

Key 2 Care Limited

Parklands View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 27 September, 4 and 5 October 2017 and was announced. The provider was given 48 hours' notice. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration on 23 August 2016.

Parklands View provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Parklands View provided domiciliary care services to younger adults, older people, who maybe living with dementia, physical disability or visual impairment. This service provided onsite care and support if required over a 24 hour period. Parklands View has 82 self-contained apartments on the purpose built site. At this inspection visit 52 people were receiving personal care.

There was a registered manager in post. 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 did not always receive calls at the agreed time. This demonstrated that staff were not always deployed in ways to ensure people felt safe and did not receive care and support at the times they needed.

Some people did not feel that they always received a safe service, as their pendant calls were not always responded to promptly. This is where people alerted staff when they required assistance urgently.

Not all steps had been taken to check that people recruited to work for the provider were safe to do so. For one member of staff employed, not all the required pre-employment checks designed to help providers make safer recruitment decisions had been completed as required.

Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.

The Mental Capacity Act (MCA) 2005 (MCA) helps to ensure that people are supported to make their own decisions wherever possible. Where people were identified as not having capacity there were no records of best interest decision making to show the care and support provided was in the person's best interests.

People and relatives we spoke with all told us that staff were friendly, kind, positive and caring. However we

found that some staff were not always caring in their approach. For example some staff did not always use suitable term's when talking about people who required assistance at meal times.

Care records contained information to ensure staff knew how to meet people's individual needs and care plans were reviewed regularly. However risk assessments were not always detailed.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People told us they felt if they raised any concerns these would be addressed by the registered manager. However, we saw no information to confirm that complaints had been resolved to the complainant's satisfaction.

People were supported to maintain a diet that met their dietary needs. People were supported to access healthcare services as required.

People found the staff and management approachable. Staff felt supported by the management team.

The provider did not have effective governance systems in place to ensure they could drive improvements when required. We found the registered manager was committed to improving all aspects of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People and staff told us they felt there were not always enough staff on shift. People did not always feel safe as their pendant calls were not responded to promptly. Recruitment procedures did not ensure suitable staff were employed. Staff knew what action to take if they suspected abuse was occurring. Staff told us they followed the guidance in people's risk assessments and care plans when supporting them. People were supported to take their medicines.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Mental capacity assessments had not been completed to identify the support people needed to make decisions. Staff told us they had received training providing them with the knowledge to meet people's needs. People were supported to maintain their nutrition, health and well-being where required.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Staff supported people to maintain their dignity and privacy. However some staff did not use dignified terms when referring to people who required assistance with their meals.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Improvements were needed to ensure people received their calls as agreed. People felt able to raise complaints with the provider. However, there was no information on whether or not complaints had been resolved satisfactorily. People told us they were involved in reviewing what support they needed.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Requires Improvement ●

The management systems were not always effective in recognising areas which required improvements. There was a registered manager in post. Staff were clear about their roles and responsibilities and felt they received sufficient support to carry out their role.

Parklands View

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 visit took place on 27 September and 4 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection was carried out by one inspector and an 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. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service. These telephone interviews took place on 4 and 5 October 2017.

Before the inspection visit, the provider completed 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. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with nine people who used the service and four people's relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager, care manager and four care staff.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

We received mixed feedback from people and relatives as to whether people felt safe at Parklands View. One person told us, "Yes I do feel safe with the care staff, they turn up on time." A relative said, "It is the best place for [Person's name]. It's excellent and [Person's name] is safe at Parklands View." However some people raised concerns about pendant calls not being responded to promptly and that on occasion no staff came to assist them. This is where people alerted staff when they required assistance. One person said, "I pressed the pendant and spoke with one of the managers over the intercom and they assured me someone would be coming to see me. However no one came to assist me until the evening call." Another person explained that when they first arrived at Parklands View they were informed that if the pendant was pressed for help, then help would be immediate. They said, "It seems that no one cares anymore, I don't know what the problem is but it's not operating as it should do." Another person said, "On one occasion when I used the pendant, I had no response from anyone."

