Hull Churches Housing Association limited

St Giles Court

Inspection report

19 St Giles Court
Hull
North Humberside
HU9 5AR

Tel: 01482788330

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Giles Court is a small domiciliary service, which provides personal care to people in their own homes in Kingston upon Hull. The service provides support to people with a range of needs. These include older people living with a physical disability or dementia, and younger people living with a learning or physical disability, autistic spectrum disorder, a mental health illness or sensory impairment.

At the time of the inspection, there were 15 people receiving the regulated activity of personal care.

At our last inspection on 15 April 2016, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The provider had exceeded expectations in the way effective health and social care and support was delivered to people. The quality of life for two people who currently received a service and one person who no longer required a service had been significantly enhanced by the creative support staff provided to them. The registered manager demonstrated the importance of effectively monitoring and keeping support under review even when this meant the end of care provision for one person as the assistance provided made continued support no longer necessary. The comments from people who used the service and a social care professional were extremely positive about the support provided; they all confirmed staff helped them to make their own decisions and choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were highly skilled and knew how to look after people very well. The service was committed to providing a learning and development programme that nurtured staff's knowledge, skill and professional development.

Staff knew how to keep people safe from the risk of harm or abuse. Staff completed assessments to help minimise risk without compromising people's right to make their own decisions. Staff completed safeguarding training and had demonstrated they knew how to raise concerns with relevant agencies. Medicines were managed safely and people received them as prescribed. Staff recruitment was good and the provider had sufficient staff deployed to meet people's needs. Staff had access to personal protective equipment to help minimise the spread of infection.

People told us staff approach was kind and caring. The staff respected people's privacy and dignity and supported them to be as independent as possible. People's method of communication was assessed, and they were given documents and had contact systems that met accessible information standards. Personal information was held securely and staff were aware of the need to maintain confidentiality.

People had assessments of their needs completed and care task sheets provided staff with guidance on how to support them. The task sheets could contain more in-depth information about personal preferences, which was mentioned to the registered manager to address. In discussions though, it was clear staff knew people's needs very well, which was due to a consistent staff team. Staff supported people to access community facilities to prevent social isolation, when this was part of their care pan.

The provider had a quality monitoring system in place, which consisted of audits, observation of staff practice, surveys and meetings. The culture of the organisation was one of openness and inclusiveness, and was described as 'family-orientated'. The registered manager had developed positive relationships with community professionals, was approachable and supportive of staff, and led by example. Staff were encouraged to raise concerns so lessons could be learned.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service had improved to outstanding in this key question.	**Outstanding** ☆
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

St Giles 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 comprehensive inspection took place on 17 October 2018 and was announced. We contacted people who used the service by telephone on 19 October 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available. The inspection was completed by one inspector.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR and all the intelligence we held, to help inform us about the level of risk for this service.

We contacted the local safeguarding and contracts and commissioning teams to request their views of the service. We received information from a social care professional involved with supporting some of the people who used the service.

During the inspection, we spoke with three people who used the service and one of their relatives. We looked at care records for three people and other important documentation including medication administration records (MARs), daily recording and monitoring charts for food and fluid intake.

We spoke with the registered manager, the assistant manager and two care staff. We looked at three staff recruitment files, staff supervision, appraisal and training records, as well as other records used in the management and monitoring of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and staff supported them well. Those who received support to manage their medicines said this was completed safely. Comments included, "They have identity badges and introduce themselves", "I am very happy with the service" and "I have my tablets in the morning and in the evening; they are always on time."

A social care professional stated, "Hull Churches housing is very safe for people to use and they provide a good service."

Staff had received safeguarding training and knew how to recognise the signs of abuse and the action to take should people raise concerns with them. There was evidence staff had supported a person to raise a concern and acted to help them remain safe.

Staff completed assessments to identify risk such as self-medication, fragile skin and health conditions; measures were put in place to guide staff in how to support people. There was also an assessment completed of each person's home environment to help identify possible hazards and how to avoid them. The risk assessments were kept under review and held in a file at each person's home. This ensured staff had access to updated information and knew how to help minimise risk. The provider had policies and procedures to cover areas of risk such as lone working and health and safety. There was a 'protect me' system on staff's phones for when they completed calls late at night. A member of staff said, "The manager rang me once when it was late to check I was okay."

