A2Dominion Housing Group Limited

A2Dominion - Care & Support Chimney Court

Inspection report

Shilling Close
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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

This inspection took place on the 24 January 2018 and was announced.

A2 Dominion – Care & Support Chimney Court is a domiciliary care agency. Support is provided to people living in Chimney Court and Cornerstones in Reading and Chestnut Court in Staines. Each complex contains individual flats within buildings which are described as extra care housing. The service supports people with a range of needs and operates from an office within each of the housing complexes. At the time of the inspection the service was providing personal care to approximately fifty one people across the three schemes.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust, medicines were managed safely and there were sufficient staff to provide safe, effective care.

There were procedures in place to manage risks to people and staff. Staff were made aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

New staff received an induction and spent time working with experienced members of staff prior to working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their relatives said they felt listened to and the majority were happy with the service provided. They told us that staff treated them with kindness and respected and involved them in decisions about their care.

People's needs were reviewed and updated regularly. Individual care plans were in place which provided information about people's care needs and they were specifically designed to promote person-centred care. Up to date information was communicated to staff to ensure they provided appropriate care. People were supported to contact healthcare professionals in a timely manner if there were concerns about their wellbeing.

People and their relatives told us they had been asked for their views on the service and were able to raise concerns and complaints if they needed to. They felt confident that staff and members of the management team would take action if necessary.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care. Feedback was sought from people, their relatives and health and social care professionals and care records were audited.
People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported and encouraged to make as many decisions for themselves whenever they were able. Access to community facilities were supported where appropriate.

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 continues to be safe.	**Good**
Is the service effective? The service continues to be effective.	**Good**
Is the service caring? The service continues to be caring.	**Good**
Is the service responsive? The service continues to be responsive.	**Good**
Is the service well-led? The service continues to be well-led.	**Good**

A2Dominion - Care & Support Chimney 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 24 January 2018 by one inspector and was announced. The provider was given a short notice period because the location provides a domiciliary care service and we needed to be sure that the registered manager and senior staff would be available in the office to assist with the inspection.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. 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 looked at all the information we have collected about the service. The service had sent us notifications and information as required. A notification is information about important events which the service is required to tell us about by law.

During our visit we spoke with four people who used the service and five care support workers. We met with the registered manager and two care co-ordinators. As part of the inspection we contacted a range of health and social care professionals, care staff who worked at the service together with people and their relatives. As a result we received information from one local authority quality officer, a general practitioner, one staff member and seven relatives.

We looked at six people's records and documentation that were used by staff to monitor their care, some of which were the records maintained within people's flats. In addition we looked at three staff recruitment and training files, duty rosters, minutes of staff team meetings, complaints and records used to measure the quality of the services.

Good

Is the service safe?

Our findings

People who used the service and their relatives said they felt safe with the staff who supported them. They told us they had no cause for concern about their safety or in the way they were treated by staff. One person said, "I have no complaints about the staff, they are all very nice". A relative told us, "I believe that my mother is as safe as is possible and all the staff treat her with respect. I liaise closely with the staff and they alert me to any concerns." One quality officer in response to the question, do you think people are safe and being treated with respect by the staff? stated. "There is no evidence to suggest that this is not the case."

During our inspection we found there were sufficient staff available to keep people safe. There was a core of established staff employed by the provider who were supported by the management and office based staff. The service recruited to specific packages of care and although staff turnover was relatively low there were ongoing recruitment processes in place. Staff told us that there were enough staff to meet the needs of people and this would be reviewed if someone was particularly unwell and required additional support.

Care packages were implemented according to people's individual needs and as commissioned by the local authority and/or by the direct payments paid to individuals. There were risk assessments individual to each person that promoted their safety and respected the choices they had made. These included risks such as those associated with personal care, attending activities and their nutritional needs. People's homes were assessed for any environmental risks and according to the service's health and safety policy and procedures. Staff told us they reported anything they thought had changed and/or would present a risk for the person to senior staff. Incident and accident records were completed and actions taken to reduce risks were recorded.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. One member of staff told us, "I would not hesitate to report issues to my manager and feel she has always responded with good advice and taking appropriate action".

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks for adults and where appropriate for children. This was to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults or children. Application forms were fully completed and notes from interviews were kept and formed the basis for future supervision and training needs. References from previous employers had been requested and gaps in employment history were explained.

People's medicines were handled safely. Medicines were stored in people's homes appropriately. People were given their medicines by staff who had received training in the safe management of medicines. Only those staff assessed as competent to do so were allowed to administer medicines. Staff confirmed they had received training and that their competence had been checked by a senior staff member observing them

administering medicines. Staff training records confirmed that all staff had received training before handling medicines.

Good

Is the service effective?

Our findings

People told us that they thought staff were well-trained and effective. Comments from relatives included, "They are very good and from what I see they are trained properly" and "All the staff and care co-ordinators are genuinely concerned for the residents' welfare and are ready and willing to chat and/or discuss their care at any time."