Staff raised frustrations about the pendant calls. One staff member said, "People are too dependent on using their pendants for non emergencies. When you go into the person's apartment you end up doing other things for them. This then has a knock on effect on other calls." Another staff member said, "The pendant system can be a nuisance as it goes off when you are on a call supporting another person." This did not provide assurance that people's safety was always maintained.

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff knew what to do if they suspected abuse; this included reporting their concerns to the registered manager. Staff told us they had completed safeguarding training.

Staff we spoke with told us the risk assessments provided them with sufficient information on how to support people safely. Risks associated with people had been assessed and recorded. Risk assessments covered areas including moving and handling and mobility. Assessments included appropriate guidance for staff on how to reduce identified risks, but they were not always detailed. For example, where a person had been identified as being at risk when being transferred. The risk assessment identified the type of equipment to be used; however there was no specific information on how the person was supported with transfers from bed to wheelchair. This did not provide assurance that the person was being consistently supported whilst being transferred.

People felt that there were not always enough staff to support them. One person said, "The staff have complained about their workload." Another person said, "On one occasion when I used the pendant, I had no response from anyone." The care manager told us that staff rotas were given to people who had requested them, so that people would know what staff would be scheduled to support them. The care manager told us that people were supported by a regular staff team. However some people were not happy about not having a rota. One person said, "I have not received a rota since moving to the complex. I do see a lot of different faces but I know most of them now." Another person told us that they had no rota and were unsure when staff were expected to call.

Some people told us staff did not always stay for the whole call duration and that staff were not always on time. A person said, "The carers are running about 35 minutes late today. They're always rushing around, they are over loaded. It's quite common for them to be 35 minutes late and often don't stay for the allocated time as they are rushing off to the next call." Another person stated, "Some of the staff have told me they are so rushed they cannot keep up with the calls." Another person stated, "It's getting worse, I seem to be constantly pressing the pendant asking where my morning call is, today they were late by 45 minutes. The carers are so rushed and don't have enough time to support me." This demonstrated that people were left waiting and their needs were not being met at the right time for them.

Staff felt there were not enough staff available to meet people's needs. One staff member said, "There are definitely not enough staff." Another staff member told us, "It can be difficult if staff ring in sick. The manager will ring round staff and see if they can cover. If not we all have to muck in and additional calls are added to our rota. They (management) need to improve call times it's not possible to be at two calls at the same time." Another staff member said, "If anyone rings in sick, we struggle. Sometimes the call times clash which then has a knock on effect on the rest of the calls." We discussed how staffing was planned and deployed with the registered manager. The registered manager told us they would be implementing an 'allocation of calls spread sheet' to ensure calls were not overlapped and to effectively manage any cover required such as staff sickness.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Staffing.

People who used the service told us they either managed their own medication or were supported by staff. One person said, "The staff always write it down when they have given me my medication." A relative said, "The staff always watch [person's name] take their medication and record everything down." However a couple of people were not always satisfied when they were supported by staff to take their medicines. One person said, "Sometimes the staff can be half an hour late." Another person also expressed some concern about the timings of their medication call. They said, "There needs to be a gap in between my doses, but the staff don't arrive on time."

Staff told us they had undertaken medicine training. Records we looked at confirmed staff had received training in this area. Staff we spoke with told us medicine administration records (MAR) were kept in the person's apartment. They checked the medicines against the MAR to ensure people were given the correct medicine and amount. This ensured that an audit trail was in place to monitor when people had taken their prescribed medicines. There were protocols for dealing with medicines incidents. Staff understood the protocol and the importance of reporting any medicines incidents to management immediately. This including missed signatures on the MAR or an error in the administration of medicines.

Staff we spoke with confirmed the necessary pre-employment checks had been completed before they commenced working on their own. We looked at three recruitment files for recently employed staff. We found the provider had carried out Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions. However, we found the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. We found one member of staff did not have a full employment history in place.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff told us that they had received training in the MCA. Staff understood the need to gain consent before carrying out tasks with people who used the service. A staff member said, "You cannot force a person to do something. I always give the person a choice, giving them the best and safest option." Another staff member said, "You ask the person for their permission such as would they like a wash. When you are supporting them you talk through what you are doing, given them reassurance." One person's care record stated that the person had fluctuating capacity to make decisions. There was no capacity assessment or best interest assessment which was decision specific to the person.

