Axiom Housing Association Limited

Friary Court

Inspection report

Burton Street
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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?	Requires Improvement

Summary of findings

Overall summary

Friary Court is registered to provide personal care to people living in their own flats within an extra care scheme in Peterborough. At the time of our inspection a service was being provided to older people, people living with dementia, people living with mental health conditions and people living with physical disabilities or sensory impairment. There were 28 people receiving personal care from the service and this included six flats used for rehabilitation that were provided in partnership with rehabilitation services run by the local authority. There were 20 care staff employed at the time of this inspection.

This comprehensive inspection took place on 21 and 22 June 2017 and was unannounced.

There was no registered manager in place. The registered manager deregistered on 26 June 2017. A new manager was in post but they had not registered with the commission at the time of the inspection. 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 provider's policy on administration and recording of medication had been followed by staff. Audits in relation to medication administration had been completed but were not robust, as they did not always identify all areas of improvement required.

People had had their needs assessed and reviewed so that staff knew how to support them and maintain their wellbeing. People's care plans contained person centred information. Staff treated people with care and respect and made sure that their privacy and dignity was respected all of the time.

There was a system in place to record complaints. These records included the outcomes of complaints and how the information was to be used by staff to reduce the risk of recurrence.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Training had been provided by the service and staff were aware of current information and regulations regarding people's consent to care. This meant that there was a reduced risk that any decisions, made on people's behalf by staff, would not be in their best interest and as least restrictive as possible.

The provider had a recruitment process in place and staff were only employed in the service after all essential safety checks had been satisfactorily completed. Training was available for all staff which provided them with the skills they needed to meet people's health and wellbeing requirements.

People were involved in how their care and support was provided. Staff checked people's health and welfare needs and acted on issues identified. People were supported to access health care professionals when they

needed them. People were provided with a choice of food and drink.

People and staff were able to provide feedback and information. There were systems in place to monitor and audit the quality of the service provided. However, some audits were not effective and this meant that the provider was not always able to drive forward any necessary improvements.

Staff meetings, supervision and individual staff appraisals were completed regularly. Staff were supported by the manager, a team leader and a senior carer during the day. An out of hours on call system was in place to support staff, when 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.

People were administered their prescribed medication.

Risks to people's safety and welfare had been assessed and staff knew how to manage the risks effectively.

People were protected from harm because staff understood what might constitute harm and what procedure they should follow if they thought someone had been harmed.

The recruitment process ensured that only suitable staff were employed to work with people they supported.

Is the service effective?

Good

The service was effective.

People were supported to meet their needs by staff who had the necessary skills and competencies.

Staff had received training and understood the principals of the Mental Capacity Act 2005.

People had access to healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.

People's dignity, privacy and independence were respected. People were involved in decisions about their care.

People received care that was kind and caring.

Is the service responsive?

Good

The service was responsive

Care plans were up to date and sufficiently detailed.

There was a system in place to receive and manage people's concerns and complaints. Outcomes from complaints had been used to reduce the risk of recurrence.

People were involved in the assessment and reviews of their health and social care needs. People received individualised support from staff who were responsive to their needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in place.

Audits had been completed but issues had not always been identified to improve the service.

Quality assurance systems were in place to assess the quality of care for people.

Staff were supported by the manager, team leader and senior carer.

Friary 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 checked 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 21and 22 June 2017 and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

During the inspection we spoke with six people who used the service. We spoke with the manager, safeguarding and quality assurance manager, the team leader, the senior carer and three staff.

We looked at five people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We looked at compliments and complaints. We checked records in relation to the management of the service such as staff training records.

Good

Is the service safe?

Our findings

People felt the service was safe. One person said they felt safe because there were staff available at all times "even in the middle of the night someone's there." One person told us, "you're told where the fire exits are," and a staff member said there were regular fire drills so that people knew what to do in the event of a fire occurring.

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 occurred. One member of staff said, "If I heard anything I would have to talk to my manager and maybe ring the police as well [if necessary]." Another staff member agreed they would speak to the manager and added, "if the safeguarding wasn't followed up I would go to the manager up the chain. I know I can always ring yourselves [CQC]." We saw that training records showed staff had received training in respect of safeguarding adults which was in line with safeguarding policies. There was information about safeguarding in the form of a poster that was displayed in the extra care scheme. This showed us that there were processes in place to reduce the risk of harm to people who used the service.

People were kept safe because risks were assessed and measures were put in place to manage those risks. People told us they had been part of the assessments and one person was encouraged to take reasonable risks so that they made improvements towards returning home. Another person told us they were supported by staff in the service who "keep an eye on me." There was evidence in people's files that showed relevant risk assessments such as environmental risks, behaviours that challenge others and mobility had been completed. Staff told us that people's risks were re assessed when they returned from hospital. Advice from health professionals was requested where necessary and their input was recorded in people's risk assessments. This meant staff were up to date on how to manage people's areas of risk effectively.

