Housing & Care 21

Housing & Care 21 - Farmers Court

Inspection report

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Ratings

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

Overall summary

This inspection took place on 4th November 2015 and was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Farmers Court provides an extra care service of personal care and support to people within a complex of flats. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. People have access to communal facilities including a lounge and a restaurant which offers hot and cold meals daily. At the time of our visit the service was providing care and support to 29 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe, and that they could raise concerns with staff at any time. Staff were trained in safeguarding people, and we saw that they understood what action they should take in order to protect people from abuse. Staff were supported in doing so by access to policies and procedures. Systems were used to minimise risks to people's safety, and staff knew how to support people safely, although risk assessments were not always updated.

People were supported with their medicines by staff who were trained to do so, and had been assessed as competent. Medicines were given in a timely way and as prescribed. Regular audits took place, which helped to ensure medicines were given effectively. There were enough staff to meet people's needs.

Checks were carried out prior to staff starting work to ensure their suitability to support people. Staff received appropriate training, support and guidance through regular supervision meetings, which helped to give them the skills, knowledge and understanding to meet the needs of people.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles.

Staff were aware of the need to seek informed consent from people wherever possible, but it was not always reflected in people's care plans if they had capacity to make their own decisions.

People told us that staff were respectful and treated them with dignity and respect. They also told us that staff supported them to be as independent as possible and respected their right to privacy. People told us they could choose what to eat and drink, and that they were supported to prepare their own meals.

People had access to other health professionals whenever necessary, and we saw that the care and support provided by staff was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care.

People told us they were not always fully involved in deciding how their care and support was delivered, but that they felt able to raise concerns about their support with staff and the manager if they were not happy with it.

People told us they were able to raise any concerns with the registered manager, and that these concerns would be listened to and responded to effectively, and in a timely way. People told us that staff and the management team were responsive and approachable. Systems used to monitor the quality of the support provided in the home, and recommended actions, were clearly documented but they did not always work.

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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 safe.

People were supported by staff who had the knowledge and skills to meet their needs. People's needs had been assessed and risks appropriately identified, but we found risk assessments were not always up to date. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Staff were also aware of how and when to escalate concerns if they felt these were not being dealt with. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Good

Is the service effective?
The service was effective.

People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from appropriate health care professionals, and communication between staff and professionals ensured health care needs were met.

Records were not clear on whether or not people had capacity to make their own decisions.

Good

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were kind, patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's preferences. People were supported to be as independent as possible.

Staff showed respect for people's privacy.

Good

Is the service responsive?
The service was responsive.

People were encouraged to maintain their independence and they were involved in planning how they were cared for and supported. Care plans were reviewed and staff received updates about changes in people's care. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

Good

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

Requires improvement

Summary of findings

There were systems in place for the provider to assure themselves of the quality of service being provided, but these had not always identified out of date information.

People, relatives and staff felt able to approach the management team and felt they were listened to when they did so. Staff felt well supported in their roles and there was a culture of openness.. Where issues were identified action had been taken to address them.

Housing & Care 21 - Farmers Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4th November 2015 and was announced. We told the provider we would be coming. The notice period gave the manager time to arrange for us to speak with people who used the service and to ensure staff were available to speak with us about the service. The inspection was conducted by two inspectors.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. They told us they had visited in January and that they had no significant concerns. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

During our visit we spoke with five people who used the service and telephoned three people following our visit. During our visit we also spoke with a relative, two professionals who had regular contact with the service, the registered manager, a care team leader and five care staff.

We reviewed six people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe at Farmers Court and that they felt able to speak to the manager if they did not.

People were protected from the risk of abuse because staff knew what to do if concerns were raised. One staff member told us, "If I was concerned I would report it to the manager straight away. I would record everything." Staff also told us if they felt they had reported concerns and these had not been taken seriously, they would escalate the matter until it was dealt with. One told us, "You see abuse happening on the TV. I wouldn't like that to happen to my family so I would report anything straight away." Staff were supported by policies and procedures to tell them how they should report concerns. Staff told us they knew where these policies were and that they had read and understood them.

Records showed that safeguarding concerns were reported to the Local Authority in a timely manner, and were recorded, so that lessons learnt were clearly documented and communicated to staff. Records also showed that trends were analysed in order to try to make the service safer for people. If there were concerns for a person's safety, information was available for staff so they knew what to look out for and when to escalate concerns. For example, this was in place for people who were at risk of developing skin damage.

Where accidents and incidents had occurred, action was taken to minimise the risks of them occurring again. Records showed that trends were analysed by the registered manager and the provider organisation and informed changes throughout the service. Staff told us they knew about these, and that this information was shared with them through staff meetings and regular written communications which they had to read and sign.

