

Roche Healthcare Limited

Willow Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection was announced, the provider was given 24 hours' notice. At the time of the inspection the service was supporting 30 people with personal care.

This was the first inspection of this service since it's registration with the Care Quality Commission in November 2015

Willow Court is a domiciliary care service. The service is based within a housing complex provided by housing company and supports older people and people with physical disabilities to live in their own homes within the complex.

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

People told us they felt safe and could speak to any of the staff if they were worried about anything. The registered manager understood their responsibilities for safeguarding people and staff were trained to understand and recognise abuse. They knew who to report concerns about people's safety and welfare within the organisation and knew where to access contact numbers to external agencies if necessary.

Sufficient numbers of staff were deployed to provide people with the care and support they needed. The required checks were done before new staff started work and this helped to keep people safe. Staff were provided with training and support to help them carry out their roles.

Medicines were managed safely and all staff were trained to administer medicines. Checks on staff competencies were made three monthly

Risks to people's safety and welfare were identified and managed. Risk assessments clearly identified the risks to people and what could be done to mitigate the risks and keep them safe whilst promoting independence.

People were supported to prepare meals and with their nutrition as needed. We saw people's nutritional needs and preferences were taken into account.

We found the service was working in accordance with the Mental Capacity Act 2005 and this helped to make sure people's rights were protected. When there was any doubt about a person's capacity to understand a particular decision the correct process was followed to make sure any actions taken were in their best interests.

Care plans included detail of people's health needs and what support they needed to maintain good health. The service worked with other health and social care professionals to help achieve positive outcomes for people.

People told us staff respected their privacy and dignity and provided them with the support they needed. People told us they were very happy with the standards of care they received.

People were involved in decisions about all aspects of their care and support and were involved in the development of their care plans.

The care documentation supported a person centred approach and provided support staff with detailed information to make sure people were supported in the way they preferred.

There was a complaints procedure. The people we spoke with said they would speak with one of the staff or the registered manager if they had any concerns.

There were systems in place to monitor and improve the quality and safety of the services provided.

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 were trained to recognise and report abuse. The required checks were done before new staff started work. This helped to protect people from the risk of abuse.

There were enough staff to provide people with appropriate care and support.

People's medicines were managed safely.

Risks to people's safety and welfare were identified and managed.

Is the service effective?

Good ●

The service was effective.

People's rights were protected and they were supported to make choices by staff who had a good understanding of the principles of the Mental Capacity Act 2005.

People were supported with nutrition.

Staff were supported to deliver safe and appropriate care.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and their rights were promoted and protected.

People were supported to be actively involved in decisions about all aspects of their support and care.

Is the service responsive?

Good ●

The service was responsive.

The care documentation supported a person centred approach and people confirmed they received person centred support.

People's preferences in relation to social and recreational activities were included in the care planning process.

A complaints procedure was in place but some people had said in their responses to quality checks that they didn't know how to make a complaint.

Is the service well-led?

Good ●

The service was well led

A registered manager was in post and we saw evidence of an inclusive approach to managing the service.

The provider had systems in place to monitor and improve the quality and safety of the services provided.

Willow 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 25 April 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one inspector.

We visited the office at Willow Court, visited two people who used the service in their own flats and one person's relative. We also spoke with two people in communal areas of the housing complex. We spoke with the deputy manager, a care co-ordinator, the compliance manager and five support workers. We looked at three people's care records, medication records, three staff files, training records, duty rotas and other records related to the management of the service such as meeting notes and quality assurance records.

We asked the provider to complete a Provider Information Return (PIR) which was returned to us in a timely manner. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all information we held about the provider and contacted the local authority to ask for their views on the service.

Is the service safe?

Our findings

People told us they felt safe and could speak to any of the staff if they were worried about anything. One person told us "They are there for you whenever you need them". Other people told us about the pendants they wore so they could alert staff at any time.

The provider had policies and procedures in place to help make sure people were protected from abuse. In the Provider Information Return, (PIR), the registered manager told us they practised a 'Zero tolerance approach towards Abuse', with the agencies policies and working practice demonstrating this by ensuring full compliance with the governments "No Secrets" guidelines and multi-agency safeguarding adults policy.