There were records of accidents and incidents, which demonstrated that actions had been taken to reduce the risks of the person having similar experiences. For example there had been an issue in relation to one person's behaviour that challenges others. Information, and discussions with staff, showed that outside agencies were involved to provide support to the person as well as staff in the service. Staff knew what to do in the event of an accident or incident. One staff member said, "I ask if they're hurting and call the ambulance if yes. There are accident forms in the office and the [names of team leader and senior carer] check it."

There were sufficient numbers of staff to meet the needs of people they supported; and staff confirmed this to be the case. People told us they had regular staff although there were some times when agency staff provided their care. One person said, "It's not always the same carers [staff] but we know them." Staff told us that they were asked by senior staff for feedback after an agency staff member had been used. One staff member said, "You get some agency workers who are brilliant but then you get some where you wonder why they are in the job. We tell [senior staff] about the good and bad ones." They went on to say they were listened to and the poor agency workers were not requested to provide support again. Staff told us that if staff went off unexpectedly (annual leave or sick leave) they might get a phone call to cover the call to

support people, but agency staff were used when necessary. One staff member said, "They [the provider] are employing more staff and getting agency [staff] as well. Everyone [staff] has a choice in how many hours they want to work."

Information from the provider, and discussions with managers showed that safe and effective recruitment and selection processes were in place. These processes ensured staff were of good character, physically and mentally fit for the role and able to meet people's needs. The staff we spoke with confirmed they only started work once satisfactory checks, including a criminal record check had been undertaken.

People were administered their prescribed medications as detailed in the provider's policy on medication administration. One person told us, "They [staff] give them [medications] to me now [because] once or twice I forgot. They make me a cup of tea, put my tablets there and wait whilst I take them." Another person confirmed that staff recorded the medications the person took. We saw that paracetamol recorded 'as required' did not have a protocol in place. However, staff said that people had capacity and had the ability to tell them if they needed the 'as required' medications. Staff also confirmed that if they felt the person was unable to tell them they would speak with senior staff who would then reassess the care plan and put in a risk assessment for that person. Senior staff confirmed that changes would be made to ensure people were kept free from pain. We saw that staff had recorded the number of tablets administered where there was a choice of one or two tablets to be taken.

Information from the provider, and staff confirmed that training in medication administration had been provided and they attended regular updates each year. Information from the provider showed that there had been four medication errors in the last year. There was evidence that appropriate action by senior staff had been taken, which included competency checks for those staff. This was to make sure that staff were competent and confident to support people with their medication. The provider's PIR stated that, "Staff had re trained in medication awareness and ensured medication is in medicine pot for dispensing to service user." They went on to say that a new method of medication administration was being looked into to ensure these issues did not reoccur.

Good

Is the service effective?

Our findings

The provider told us in their PIR, "All new staff must complete their mandatory training before starting work at Friary Court. We aim to look into 'end of life' training next year. We ensure staff can access any new training opportunities that are available." Staff told us they completed yearly training to refresh and update their skills and knowledge. Staff told us, and records confirmed that they had completed other training specific to their roles. One staff member said, "We had dementia training because we had difficulty with one person. We were told how to talk to them and manage their [difficult behaviour]." The staff member went on to say how useful it had been in the way they had helped the person.

Although the staff we spoke with had not been newly appointed they told us that after completing the mandatory training when they started at Friary Court they went round with a more senior member of staff to see how to provide the care that people required.

There was a training plan in place which identified when staff needed to complete the updates for on-line courses. This meant that people were being looked after by staff who had received training to support and meet the needs of people living in their own flats. People did not make any specific comments about staff training but praised all staff and the care they gave.

We checked to find out if people were being looked after in a way that protected their rights. We found that the provider was ensuring that people's rights were respected in line with the Mental Capacity Act 2005 (MCA). The 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 found that people's rights were being protected from unlawful decision making processes. At the time of our inspection the staff we spoke with said that people who received a service had the mental capacity to make decisions about their care.

In their PIR the provider stated that '18 members of staff had received training in MCA and Deprivation of Liberty Safeguards (DoLS),' and staff confirmed this. One member of staff said, "All the people [who live] here are able to tell us [about their needs]. Everyone has capacity." Staff told us that they ensured people could make choices. For example people could say where or what they wanted to eat their meals, either remain in their flat or come into the lounge or dining room.. People we spoke with said they were able to make choices for themselves. One person told us they went into the city regularly and was never prevented from going out.