Staff we spoke with demonstrated that they were aware of current risks to people, and were communicated with each other and with managers to manage these risks. One staff member told us, "We assess risk every time we go to a person on a care call." Another told us, "Things are done safely and at people's own pace. We don't try to rush people."

Records showed that personalised risk assessments were in place for people. Some of these were clear, included important information for staff about how to manage risks and when to report concerns to the manager. Staff had signed to say they had read and understood them.

We found there were not always risk assessments in place in areas where risk had been identified. For example, we saw in one person's care plan review there were concerns about their mobility. This information had not been updated in their care plan and their change in needs had not been assessed for risks. In some cases people were identified as requiring aids to mobilise, but there were no risk assessments in place around their mobility.

Risk assessments were not always clear. They did not always record the outcome of the assessment, making it difficult to see what measures should be in place to reduce risks to people's safety. For example, one person's care plan included a risk assessment which directed staff to ensure equipment was in 'Good working order', but it did not include any information on how staff should do this or what to do if equipment was not found to be in good working order.

The registered manager had completed risk assessments of the premises and equipment and had identified actions required to minimise risks, such as carrying out regular tests on fire equipment. Records showed the registered manager arranged for checks of the water, gas and electricity and identified when action was needed to minimise risk to people who lived at the service.

The registered manager told us there were staff vacancies and a recruitment campaign was underway. They also told us they had recently moved to a manual system for devising staff rotas, as the previous system was not flexible enough to deploy staff to care calls in a way that met people's needs effectively. They said they hoped this would make it easier for people to have consistent carers, something they saw as an area for improvement. The registered manager was looking at establishing a rolling rota so that people knew who their carers would be and staff would have consistent working patterns.

People told us there were enough staff to meet their needs, and that staff came on time and as planned. People had mixed opinions about how long it took staff to attend emergency call bells. One person told us, "Staff came quickly" and another person told us, "If I press the lifeline

Good

Is the service safe?

staff answer it – not very quickly." Staff told us there were enough carers to support people appropriately and safely. One staff member told us "Colleagues are always there when needed."

The provider checked that staff were suitable to support people before they began working alone with people in their own homes. This minimised risks to people's safety and welfare. For example, recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

People told us they received their prescribed medicines on time.

The registered manager and staff told us staff received training before supporting people to take their medicines, and that this was followed up with observation before staff were signed off as competent. Policies, procedures and guidance on medicines was available to staff. The registered manager told us they aimed to spot check every member of staff annually to check continued competence to administer medicines, but that some of these checks were overdue. They told us they aimed to complete all these checks by the end of November 2015. They told us if there were any issues, staff were offered support and extra training. Completed medicine administration records (MAR) showed people had been given their medicines as prescribed.

Records showed that medicine administration was audited weekly. Errors had been recorded and investigated appropriately and quickly, and had been reported to other agencies as necessary. Records showed that key information from these audits had been communicated to staff through staff meetings and in written communications to staff in order to improve the safety of medicine administration.

Good

Is the service effective?

Our findings

People told us staff were well trained and knew how best to support them. One person told us, "The carers know what I need and what I like doing."

Staff told us they had an induction which included training, observing experienced staff and completion of a workbook. They also told us when they started they were well supported. One staff member told us, "Everyone was really helpful when I started and it helped me settle in and to know what I was doing." Staff told us they received "in-depth" training which helped them to undertake their role effectively. One staff member told us, "It is so much nicer than just sitting in a big room looking at books. They use different ways to get the point across." Staff told us they were able to ask for training if they felt it was needed, and that this would be responded to. Staff also told us they received training frequently, and that is was "Always updated." One staff member told us, "The training here is clear, easy to understand and you can apply it to the job role."

Staff also told us they had the opportunity to develop and progress, which they told us helped them to stay within the organisation. They told us they had regular supervision meetings with either the registered manager or the 'care team leader.' Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development.

The registered manager told us they encouraged staff to be open and honest if they had a developmental need. They told us they tried to identify people who had potential to develop and to support them as necessary. They told us this was good for staff retention and also for people who used the service, as it supported staff to be happy and effective in their role. They were looking to develop 'team champions' to focus on particular areas of care delivery. They planned to allocate new starters to team champions to help them during their induction. We saw that the provider used a 'competency checklist', which tracked the frequency of supervisions, appraisals and spot checks of staff's practice.

The registered managed told us this information would be used in staff one to one's and ongoing assessment of practice, to ensure staff were well trained and competent in their role.

The registered manager told us that the senior team were undertaking 'Train the Trainer' courses with the provider organisation. They felt this would make it easier to train new staff, keep up to date with core and refresher training, and help to ensure staff were appropriately trained for their role. Staff knew how best to support people and were able to provide good care as a result of the training they had received.

