Help At Home (Egerton Lodge) Limited

Help At Home (St Marys House)

Inspection report

St Marys House
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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

The inspection took place on 7 June 2018 and was announced. This was the first inspection of the service provided by Help at Home (St Mary's House).

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in two schemes of single flats with communal lounge and dining room areas and communal gardens. One was Birch Court in Glen Parva, Leicestershire; and the other was St Mary's House in Lutterworth, Leicestershire. The main office was at the St Mary's House site, but each site had an office staff could use.

CQC only inspects services where people are being provided with the regulated activity of 'personal care'; this is where people are assisted with their personal hygiene. Not everyone using Help at Home (St Mary's) received personal care. Where they do, we also take into account any wider social care provided. At the time of our inspection, 45 people were supported with personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 thought staff were kind and caring. Staff supported people to retain their dignity and independence and treated them with respect.

There were enough staff to support people's needs. There had been some staff vacancies at the Birch Court scheme which had put some pressure on existing staff but new staff had been recruited and it was anticipated this would make a difference.

Staff recruitment procedures reduced the risk of the provider employing unsuitable staff. New staff received a good induction to the service and training to support them to deliver appropriate care to people. Existing staff received regular training to refresh their understanding of the health and social care needs of people they supported.

We have recommended the provider support staff with more in-depth training in dementia care.

People who were supported by staff to receive medicines, received their medicines as prescribed. Contact

was made with health care professionals if staff had concerns related to people's health and well-being.

People at each of the schemes had their main meal at lunch time in the scheme's dining room, and where necessary staff supported them with their breakfast and evening meals in their own rooms. People enjoyed the two course meals they received at lunchtime.

Staff ensured good levels of hygiene and used gloves and aprons when providing personal care to reduce the risks of infection transferring from one person to another.

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 understood the risks associated with people's care, and were responsive to their needs. People were involved in their care planning and reviews.

People felt able to complain about the service and systems were in place to manage complaints in line with the provider's policy and procedure.

The provider had good systems to check the quality of care provided to people, and to ensure people received the care they required.

The registered manager encouraged people and staff to engage with them. They had an 'open door' policy to encourage open communication between them and the staff and people who used the service.

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.

There were enough staff to meet people's needs. People felt safe with 24 hour lifeline support.

Recruitment procedures reduced the risk of the provider recruiting unsuitable staff. Staff understood safeguarding policies and procedures.

Risks to people's health and safety were considered and action taken to minimise them. Medicines were managed in line with the provider's medication policy and procedure.

Staff knew to reduce the risk of the spread of infection by using personal protective equipment.

Is the service effective?

Good

The service was effective.

Staff had received training to meet people's specific needs. We recommended staff receive further dementia care training.

Staff understood the importance of receiving people's consent before undertaking any care tasks.

People enjoyed a two course meal at lunchtime prepared by the scheme's chefs. Staff supported people to prepare breakfast and their evening meals when required.

Staff knew the importance of contacting healthcare professionals when necessary to attend to people's needs.

Is the service caring?

Good

The service was caring.

People told us staff were caring and kind.

Staff understood how to provide care and support and maintain people's privacy, dignity and independence.

The provider and staff ensured people's confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

People were involved in the initial assessment of their care needs, and subsequent reviews of care to ensure their needs continued to be met.

Care staff in each scheme provided people with some activities and entertainment.

People felt able to inform the service of any concerns. The provider had a system for receiving and addressing any complaints raised.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager.

The teams at both the St Mary's House and Birch Court schemes felt well supported by their seniors and the registered manager.

The provider had good systems to check the quality of care provided at both schemes, and to ensure checks and actions undertaken were completed in a timely way.

The registered manager had an 'open door' policy for people or staff to speak with them at any time if they had any concerns or issues they wanted addressing.

Help At Home (St Marys 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. This is the first full comprehensive inspection of this service since it was registered with CQC in April 2017.

This inspection took place on 7 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the service operates over two sites and we wanted to make sure we could speak with the registered manager, staff and people using the service from both sites. The inspection was conducted by one inspector.

We visited the office location on 7 June 2018 to see the manager and office staff; and to review care records and policies and procedures. The office was located at the St Mary's House site, and so during this visit we spoke with four people who used the service and three staff who lived and worked at St Mary's House. Prior to our visit, on 6 June 2018, we contacted two people who used the service and three staff from the Birch Court site by telephone, and on 8 June 2018 we contacted a further three people by telephone.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During our inspection, as well as speaking with people and staff, we also spoke with the registered manager. We reviewed four care records, health and safety records, staff training records, two staff recruitment records, quality audits undertaken by the provider, complaints records and quality assurance questionnaires.

Good

Is the service safe?

Our findings

People who lived at St Mary's House and Birch Court felt safe with the care and support they received from the service. They particularly valued the security of the lifeline service provided both day and night. When the lifeline call was made they told us staff responded quickly, and this helped them to feel safe. One person said, "You only have to push the button and they come straight away."

There were enough staff to meet people's needs at both St Mary's House, and Birch Court, but Birch Court had recently experienced challenges because some staff had left the service and new staff had only recently been recruited to replace them. This meant whilst staff were covering staff vacancies, some people did not always get the care and support at the time they expected. For example, one person told us, "They've had quite a big turnover of staff; they sometimes come at the wrong time." However, staff informed us, and management confirmed that clearance checks had been completed on new staff, and they were ready to start working at Birch Court.

The provider's recruitment practice reduced the risks of them employing staff unsuitable to work with people who used their service. This was because they asked for references from previous employers; and undertook checks with the disclosure and barring service (DBS). The DBS checks whether prospective employees have a criminal record. The employer then decided, based on this information, if the person was safe to work with people they provided care and support to.