The provider said that "regular one-to-one supervision" was provided and staff confirmed that they received one-to-one supervision on a regular basis. Staff said that they felt well-supported by the senior staff and the new manager.

We checked to find how people's nutritional health was met. People we spoke with told us they were able to have meals provided in the extra care dining room and kitchens, which were not part of the domiciliary care service. One person who was in the reablement flats said they were able to provide their own meals. People told us that staff always left them with enough drinks in their flats to maintain their hydration. One person said, "They [staff] make me a cup of tea and always leave me a glass of water."

We found that people's health and well-being was being met. One person said, "I fell the other day and two staff came. They [staff] called the paramedics and they made sure I was all right." Staff told us that there was a procedure in place if people became unwell or fell. They confirmed that they would call other professionals such as the GP, occupational therapist or District Nurse when necessary. There was information in people's care records that showed that health or social care professionals had been contacted appropriately.

Good

Is the service caring?

Our findings

People made a number of positive comments about the staff who provided their care and support. One person said, "I can't fault the care in any shape or form." Another person said, "The staff are very good. You couldn't get a better staff [team]. You only have to ask and they fall over backwards for you." Another person said, "The other night I felt [unwell]. They [staff] came to ask how I was. I thought that was nice."

People using the service told us they were involved in decisions about their needs and how they wished to be supported. There was information in people's files that showed they had been involved in the assessment of their needs.

People understood the plans about their care and that their views were at the centre of the support provided by the staff. One person said, "I was assessed before I came in, you're assessed for what you need." Staff told us that they were informed if there had been any changes in individual people's care and support needs but they always still read the care plans and risk assessments when they go to the person's flat to provide their care. One staff member told us about the support they provided for one person. We looked at the person's care records and saw that the staff member was providing them with the care they wanted. This meant people could be assured that the support the staff provided was correct and up to date.

People confirmed they usually had regular staff to support them. Staff told us there were times when agency staff were used but usually people received support from the same staff. Staff were clear that there would be sufficient information in the person's flat to enable them to meet people's care needs. One staff member told us that people often moved from the rehabilitation flats to long term support. They went on to say, "People have a care plan so I look at that. We also find out from other colleagues [staff who have worked with those people in the rehabilitation flats]."

Staff told us how they ensured people's dignity and respect was maintained. One staff member said, "I would close the bathroom door and pull the bedroom curtains. I ring the bell [to enter the flats] and say, "Good morning"."

People were enabled to remain as independent as possible and remain in their own flats with support from staff in the service. One person spoke about being independent and said, "They [staff] try and make you help yourself before they help [you]."

Good

Is the service responsive?

Our findings

The information in most care plans we looked at was individualised and detailed so that staff were able to meet people's needs. For example, staff were aware of the moving and transferring changes for one person who no longer needed the hoist. This was because the person had different equipment which enabled them to get up independently. People who had requested only female staff for their personal care told us that they had female staff provide it. One person said, "I said I don't mind a man but on the days when I have a shower I want a lady [member of staff]." The person went on to confirm that her personal care was provided by a female staff member. Staff confirmed that male staff provided personal care to males where possible and female staff did provide personal care to both male and female people in the service.

People told us they were involved in the assessment and regular reviews of the care and support being provided by the service. For example one person told us about their care and that reviews were completed saying, "They [staff] assess you and ask you questions." People had information recorded in their files to show if they wanted to be involved in their reviews or changes in their care needs. Most opted not be involved and this was confirmed with people during the inspection. The team leader and senior carer both confirmed that they regularly visited people in their flats and checked that they were receiving the care they needed. However they only recorded those visits if changes were needed to people's care plans. This meant people had regular opportunities to talk about their changing needs or any concerns about the service. Staff confirmed that when a person returned to their flat from hospital one of the management team undertook a review of the care and risks for people. The information was shared with them so that they were up to date on how to support the person and meet their needs.

Staff were aware of how to meet the care needs for each person and could provide the consistent support that people needed. Staff were able to tell us about the care and support people received; about the things people enjoyed doing, the areas people wanted help with as well as those they wanted to retain as much as possible in relation to their independence. One person said, "They [staff] don't move on to anywhere else, they stay here." They went on to say that this meant staff remained consistent and got to know the person well.

People were protected from the risks of isolation and loneliness because the service provided activities that encouraged people to maintain their hobbies and interests. For example new computers were installed and available for people to use. During a 'residents' meeting people were offered the opportunity to request training in the use of the computers. There were areas where people could sit and chat as well as dining areas where they could purchase a meal and sit with other people in the extra care building. We sat with a group of people who received a service who were very happy with the level of social contact that was available as well as the opportunity to be on their own in their own flat if that is what they wished.

