Housing & Care 21

Housing & Care 21 - Leggyfield Court

Inspection report

Leggyfield Court
Redford Avenue
Horsham
West Sussex
RH12 2FX

Tel: 03701924990
Website: www.housingandcare21.co.uk

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This inspection took place on the 21 April 2016 and it was announced.

Housing and Care 21 Leggyfield Court is commonly known as just 'Leggyfield Court' and is situated in Horsham. Leggyfield Court is a domiciliary care service that offers extra care to people in their own homes. The service provides support to older people who live in separate homes within Leggyfield Court. At the time of our visit the service was supporting 25 people with personal care. People had various needs, including dementia and/or a physical disability.

The home had a registered manager who was present throughout the inspection however they had recently been promoted to area manager. The acting manager was in the process of completing the registration application to the Care Quality Commission to become the registered manager. 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 that they felt Leggyfield Court provided a safe service. However we found not all incidents of potential abuse were escalated and reported to the local safeguarding team. We made a recommendation to the provider to ensure the appropriate action is taken is taken to ensure the local safeguarding authority is informed about any incidents of potential abuse to people.

Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

People and relatives spoke positively about the support they received from the service and records reflected there was sufficient staff to meet people's needs. The service followed safe recruitment practices. People's medicines were managed safely.

Staff felt confident with the support and guidance they had been given during their induction and subsequent training. Staff also told us they were satisfied with the level of support that they were given from the management team. Supervisions, appraisals and competency assessments were consistently carried out for all staff supporting people.

People's consent to care and treatment was considered. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions.

Some people received support with food and drink and they made positive comments about staff and the way they met this need.

Staff spoke kindly and respectfully to people, involving them with the care provided. Staff had developed meaningful relationships with people they supported. Staff knew people well and had a caring approach. People were treated with dignity and respect.

Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged.

People received personalised care. People's care had been planned and individual care plans were in place. They contained information about people's lives, including their personal histories. They provided clear guidance to staff on how to meet people's individual needs. People were involved in reviewing care plans with the management team.

People's views about the quality of the service were obtained informally through discussions with the manager, annual care reviews and formally through satisfaction surveys.

People told us that they knew who to go to make a complaint and how they would do so if and when they required.

During the inspection we found the manager open to feedback. People and staff told us the management team had improved the service. We observed the manager was open and approachable and quick to respond to any requests.

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.

One incident of potential abuse was not reported to the local safeguarding team for their review.

Staff were trained to recognise the signs of potential abuse and knew what action to take.

Medicines were managed safely.

Calls were covered and there was sufficient staff to meet the needs of people.

People and their relatives said they felt safe and comfortable with the staff.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision, appraisals and training.

Staff understood how consent to care should be considered.

People received support with food and drink and made positive comments about staff and the way they met this need.

The service made contact with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

Staff knew the people they supported and had developed

meaningful relationships. People were involved and able to express their views about the care they received.

People were complimentary about the staff and said that their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's assessed needs.

Care Plans were personalised and individual to the person being written about.

The service responded to people's experiences. People knew who and how to complain to if needed.

Is the service well-led?

Good

The service was well led.

The service had an open culture and positive culture.

Staff told us that the current management team were supportive and approachable.

A range of quality audit processes were in place to measure the overall quality of the service provided.

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Housing & Care 21 - Leggyfield 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.

This inspection took place on the 21 April 2016 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 in.

The inspection was carried out by one inspector. Before the inspection we reviewed information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of the inspection we visited three people in their own homes and spoke to one person in a communal area within Leggyfield Court. We observed how people were supported by staff and we looked at their home care files. We spoke to people and a relative about their views of the care they received.

We also visited the office which is situated within the Leggyfield Court building. We met with the current management team; this included the senior carer, the acting manager and the area manager. We looked at three care records, four staff records and staff training and supervision records. We also looked at medication administration records (MAR), complaints, accidents and incidents records and other records relating to the management of the service.

After the inspection we spoke to one relative and two members of staff by telephone to ask them their views

of the service.

This was the first inspection of Leggyfield Court since a change of legal entity.

Requires Improvement

Is the service safe?

Our findings

People confirmed that they felt safe when staff were in their homes and we observed people looked at ease with the staff who were supporting them. One person spoke positively about the care they received and confirmed they felt safe. Another person who required two staff with all aspects of personal care told us they felt safe with the care they received and said, "Yes I would recommend". A third person told us about the care and support they received and said, "Yes I am very happy".