People received their medicines as prescribed and their medication administration records were completed accurately. People's medicines were held safely in their own homes and staff supported when this was part of their care plan. Each person had a risk assessment to determine their ability to self-medicate. Staff had received training in medicines management.

The provider had a safe recruitment system. Full employment checks were in place before staff started working with people who used the service. Staff confirmed they were introduced to people before they started to support them and they had an induction to familiarise themselves with expected ways of working. A new member of staff said, "I filled out an application form and had to have two references; the interview was the longest I had ever had. They asked about my values and the focus was on service users."

There were sufficient staff employed to meet people's needs. Rotas confirmed staff were allocated to specific people who used the service to ensure consistency of care. People confirmed they were not rushed by staff and they stayed the correct amount of time to ensure their needs were met. There was a bank of staff used to cover holidays or short notice absences. The assistant manager said, "We have always been able to cover calls in the two years I have been here."

Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection. Records confirmed staff had completed infection prevention and control training.

Outstanding ☆

Is the service effective?

Our findings

There were excellent comments from people who used the service, their relatives and professionals about how the service was delivered to people and the impact this had made on their lives. People told us staff supported them to maintain their health and nutritional needs when required. They also said staff knew how to look after them very well and helped them to make their own decisions. Comments included, "The staff are wonderful; they explain everything to you", "I'm over the moon with the staff; they are absolutely marvellous and just like a family to me" and "They come and see me every day and would call the doctor if needed." A relative told us, "They [staff] always seem to be doing training. The standard of care is the same now as it ever was; the continuity is extremely good" and "I think it's an absolutely wonderful service. They [staff] are very thorough, stay the right length of time and always phone if they get held up."

The registered manager and staff had developed very close, collaborative working relationships with health and social care professionals. This has been sustained since the last inspection. A social care professional said, "Hull Churches Housing [the provider] has worked with several of my clients with learning disabilities. When we have met for reviews, the workers know the clients very well and are able to manage their needs" There were communication systems set up when health professionals visited specific people so care tasks or important instructions from them were not missed.

Staff had found innovative and efficient ways to effectively meet three people's specific health and social care needs, which had significantly enhanced the quality of their lives. For example, the registered manager described how a person was referred to them with multiple medications. They arranged for the person to be seen by their GP who removed six medications no longer required. Staff liaised with the person who received the service, their social worker and GP on a regular basis to ensure their care plan met their needs. They also supported the person to access the memory clinic. As a result, the care calls were changed in both length of time and frequency to ensure the person's medication was correctly timed and sufficient time was arranged for the care activities.

Another person was referred to the service for several calls a day to assist them with their medication administration. However, following assessment it was established the person required medication labels translated into their own language. This was arranged by the service and the person could manage independently. Commissioners were informed and the service ceased. This had an impact on the quality of the person's life as the care calls were intrusive for them.

We received extremely positive feedback from health and social care professionals about the skills and knowledge of staff and how their input has had a positive impact on the people who had used the service. A social care professional described how staff had effectively delivered care and support to another person during a traumatic experience. They described the support from the registered manager and staff team as 'fantastic' and said, "Staff have supported the client throughout; they responded well and made appropriate referrals as needed, and contacted and updated me throughout."

Staff were very clear about when they were required to call the GP and liaised with family members when

this was required. There were times when staff had supported people to attend health appointments and had been effective in assessing and recognising potential health concerns. People's health needs were included in care plans and we saw evidence of health professional involvement in people's plans. Staff were very knowledgeable about people's health care needs and described the actions they took to support people to maintain good health.

Some people required support to shop and prepare their meals. When this support was required, it was included in care plans. Staff recorded in daily notes what food and fluids they had prepared for people to help them maintain good nutritional health. Creative methods were used to encourage those people who were reluctant or having difficulties in eating and drinking. The registered manager and staff described the support they had provided to one person whose interest in food had decreased and they were very underweight when they were referred to the service. The care staff looked at variety, portion size as well as including and encouraging the person to be involved as much as possible in the preparation of food, making shopping lists and meal planning. Monitoring forms were put in place to assess risk levels; staff encouraged fluid intake and nutrition. The registered manager ensured staff continuity to promote trusting relationships to be formed and enabled care staff to understand the person's needs more fully. The outcome for the person was they were eating three meals a day with snacks in-between and they were above their healthy weight target.

