Wakefield MDC

Peripatetic Service De Lacy Gardens

Inspection report

De Lacy Gardens
Mill Hill Lane
Pontefract
West Yorkshire
WF8 4GY

Tel: 01977793274

Date of inspection visit:
12 June 2018
13 June 2018

Date of publication:
25 July 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 12 and 13 June 2018 and was announced. De Lacy Gardens registered with the Care Quality Commission (CQC) on 20 April 2017 and has not been previously inspected. There were 27 people who used the service at the time of inspection.

This service 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.

People using the service lived in their own flat in a purpose built complex and had access to care and support 24 hours a day, seven days a week. There was a communal dining area for people to use at lunchtime if they wished.

There was a registered manager in post at the time of 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.

People's allergies were not always recorded on the medication administration records (MARs). PRN 'when required' protocols were not in place to guide staff as to when these medicines should be given. Systems and processes in place to manage medicines were not always safe or effective. There was no set criteria used for any risk assessments. There was no corresponding risk score used to assess risk therefore it was not clear what people's level of risk was. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by sufficient numbers of staff to meet their needs. Staff underwent appropriate checks prior to starting work. Staff received an induction, regular supervision and training. We made a recommendation for the provider to maintain an overview of all staff training to ensure it remained up to date.

The service followed the principles of the Mental Capacity Act.

Staff involved people in making decisions about their care, support and treatment as far as possible. People told us staff understood their needs and treated them with dignity and respect. Staff gave clear examples how they respected people's privacy and dignity.

The provider had a complaints policy and procedure. People were aware of how to make a complaint. Complaints were responded to appropriately.

Staff were happy working at De Lacy Gardens and felt supported by the management team.

Although the registered manager had begun to develop auditing systems, we found the registered manager and provider did not have a sufficient overview of the service. We concluded the provider did not have appropriate systems and processes for assessing and monitoring the quality of the service. The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users.

We found a breach of Regulation 17 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 the 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?

Requires Improvement

The service was not always safe.

The systems and processes in place to manage medicines were not always safe.

Risks associated with people's care were not always identified and managed.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training. However, we made a recommendation for the provider to maintain an overview of all staff training to ensure it remained up to date.

The service followed the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's independence was promoted and they were involved about matters relating to their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in the care planning process.

The care plans and daily notes were not always person centred.

The provider had a complaints policy and procedure. People were aware of how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not operate effective systems and processes to make sure they assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users.

Staff told us they felt supported and listened to.

Peripatetic Service De Lacy Gardens

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 was a comprehensive inspection. The inspection took place on 12 and 13 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is not based at the office and we wanted them or a representative to be available.

The first day of inspection was carried out by one adult social care inspector and one adult social care assistant inspector. The second day of inspection was carried out by one adult social care inspector.

We reviewed information we held about the service, such as notifications and information from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England. We contacted commissioners, the local authority safeguarding team and the clinical commissioning group prior to inspection.

The registered provider had been asked to complete a Provider Information Return (PIR) and they returned this to us prior to the inspection. 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.

During the inspection we spoke with four people who used the service, two relatives, six members of care staff, the person responsible for the rota, the base co-ordinator and the registered manager.

We looked at a variety of documentation including, care documentation for three people, three staff recruitment files, meeting minutes, documents relating to the management of medicines and quality

monitoring records.

Requires Improvement

Is the service safe?

Our findings

Staff completed training in medicine management and had their competency checked. We looked at a sample of medicine administration records (MAR). These were appropriately completed and signed by staff. One member of staff told us, "If you're going to a service user on one particular occasion or one hundred times, you check the mar, the amount, the date, the right service user. You check the medication against the medication sheet."

In one person's care record they had a 'service user information sheet' at the front of their file which would also be used in the event of an admission to hospital. This record stated 'no allergies'. However, this person had a number of allergies. We looked at the MARs for this person and found that there were no allergies recorded here. This meant there was a risk that the person may receive medication or food that would be harmful to them. We raised this with the registered manager and base coordinator. This was immediately rectified during the first day of inspection.

We found a generic PRN 'when required' medicine protocol was in place. This was not specific to each medicine prescribed or to people's individual needs. This meant there was no guidance for staff to follow so they knew when a person was to be given their PRN medication. There was a risk PRN medicines may not be administered appropriately. One person had been prescribed 'co-codamol 1 or 2 tablets when required'. There was no instruction or guidance as when was appropriate to provide one or two tablets.

The issues identified above demonstrate the systems and processes in place to manage medicines were not always safe or effective. We concluded this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw risk assessments were kept up to date and covered areas such as falls, medicines, skin integrity and communication. However, it was not clear how people's risk had been assessed. For example, there was no set criteria and corresponding risk score used to assess risk therefore it was not clear what the level of risk was. The registered manager and base coordinator told us they would look at this as a matter of urgency.

