Help At Home (Egerton Lodge) Limited

Help at Home (Connaught House)

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?	Good

Summary of findings

Overall summary

We inspected the service on 15 December 2016 and the visit was announced. We gave notice of our inspection because we needed to be sure somebody would be available at the office.

Help at Home (Connaught House) provides personal care and support to people living in an Extra Care service. Extra Care schemes enable people to live in their own flats or apartments with support available on site should they require it. At the time of our inspection 36 people were receiving personal care and support.

There was a registered manager in place. It is a requirement that the service has a 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 felt safe with the support offered by staff members. Staff understood their responsibilities to help protect people from abuse and avoidable harm. The provider had systems in place to manage and deal with accidents and incidents. This included assessing risks to people's well-being. For example, where people were at risk of falling, staff had guidance available to them to follow.

People's accommodation and equipment were checked for their safety. The provider had plans in place to keep people safe during emergency situations, such as a fire.

People were satisfied with the number of staff available to provide their support. Staff were checked for their suitability before starting work for the provider so that people received support from those appropriate to work within the caring profession.

People received their medicines when they required it. Where people required support to take their medicines, this was undertaken in a safe way by staff who had received guidance. Staff knew what to do should a mistake occur when handling people's medicines.

People received support from staff who had the required skills and knowledge. Staff received an induction when they started working for the provider and training and guidance was offered to them. This included meeting with the registered manager to discuss their performance. Staff felt supported and received feedback on their work through, for example, staff meetings. Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to.

People received support in line with the Mental Capacity Act 2005. People could make decisions for themselves and the registered manager and staff knew their responsibilities should they have concerns about changes to people's mental capacity.

People's food and drink preferences were known by staff and where there were concerns that people were not eating enough, staff monitored and took any necessary action. People had access to healthcare services to promote their well-being.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected including the safe handling of their sensitive and private information. Staff knew the people they supported including their life histories and things that mattered to them which showed good relationships had been established.

People were involved in planning their support and were supported to be as independent as they wanted to be. For example, by helping to prepare their own meals. Where people required additional support, advocacy information was available to them.

People had contributed to the planning and review of their support requirements. They had care plans that were focused on them as individuals that guided staff to offer them care and support in line with their preferences. People had opportunities to take part in activities that they enjoyed.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people. The registered manager took action when a complaint was received.

People and staff members would recommend the service to their families and friends. They had opportunities to give feedback to the provider. For example, the provider visited people in their own homes to ask about their satisfaction with the service they received. We saw that the provider took action where this was necessary following feedback received.

The registered manager was aware of their responsibilities. This included them checking the quality of the service. We saw, for example, that checks on people's care records occurred monthly to make sure they contained the required information as well as on the reasons why accidents had occurred. Where the provider needed to make improvements, they took action.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to remain safe.

The provider had a recruitment process to check the suitability of prospective staff. They had employed a suitable number of staff to meet people's care needs.

People received safe support with their medicines where this was required.

Is the service effective?

Good

The service was effective.

People received support from staff who received training and guidance.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act including what could constitute a restriction to people's freedom.

Staff knew people's dietary requirements and offered their support in line with these.

People had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff and their dignity and privacy was respected.

People were involved in planning their support and had information available to them on advocacy services to help them to make decisions where needed.

People were supported to remain independent where this was important to them.

Is the service responsive?

Good

The service was responsive.

People received care and support based on their preferences. They had contributed to the planning and review of their care and support requirements.

People were satisfied with the opportunities offered to them to take part in their hobbies and interests.

People knew how to make a complaint and the provider took action when they were received.

Is the service well-led?

Good

The service was well led.

The registered manager and staff were aware of their responsibilities.

There were opportunities for people and staff to give suggestions about how the service could improve.

The provider had checks in place to monitor the quality of the service and took action where improvements were required.

Help at Home (Connaught 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.

The inspection visit took place on 15 December 2016 and was announced. 48 hours' notice of the inspection visit was given to make sure the registered manager was available. We also planned to visit people in their own homes and wanted to make sure this was acceptable. The inspection team included 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.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law.

We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We also contacted the local authority who had funding responsibility for some of the people who were using the service.

We spoke with nine people who used the service and with a visiting relative of another person who had recently moved out of the service. We also spoke with the registered manager, a senior manager within the organisation and seven care staff. We observed care being offered to people in the communal areas of the scheme to understand people's experiences of care.

We looked at the care records of four people who used the service and three staff files. We also looked at other records in relation to the running of the service. These included medicine records, health and safety documents and quality checks that the registered manager had undertaken.