We read the accident and incident file. Mostly accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the manager to minimise further risks to people. One record showed an incident which had occurred in November 2015. It described how a relative had made an allegation about the conduct of a member of staff when they were providing support to their family member during a meal time. It also described the actions the service had taken to investigate the issue and minimise any further risks to the person. We spoke to the manager about the incident. They were not the manager at the time of the incident, however they were involved in how it was managed They told us the actions they had taken to ensure the safety of the person and said the named member of staff had since left their employment. They also told us the incident had not been escalated to the local West Sussex safeguarding team at the time. Informing the safeguarding team is good practice to ensure incidents of concern are reported appropriately and reviewed objectively. This showed, on this occasion, a lack of understanding with regards to what may constitute abuse and the potential impact for the person concerned. We recommend that the provider reviews its systems to ensure all potential incidents of abuse involving people are escalated to the local safeguarding team for their review. The manager received the recommendation and guidance positively and took prompt action to promote people's safety. Since the inspection the manager has contacted the West Sussex safeguarding team for advice.

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us they would go to the manager and senior carer with any concerns. One staff member told us about the importance of keeping people safe and said the service achieved this, "By doing our job right!" and continued by saying, "Making sure they [people] are in a safe environment". Another member of staff described how they would keep people safe saying, "If something does come up, record things, go to your manager".

Care records found in people's homes and the office contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people to move safely, the risk of falls and how to support people with their medicines. We found risk assessments were updated and reviewed monthly and captured any changes identified. For example, one person was a wheelchair user. The risk assessment which had been reviewed in March 2016 provided staff with clear instructions on how to check the wheelchair was working properly and was safe to use by the person. This meant risk assessments gave

direction to staff and enabled them to carry out their responsibilities safely.

The manager and area manager told us that recruiting new staff had been a challenge. At the time of our visit this had improved and the service had two full time vacancies and was in the process of interviewing to fill the remaining gaps. Towards the end of 2015 and early 2016 the service had relied on using staff from an outside recruitment agency to ensure safe staffing levels.

People told us there was sufficient staff. Records and our observations demonstrated there was enough staff to meet people's needs. The manager told us rotas were planned four weeks in advance. During the day, members of the management team could provide additional support to people where required. One person said when they rang their call bell the staff were, "Straight in" to their home. Staff also assured us all care calls were covered. One person required two staff to support them in moving safely. They told us they were happy with the care they received however had on occasions only received one member of staff to support them. We fed back this information to the manager and the area manager who were unaware of the issue raised. Records checked showed two members of staff had attended nearly all the agreed visits for this person; however two entries had captured only one staff signature, one in January and one in February 2016. The manager told us they would be extra vigilant in monitoring the calls and ensure safety for this person and that other people were not compromised. We spoke to staff about the need to have two members of staff present when moving and handling people. One staff member told us, "We always do transfers together".

Staff recruitment practices were robust and thorough. Staff were only able to commence care duties when two satisfactory references were received, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Certificates of qualifications staff had listed on their application forms were held on file, this showed that the authenticity of qualifications had been established. New staff accessed on line training whilst waiting for the checks to be completed. Recruitment checks helped to ensure that suitable staff were supporting people safely within their own homes.

Most people received support from staff with their medicines and told us they were happy with how this was managed. One person told us, "They always stay until I have taken my tablets". The medicines recording system included information that was pertinent to each individual. The Medication Administration Record (MAR) were completed for each person who required support in this area, by the staff member who attended the visit. This showed that people received their medicines as prescribed. We observed staff administer medicines to one person in their own home in a personalised and professional manner. Staff told us they felt confident when administering medicines. They felt the administering medicines training was useful and valued the support from the management team.

Weekly MAR audits were carried out by a senior carer. This process captured any entries which had not been completed correctly by staff. Where staff signatures were missing from MAR this was highlighted and a professional discussion was documented with the member of staff concerned by their line manager. A new MAR was in the process of being introduced which provided a space for staff to record the actual time medicines were given and were therefore a more accurate record.