The support this person received had also been effective in enhancing their social life. When first referred to the service, the person was socially isolated, disengaged with care support, declined any personal care and was nervous about discussing going out. The consistent staff team and approach, initially in place for health and nutritional monitoring, developed the trusting relationship further. The person now received personal care, had a very positive relationship with care staff, had reduced anxiety, attended all appointments and was able to attend a day centre twice a week for social stimulation. Their confidence had also grown. Staff worked closely with the person's family and friends ensuring they were included and remained part of their support package. The registered manager said, "We have received compliments from members of the family on separate occasions stating that they are really impressed with the care and the changes in [Name's] health and wellbeing."

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. We found the provider had an appropriate MCA policy and associated procedures in place and staff had all received training in this area.

People who used the service all had capacity to make day to day decisions. There was evidence of a best interest meeting and decision-making process for one person regarding financial expenditure. Staff showed awareness of the need to gain consent before delivering care and supported people to make their own decisions. Feedback from professionals showed staff had a very good understanding of MCA. A social care professional said, "They respect the client's choices, even if the decision is seen as an unwise decision. They have supported my clients in making decisions and will explain in a way the client understands the consequences of decisions made."

Records showed staff had received training in a range of topics and completed the Care Certificate as part of their induction into care. The training included courses considered essential by the provider and in specific health conditions such as epilepsy. Several staff had professional qualifications such as social work or

registered nurse and others had completed national vocational qualifications in care or health and social care diplomas. Staff had regular supervision meetings and their practice was observed. In discussions with staff, they said the training opportunities were really good, they were extremely well supported and had the opportunity to discuss and reflect on working practices in supervision and peer meetings. They were able to discuss ideas for the future, learning and development and any concerns they may have.

Good

Is the service caring?

Our findings

People told us staff had a very good approach and were kind and caring. Comments included, "The carers are very good" and "They come a few times a day and are very nice."

A relative said, "I would describe the staff as 'little angels'; they are so caring and attentive. They include [Name], which is what I love about them; every visit is as good as the first visit."

Staff knew the importance of supporting people to maintain their privacy, independence and dignity. Comments included, "I make sure people are given explanations of what we are doing and keep them covered up during personal care", "We do as we would like care done to us" and "We try to make sure they are as independent as possible, choosing their own clothes for example. We are working with one person to make them more independent." A social care professional told us, "They always respect the client's dignity. I have attended a review previously and the client was receiving personal care support when I arrived; this was all carried out very respectfully and dignified for the client." Staff had observations of their practice completed, which included how they promoted people's privacy and dignity.

It was clear staff knew people well and had developed positive relationships with them and their relatives. Staff spoke about people in a caring way, which was also reflected in daily recording. They also said they made sure people knew who their next caller was going to be before they left their home. Staff were aware of people's diverse needs and described in positive terms how they supported people with protected characteristics to ensure their rights were upheld.

People were provided with information. Those people spoken with confirmed they received a file which included their care plan, assessments and specific information such as how to make a complaint. They told us they were kept informed if staff were held up in traffic and were going to be late. People had reviews of their care, where they could discuss any changes required and comment on how the service was for them.

Each person had information in their care file about their preferred means of communication. For example, this indicated whether they preferred information by telephone, post, whether large print was required, sign language, picture aids or braille. Some people had an easy to read complaints procedure. The service was inclusive; an example of this was people who used the service had been involved in staff recruitment interviews.

Staff were aware of the need to maintain confidentiality. People's personal care records were held in their own homes and copies held securely in the main office. Staff personnel files were held securely. There was an office so the registered manager or team leaders could hold telephone conversations in private. There were also two satellite offices in different parts of the city so staff could use these for comfort breaks or to make telephone calls. Computers were password protected to ensure only appropriate staff had access to them. Staff had phones and they received their schedule of calls by text; the phones were also password protected. Review meetings to discuss people's care were held in their own homes.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and listened to their suggestions. Comments included, "I am very happy with the service", "Everything is alright; they do what I ask them" and "They ask me what I want."