We asked the registered manager to submit documentation to us after our visit. This was in relation to information about accidents and incidents that had occurred and their quality checks. They submitted these to us in the timescale agreed.

Good

Is the service safe?

Our findings

People felt safe living at the service. One person told us, "The staff help me to feel safe". People described how they had pendants that they wore which they used to call staff if they required help. They told us that having the pendant made them feel safe. They also described how staff regularly checked on them to make sure they were okay.

Staff knew how to keep people safe, recognised the signs of possible abuse and their responsibility to report it where necessary. One staff member told us, "I know what to look out for. Anything I think is worrying I report to the manager." Staff confirmed the provider had procedures in place for them to follow so they could respond appropriately to abuse or avoidable harm. Staff felt that people were safe due to the support they offered to them. One staff member told us, "Definitely people are safe. Changes to staff are rare and we work really well together to keep people safe." We saw that the registered manager had taken action including sharing information with social care professionals where there were concerns about people's safety. This meant that people were protected from abuse and avoidable harm by staff who knew what action to take.

Risks to people's health and well-being were assessed and reviewed. One staff member told us, "Risk assessments are in place. If we think we need one we tell the office and they do one." We saw that risks were assessed where people had specific health conditions. These included guidance for staff to follow to support people to remain safe. Where people were at risk of falling, we saw assessments that guided staff to make checks. These included checking people's equipment and that they were using it.

Some people displayed behaviour that could have caused harm to themselves and others. People were supported to remain safe should this occur because the provider had plans in place. These plans included two staff supporting people where this was necessary. The registered manager told us about training offered to staff for dealing with incidents where people became anxious. They said, "It's touched upon during induction. If things progress to potential physical risk for staff we would re-evaluate our training." They described how they used a range of coping strategies that helped people to relax. A staff member confirmed this and told us, "If someone gets aggressive we can talk them down. We never restrain." In these ways staff understood and knew how to respond to people's behaviours.

The provider had procedures for when an accident or incident occurred. We saw that medical attention was sought by staff where necessary and an investigation took place by the registered manager to try to prevent a reoccurrence where possible. Staff knew their responsibilities following an accident or incident. One told us, "I fill out a body map [to detail the injury] and then report it to the office. I would then keep an eye on them." Where a person had fallen staff had asked them if they had spoken to their doctor about attending a falls clinic to look at ways to prevent such incidents. We saw that the person was also supported to attend a falls prevention programme locally. This meant that the provider took action following and accident or incident and had systems and practices in place to look at reducing them wherever possible.

People's accommodation was checked by staff to support people to remain safe. This included checking for

obstructions and the security of their homes. We also saw that the provider had a contingency plan in place in the event of an emergency such as a fire. The plan detailed alternative accommodation for people as well as key contact numbers that staff would need. We saw that the provider had individual plans in place available to staff to evacuate people from their homes should they have needed to.

People were satisfied with the number of staff available to offer them care. Staff members described how staffing numbers were sufficient to meet people's care and support requirements. One told us, "It can be short but everything is covered." Another said, "I think it's fine. Sometimes people cancel their calls because they are going out. It gives me the opportunity to go and sit with people to chat." We found that the provider had recruited a sufficient number of staff to meet people's care requirements as agreed in their care plans.

The provider had a recruitment policy in place which we found was followed when new staff joined the organisation. The process included obtaining two references, checking right to work documentation and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Records within staff files confirmed these checks were carried out. A person told us how they felt the provider's recruitment process was effective. They said, "The staff are chosen to do the job very carefully by the manager." This meant that people were supported by staff who were appropriately verified by the provider.

Where people received support from staff members to take their medicines, they told us they received it when required. One person said, "I can verbalise my consent to take it. There are no problems." We looked at the medicine administration records of four people and found these were completed to show that medicines had been offered and, where necessary, administered.

We saw that staff received on-going training and guidance in the safe handling of medicines. The provider had made available to them procedures when they were responsible for people's medicines. We found that staff were knowledgeable about their responsibilities. One staff member told us, "Some take their own, others we help them. It's mainly prompting so that they don't forget. We don't hide medicines in people's food or anything like that." Staff knew what to do should a mistake occur when handling people's medicines. One staff member told us, "If there was an error I'd report it to the office. They would telephone for help if needed. I'd also record it in the person's notes and make sure they were okay." In these ways the provider made sure the support staff offered to people was safe when handling their medicines.

Good

Is the service effective?