There was a policy and procedure in place from the provider on how to deal with concerns or complaints. Staff told us how they would help a person they were caring for make a complaint if they wished to. People knew how to make a complaint and had the necessary telephone numbers in the service folders in their flats if they needed to do so. One person said, "I know who to complain to." Information in the complaints log

showed that there had been one complaint in the last 12 months. The provider had responded and ensured that lessons were learned to improve the service and discussed with the staff team to ensure the event did not reoccur.

Requires Improvement

Is the service well-led?

Our findings

The provider had a system in place to monitor and improve the quality of the service. There was an audit process to check the records returned from people's flats. Books contained the daily notes recorded by staff and there were also medication administration record (MAR) charts. The team leader said that the audits were completed and then signed as correct by other senior staff. Although the MAR charts had been audited and some issues found and addressed with staff, there were other areas of concern that had not been noted on the audit records. For example, on one MAR chart a cream should have been administered seven to10 days. However, we saw that records showed the person had only been administered the medication for five days. The senior carer was unable to explain the omission. Another MAR chart showed a cream had been changed but not recorded as per the provider's policy. This incorrect recording of medication had not been noted as part of the audit process. This meant that the audits were not always as robust as they should have been and therefore issues had not always been investigated or actioned to improve the service.

There was a new manager in post at the time of the inspection but they were not yet registered with the commission. The manager understood their responsibilities and had support systems in place to help them to manage the service. The manager was supported by a safeguarding and quality assurance manager, one team leader, one senior carer and 20 care staff.

People were happy about the way the service was managed. One person said, "The new manager comes and sits to have dinner with us and talks to us." Another person told us the new manager "walks around and is more social." We saw the minutes of 'residents meetings' held in March and June 2017. These showed how people were encouraged to comment about any areas of the service. The new manager was introduced during the June meeting and there was a discussion about the Summer Fete and a date had been agreed. People using the service also wanted a return of the visiting farm animals. This was in the process of being arranged by the senior carer.

People were able to contact staff through an out of hours telephone system through their lifeline pendant or bracelet (emergency call bell system) if they needed assistance during the night. One person said, "I accidentally pressed it [lifeline pendant] the other night and within seconds someone asked if I was okay and within a minute they [staff] were there [in the person's flat]." Staff told us that they had telephone numbers for on call management so that they could be supported out of normal working hours and in the event of any emergency.

Staff told us they felt supported by the new manager and other office staff. One staff member told us, "She [the new manager] is lovely. I like that she chats with the residents [people using the service] as well as carers [staff]. She encourages us to sit with the residents [people]. She is more encouraging and friendly." Another staff member said, "You can approach her with anything. She came to the lounge and asked if I had nothing to do. I said I was talking to the residents [people using the service]. She said she wants to encourage us to talk to people if we have five minutes. I've never had that."

Staff told us there were regular meeting where they could discuss concerns or suggest ways to improve the

service. One staff member told us that they had discussed how staff could work better with a person and that had been taken forward and discussed with all staff. We saw minutes of the January and March 2017 team meetings. The minutes included information about issues arising from staff practice such as MAR chart completion, staff to complete all e learning, completion of records that are readable and information about specific people. There was also feedback from a previous discussion and improvements that were needed in relation to medication administration. This showed staff had been provided with the appropriate information in relation to areas of their work and the ways in which they needed to improve the service.

People could be confident that there were procedures in place to review the standard of care provided by staff. This was done through monitoring by senior staff who visited care staff during their visits to people. This was confirmed by staff and people we spoke with.

Compliments made by people using the service and their relatives showed that staff upheld the values expected by the provider. Comments included, "You have a lovely service and your team are really engaged and positive to work with," "Excellent support and care… [person now] more interested in life" and "Quality of life has improved." This showed that care staff were aware of the values and aims of the service.

People told us they were provided with information through newsletters. One person said, "We get a newsletter and it tells you things like whose birthday it is." People told us they were asked every day by the care staff and management about the care they were receiving. The safeguarding and quality assurance manager said that a system was in place to ensure that people's views about the quality of the service were taken into account. There were internal quality assurance inspections, the last of which was in November 2016. Information showed that after the provider's internal inspection an action plan had been put in place. The areas of concern had been addressed or were ongoing where the issues needed to be actioned and consolidated, such as ensuring regular staff supervision and accurate completion of recorded times that staff provided care in a person's flat.

The manager was aware of any incidents that occurred within the service that they were legally obliged to inform the Care Quality Commission (CQC) about. Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the CQC as required. A notification is information about important events that the provider is required by law to notify us about.

Staff told us that the service had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice and would do so if necessary. Staff felt they would be supported but had never had to raise a whistleblowing concern.