A relative described how staff were very person-centred and said, "Their minds are totally focussed on the client; there are no improvements needed that I can think of."

A social care professional said, "When working with Hull Churches Housing [provider], I find they always put the client's needs first."

People had assessments of their needs completed by senior staff. Assessments completed by health professionals or staff from the local authority were also included in care files. The care and support plans we saw contained information about people's needs, some preferences for care and included task sheets. Some of the tasks sheets we saw could include more person-centred details, however, in discussions with staff, it was clear they knew the details and how people preferred to be cared for. The registered manager told us they would ensure the details were added to task sheets to help any future staff new to the service.

Staff had been responsive to people's changing needs, reviewed assessments and updated them and tasks sheets when required. We saw people's family and friends had been involved in planning care and included in delivering parts of the support plan. The registered manager described how they had included a number of people in one person's care and said, "We worked closely with the service user, family, friends, and neighbour to put a care plan together that would suit the service users' needs and give the best possible outcomes. We encouraged positive involvement from the neighbour and included this within the whole package of care."

The care staff could support people for end of life care in their own homes when this was required. They would be supported by community healthcare professionals. However, staff had not received any formal training in end of life care. This was mentioned to the registered manager and they told us they would see if training could be sourced. There was no-one who required end of life care at present.

People were supported to access community facilities when this was part of their commissioned care plan. For example, shopping and attending social centres. Daily records showed staff supported people with activities of daily living.

The provider had a complaints policy and procedure; people who used the service were provided with information on how to make a complaint in their care file in their home. They were also asked during welfare checks if they had any concerns about the service provided to them. People knew how to make a complaint and said, "I have no complaints but I would speak to [Name of registered manager] if I did", "They ring up and ask if everything is alright" and "I know what to do if I have concerns." A relative said, "Any problems and you go to [Name of registered manager]. They listen and would take action." The registered manager told us

they would listen to any complaints and make sure they were dealt with quickly. The service had very few complaints.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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. The registered manager always informed us of incidents that affected people's welfare.

All four people we spoke with knew the name of the registered manager and were very complimentary about their approach to them and the staff team. All said they would be able to speak to the registered manager if they had any concerns. A relative said, "[Name of registered manager and assistant manager] are wonderful; they are caring and attentive about people and the staff; all the staff say that about them."

The registered manager had developed positive working relationships with a range of community health and social care providers involved in people's care and support. A social care professional said, "The service appears to be managed well; they are always putting the client's needs first. Any problems or concerns are always cascaded down to the client's workers. The management are approachable and proactive with both clients and commissioners".

The registered manager spoke about the culture of the service in positive ways. They said, "The culture is very family-orientated; it is caring and we want to give the best service to people and the staff. If staff leave we want them to take away a little bit of Hull Churches Housing with them and spread good practice." The registered manager had a system of trying to match staff to people who used the service so they had interest, likes and dislikes in common to enhance conversation topics. They told us they were expanding the service in a measured way to make sure people's needs continued to be met safely. Staff told us they were encouraged to own up to mistakes and learn from them. One member of staff said, "There is an open culture; if we make mistakes we own up to them and we are encouraged to own up." Another stated, "This is a most welcoming family organisation. There is no animosity and everyone gets on well."

Staff told us communication was good, and the registered manager was approachable and very supportive. Comments included, "They [registered manager] are very approachable; no problem is too small", "I love working here; it is so different. Any issues we report are followed up and dealt with; we are encouraged to raise issues and they want us to report concerns. There is good management support" and "We all work well as a team; we have peer group meetings so we can thrash out any issues."

There was a quality monitoring system in place, which consisted of audits such as home care files to update assessments, care plan task sheets and staff training. Observations of staff practice took place, surveys were completed and welfare calls carried out. People who used the service were encouraged to participate in quality monitoring. A steering group met weekly, which included people who used the service to look at policy and the results of surveys.