Our findings

People told us that the staff members who offered them care and support had the required knowledge and skills. One person said, "They are trained well enough." Another person told us, "My carers are well trained to do the job." Staff members received training which they felt helped them to carry out their responsibilities. One staff member told us, "We had medication update training recently and we considered people's right to refuse their tablets. It helps you to understand that people can."

Staff were complimentary about the training the provider offered to them. One staff member said, "We have training all the time! There are refreshers as well to keep us up to date." Two staff members felt that there was an area of training that could be improved. One staff member told us, "There is one person who has [health condition] it would be useful to have training in it so we have a better understanding. The training generally is usually very good though." The senior manager told us this training was due to be offered to staff in the coming 12 months and had been included in their training plan. The provider's training records showed that staff had undertaken training in topic areas such as first aid, dementia care and health and safety. We saw that the provider had plans in place to make sure staff training was kept up to date. This meant that staff had up to date guidance when offering their support to people.

We saw that new staff completed an induction when they started working for the provider. This including shadowing more experienced members of staff so that they could learn their responsibilities. The registered manager told us that new staff completed workbooks which followed the standards of the Care Certificate in areas such as safeguarding adults and privacy and dignity. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. This meant that the provider made sure staff were aware of their responsibilities when they started supporting people.

Staff received on-going support and guidance through meeting individually with the registered manager. One staff member told us, "They're [meetings] every three months. You can discuss things." Another said, "You discuss if you're happy, if you're worried about a person or a carer. You discuss how you are getting on." We saw that topic areas covered included medicines, health and safety and training requirements The registered manager also observed staff during 'spot checks' to check the care and support they offered was appropriate. This meant that staff received guidance on their work to make sure it was to a satisfactory standard.

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. We checked whether the provider was working within the principles of the MCA and found that it was.

People told us that staff asked them for their consent when they were offered care. We saw that people had

signed their care plans to show agreement with the planned support. Staff sought the consent of people before they provided care or support to make sure they were happy to receive it. One staff member told us, "People can make decisions for themselves, I always ask them before I do anything." We saw within people's care records how they gave their consent to their care. For example, we read, 'I give consent verbally'.

Staff members told us that people could make decisions for themselves. People's care records guided staff on how to help them to make choices and decisions. We read in one person's care records, 'Give me all the information and time'. Staff received training in the MCA and knew their responsibilities should they have concerns about people's ability to make decisions for themselves. One staff member told us, "The MCA is about whether people can make decision for themselves. If not, a written document should be in place to look at people's best interests." Another staff member said, "Families, their social worker or managers and us as staff could be involved if someone cannot make a decision and we need to."

We saw in one person's care records that it had been recorded that they had a legal representative to make decisions on their behalf. The registered manager told us that they had not seen evidence of this legal entitlement. After our visit the registered manager informed us that they had asked the person's social worker for confirmation. We were told that the person did not have a legally appointment person in place who could make decisions on their behalf. The registered manager told us they would review the person's care plan and remind staff to support the person to make their own decisions. If there were any concerns they would assess the person's mental capacity.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The registered manager had not made requests to deprive people of their liberties. Staff showed an understanding of the need to gain such authorisations before they could deprive someone of their liberty. One staff member told us, "Restrictions could include locking people's doors or bed rails but one person has bed rails and they chose to have them. If they didn't we may need to get something agreed."

People were satisfied with the food and drink available to them. Where staff assisted people to prepare meals, people told us they had what they liked. We saw that people's likes and dislikes were recorded in their care plans which staff could describe. Where there were concerns about people not eating enough, staff recorded what food they had eaten so that all staff supporting them would be able to monitor and alter their support accordingly. This included reminding people to eat their meals. This meant that people received food and drink based on their requirements and preferences.

People were supported to maintain good health and they told us they saw their doctor when needed. A relative said, "Mum was always looked after very well and they called the GP out if needed very promptly." A staff member told us, "The office usually call a person's doctor if needed but I've taken someone to an appointment where this was needed." We saw that within people's care plans there was information about people's health conditions and the associated support they needed so that staff had guidance. We also saw that people had regular access to their doctor and other healthcare professionals, such as chiropodists, where required. This meant that people's health and well-being was promoted.

Good

Is the service caring?

Our findings

People told us that staff members offered their support in a kind and compassionate manner. They described how they had built relationships with staff that were warm and caring. One person said, "They are wonderful." Another told us, "I've never had a bad carer at all and I have become good friends with most of them." Other people stated, "I feel that I am special to all my carers " and, "I couldn't ask for any better care. The staff are all great and nothing is a trouble to any one any time." A relative told us, "They are all friendly and helpful. I cannot fault them." We saw examples of how positive relationships had been established between people and staff members. For example, we saw and heard lots of laughter and asking one another how they were.