Staff including office based staff told us that they felt they had received a good induction that gave them the confidence and skills they needed to work with people independently. The induction included a combination of on line e-learning and face to face training. Face to face training was considered to be the most effective for staff and the provider made this training available for staff as a priority. All new staff shadowed more experienced staff before being assessed as competent to support people on their own.

Staff completed mandatory health and safety training. In addition, all staff received training in a range of core topics including manual handling, first aid, fire awareness and respect and dignity. We were provided with a copy of the training matrix for the service. The registered manager stated current training was provided in line with the new care certificate. The Care Certificate was introduced in April 2015. It is a set of 15 standards that new health and social care workers need to complete during their induction period.

Staff were given the opportunity to undertake additional training in topics such as end of life care, incident report writing, professional boundaries and personal safety. Additional training was provided in relation to any procedures or practices which were delivered to meet individual's particular needs such as challenging behaviour, catheter care and dementia. Staff described the training as of a good standard which was well organised and they were always supported to attend.

Staff attended regular staff meetings for which they were paid. They received quarterly one to one supervision meetings with their line manager that were structured around their development needs. We noted that some of the supervision schedules had been delayed by several months but staff feedback indicated that this had not negatively impacted on their support. New staff had supervision more frequently over their induction period and observation of staff practice took place regularly by senior staff. All staff were booked to have an individual appraisal on an annual rolling basis.

Staff had completed training on the Mental Capacity Act (2005) (MCA). 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 service was working within the principles of the MCA. They were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. People had been asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible, people had signed their care plan to indicate their consent.

Staff were deployed by the use of a weekly rota which was sufficiently flexible to accommodate people's changing needs and requirements. The majority of staff had regular work patterns which provided continuity for people. Some people with more intense packages of care would have a team of support workers who they would get to know well over time. Annual leave and absences were covered by staff who were familiar to people wherever possible.

People were supported with their meals when identified as part of their assessed needs. Staff completed records of food and drink taken by people assessed at risk of poor nutrition. They would alert the management team if they had further concerns that needed to be reported to external professionals such as a GP and/or dietician.

People were supported by the service to attend appropriate health care appointments. One person receiving a service told us, "They liaise with my daughter when I need to attend hospital appointments so that I don't miss any." When staff identified concerns about a person's health they supported people to contact their GP or other health professionals. One relative told us, "I cannot praise [name] and [name] enough, when my dad does become poorly, and a doctor is needed to visit him they always call me and keep me informed." Staff ensured actions taken were communicated to each other through handover meetings or records so that all staff were fully updated on a person's changing needs. People's medical history and health care needs were detailed within their care plan. Staff worked closely with health professionals such as psychiatrists and speech therapists and district nurses. Where appropriate, individuals had accessible health information in place which assisted with medical appointments.

In relation to the nature of the accommodation and care provision provided at the schemes a relative told us, "We couldn't be happier with Mum's care and the whole scheme. It seems the perfect compromise of independent living with a healthy meal in the restaurant each lunch time, for those who can't or won't prepare their own, care provided on site and the reassurance of 24-hour staff and the emergency button system."

Good

Is the service caring?

Our findings

People and/or their relatives told us that staff were kind and helpful and the service was attentive. One person said: "They are really lovely and kind to me." A relative said, "I have always been satisfied with the care that she receives." Comments from other relatives included: "Yes, I feel that Mum is in the best place for her needs at the present time."

People were given choices and supported to make as many decisions as they were able to and were comfortable with. These included choosing meals, activities and where they wanted to spend their time. Staff described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities. Staff promoted and encouraged people to maintain their independence and control in as many areas of their life as possible. Care plans described how staff should encourage and support people to do as much for them-selves as they could.

People had been involved in planning their care and in making decisions about how their care was delivered. Relatives told us they had been consulted if needs changed and were informed and encouraged to be involved with an individual's care and support as appropriate and with the persons permission. One relative told us that, "Yes, the staff always inform me if there are any incidents and, if necessary, we find solutions between us." Staff told us that changes for people were communicated very well between the team members. Overall communication between staff, managers and between shifts was described as very good. A communication book was used to record significant changes to the care provided and staff felt this worked very well. Staff described how they provided support to people in a caring way which was personal to them. Staff told us that they thought the standard of care provided was, "Excellent" and "Very good".

The service was committed to identifying, respecting and supporting peoples diversity. Care plans included any religious, cultural or lifestyle choices. They noted any support or help people might need to meet their diverse needs. These included physical needs, religion and ethnicity. For example, care plans noted if people celebrated particular religious festivals or lifestyle celebrations, if they liked to give gifts and who to. They were then supported to celebrate these occasions as they chose. People were encouraged and as far as possible supported to attend their chosen places of worship and staff were knowledgeable about their beliefs which were respected.

We observed staff communicating with people in a respectful manner. In discussion with staff it was apparent that they knew people and their needs very well. People were shown respect and their privacy and dignity was protected. Staff told us that they had received training in dignity and respect and this was confirmed in records we reviewed. People and/or their relatives told us that staff made sure their privacy was maintained when they were assisted with personal care.