We discussed with the manager and the area manager how information on each medicine was listed on the MAR. When medicine was prescribed to people in a blister pack the service wrote, 'blister pack' on each MAR however the medicine prescribed to be given at that particular time was not named. This was listed on a separate sheet and kept behind the MAR. One staff member told us they did not always check the separate sheet. We discussed this with both the manager and area manager and the potential risk for error when staff were administering medicines. Shortly after the inspection the area manager informed us they would be

changing how they listed medicines prescribed to people to address this issue.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their role and responsibilities. People and relatives told us of the confidence they had in the abilities of staff and that they knew how to meet their needs. One person told us, "Yes, the staff do know what they are doing". A relative told us, "I am confident my [named person] will be well looked after".

People received support from staff who had been taken through a thorough induction process and attended training with regular updates. The induction consisted of a combination of basic training, shadowing experienced staff, the reading of relevant care records and service policies and procedures. Staff had additional shadowing shifts if they were new to working in health and social care. Staff records showed observations were carried out to assess their competency before performing their tasks independently. A senior carer told us one of her new responsibilities was to carry out 'spot check' visits on staff to provide continuous assessment of the quality of care provided to people. Records indicated when staff were due a spot check visit. One staff record completed in March 2016 detailed a spot check visit. It read, 'Good observation on [named staff member] today. They were polite and courteous to the customers they visited'. The spot check also made reference to whether the correct protective personal clothing was worn and whether medicines were administered correctly. One person told us, "They have to go through training", when referring to the staff. They continued by telling us how new staff were led by experienced staff and said, "They have to shadow first".

In addition to the service induction, new staff completed the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for managers to assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. The manager and senior carer had been trained to facilitate the Care Certificate. At the time of our inspection two new staff were completing the Care Certificate.

The training schedule covered various topic areas including moving and handling, medicines, dementia, nutrition and safeguarding. The service used different methods to train their staff including on line training and classroom based. Records indicated there were some staff who had not received first aid training. The area manager informed us this had been requested from the company's learning and development team and they were awaiting confirmation of dates. Staff told us there was enough training to meet the needs of people they supported. One member of staff said, "Training here is quite good". However one member of staff disliked the on line training as they felt they did not remember the contents and said, "I don't think I take it in". Staff told us they felt confident when using moving and handling equipment and we observed staff using their skills to move people safely. This showed the training they had received was implemented in practice when supporting people in their own homes.

Supervisions and appraisals were provided to the staff team by the manager and senior carer. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Staff told us they received regular supervisions and records confirmed this. Work related actions were agreed within supervisions and

discussed at the next meeting. Staff meetings provided opportunities for staff to meet together to discuss issues relating to the operation of the service. For example, the minutes of a staff meeting which took place in April 2016 made reference to the introduction of a new on line training system. Supervisions and staff meetings determined how additional support could be provided to staff to improve the quality of care provided to people.

People were involved in making decisions which related to their care and treatment. When we visited people's homes we saw people were offered choices by staff. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. 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 MCA 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 the least restrictive as possible. Best interest decisions made on behalf of people who lacked capacity were made by health and social care professionals, the manager and team and the relevant family members.

The manager demonstrated they understood current legislation regarding the MCA and explained how they were able to assess a person's capacity in the first instance and who they would involve when making best interest decisions on behalf of people they supported. Staff also received training on the topic and understood how consent should be considered. They told us most people they supported had capacity to make decisions about their care. One staff described what MCA was and said, "If they have capacity it's their choice".

All people were assessed to identify the support they required with food and drink and care records reflected this. People spoke positively about the support they received from staff with their diets within their own homes. This mainly consisted of support with their breakfast and other snacks such as sandwiches. An external catering company provided hot meals for people in a communal area of the service. One relative told us they were pleased with how staff supported their family member with their breakfast in their home and said, "They always boil [named person] an egg in the morning". One member of staff said, "We record what we have given and record if they are running out of food".

People felt confident that staff could manage their healthcare needs. The support provided would vary depending on a person's needs; some people were able to book their own health appointments. Where healthcare professionals were involved in people's lives, this care was documented in their care plan. For example, we noted that GP's, psychiatrists and district nurses were involved with some people's care. One person told us, "If I am not well I get the [senior carer] and [named manager] to call my doctor". Staff told us they would report to the managers if they had any concerns about a person's health. Staff were able to contact health professionals directly if there was a need especially out of office hours. However staff also told us they would document any changes and highlight the issue in handover meetings with other staff. One staff member gave an example of a person who had hurt their leg and said, "Made [named manager] aware then the GP was contacted. At the end of my shift I had written it in the communication book and handed over to other staff." This showed how the manager and staff were involved in supporting people with their healthcare needs.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind. Staff smiled with people and looked approachable; their interactions were warm and personal. One person said, "She's lovely" whilst pointing to a member of staff and continued with, "Give her a good report she deserves it". Another person told us, "They are quite nice to talk to". A third person said, "I am taken great care of…on the whole they are lovely girls". A fourth person said, "The carers are very nice really…very helpful". A relative told us, "From what I've seen they are very caring. Another relative said, "Very approachable, very friendly and caring" when referring to the staff.