One person required assistance with all aspects of moving and handling. Their risk assessment lacked clarity in parts. For example, it stated staff were to check the person's wellbeing before carrying out manoeuvres/transfers but it did not stipulate what signs staff were looking for and how this would impact on the care to be provided. A practitioner informed us a hoist and emergency back-up had failed whilst care was being delivered. Staff had contacted them via telephone and they had talked staff through what to do. This incident had prompted them to update the care plans and risk assessments to document what action to take if hoisting equipment failed.

Staff were aware how to report incidents. Accident and incident forms were completed and filed within a person's individual contact journal. There was an overview spreadsheet which briefly summarised incidents. However, there was no evidence to show these had been analysed to look for patterns and trends and what action had been taken to prevent incidents reoccurring. For example, one person had fallen but there was

no evidence to demonstrate what action had been taken to prevent falls reoccurring, this was despite the form being signed off by a manager. Looking through this person's care records we established they had been 'found on the floor' four months earlier. Opportunities were being missed in relation to falls prevention.

The issues identified above demonstrate the provider was not doing all that was reasonably practicable to mitigate risks. We concluded this was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff explained the signs of abuse and what they would do to make sure people were safeguarded. Staff knew who to report any concerns to both within the organisation and to external agencies, such as the local authority safeguarding team. The CQC had not received any safeguarding notifications; however the registered manager was clearly aware of the circumstances in which to submit a notification.

Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

There were enough staff to meet people's needs. Although the care was delivered in one building, staff had five minutes travel time between calls.

There was a dedicated member of staff, support planner, who organised the rota. If emergency cover was required there were the practitioners (supervisors) and the care staff who worked at the provider's other services that could be called upon. The computer system used alerted the managers if there were any missed calls to enable these to be picked up. The system was able to produce reports which were used at people's care reviews to evidence whether an increase or decrease in their care package was required.

During the inspection we saw staff used personal protective equipment to maintain hygiene standards.

Good

Is the service effective?

Our findings

People had their needs assessed prior to the service delivering care. This was completed in conjunction with the registered manager, base coordinator, the social work team and the tenancy scheme manager to ensure the placement was suitable. People had their care reviewed by the provider on an annual basis. Monthly link meetings were held with the base coordinator and the community social work team looks at hospital discharges, reviews any whether any increases or decreases in care packages were required. We saw evidence to demonstrate that the service worked with other organisations to deliver effective care, support and treatment. The base coordinator had regular meetings with the housing provider and the social work team. People had access to other healthcare professionals, such as occupational therapists and the speech and language team, when needed.

All staff had a learning and development pathways folder which was used as part of their induction and to record any ongoing training. Staff received appropriate training in areas such as fire safety, risk assessment, medication, safeguarding and incident reporting. Staff completed the care certificate. The Care Certificate is a minimum set of standards for social care and health workers. New staff also completed a period of shadowing prior to delivering care. One relative told us, "When they do get new carers, they shadow." Staff told us they received regular supervisions, including observational ones. Staff told us they had regular supervisions and could approach the manager at any time with any issues. Evidence looked at confirmed this.

However, since separate modules of training, such as safeguarding, were within the Care Certificate, we found the management team did not have a clear oversight of when individual training modules were due to expire or when refresher training would be required. The registered manager told us the workforce development team flagged up when the moving and handling and first aid training was overdue, however there was no clear mechanism in place to flag up when other training required refreshing. They told us they would resolve this issue. We recommend that the provider has a system in place to have a clear overview of all staff training to ensure training is kept up to date.

We saw evidence where the management team were not satisfied training had been completed to the appropriate standard, the member of staff was given time with their manager to ensure training outcomes were met.

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 so that they can 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.

The registered manager was knowledgeable about their responsibilities under the MCA. They were aware

people were free to make decisions and knew when to arrange 'best interests' meetings. Staff received training regarding the MCA and respected people's decisions regarding the care they wished to receive. We saw evidence within the care records people were involved in their care. Relatives told us their relative had a say in how their care and support was be provided. Three people told us they were involved in their care plan reviews. One person commented, "There was an update yesterday."

Good

Is the service caring?

Our findings

Everyone we spoke with was happy with the service provided by De Lacy Gardens. One person said, "It's very good. Yes they do, they know my needs." Another person said, "It's very pleasant living here. Everyone is very caring." People were complimentary about the staff team. One person said, "They're all very good and they're all very friendly. They put up with me." One relative told us the staff were "Very helpful. If it wasn't for them, I don't know what would happen to [my relative]. They tend to all his needs." Another relative commented, "The staff are really, really friendly."

The support planner clearly explained how they listened to people's preferences for call times and they endeavoured to accommodate these. They told us where this could not be done immediately, they explained this and looked to fulfil the person's request as soon as they were able to do so.

Staff involved people in making decisions about their care, support and treatment as far as possible. For example, staff told us people were able to make changes to their care package. People could choose to shower on a different day, if they wished. We saw evidence people were involved in their care reviews.