Staff told us they had received training in safeguarding people and were able to tell us about different types of abuse. All of the staff we spoke with told us they would report any concerns they had to a senior member of staff and make record of this. We saw policies in place for safeguarding people and for whistleblowing. Although neither of the policies included contact numbers for staff to use, all staff told us these numbers were available in the office.

Our records showed appropriate referrals had been made in response to safeguarding concerns and records of all referrals were maintained. We saw records which showed staff had taken part in a multi-disciplinary meeting held following a safeguarding referral they had made. This showed that safeguarding issues were followed up and actions were taken to try to minimise the risk to the person.

In people's care records we saw care plans included a risk assessment relating to the activities undertaken by staff on each call. Where there were significant risks such as smoking we saw robust risk assessments had been developed to minimise the potential for harm.

In one person's file we saw a very detailed procedure for staff to follow to promote the safety of the person who had taken the decision to ignore the advice of medical professionals which put them at high risk. Records showed that on each call staff read a statement to the person to make sure they understood the risks they were taking and wanted to continue. Procedures for dealing with an emergency situation arising from this risk were clearly recorded.

Daily records showed that staff followed the risk assessments and took all of the actions necessary to minimise the risk.

This meant the service took appropriate actions to maintain people's safety.

The deputy manager told us that staffing was arranged around people's contracted care hours. This included night times where two staff were available to provide contracted care and to respond to any emergencies. The deputy manager told us an on call system was in place if extra staff were needed.

All of the people we spoke to told us staff almost always arrived at the time they were expected and stayed

for the full allocated time. People said that on occasions where staff were running late due to emergencies with other people, they let them know.

There was a clear recruitment procedure in place; applicants completed an application form which included sections for explaining any gaps in employment, and attended for an interview. At interview candidates completed an interview assessment form which included questions such as 'How would you like staff to behave in your flat if you were the service user?', 'What do you understand about discrimination?' and 'How would you respond to reports of abuse?' Candidates also completed a short aptitude test. Interview notes were taken by two people conducting the interview. We saw people who used the service were also included in the interview process. Successful candidates were then required to provide two references and complete a criminal records check with the DBS (Disclosure and Barring Service) before they were offered a position. This helped to protect people from the risk of being supported by staff who were not suitable to work with vulnerable adults.

We saw records which showed how disciplinary procedures had been managed in relation to one staff member. Where training needs had been identified as a result of this, we saw the member of staff had undertaken the training.

The provider had policies and procedures in place to help make sure people's medicines were managed safely. The deputy manager told us, and we saw evidence to show that all staff involved in supporting people with their medicines received training and were subject to three monthly competence checks. The deputy manager told us there had been recognition within the service that the previous system for auditing medicines management had not been effective which meant issues were not being picked up. They told us they had introduced a new system and showed us records which evidenced a robust approach to making sure medicines were managed safely.

We looked at medication administration records (MAR's) for three people. These included detail of each prescribed medicine and had been completed appropriately. Protocols for medicines prescribed to be taken on an 'as prescribed' (PRN) basis were in place. We discussed with the deputy manager the benefits of including records of the effectiveness of PRN medicines in the PRN protocol and they said they would do this.

Accident and incident records showed these were managed appropriately.

Is the service effective?

Our findings

The deputy manager told us all new staff received induction training at the provider's head office and then undertook a period of shadowing an experienced colleague until they felt, and were assessed to be competent to work alone. A short induction to the environment was also completed. The deputy manager told us all new staff were required to complete the Care Certificate training unless they had a relevant qualification such as a National Vocational Qualification at Level 2 or above. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

There was a training matrix which showed the training staff were required to complete training relevant to their role. Training included safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards, role of the support worker, dementia awareness, equality and diversity, moving and handling, fire safety, food hygiene, health and safety and infection control.

The training matrix did not appear to be up to date although we saw certificates which showed staff were up to date with training and staff we spoke with confirmed this. The deputy manager told us they would take action to make sure the training matrix was updated.