Some people told us staff asked for their consent before supporting them. One person told us, "When they come in, they ask me what I want doing, they are quite good at that." Other people told us they were not always asked for their consent when carers supported them. One person told us, "Most people ask permission. Some carers just get on with it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager told us no-one who used the service was deprived of their liberty.

Care records did not clearly indicate whether or not people had capacity to make their own decisions. We discussed this with the registered manager and they told us they would take action to make changes. Staff understood the Mental Capacity Act, and were able to tell us that if people were able to make their own decisions this should be supported, and if not a 'best interests' decision would need to be made. One staff member told us, "If someone is not able to make their own decisions we should involve other professionals." Another member of staff told us people being supported did have capacity to make their own decisions, but that if this changed people could, "Have an advocate or Power of Attorney."

There was a privately owned and run restaurant within the service. The registered manager told us she was working with the restaurant owner to make food more appealing for

Good

Is the service effective?

those with specific dietary requirements, for example people on a soft food diet. People told us staff made up drinks for them and left them throughout the day where they were unable to do so themselves.

People also told us staff helped them with cooking. Staff told us they found out people's likes and dislikes from their care plans and they prepared food according to people's choices. People we spoke with confirmed staff knew their preferences when preparing meals.

People told us staff supported them to get access to health professionals if they felt unwell. Staff confirmed this and told us if there were any changes in people's health needs, these would be updated in care plans quickly. A visiting professional told us, "They tell me if there are any concerns and we work together."

Care records showed that people had access to external health professionals, with contacts being documented and described so that it was possible to see what had led to the contact and what the result of the contact had been.People's care records included important information for staff on specific health conditions, and information on how and when they should escalate concerns to senior staff so that they could be dealt with. One member of staff told us, "If we are worried about anything we always report it straight away so action can be taken."

Records showed that staff monitored people who were at risk of developing skin damage and checked people's skin integrity to reduce the risk of infection.

Good

Is the service caring?

Our findings

People told us the staff were caring, for example one person told us care staff called them by their preferred name as opposed to their actual name. One person told us care staff helped them to stay as independent as possible. They told us, "I do what I can. They respect that." Relatives we spoke with also told us they thought the staff had a caring attitude. One relative told us, "I have no complaints about the carers. They are very good." A visiting professional also told us staff were caring and treated people with respect. They told us carers were, "Very caring and supportive to residents."

Staff knew people well and we observed them talking and laughing with people and enjoying each other's company in communal areas. People seemed to be comfortable in the company of staff, and knew the names of staff members. Staff told us they liked working at the service, and they enjoyed helping people to be independent and supporting people according to their individual needs. We asked staff what it meant to be caring. One staff member told us, "I look after people like they are my family." Another told us, "Being kind and talking to people politely and as an adult." Staff told us that the service offered a close knit, family type environment. One member of staff told us, "You've got a closeness here."

People told us staff maintained their privacy and dignity. One person told us, "Staff close the curtains when helping me with my personal care." The registered manager told us the recruitment process carried an emphasis on how staff would ensure people's dignity and respect, and that this was followed up through annual spot checks and observations of staff thereafter.

Staff told us they maintained people's dignity at all times. One told us, "We talk through with people what we are doing so they feel they are in control." Records we looked at showed staff were trying to promote dignity and respect, with information for staff on offering choice for example on whether people wanted to eat in the restaurant or in their rooms.

The registered manager advised us it had been very difficult to get people involved in how the service was run. They told us it had been difficult to get people to attend meetings and to complete surveys and questionnaires asking for their opinion on the service provided. They also told us they had tried to encourage people to be involved but take-up had been low, both from people and their relatives, even though people had been invited to meetings. The registered manager was working on improving this. They told us family members were involved in people's assessments and the care planning process, if this was what the person themselves wanted.

Good

Is the service responsive?

Our findings

People told us they were happy at Farmers Court. Some people told us that staff knew their likes, dislikes and preferences and how best to support them. One person told us, "Yes, they do know how to support me." However other people told us this was not the case, with one person saying, "Not all staff know about my preferences, they mostly know about my routine in the flat."

During our visit we saw people enjoying a game of Bingo. People from outside the service had been invited to take part, some of whom were relatives of people living there. We saw other people went out into the local community to go shopping and attend health appointments for example.

People told us there were more activities available for them to join in with than there had been previously. One person told us, "A committee was formed a few weeks ago and that is why we have bingo, dominoes and cards every Wednesday." Information was available on a noticeboard in the lobby about events and activities in the local area, including clubs, religious services and health information. There was a bookshelf in the lobby which the registered manager told us people used, taking out books as they wanted to read them and returning them when they had finished.

Staff told us they worked with people and their families to try and provide personalised care. One member of staff told us, "The best way is to chat to people. Make sure you are listening and paying attention. If you have good relationships with people they will be more comfortable with you looking after them." Staff told us it was important to offer choice and control to people, with one telling us, "People are given choices; when they shower, when they eat. That's the most important thing, promoting independence."