Relatives commented staff knew and understood their relative's needs and encouraged their independence. People told us staff understood their needs and treated them with dignity and respect. Staff gave clear examples how they respected people's privacy and dignity. For example, by giving them private space, closing curtains, keeping them covered up with the towel when washing them and maintaining confidentiality.

Staff encouraged people to be independent. One member of staff told us, "I ask them what they can do and let them do as much as possible." Another member of staff said, "I encourage them to do as much as they can, if they're quite capable of doing it themselves. If they're sat in the shower, they wash the parts they can do and we can do the parts that they can't reach themselves."

Requires Improvement

Is the service responsive?

Our findings

People had care plans in place which covered their needs. However, we found some care plans lacked sufficient detail. For example, there was no specific guidance regarding how to encourage and motivate a person to make their meals. There was no 'This is me' or background information regarding a person. The records were not always person centred. For example, one care record referred to 'feeding'. There was no evidence to show 'end of life' care had been discussed with people. The registered manager had recognised this as it had been raised at inspection at one of the provider's other locations. The registered manager told us they planned to implement this for people who were new to the service and when people's care was reviewed.

Although people's needs were regularly reviewed, these did not always pick up issues. For example, one person's care plan stated the person wore glasses. However, when we spoke with this person they told us they were not wearing glasses because they were partially sighted so glasses were not of use to them. This was not reflected within their care plan. We found the care records to be confusing. Review updates were added to the care record as a running commentary instead of the information being used to remove the outdated information and provide an update as to the care currently being delivered. This meant it was difficult to see what people's current needs were.

People's care plans documented visual aids such as magnifying glass which were required for reading to help ensure people could access information. We saw one person had been referred to the Speech and Language Team and was in the process of getting equipment to support them with their communication due to the fact they were unable to communicate verbally. Another person had specialist equipment in order for books to be read out loud. These elements showed the service was meeting the requirements of the 'Accessible Information Standards'. The Accessible Information Standard were introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

The provider had a complaints policy and procedure. People told is they knew how to complain. We looked at the complaints records. There had been three complaints. Two complaints had a clear outcome but it was not clear from the record what the outcome was for the third complaint. The registered manager and base coordinator found further details in relation to this within a person's staff file. The registered manager said they would ensure a thorough overview of complaints, including outcomes going forward.

Requires Improvement

Is the service well-led?

Our findings

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.

The registered manager told us they would only notify the CQC of a medicines error if someone had come to harm. The records we looked at showed the incidents were dealt with appropriately and referred to the local authority safeguarding team. Following inspection at another of the provider's locations, the provider was looking at their policies, systems and processes in relation to reporting medication errors to the CQC to ensure there was a consistent approach.

Following inspection at another of the provider's locations, the registered manager had begun to develop bi-monthly audits, and look at a formalised auditing process for the base coordinator. This was in its infancy and had not been embedded into practice. At the time of inspection effective quality assurance systems were not in place and there was no evidence of action plans to show service improvement. The provider did not have an effective system in place to ensure the work of the registered manager and the service was audited.

A system was not fully in place to regularly audit care records in order to assess the quality of people's care plans and risk assessments. For example, we found the care records were difficult to navigate round and contained outdated information which required archiving. The lack of care record auditing meant there were opportunities missed to identify the issues we had found. For example, the care plans were not always person centred, some care plans lacked detail, allergy information was missing and the full extent of one person's visual impairment was not reflected within their care record.

Overview spreadsheets in relation to accidents and incidents did not contain sufficient information to establish any patterns and trends. Although accident and incident forms had been signed by a manager, they had not taken any action to look at ways of preventing further occurrences.

We concluded these issues collectively demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were supported by the management team and staff members. One staff member said, "I work with a great team." One member of staff commented, "We've got a brilliant team and we do try work together. We work well together." Another member of staff told us, "I love it. I genuinely do feel supported on a personal level and I don't feel like I just work here." All staff we spoke with told us they would be happy for a member of their family to receive care and support at this service.

Staff told us they were able to provide feedback on the service. This took place in supervisions and team meetings. Team meeting covered areas such as, residents' issues, monthly care hours, staffing issues and

equipment issue.

The provider held meetings once a quarter to share learning from CQC inspections and to discuss CQC newsletter and updates.

Quality monitoring forms had been completed which looked at areas such as; decision making, whether needs had been met, call times and duration, whether care staff were respectful of person and their way of life and check they know how to contact office. The registered manager told us quality monitoring forms were completed at reviews but they found this was not the best time to complete them. They were looking into new ways to capture this information. The coordinator meeting minutes discussed people's feedback.

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 12 HSCA RA Regulations 2014 Safe care and treatment There were weaknesses in the proper and safe management of medicines. The provider was not doing all that was reasonably practicable to mitigate risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have appropriate systems and processes for assessing and monitoring the quality of the service. The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users.