Housing & Care 21

Housing & Care 21 - Erdington House

Inspection report

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

We undertook an announced inspection of Housing and Care 21 Erdington House Domiciliary Care Agency (DCA) on 1 October 2015. We told the provider two days before our visit that we would be coming. Housing and Care 21 Erdington House provides personal care to people living in their own flats in extra care housing (supported living scheme). The service also provided extra facilities for people. An on site restaurant, dining area and furnished lounge was available for people to use. On the day of our inspection 19 people were receiving a personal care service. The service had not been inspected before.

There was not a registered manager in post. The registered manager had left the organisation. A new manager was applying for registration with the Care

Summary of findings

Quality Commission. In the interim, a registered manager from another location was covering the service. 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.

There were sufficient numbers of staff deployed to meet people's needs. However, the majority of staff were agency staff. People and their relatives told us this impacted on their lives and the care they received. One relative said "They do not seem to be able to retain staff". People told us some agency staff were task focussed.

People were safe. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. Records confirmed the service notified the appropriate authorities where concerns relating to suspected abuse were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff completed induction and shadowed experienced staff before working on their own at the service. Staff also had access to further training to develop their skills.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

People's opinions were sought through annual surveys. The results were collated and the manager used the information to improve the service. A residents association had been formed and regular meetings were scheduled.

Staff spoke positively about the support they received from the manager. Staff supervision records were up to date and they received annual appraisals. Staff told us the manager was approachable and there was a good level of communication within the service.

Most people knew the manager. However, some did not and felt the lack of a registered manager had affected the service. The interim manager covering the service was open and honest and had helped to instil an open and transparent culture.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we have required the provider to take at the end of this report.

Summary of findings

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 always safe.

The service relied on agency staff and people told us this impacted upon their lives.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments in place to reduce the risk and keep people safe.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

The majority of staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Good

Is the service caring?
The service was caring. The majority of staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Good

Is the service responsive?
The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Good

Is the service well-led?
The service was not always well led.

Some people did not know the manager and told us there was a lack of leadership. A visiting healthcare professional echoed these sentiments.

The manager had systems in place to monitor the quality of service. Learning was used to make improvements.

Requires improvement

Summary of findings

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Housing & Care 21 - Erdington House

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 the 1 October 2015. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by an 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.

We spoke with five people, four relatives, two care staff, the care team leader, the covering manager and a visiting healthcare professional. We looked at five people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it.

Before the visit we looked at previous notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law. In addition we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views about the service.

Requires improvement

Is the service safe?

Our findings

There were sufficient numbers of staff deployed to meet people's needs. However the service had struggled to recruit permanent staff and relied heavily on agency staff from across the area. We spoke to the manager about this who said "We have really struggled to recruit staff. We have an on going recruitment drive but this is an area of high employment with limited public transport access. We have two regular permanent care workers and agency make up the rest. It is far from ideal. We are planning to put agency staff through our own induction programme".

We spoke with staff about staffing at the service. One permanent member of staff said "There's not enough permanent staff, there's more agency than us. We do get some regular agency so they know most of the residents but it means residents don't always know who's coming to help them. Our shifts are all a bit last minute and unpredictable. Sometimes you get left alone while you wait for agency to turn up". Another said "I'm agency and there is not enough staff here. Some agency staff are good and frankly some aren't. As I come here regularly I know people here, but some don't. They get thrown in with little preparation". A visiting healthcare professional said "There's a lack of staff, lack of morale which results in a lack of care. I don't think people are always getting the care they need".

We asked people if there were sufficient staff to meet their needs. Comments included; "The carers are good. The problem is getting the carers. A lot are (foreign nationals) and I cannot always understand them" and "There should be more staff, but they do their best". Relatives comments included; "They do not seem to be able to retain staff. I do not know if the agency staff are briefed very well about the people's needs" and "We feel that the care is excellent but inconsistent".