People we spoke to told us they were happy with the care they received, but they had not been asked about how their care needs should be met. One relative told us they were not involved in decisions about how people were cared for. They told us, "The only calls I get are if [person] has fallen over." One person told us, "Staff talked my care plan through with me." Two people told us they had not been involved in formally reviewing their own care since they joined the service, but that staff did talk to them about how care was delivered. They also told us they were able to raise concerns with staff about how their care was delivered when they needed to.

The registered manager told us that there was an initial assessment undertaken which identified people's preferences and past history, and this was followed up and updated as necessary when people's care plans were reviewed. This should happen every 12 months as a minimum, and if people's needs changed. Care plans seen showed that some people's had been recently reviewed

Care records indicated the registered manager had sought and acted on people's preferences in relation to their care and support. They included information on how people's preferred names, and what times of the day people liked to do things. Care records were written in a personalised way, including information about people's history, interests, goals and objectives. Records showed the provider had talked to people about what they wanted to achieve and indicated that people were being supported to remain as independent as possible.

Staff told us care plans were updated quickly following any change in circumstances or change in need for people and that this helped them to know how to support people. They also told us they would get a verbal notification of any sudden change in need, in addition to the care plan being updated. There was a 'communication book' in use at the scheme, where managers and staff would record important information relating to people, often in relation to ongoing health issues, which would be read and discussed by staff as they arrived on shift. Staff knew where this book was and why it was important to read it.

People told us they felt able to go straight to the registered manager if they wanted to complain about something. One person told us they had reported concerns previously to the new manager, and that they had been, "Very happy with what the manager has done to solve things." Records showed that complaints were documented and responded to in a timely and effective manner. They showed that lessons learnt from complaints were clearly documented, and were communicated to staff.

Requires improvement

Is the service well-led?

Our findings

People we spoke with were positive about the care provided at Farmers Court. One person told us, "It's alright living here. Everything is good about it." People told us they thought the service was well-led, and that it was improving. One person told us, "Yes, I do think the service is well managed. I have seen a lot of improvements."

Relatives told us they thought the service had improved since the current registered manager had been in post. One relative told us, "Things definitely seem to be getting done now." Another told us, "Yes I do think the service is well-managed. I've seen a lot of improvements, like the bingo."

People also told us the manager was approachable.

Staff understood their roles and responsibilities and felt supported by the registered manager. Staff told us they enjoyed working at the service. We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings, which meant they had opportunities to share information. Staff told us the manager and senior staff were approachable, with one saying, "They are easy to talk to." Another told us, "If I am unsure I always ask. They don't mind that. They take time to help me." Staff told us there was an open culture in the service, and that they could contact anyone from the provider organisation if they had any concerns. One member of staff told us, "I have never ever been told you can't have that number or can't talk to that person." Staff also told us there was a positive working atmosphere at Farmers Court, and that this was encouraged and helped by the registered manager.

The manager was aware of their responsibilities as a 'registered' manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager was aware of the achievements and the challenges which faced the service. They told us they were working hard to improve engagement of people in the running of the service, acknowledging that this was currently lacking and needed improvement. This meant that although people were asked for their views and feedback on the service provided at Farmers Court, the response rate was low, and it was therefore difficult for the manager and the provider to ascertain what people's thoughts on the service were.

The registered manager has developed a continuous improvement tool' to run alongside the providers tracker in order to plan for and track improvements within the service. We also saw that the registered manager used a 'compliance tracker' to check that fundamental aspects of care provision were up to date, including care records, risk assessments, and consent to care, for example. This tracker also monitored areas such as staff training, DBS checks, observations and staff competency spot checks to check they were up to date. We raised this with the registered manager who agreed these systems needed to be looked at in light of what we had found. We had, for example, found that risk assessments were not always sufficiently detailed or up to date. The registered manager acknowledged this was a work in progress, and that they were always looking for ways in which to improve the risk assessment process. They confirmed they would, in future, liaise with external partners who are dealing with specialist aspects of care to ensure that a copy of the associated risk assessments is provided to be included in people's care records.

There was a system in place to monitor the quality of service. This included regular meetings between the registered manager and the provider. Issues identified resulted in actions for the manager and staff, which were assigned to a responsible person, timescales for completion were recorded, and we saw that these were looked at again at the next provider audit. We saw that action was taken where improvements were required. We saw that these messages were shared with staff at staff meetings, in one to one supervision meetings, and were included in regular written 'communications to staff', which staff were asked to read and sign. These systems did not always work effectively, as for example, they had not identified that some risk assessments were not up to date.

The registered manager told us they were well supported by the provider, and that they met regularly to discuss concerns, development of the service, and how the service could be improved going forwards.