People were confident that staff respected their dignity. One person told us, "I couldn't be respected more by the staff." Another person said, "I am treated with respect by all the staff. They know how to give me the privacy I need." Staff members told us how they maintained people's dignity and privacy. One said, "I ask them if they want any help." Another told us, "We cannot force people to do anything. We sometimes sit outside the bathroom if they want that." A further staff member commented, "We use towels and cover people's private areas to protect their dignity." We saw staff members knocking on people's doors before entering and addressing them by their preferred names. This meant that staff protected people's dignity when offering their support.

People's sensitive and private information was handled carefully. We saw that the provider had secure cabinets for the storage of people's care records. We also saw that the provider had made available to staff data protection and confidentiality policies which staff could describe. This meant that people's privacy was protected by staff who knew their responsibilities.

Staff knew about the people they were supporting. Staff could describe what people enjoyed as well as their backgrounds. One staff member told us, "[Person] likes colouring and anything to keep her busy." Another staff member described a person's interests. They told us, "[Person] likes gardening and reading. She used to be a secretary you know." We found these corresponded with people's care plans showing that staff had an understanding of the people they supported. We also saw in people's care plans information on their life stories so that staff knew about things that were important to them when engaging in conversation with people. Staff told us how they got to know new people who moved into the service. One staff member said, "We can speak with families to get to know them or look in the care plans. They have everything I need to know."

People confirmed they were involved in planning their own support. They told us how staff listened to them and if they did not want to do something they were not made to. Staff confirmed that people were involved daily in making decisions. They told us about how people were supported to choose their own clothes where this support was required as well as deciding upon how they spent their time. This meant that people had opportunities to be involved in making decisions about their care and support.

The provider had made information on advocacy services available to people. An advocate is a trained

professional who can support people to speak up for themselves. We saw that there was information in a communal area on advocacy services which included guidance for people about how to access it. We asked the registered manager to make sure this information was up to date and they said they would check that it was. This meant that people had opportunities to gain support to make decisions should they have required it.

People were supported to be as independent as they wanted to be. One person told us, "They always ask me what I want them to do." Another person said, "They don't take over, just what I cannot do." Staff members described how they promoted people's independence. One staff member told us, "One person helps with his breakfast so we do it together. It's important to him, he likes to do what he can." People's care records documented the level of assistance they required. For example, we read, 'I manage my own personal hygiene but would like help with a shower twice daily.' In these ways people received support from staff to retain their skills.

Good

Is the service responsive?

Our findings

People told us that staff stayed with them for the amount of time as agreed in their care plan. One person told us, "The girls [staff members] never rush in and out, they seem to have plenty of time." They also confirmed that they did not have to wait very long to receive their care. One person said, "Sometimes we might have to be patient as people may need help. It's not a problem." We saw that where assistance was requested, staff offered this without people having to wait unduly.

People told us they received care and support that was in line with their preferences. One person told us, "I am happy with the way I receive my care it's all about me and what I want." People had contributed to the planning of their support. A relative confirmed that they and their family member had been part of the planning process. They said, "Yes I was involved in it and mum was involved initially when the care plan was written." Some people showed us their care records and told us that staff knew what they were doing as it was, as one person described, "In the book." Staff members described how people chose daily what they wanted to do and how they preferred their support. This meant that people received support based on their individual preferences and support requirements.

We saw that people's support requirements were reviewed with them so that staff had up to date information on people's needs and preferences. People told us that their care plans were reviewed every three to six months which we found was confirmed in their care records. One person said, "My care plan is updated each time something changes with me." One staff member told us, "The care plans are reviewed and updated regularly. They have everything we need in order to carry out our work."

People had care plans that were focused on them as individuals. They were written in such a way that staff offering their support would know how each person preferred their care to be carried out. We saw that routines that were important to people were recorded in people's care plans so that staff knew how to offer their support. For example, we read, 'I am very particular how I like things doing. Please check with me if I don't tell you how to do something'. Staff were aware of this and understood that they needed to consult with the person for everything that they did. People told us that they were offered the choice of a male or female care worker and that they appreciated being offered this choice. They also told us that staff offered their support in line with their preferences such as differing their time of support where this was requested. This meant that staff responded to people's specific requirements.