One person, who required two staff to support them to move safely, described how they had found it difficult to adjust after a long period in hospital prior to moving to Leggyfield Court. They told us how happy they were now and said this was due to the approach used by particular members of staff. They said, "[named staff] got me up and about". When we asked a member of staff about what the person had told us they said they had, "Made time to sit with the [named person], walked around the gardens…you need that time…it works".

People were encouraged to be involved with the care and support they received and be as independent as possible. People and relatives told us that they felt included in decisions about their care. We observed staff involve people in their day to day decisions surrounding their personal care and meal preparation needs. One person told us staff asked them before they left at night, "Have you got your TV controls", and that staff also asked, "Anything else you want?" One member of staff described how they kept people involved in decisions about their support and said on each care visit they, "Introduced themselves, let them pick their own clothes". Another member of staff said, "It is about how you would want to be asked". The same staff member said, "Encourage them to do a lot more for themselves. Give them the toothbrush…let them have a try".

People were given opportunities to make comments about the service and review their own care and support. People were aware of the contents of the daily files that were kept in their homes. They included contact information, their care plan and other daily monitoring forms pertinent to the individual. People were encouraged to sign documents within their files which showed they were involved with the care they received.

People were supported by staff who promoted and respected privacy and dignity. Staff identified they were in people's own homes and were therefore sensitive with regard to people's property. Staff used the appropriate tone and pitch of voice and crouched down to a person's eye level when they were talking to them and providing personal care Staff were seen knocking on people's doors before entering and explained what they were going to do during the visit. One relative told us, "They are very patient…they are very nice to [named person]". One relative said, "[named person] is very happy".

We asked members of staff how they promoted privacy and dignity. One member of staff said they all had to remember to maintain confidentiality and said, "Keep their private information private…unless it could be

causing them harm". They also told us, "Give them privacy", when providing personal care. Another staff member described their practice when supporting people with personal care and said, "Cover people appropriately". They continued to say, "Don't speak about another person in front of another". A senior carer explained if a person was incontinent they may not write it in their daily file notes which are kept in people's homes as some people may not want their family members to know. The manager explained they involved and respected people's wishes and said, "It's from the beginning…we sit and listen".

Good

Is the service responsive?

Our findings

Staff knew people well and responded to their needs in an individualised and personalised way. One person told us, "I always go to the [senior carer]...they respond very well, they get things done". One relative told us the office always contacted them if there was a need to inform them of a change to their family members care and said, "I think they are aware of [named person's] needs".

People told us they were involved and aware of the care records in place. Care records included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were reviewed regularly and included information provided at the point of assessment to people's present day needs. Each person had a care plan within their home and a copy was also kept at the office. Care plans provided staff with detailed guidance on how to manage people's physical and/or emotional needs. This included guidance on areas such as communication needs, mobility and medicine needs. One person told us, "I have discussed it with them", when referring to the care plan. Another person did not think they had read the care plan however could recall conversations they had with the both the manager and the senior carer about the care they received. A member of staff told us, "[managers] assess them (people), do their care plans with them, they are asked preferred times etc."

People's preferences and consent to their care was captured. Care plans were written in a person- centred way. For example one care plan detailed a person's preferences and it read, 'I used to love singing and dancing'. Another comment in the same care plan read, 'I would like people to understand my disability and the way I feel'. Another person's care plan told the reader their preferred name and the country they were born in. It also stated, 'I would like carers to assist me with a shower every morning'. The same care plan documented, 'I'm quite capable to get myself into bed when I am ready'. Staff knew how important the care plans were and told us how and where they would find certain information to enable them to carry out their roles and responsibilities. They told us, "Everyone's care is different". They explained "We have people with different needs and people at different stages". The senior carer told us, "When they (people) come we sit down with them and get personal information centred to their needs".
Our observations and conversations held during our visit showed the service had considered how the person felt about their care when writing care plans.