Staff told us they had good induction and training. One staff member told us, "The training is good. I completed the practical moving and handling training at the head office." Another staff member said, "I have carried out training in various areas' which have been helpful to my role. The training I have done includes moving and handling, food hygiene and safeguarding." Training records showed that some staff were due refresher training in some areas such as moving and handling, safeguarding and infection control.

The provider supported staff to enable them to meet the needs of the people who used the service. Staff told us they felt supported by other staff members and the management team. A staff member said, "I feel supported, we work well together making sure people are well looked after. The care manager is very open and honest. She supports us as much as she can." Staff were supported through individual supervisions. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance.

People we spoke with did not require any support with their meal preparation. Staff demonstrated a good understanding and knowledge of the support required to ensure people had their nutrition and hydration needs met. Staff explained that if they had concerns about a person's dietary intake they would share this with the person's family and the office. There was a restaurant/cafe on site which provided hot meals and snacks, which people could access if they wished. There was also a shop on site which we saw people accessing during the inspection site visit.

People's health needs were identified in their care records. People's health needs were monitored and any changes in their health or well-being were reported to their GP or other health care professionals as required. We saw contact details of external healthcare professionals such as the GP in people's care records. Staff told us they would notify the office if people's needs changed and they required medical

intervention.

Is the service caring?

Our findings

People told us that staff were caring towards them. One person told us, "The care I am receiving is lovely. The staff are all lovely here even the new ones are lovely, never nasty. If they're late they always say sorry." Another person stated, "They [staff] are very kind and caring, I have no complaints." Another person said, "The carers are very kind and respectful."

We saw friendly interaction between people and staff during our inspection visit. We saw some people liked to sit in the communal area. During the inspection visit we heard staff speaking with people in a respectful and polite way. People we spoke with told us they were treated with respect and dignity by the staff. A person said, "The carers are respectful and polite towards me. The regular carers that come in are good; you do build a rapport with them."

Staff understood the importance of ensuring people's privacy and dignity was respected. They were able to explain to us how they did this. For example, they told us that they would always cover people when carrying out personal care, ensure doors were closed and curtains drawn. A staff member said "I always cover up the person after they have had a shower and make sure the doors are closed." However during discussions with some staff we found that they used inappropriate term's when referring to people who required assistance to eat their meals such as 'feeding [person's name].' One person's care plan we looked at stated "Will need feeding." A staff member described a person using the service as a 'drama queen.' This did not ensure that people were always treated with dignity. We discussed this with the registered manager who told us that this would immediately be addressed with staff. We also saw the job advertisement for weekend staff made reference to supporting people with 'feeding.'

The ethos of the service was to provide a high quality service to support people to remain independent, active and remove isolation. Staff told us they prompted people's independence, enabling them to maintain or develop activities of daily living. A staff member said, "People's care plans tell you about their routines and what they need support with. A person may be struggling one day, so you give them support in that area. The next day the person may need minimal support to put their shoes on. So long as the person won't come to any harm independence is always encouraged." Another staff member told us, "You don't take over when providing care and support. You get the person involved, for example you pass them the towel to wash their face." People we spoke with confirmed this. One relative said, "[person's name] has got poor mobility but likes to still be independent. It's a difficult balance, but the staff are never pushy and they do encourage them to be independent."

Care plans we looked at contained information about the person and how best to support them. Care plans had been developed with the involvement of people who used the service or their representatives. A relative said, "I was involved in setting up the care plan in the beginning. I would go to the manager if we needed anything."

The registered manager told us they would provide people with information about how to access advocacy services. This is an independent service which is about enabling people to speak up and make their own,

informed, independent choices about decisions that affect their lives. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People and their representatives were involved in the assessment process. The care manager told us they carried out initial assessments to ensure that people's identified needs could be met by the service and people could be confident that the service was right for them. The records we looked at contained assessments which identified individual needs, such as the areas people required support with. We also saw social service assessments providing details on the individual's needs. Information from the assessments had been used to develop care plans, providing guidance to staff on how to meet people's individual needs.