People were satisfied with the range of activities offered to them. One person told us, "We go to the shops, park and around the local area. It's what I like." A relative described how activities were offered to their family member. They said, "There are activities on offer and they are enjoyed." Staff told us how they offered activities based on people's interests. One staff member said, "Some people have a social call [arranged by a social worker]. We sometimes go into town to do the shopping. They tell me where they want to go." We saw that there was a large accessible garden for people to enjoy should they have wished to as well as books to read in communal areas. We also saw that the registered manager had arranged for church services and entertainers to visit frequently as people had enjoyed such events in the past. This meant that people had opportunities to take part in activities and interests that they took pleasure in.

People knew how to make a complaint should they have needed to. One person told us, "We would go to any of the staff if we wanted to complain." People knew who the registered manager was and said that they felt able to talk with them if they had any concerns. We saw that there was a complaints procedure available to people which described what action the provider would take upon receiving a complaint. We saw that where complaints were received, the provider took action to investigate. They wrote to those complaining outlining what they were doing to make improvements. The provider's responses included an apology where this was required. This meant that there were opportunities for people to make a complaint and the provider took action when one was received.

Good

Is the service well-led?

Our findings

People told us they would recommend the service to a friend or relative and spoke positively about their experiences of care. A relative offered their feedback about the care and support their family member had received. They said, "They are extremely helpful and it's a good service." Staff had received good feedback about the service from people. One staff member told us, "It's a very good place. People tell us they enjoy their freedoms." All of the staff we spoke with said they would recommend the service to their family.

People had opportunities to give feedback to the provider. One person told us, "I've had carers come in for over two years and I have filled in at least two surveys that ask questions about all sorts of things to do with the company." We saw that quality assurance visits occurred. These visits included asking people for their feedback about their satisfaction with the service, suggestions for improvements and to make sure that care records were completed as expected by staff members. The results of a recent quality survey undertaken by the provider was displayed within a communal area for people to see. We saw that the feedback the provider had received was positive. Where there were areas for improvement the provider took action by discussing with people what they were going to do. We also saw that tenants meetings occurred which included discussions in topic area such as activities offered to people and updates on any staffing changes. This meant that the provider enabled feedback to be received about the service and acted upon it where required.

Staff spoke positively about the registered manager and felt supported. One staff member told us, "She [registered manager] is really good. She has always got her phone on if we need her." Staff said that they were able to offer suggestions to make improvements. One staff member told us, "You can make suggestions. For example, I suggested a social call for one person as I was worried they might be lonely. They looked into it." We saw the registered manager was available to staff members and answered any questions that they had and offered additional support where required. In these ways the registered manager displayed good leadership.

Staff received feedback and guidance on their work from the registered manager. This occurred formally during individual meetings staff had with the registered manager as well as during staff meetings. We saw that the registered manager discussed their expectations of them including the discussion of updates to procedures and looking at why incidents had occurred. For example, there was a discussion about the reasons for people falling and risks that staff should look out for. We saw that any actions required of staff were recorded and marked off when completed. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

We saw that the provider had made available to staff policies and procedures. These detailed their duties and responsibilities and we found that staff understood the requirements expected of them. This included the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have had concerns. One staff member told us, "If you have any concerns about how staff treat people you report it to a manager at Help at Home. You could go to Care Quality Commission [CQC] or safeguarding at the council." All of the staff we

spoke with were confident that the provider would take action if they raised concerns. This meant that the provider was open to receiving and dealing with poor practice should it have occurred.

The provider had displayed their aims and objectives which described what people could expect from the service. We read that the provider aimed to encourage people's independence and to protect their dignity. Staff knew what the provider strove to achieve. One staff member told us, "To give independence and a high quality of life." Another said, "To give them choice and independence for as long as possible in a safe environment." This meant that staff worked towards shared goals for the service.

The registered manager was meeting their conditions of registration with CQC. Where significant incidents had occurred, they had sent notifications to CQC, as required by law, so that we could determine that appropriate action had been taken. This showed that the registered manager was open in their approach to sharing information about the service.

The registered manager undertook a range of quality checks of the service to make sure that it was of a high standard. These included people's care records being checked monthly. We saw that where improvements were required the registered manager followed these up and marked them off once completed. We also saw that audits on why people had fallen took place including an analysis of the reasons to look at improving people's safety. There were also checks to make sure people received their medicines when they required them. The provider had a quality governance group who met to look at serious incidents that occurred within the company, lessons to be learnt and action to take to make improvements locally where required. This meant that the delivery of the care and support people received was reviewed.