by the registered manager to deliver effective care and support.

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

Care records we looked at documented whether the person required assistance from staff with their food

and fluid intake and meal preparation. People we spoke with were either able to prepare their own meals and drinks or were supported by the landlord organisation that delivered a main cooked meal at lunchtime. One person said, "I can make my own meals but staff will help when needed."

Records showed where people were also supported by external health care professionals. A person told us, "I was poorly (named day) and the carers (staff) asked if they could call me a GP, but I wanted to wait for Monday to see my regular doctor...The GP has been today." Another person said, "Staff will get out a GP if needed, if I am not myself." A relative told us, "For hospital appointments, (they) supply a care worker (staff member to attend)." This showed us that people were assisted with their external health care advice or support when needed.

Good

Is the service caring?

Our findings

People told us that the assistance from staff members helped them maintain their independence. They said the support from staff meant they were able to stay in their own home and that this was their wish. A person told us, "The little bit of extra support means that I maintain my independence." Another person said, "It maintains my independence (living) here."

People told us that they were happy with the service provided. One person said, "I have made friends living here, there is a lot of laughter." Another person said that the support they received from caring staff was like being part of, "A little family." Our observations throughout the day demonstrated to us that staff had built up good relationships with the people they supported. A relative told us, "(Staff) are the finest bunch of girls that I have ever met in my life."

People and a relative of a person using the service made a number of positive comments about the staff who provided their support and care. People told us, and our observations showed that staff spoke to the people they were supporting in a caring and respectful manner. One person said, "Staff here are very respectful. They come in and they do their job 110%." Another person told us, "I'm happy here. Staff are as good as gold." A relative said, "(Staff) look after (family member) real well."

People and a relative told us that their/ their family member's privacy and dignity was valued by staff. One person said, "Staff knock on my door (before entering) and ring my door bell." This was also confirmed during our observations and from conversations with staff.

We saw that care records contained limited information about people's personal history. However, people told us and we observed that staff knew the people they were assisting well. Records showed, and people and the relative confirmed, that they were involved in the development and review of the care that was provided. If a person attended their review but was unable to sign to say that they agreed with any changes in their plans of care, this was documented by staff. A person confirmed to us, "I am involved in the reviews of my care." This meant people and /or their relative were involved in the agreement and review of their care and support plans.

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

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

Good

Is the service responsive?

Our findings

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

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

Reviews were carried out to make sure that people's current support and care needs were documented and up-to-date. Records documented who was in attendance. These reviews were also an opportunity for the person and/or their relative to feedback on the quality of the service provided by staff. People and a relative told us that communication was good and that they felt updated and involved in all aspects of the care and support provided.

There were activities laid on in the communal lounges for people to attend should they choose to do so. Our observation showed that these events including a coffee morning were a good opportunity for people to catch up with each other. One person said, "I attend the coffee morning and have made friends." Another person told us, "I am trying to be more active." A third person said, "Weather permitting I like to get out in the fresh air, there could more activities, (I would like) more art and crafts to do."

Staff had an understanding that they needed to escalate any complaints or concerns raised with them by the people they supported with the registered manager or a senior member of staff. They also told us that they would inform the person of the action they would take to help resolve the persons' concern. One staff gave an example of a concern raised with the registered manager that was listened to and resolved. They said, "If a person raised a concern I would give reassurance and then raise with my senior (staff member). I would discuss with the person that this was what I was going to do."

People and a relative told us they knew how to raise any complaints with the service should they need to do so. This information was also included in the provider's service user guide which was given out to people when they began to use the service. Records of complaints received showed that they had been investigated and the complainant responded to, to their satisfaction where possible. All actions taken were also recorded to reduce the risk of reoccurrence. One person said, "I can stand up for myself, I always have done." A relative told us, "Any problems, I can go to the senior carer (staff member)."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by care and office staff. Staff spoke positively of the registered manager and staff team. One staff member said, "It is better with the new (registered) manager they are making positive changes and tries new ideas." Another staff member told us, "The (registered) manager is approachable and visible in the office, I feel supported most of the time." A third staff member said, "The new (registered) manager is a lot easier to talk to." They then gave an example of a concern raised and how this was then resolved.

Staff were able to tell us about the values of the service. One staff member said, "Is it to help people live their day-to-day life as normal as possible." Another staff member told us, "The value is to put everyone's best interest first."

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

Audits were carried out on staff records, including staff recruitment; staff supervisions; spot checks on staff; staff training; staff medication competencies; and staff appraisals. People's care and support plan reviews were also monitored as part of the reviews of the service provided. Where improvement had been noted we saw documented records of the actions taken, including any required with the responsible staff member. These included preparation for the local authority review of the service. Provider checks also included people's daily notes and medicine administration records. However, our review showed that not all areas of improvement had been found during these checks. This included a daily notes entry by a staff member written in pencil and a lack of documented evidence on why a person had refused their prescribed medicine. This meant that there was an increased risk that not all areas requiring improvement had been noted and worked upon to drive up the quality of the service provided.

Records showed that meetings were held for staff. These were used to update staff on any 'key trends' found from recent quality monitoring, the areas of improvement needed and any actions taken as a result of any concerns. These meetings were also used to update staff about the provider organisation and the service. Staff told us meetings were held and were used for example to update staff on people's health, and discuss any issues. One staff member said, "(If you don't attend) you will still get a copy of the meetings minutes (to read)." Another staff member told us, "You can add items onto the agenda." A staff member talked us through an example of a suggestion made at a team meeting to document all phone-calls received and how this had been responded to positively. This demonstrated to us that staff were updated and involved in the service.

Staff told us that they were aware of whistle-blowing and that they would raise a concern as they had a duty of care to do so. One staff member confirmed to us that they had whistle-blown and that the concerns were listened to and taken seriously. They said, "It made things better."

There was a positive response from people and a relative when asked about any checks from the staff in relation to the quality of the care they received. This was because communication was good and people felt involved in the service. People also received newsletters from the registered manager and staff updating them on forthcoming events and updates on the service.

People who used the service had been part of a survey and were asked to give views on the quality of the service provided. One person said, "I filled in a survey only last week." We saw documented evidence of an improvement made as a result of feedback from the previous survey. This included staff ensuring that they wore their identity badges when entering a person's home. This demonstrated to us that the registered manager listened to improvements required and attempted to resolve them to people's satisfaction.

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