One relative told us about their mother who was living with dementia. They said "Lots of different carers unsettle mum. Sometimes I have been in the flat in another room and agency staff have been in for half an hour with my mum and they have not spoken to her at all, which is very unsettling for someone frail with dementia. I do not think that the agency staff know her and her medication needs very well .Sometimes visits with agency staff are shortened. It feels that the culture of (some) agency staff is just to do the tasks. They do not seem to understand how important social time is for mum. I feel that the organisation is badly failing the residents". The reliance on agency staff clearly impacted on people's lives.

This is a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. Comments included; "I have carers four times a day. I wear a neck alarm. I feel safe and my family are happy", "I wear a neck alarm and the carers will come if I press it" and "I feel happy and safe here and my daughter and her husband also have a flat in this place. I wear an alarm bell on my wrist".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. They were also aware they could report externally if needed. One member of staff said "I would report straight to my manager and ring CQC (Care Quality Commission)". Another said "I think people are safe here. If I had a concern I would speak to a senior carer, the manager or call the local authorities". Records confirmed the service notified the appropriate authorities with any concerns.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person was at particular risk of infection. Control measures were in place to reduce the risk including guidance for staff to follow. This included wearing personal protective equipment (PPE) whilst delivering care, washing hands and emptying bins regularly. Staff we spoke with were aware of and followed this guidance.

Another person was identified as at risk of slipping in the shower. Staff were advised to 'ensure the person is wearing appropriate, flat, non slip footwear' and to give the person sufficient time to 'complete tasks safely'.

People received their medicine as prescribed. Some people were supported with taking their medicine. Where people

Requires improvement

Is the service safe?

did need support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained. Staff also had their competency checked and recorded. One member of staff said "I had the training and had a competency assessment before I helped with medicines. It was all fine, no problem". One person said "They come to give me my tablets as I cannot see very well".

Good

Is the service effective?

Our findings

People and their relatives told us the majority of staff knew their needs and supported them appropriately. One relative said "This carer knows my dad very well and with hoisting she will show other staff". Another said two particular staff "Are exceptional". One person said "They know how to help me".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, moving and handling and infection control. Staff comments included; "Induction training was really good. It really gave me confidence. I shadowed an experienced carer before working on my own", and "I've had really good training and you are always learning here".

Staff received regular supervision (a one to one meeting with their line manager), competency spot checks and appraisals. Records showed staff also had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. Comments included; "I have good support. If I have an issue there is always someone I can go to" and "I have regular meetings which are really helpful and supportive". Staff could raise issues during supervision meeting. One member of staff had asked for a reduction in working hours and we saw their hours had been adjusted as requested.

Staff's opinions were sought through 'valuing individual performance' meetings. One member of staff had raised issues relating to the management of medicine charts. We saw the member of staff had been given additional support with this.

Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act (MCA). The MCA protects the rights of people who may not be able to make particular decisions themselves. One member of staff said "People have capacity unless we know otherwise. It is also decision specific. I give people time, be patient and explain things for them". The manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

MCA assessments were carried out appropriately. For example, one person was assessed and records noted the person was sometimes capable of retaining information and decision issues. They were also capable of communicating their decisions. We saw the person was assessed as having capacity relating to a particular decision.

People's consent was obtained before they received support. For example, care plans contained consent forms for assistance with medicines and consent for using people's keys to gain access to their flats. These documents had been signed by people. Care plans were also signed. Staff told us they sought people's consent. One said "I always ask but many have a routine they are used to. I explain and ask just the same".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and chiropodists. We spoke with a visiting healthcare professional. They said "I get referrals and guidance is followed". One person said "The district nurse visits occasionally and will come if I ask for her. The GP is very nice".