The deputy manager told us the majority of training was done through Social Care TV although the provider had its own training department and some operational staff including themselves had undertaken train the trainer courses to enable them to deliver training to staff on site.

The registered manager told us in the PIR 'We are hoping to have all our staff trained in specialist areas including, End of Life, Dementia, Mental Health, Diabetes, Common Health conditions, Peg feeding, Ventilation in the next 12 to 18 months.

Staff we spoke with were enthusiastic about their work and the support they received from senior staff. They told us they received regular supervision and annual appraisal but said they could approach management whenever they needed.

The deputy manager told us and we saw evidence that staff received six supervisions each year, three of these being practical supervisions of their work and three being conversations.

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. In domiciliary care services applications must be made to the Court

of Protection.

The deputy manager told us none of the people who used the service had a Court Order in place.

Staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 and told us how they supported people to make choices about the support they received. Where required mental capacity assessments had been completed. Staff recognised people's rights to make what could be considered unwise decisions, and processes were in place to maintain the health and safety of people who had made these decisions.

People we spoke with told us staff sought their consent before providing care and support.

The registered manager told us in the PIR: 'Staff ensure that all service users are helped to make a choice to achieve a nutritional diet. All service users are asked their nutritional preferences, cultural, religious or health needs on assessment.

Where it was included in the care package, staff supported people with preparation of meals and support to eat. One person we spoke with said they enjoyed working with staff in meal preparation. As an alternative to preparing their own food, people who used the service had the option of using 'The Bistro' situated on the ground floor of the housing complex.

One care plan for the tea time call for a person who required assistance with their meals stated 'Ask me what I would like for my tea and prepare this for me with a cup of tea, milk, no sugar and a glass of fresh water.

This type of detailed care planning ensures people receive food and drink as they like it and are therefore less likely to become nutritionally at risk.

The deputy manager told us that none of the people currently using the service were at risk nutritionally. Intake charts were available for people who may need to have their food or fluid intake monitored.

Care plans included people's health conditions and clearly outlined the support they needed to maintain and promote good health. Records showed that where necessary, staff had made referral to health and social care professionals. For example, GP's were called when people became ill and the deputy manager told us about the good relationship they had with the district nursing service. We saw referrals had been made to occupational therapists where staff felt people would benefit from equipment to aid moving and handling or to promote people's comfort.

Is the service caring?

Our findings

People who used the service told us staff were very good. They told us "They are there for you whenever you need them, they are good listeners they never make me feel embarrassed"; "they are all very kind and caring they try to fit around us to meet our needs, I don't think we could have better care".

One staff member told us "The care here is much better than anywhere else I have worked."

Staff we spoke with demonstrated a caring attitude and we saw the interactions between staff and people who used the service were friendly and warm. Staff demonstrated a good knowledge of the people they supported and demonstrated a respect and understanding of the people they supported.

One lady who used the service told us about when, due to staffing arrangements, a male support worker had come to deliver their care. The lady told us "I had one male carer which I thought I might struggle with but they made it so easy".

One person's care plan said 'Please ring the bell and wait for me to activate the door, I will tell you what I would like to do. Please be patient with me as my mobility can be variable'. This demonstrated that staff were respectful of people's individuality and privacy.

Staff received training in Equality and Diversity training to help make sure they had the knowledge and skills to promote and protect the human rights of people who used the service. The staff we spoke with demonstrated a good understanding of their role in promoting and protecting people's rights.

The registered manager told us in their PIR "The privacy of the service users is respected at all times by all the staff and all information received about or from the service user is regarded as confidential". They said race, ethnicity, sexual orientation, skin colour; language, disability, faith or belief would not be used in making a decision about who should be offered a service or who should not.

People told us they were confident that staff maintained their privacy, dignity and confidentiality.

Is the service responsive?

Our findings

People told us they were involved in the development of their care plans and that staff discussed any changes with them.

We looked at three people's care plans all of which reflected a person centred approach to care and support.

Each care file included a pen picture of the person's life so far including names of people important to them. This helps support staff to get to know the person, particularly when they may not be able to recall details or communicate them.