Good

Is the service responsive?

Our findings

People's care and support needs were reviewed at least annually or as any changing needs were identified by the provider and/or health and social care professional involved in their care. Their families confirmed they were invited to care plan reviews.

People's initial assessment was completed with them and/or their families and other professionals as appropriate. Care plans were developed together with individuals and their involvement in the process was clearly recorded. The service worked with people and other professionals, as necessary, to plan and deliver care according to people's individual needs, preferences and wishes.

People who were able told us that they felt staff listened to them and supported them in the way they wanted. The personalised care and support plans we reviewed contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Each plan was organised in a consistent format and included people's likes and dislikes and any particular communication methods they used. Staff told us that they felt there was enough detailed information within people's written plans to support them in the way they chose.

The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. The service was already accomplished in the process of documenting the communication needs of people.

Appropriate staff were trained in assessing needs and some staff were involved in updating care plans to ensure they were written in a person centred manner as far as possible. They were described as individualised with people's likes, wants and desires being central to the focus of the care plans. We were told and saw samples of people's review documentation which took account of people's wishes. We noted that local authority representatives were rarely in attendance at reviews. However, the service kept relevant personnel up to date with progress and ensured that significant changes were communicated without delay.

A range of activities and meals was available to people using the service within the communal areas of the complex. In one scheme visited on the day of the inspection a tea party was planned and we observed people making their way to the dining room to attend. Members of the management team told us keeping people active was an important part of people's care and support. This was an area often determined by the desire of individuals to partake in activities and the availability of staff to support them. The more independent individuals undertook activities appropriate to their level of independence.

The service encouraged and/or supported people to put forward their views of the care they received. This included using the complaints procedure. People knew how to make complaints if necessary. People said

they knew who to tell if they were not happy or were worried in anyway. The service had a robust complaints policy and procedure which they followed when they received a complaint. The service had received no complaints since April 2017. During this period there had been 11 compliments which the service had collated. The compliments covered areas such as quality of care, responsiveness to requests for assistance and thanks to specific staff members for their care, communication and compassion. Any complaints would be recorded in detail and where appropriate action would be taken to resolve any issues. Families of people told us they were confident that the staff and the provider would listen to them and act on any concerns they had. Comments included, "I would call the office if I needed to speak with someone about an issue." And, "I have raised a few minor things and they have been dealt with quickly and efficiently."

The office based staff told us that any comments or concerns raised by any individuals whether people themselves or their relatives were addressed without delay. This prevented issues becoming complaints. Staff knew people sufficiently well that they could often tell when they were unhappy or unwell. Positive feedback from relatives and health and social care professionals was captured and recorded from reviews, visits or surveys and used to provide a continuing programme of improvement.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on individual people and their needs, interests and preferences. Staff praised the provider and the leadership team for their approach and consistent, effective support. Staff we had contact with told us that they felt valued working in the service, and felt motivated to maintain high standards of care. The registered manager and supporting staff were open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service.

People and their relatives told us that the registered manager, management team and staff were caring and committed to meeting their needs within the budgetary constraints that applied. They were invited to share their views about the services through quality assurance processes. These included care reviews, visits by senior staff in order to speak with people and the staff that support them and questionnaires. They told us that they would not hesitate to approach them if they had something to say as they felt they would be taken seriously. They also confirmed that they had been asked their opinion periodically about the services and had felt listened to. We were told by relatives, "We have no complaints. The service is very good." And, "We are always kept informed of changes."

Staff told us they were never left in doubt about the values of the provider or the values they were expected to display in their day-to-day work. Feedback we received indicated that staff morale and satisfaction was good. One staff member told us, "We are well supported by the management team. I feel valued and would not wish to work anywhere else". Another staff member told us that the standards of care with A2 Dominion were very high and had been maintained through recent local authority funding changes. We saw the most recent staff survey results which were very positive overall and covered such topics as communication, team working, equal opportunities, feeling valued and making positive contributions.

Quality assurance processes included monthly spot checks by senior staff which comprised of reviews of medicines administration, the environment, care calls according to the care plan and whether hygiene procedures were being followed. We also saw records of incidents and analysis to determine whether there were any trends or factors which could minimise their occurrence.

Various staff and team meetings were held regularly. Meetings covered information sharing, learning from incidents and the discussion of developments and changes. Policies and procedures, values and expectations of the organisation and general topics were discussed at meetings as well as individual development and practice issues. Staff were provided with regular updates to keep them up-to date and informed about what was happening in the service.

There was an emphasis on partnership working and it was recognised that this was an essential part of working in the best interests of people and meeting their changing needs. There was regular contact with families and funding authorities who were encouraged and supported to be involved in the care and support of each individual.

All confidential records were kept locked in filing cabinets within the office. Records within people's homes were kept as securely as possible. The records we reviewed were accurate and up to date.