People told us they had plenty to eat and drink and most people said they did not need any support for this. Where people did need support care plans gave staff clear guidance. For example; one person required support with food preparation. Staff were guided to 'offer a choice of meals and then prepare and cook in the microwave. Please offer a hot or cold drink'. Another person ate their meals in a communal restaurant. Staff were advised to remind the person to 'take their purse and glasses' and to assist the person in ordering their meal. People's comments included "My friends and I sometimes have tea and cakes downstairs that we have bought ourselves" and "They will do my breakfast". No one had been identified as being at risk of malnutrition or dehydration.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the majority of staff. Comments included; “They are kind. They chat to me about their families”, “One [carer] is very helpful. I will hate it if she leaves. Some agency staff are good” and “The carers were excellent for looking after my husband”.

Staff told us they enjoyed working at the service. Comments included; “It’s alright here, I love working with these residents. It’s busy sometimes but then sometimes it’s quiet and you can sit and chat” and “I really enjoy my work, helping people and I do like it here”.

People told us staff were friendly, polite and respectful when providing support to people. One person said “The carers put me to bed, close the curtains and close the door and use the key box”. Another said “The carers close the curtains and they are kind in little ways”.

We asked staff how they promoted people’s dignity and respect. Comments included; “I always ask what they want and how they want to do it. I then go with their wishes. I close curtains and shut the doors when giving personal care and keep them covered up as much as possible” and “I make sure people are covered, I don’t stare. Some care can be embarrassing so I don’t make an issue of it for them. I shut doors and close curtains to protect their privacy but most of all I get their permission before I do anything”.

When staff spoke to us about people they were respectful and spoke with genuine affection. The language used in care plans and support documents was respectful and appropriate.

We were speaking with a member of staff when a person entered the lounge and approached us. The person clearly recognised the member of staff and went straight up to them and gave them a hug. They started chatting and the person was smiling. The member of staff responded with warmth and genuine affection as they talked with the person about what they would help prepare for them at lunch. It was clear a very positive and genuine relationship existed between the two.

People’s independence was promoted. Details of how people wanted their care was recorded in care plans. For example, one person was able to shower independently and could test the water temperature themselves. However, they had difficulty mixing the taps to achieve the right temperature. They had requested staff support them with this but to help them remain as independent as possible. Staff were aware and respected this person’s requests.

One person was independently mobile and used a walking frame. We spoke with them as they were leaving the building to go on a trip out. They told us about being independent. They said “It’s important for me to be mobile and the staff encourage me to do what I can. I appreciate that because I would be lazy otherwise. They’re pretty good I think”.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated 'I still walk my dog every day and I mainly do everything around the home myself'. Another person had stated 'I enjoy doing crosswords'. Other areas assessed included personal hygiene, domestic tasks and nutrition. People's support plans reflected their needs and daily notes evidenced their needs were being met.

People were involved in creating their care plans. Care plans contained a 'my life story' document. This contained details of the person's childhood, working life and significant relationships. Some contained pictures of the person and their family during their life. For example, one person had been married and photographs of their wedding were held in the document. This gave a picture of the person's life and personalised their care plan.

People received personalised care. One person required support to reduce the risk of pressure sores. The person had been referred to the district nurse and their guidance was being followed. This included regular checks of the person skin and applying creams. A body map was maintained showing where the cream needed to be applied and daily notes evidenced staff recording the checks and application. This person did not have a pressure sore.

Another person required two staff to support them with their mobility. Clear details of how to support this person were listed in the care plan which included guidance on the use of a hoist. Records confirmed the person was consistently supported by two staff. One member of staff said "There's always two of us to help them. Usually myself and a care worker from an outside agency".

People knew how to raise concerns and were confident action would be taken. Comments included; "I have no issues. If I had a complaint I would go to the office", "If I needed to, I would complain to [particular carer] as we have no manager" and "If I had to complain it would be to [particular carer]. They would listen".

Staff told us how they would support people to complain. One said "I'd try to help myself first them I'd help them complain formally" and "I would help someone complain. I'd support them and give what advice I could".