Daily records were completed about people by staff at the end of their visit. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. Changes to people's needs were highlighted through various methods including reviews, spot check visits and speaking to people and families direct. Information shared at handover meetings and written in daily records meant staff were prepared and able to respond to people's current needs and amend their practice accordingly.

People told us that if they had any concerns they knew who they would go to and were able to name seniors and managers in the organisation. A complaints policy was in place and was reviewed in June 2015.

People were happy with the care they received and felt listened to. However, one person told us they would

like their care call times to be adjusted to earlier in the morning. The complaints file had logged the request and it was marked as closed. We fed back the comments made to the manager who was happy to revisit the issue raised with the person again to ensure they were happy with the outcome. Another person shared they wanted to have a later evening call as they preferred going to bed later. There was no log of this request in the complaint file. We discussed this with the manager. The manager was aware the person wanted a later call however the service had not yet been able to fulfil the request. The manager told us they intended to make the call later as soon as they were able to provide the additional staff at that time of the evening and had spoken to the person about their preferred time.

All staff we spoke to felt people were listened to, one said, "They (people) speak to us, we tell [named managers] and then we always feedback to them". However one member of staff felt the office could be quicker at responding and said, "There may be a delay…it happens eventually". A relative told us they were happy with the service yet frustrated with the out of office contact with the staff as calls were directly transferred to the emergency call line. We fed back this point to the manager and area manager and they informed us the telephone system would be changing to avoid this issue.

During the visit and subsequent contact with the service, people were listened to by the manager, area manager and the team however on one occasion this had not been documented. The manager told us they would rectify this. They showed a commitment to ensuring their team learnt from what people who used the service were telling them. They told us, "A complaint is a learning curve. Even when it is a minor thing we listen to them (people)".

Good

Is the service well-led?

Our findings

People experienced an open and positive culture at Leggyfield Court. During the course of the inspection pleasant exchanges were noted between staff and people.
This showed trusting and relaxed relationships had been developed. One person said, "On the whole the service is very good". Staff were able to describe how they viewed the service, one staff member said, "Promotes independence in their own homes as long as is possible". Another told us, "Maybe the small things (staff do) saves them going into a care home before they are ready to".

The manager demonstrated good management and leadership throughout the inspection. The manager used a 'hands on' approach when supporting people. We observed how she effectively communicated to people in their own homes and when people came to the office.

Staff told us they would not hesitate in approaching the manager or senior carer if there was a problem or they had a concern about a person. The senior carer told us of other managers within the wider organisation they were able to contact if they required further advice and guidance and gave the example of the area manager. Alternatively staff were encouraged to give their opinions during supervisions and staff meetings and they all knew the external agencies they could approach outside of the service such as the local West Sussex social safeguarding team.

A range of informal and formal audit processes were in place to measure the quality of the care delivered. The quality assurance documents showed audits had been completed in areas such as care plans, medicines and staff performance. Staff records were audited on a 'compliance tracker' this indicated when supervision and training updates were required. When the supervision meetings or training had taken place the 'compliance tracker' was updated. This showed the manager monitored the support provided to the staff team.

An annual 'Satisfaction Survey Report' was given to people who used the service. Ten customers completed the last survey in July 2015. The survey asked people if they agreed with various statements for example, 'The care office checks I am happy with my service' and 'My care service helps me to feel safe'. Overall the survey represented the service positively and showed most people were very satisfied with the care they received. There were five suggestions for how people felt the service could be improved with the main focus on punctuality. After the inspection the manager sent me a response as to how they felt the service had improved in this area since the last survey. The manager wrote, 'We work closely with the customers to make sure they feel safe and happy' they continued, 'We do staff observations and supervisions every three months'. The manager told us they were about to send out surveys to all people and their relatives to obtain current views to ensure people remained satisfied with the support provided.

Whilst talking to people and staff it was apparent the service had been through a period of great change. People and staff had expressed concern about the use of staff from a recruitment agency and how the current management team, including the return of a senior carer, had changed the service for the better. The current structure of the service ensured that people and staff were offered various levels of

management support. One member of staff said the service was, "More organised now, we know where we are at". Another member of staff who described the difficulties they had found in the past told us, "It is well-led now".

Shortfalls had been identified during the inspection and shared with the manager for her review. However we found the manager open to discussions on how they could improve the service they provided. The manager spoke positively about the people they supported and about becoming the registered manager. When asked her greatest achievement as the manager so far she said, "The satisfaction when somebody is reluctant to move but then end up loving the support. When they (people) trust it is very nice".