People and their relatives were involved as much as possible in how their care was planned and provided. One person said, "Yes I was involved in my care plan, it's just been updated by the manager and new bits have been added." Another person told us, "I have participated in my care plan." A relative stated, "At the beginning we were involved with the care plan. If we need anything I go to the manager who updates the care plan." Care plans we looked at were up to date and reviewed as necessary.

Staff we spoke with understood the needs of the people including how they supported people. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence.

People who used the service were able to decide how to spend their day. The communal areas at the service were accessible to people and included a shop and restaurant. We saw people spent time in the communal areas; received visitors and also accessed the wider community.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I have no concerns at all." Staff were aware of the complaints procedure and told us they would inform the managers if people raised any issues with them.

We reviewed the records of the complaints received over the past 12 months. The complaints had been investigated. However there was no information as to whether or not the complaints had been resolved to the satisfaction of the complainant. Whilst people's concerns were responded to, we saw no evidence that the provider had reviewed the complaints to reduce the likelihood of similar complaints occurring.

Is the service well-led?

Our findings

We saw that the provider did not have adequate processes in place to check the quality of care records such as the lack of detail in risk assessments. The provider also did not have effective systems in place to monitor call times to people. Some people raised concerns that there were inconsistencies in the times when staff arrived at calls.

In addition management systems to check people received a safe service were also not satisfactory. People told us that staff did not always respond to pendant calls promptly. During discussions with some staff they did not recognise the importance of responding to pendant calls.

Staff deployment and planning did not provide assurance that staffing levels were adequate, to support people at the time they required.

We saw body maps had been completed for a person over August 2017. However there was no clear audit trail to provide assurance that appropriate action had been taken.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Good Governance.

The registered manager had been in post since May 2017 and their registration with CQC was completed during September 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager told us that they were responsible for the overall management for all the extra care facilities within the provider group. The registered manager explained they aimed to spend at least one day at each scheme unless more time was needed at a particular scheme. The care manager was responsible for the day to day management of the service, who was supported by the registered manager. A staff member said, "Things are much better since the registered manager has been in post."

The registered manager told us they had put into place a series of audits to monitor the overall quality and safety of the service. The registered manager carried out quarterly compliance audit which identified some areas for improvement. For example it was identified that staff supervisions were not taking place regularly. As a result of this a supervision matrix was put into place, which evidenced staff supervisions were now taking place. The registered manager explained that they had introduced spot checks to ensure all staff were supporting people in accordance with their care plans and using correct moving and handling procedures. Medication competency assessments on staff were carried out by the team leaders. In addition to this medication audits would take place more regularly to ensure medication records had been completed correctly.

People told us they were happy with the way the service was run. Comments included, "The service here is brilliant, you can always talk to the manager if you're not sure about anything, I just go downstairs to the office" and, "I'd give them 5 Stars. The staff are very friendly and relationships are excellent." However one

person said "It can get a bit chaotic at times and I feel that they don't understand me." Another person said, "I don't have any concerns, however the care manager is another one that's under pressure."

Staff told us they enjoyed working for the provider and would recommend the service. One staff member said, "I am happy working here." Another staff member told us, "We work well as a team. However one thing that could be improved is making sure calls are scheduled better and not two calls at the same time." Records we looked at showed that staff meetings took place. Another staff member said, "We do have staff meetings where we have the opportunity to discuss any new changes, such as the change in management. We also get to discuss what we are doing well and what's not going so well."

People were asked for feedback through the use of surveys. We saw the results of the surveys for August/September 2017, which showed some area's for improvement. For example call times and people being informed when staff were running late. We saw no evidence showing that the surveys had been analysed and what action the provider was taking were areas were identified for improvement.

Staff told us they were confident to report any concerns they may have about people's care. They were aware of the provider's whistle-blowing policy (informs staff of the actions they should take if they had concerns about the welfare of any of the people who used the service). This ensured any allegations of poor practice were reported and people were protected from unsafe care.

The provider understood their legal requirements for notifying us of all incidents of concern and safeguarding alerts.

Management systems in place ensured authorised personnel had access to records. People's confidential records were kept securely in the office so that only staff could access them. Staff records were kept securely by the providers, to ensure confidentiality.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the services provided. Regulation 17
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always have sufficient numbers of staff to support people in accordance with their needs. Regulation 18