Details of how to complain were displayed in the building's foyer and contained in people's 'handbooks' held in their flats. Guidance on complaints gave step by step advice on how to complain. We looked at the complaints folder and saw there were very few complaints. Those we saw had been dealt with compassionately in line with the complaints policy.

People's opinions were also sought through annual surveys. We saw the results for the 2015 survey where people's comments were recorded. For example, most people thought the service was reliable, caring and gave people 'peace of mind'. However, some people had stated 'some agency staff appear not to care'. People were asked 'what could be improved'. People's responses included; 'more continuity of staff', get consistent employed carers' and 'too many changes (staff)'. We spoke to the manager about these concerns. They said they were "Aware of the problem and we are taking continuing action to recruit permanent staff. We also plan to put agency staff through our induction programme to provide continuity of care for our clients".

Requires improvement

Is the service well-led?

Our findings

There was not a registered manager in post. The registered manager had left the organisation. A new manager was applying for registration with the Care Quality Commission. In the interim, a registered manager from another location was covering the service.

Most people knew the manager. However, some did not and felt this affected the service. One person said "We have had three managers in two years. I feel that this place is like a ship without a captain". One relative told us they felt the use of agency staff and the lack of a registered manager affected the service. They said "I feel that the organisation is badly failing the residents". We spoke with a visiting healthcare who shared our concerns relating to agency staff.

Staff spoke positively about the manager. One member of staff said "I can talk to the manager. The leadership is ok and I know they are trying their best". Another said "I do know the manager, they are alright. I think they are approachable and supportive. I also think there's a positive culture here but it could be better. You can't really talk to the higher managers though and I don't see them very often".

The manager covering the service was open and honest and helped to promote an open culture at the service. The manager spoke candidly about the staffing issues we identified and told us of their continued efforts to recruit permanent staff. Staff told us they believed the service and manager was open and honest. One said "I can talk to the manager and know I'll get a straight answer, even if it's not good news".

Regular audits were conducted to monitor the quality of service. These were carried out by the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. Information was analysed and action plans created to allow the manager to improve the service. For example, a care plan audit identified a medicine risk assessment needed to be reviewed. We looked at this person's care plan and saw the risk assessment had been reviewed. Another audit identified team meetings were not being held in accordance with the laid down quarterly cycle. This was rectified and we saw that team meetings now matched the quarterly schedule.

Senior managers conducted 'extra care scheme visit reports'. All aspects of the service were inspected and service team leaders met with the manager every six weeks to review the reports and check progress. This helped to improve the service. For example, following investigations into people's medicine a consultation meeting was held with the manager and as a result the provider's policy on medicines was reviewed.

Accidents and incidents were recorded and investigated. Information from the investigations was used to improve the service. For example, one person had called for assistance using their call bell. Staff arrived and found the person in pain. An ambulance was called but the paramedics could find nothing wrong with the person and advised rest. The person was referred to their GP and their care plan reviewed in light of the GPs advice.

The provider used a 'compliance tracker' system to monitor all audits, accidents and incidents, care plan reviews and staff management. A monthly report was compiled and sent to the providers head office for analysis. Progress and actions were highlighted using a traffic light system. For example, where a care plan review was overdue the action would automatically highlight the process in red, alerting the manager.

Staff meetings were held regularly. Staff could raise issues, learning and information was shared and could be discussed. For example, staffing issues raised by people in the survey was discussed with staff. The manager had informed staff of the measures being taken to try to rectify the staffing issue. This included the use of leaflets, an open day and a refer a friend scheme.

The service worked closely with other healthcare professionals including GPs, occupational therapists and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. We spoke with Oxfordshire County Council commissioning team. They told us they shared our concerns relating to the staffing issues we identified during our inspection.

There was a whistle blowing policy in place that was available to staff. Staff also had access to contact details for Oxfordshire County Council (OCC) and the Care Quality Commission (CQC).

Requires improvement

Is the service well-led?

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing These concerns were a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The lack of permanent staff and reliance on agency staff impacted on people's care and their lives.