Care plans were written in relation to the support staff needed to provide on each visit, all were written in the first person and therefore from the point of the person who used the service. This meant the care plans included people's individual preferences in the way they preferred to receive their support.

Care plans instructed staff throughout to ask the person what their needs and preferences were on each call and what actions staff should take to make sure dignity and privacy were met. For example one care plan said 'Ask me if I would like to use the commode and act accordingly and please maintain my dignity throughout. I like staff to leave my flat when I am on the commode as I can't go with anyone there. Please make sure I have my emergency pendant around my neck and falls alarm on my wrist'.

Another care plan gave very specific detail about how to support the person to stand, including the instruction to prompt the person to count to ten once they got to a standing position to ensure they didn't feel dizzy before starting to mobilise.

Care files included sections covering people's social life and interests, existing support network, health, personal hygiene needs, nutritional needs and any safeguarding concerns. Risk assessments covered the activities on each call as well as areas such as falls, medication and environment.

Another section of the care plans stated: 'Please tell us how your life will be better with the assistance we are providing, this might be helping you to do something you are currently unable or support you to live independently'.

This meant the service looked for ways in which they could improve the support they offered to people.

We saw examples of how the service had been responsive to people's needs. One example was where a person had become resistive to care. Staff had requested a visit from the GP as they rightly suspected the person may have an infection which was affecting their behaviour, and had included the person's family. This resulted in a member of the person's family staying with them for a short time whilst the medication prescribed by the GP started to work. This resulted in the person making a full recovery.

People who used the service were able to join in activities organised by the housing company who owned

the complex. They could also access hairdressing and nail technicians organised by the housing company. Where time allowed, staff were willing to support people to attend these facilities although this was not included in the planned care hours.

People we spoke with said they would tell staff if there was something they were not happy with. Although a complaints procedure was in place, some people had said in their responses to quality checks that they didn't know how to make a complaint. The deputy manager said action would be taken to address this.

Is the service well-led?

Our findings

The registered manager was not available on the day of our inspection. However the deputy manager, a care co-ordinator and the compliance manager were able to assist us throughout the inspection, were able to provide us with all of the documentation we requested and answer all of our questions.

This demonstrated an inclusive approach to management and gave us confidence that systems were in place to make sure service provision would be maintained in the absence of the manager.

Staff we spoke with told us they felt well supported by the registered manager and other senior staff within the service.

In the PIR the registered manager told us 'To ensure that the service users benefit from safe effective care, treatment and support, the Quality Assurance framework supports the effective delivery of care and service ensuring continuous improvements to safeguard individuals. It includes: a monthly audit process looking at medication, Quality visits, complaints and compliments, record writing'.

We saw the quality audits of service provision for the two months prior to our inspection completed by the provider's compliance manager. The audits covered all aspects of care planning and delivery. Where issues had been identified, a corrective action plan had been put in place detailing the issue, who was responsible for taking action to correct it and the timescale for this to be completed.

We also saw audits of medicines were being done on a weekly basis. This was as a result of the service recognising that previous audit procedures had not been effective in identifying issues. We saw where issues had been identified under the new audits; the issue was recorded and discussed with the member of staff responsible.

Accidents and incidents were recorded in people's care files with a general overview documented on a monthly manager's report.

The deputy manager told us the registered manager worked in partnership with the housing company and held monthly meetings to discuss any issues relating to people they provided care to. The housing company also held regular resident meetings with any relevant issues discussed with the registered manager.

Open communication was promoted by a variety of methods including regular staff meetings, staff supervisions and communication books.

Staff completed quality checks with people who used the service on a three monthly basis. We saw the outcomes of the most recent checks were very positive.

The deputy manager told us that although quality checks were completed, they had not yet used quality assurance surveys for people who used the service or their families to complete independently. The deputy

manager told us they would speak with the registered manager about introducing these on their return from leave.

We contacted the local authority contract team prior to this inspection to gain their views of the service. They shared their reports with us which evidenced the service had responded well to their inspection findings and had taken action to make improvements. This demonstrated that the service was pro-active in making improvements to the quality of care and provision for people using the service.