Staff understood how to safeguard people from abuse. We gave staff various safeguarding scenarios and asked them what they would do if they found out a person was potentially being abused. Staff understood their responsibility to inform their senior/manager and to expect their senior to inform the local authority safeguarding team. The manager had followed the provider's procedures when raising safeguarding alerts and kept clear records.

The risks related to people's health and social care needs had been identified and measures put in place to reduce the potential for risks to be realised. For example, one person's ability to move unaided had decreased, and for their own and staff safety, a full hoist now needed to be used to support them to move. The person told us, "They hoist me, that's recent. They know what they've got to do; the changes have only been in place for two days."

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked. People told us they received their medicines as prescribed, and they were assisted to have time critical medicines at the correct times.

Staff understood how to keep people safe from the risk of infection. They knew the importance of hand washing, and used single use gloves and aprons when providing personal care to people. This stopped potential infection spreading from one person to another, as gloves protected staff's hands, and aprons meant staff's uniforms could not transfer any infection.

Good

Is the service effective?

Our findings

People's health and social care needs were assessed by the registered manager or senior staff prior to the organisation agreeing to support their care. This was to ensure the organisation could support their needs well. The assessment not only took into account what people needed support with, but also looked at what they hoped to achieve and what they could do for themselves.

People felt staff had the training, skills and knowledge to support them in their care. Staff told us they received training considered essential to meet people's health and social care needs. This included first aid, infection control, food hygiene and training to safeguard people from abuse. Staff told us at St Mary's House people needed more support with physical conditions, and they felt the training they received ensured they could meet those needs. At Birch Close however, more people lived with a diagnosis of dementia. Staff told us they would like to see more dementia training because this was becoming an increasing need for them to support. The registered manager told us the organisation did not currently provide more in-depth dementia training.

It is recommended the provider consider providing more in-depth dementia training to their staff.

The provider gave good support to staff when they first started working for the service. Staff told us they undertook a week of training at the organisation's office in Leicester; and then worked alongside more experienced staff for a few days before they were allowed to work with a person on their own. Staff told us they were supported during their transition to working on their own, by more senior or experienced staff who were always on site; they could contact them if they were with a person and needed further instruction or support. As part of their training, staff received a 'fitness to practice' information book. This contained key information that staff needed to be aware of such as nutrition, mental capacity, pressure ulcers, and medications.

The Provider Information Return informed us seven staff had undertaken the Care Certificate. The Care Certificate helps new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. Nineteen staff who worked for the provider had undertaken qualifications such as National Vocational qualifications (NVQs) or Diplomas in health and social care to a level two or above. This demonstrated that staff received training to develop their skills and knowledge.

Staff were also supported by management through regular supervision sessions (individual meetings with staff). Most staff felt the supervision sessions were useful, although one member of staff told us they had highlighted the need for further dementia training and they had not received a response to this. Senior care workers also conducted unannounced visits to observe care staff to ensure staff supported people in a caring and dignified way.

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.

Staff had received training to understand the MCA; they understood people needed to give prior consent to any care or support tasks undertaken. People told us that staff asked for their consent before providing care. People confirmed to us that staff on the whole checked with them they gave their consent before supporting them with care. However, one person told us a care worker had come into their flat and turned the TV off prior to providing care, without asking them if they could do it. The person told us they had dealt with this, and the care worker had subsequently apologised for their actions. They said it hadn't happened since.

People's assessments looked at whether people's memories were good, and whether they could make decisions about receiving care or whether they needed support.

The majority of people who lived at Birch Court and St Mary's House had their main meal in the scheme's dining rooms at lunchtime; and, where required, had staff support them with their breakfast and/or evening meal. People told us they had a choice of meal at lunch time and two courses were available. Where people required staff support for mealtimes, their care plans reflected their likes and dislikes and what types of meals they wanted. Attention was also paid to people's specific nutritional needs. One person told us they were at risk of putting on weight and their diet had been adjusted to reduce this risk. They said the chef, "Knew to prepare less fattening food."

People were supported to maintain good health, and when necessary staff supported people to get appointments with the right healthcare professionals such as the GP, chiropodist or optician. Some people had district nurses visit, and during our inspection we saw good dialogue with the service staff, and one of the nurses who visited that day.

Staff engagement with healthcare professionals was recorded in a central place. This meant that it was not always clear what treatment people had received. For example, we saw by reading a person's record there were issues related to their continence which did not look like they had been addressed. We found through discussion they had been addressed, but the information was in the office communication book. The registered manager said they would look at putting a communication record into each person's care file to log any communication and decisions taken with different healthcare professionals so the information was more accessible.

Good

Is the service caring?

Our findings

People and/or their relatives were involved in developing their care and support plans, and in reviewing them when necessary. One person told us the care and support was, "Wonderful." They went on to explain their needs had changed recently and they now had to use different equipment to move around their flat. They said, "It's only been in place for two days but at least I'm not in bed all day."

Staff provided care to people which was unhurried and at their pace. Staff told that recently, because of staff vacancies at Birch Court, staff did not always have as much time as they would like to spend with people, but they still felt people received good care. People said staff mostly visited them at an expected time unless there was an emergency. A member of care staff told us if a person pressed their life-line it was usually because they had fallen. A senior member of staff would stay with the person to provide support to the person and work with the emergency services.

People at both schemes told us staff were kind. One person at Birch Court told us staff were, "Most helpful, I've no complaints with the staff." Another said, "The staff here are very pleasant, very good." A third said, "The staff are definitely caring, we're on good terms."

At St Mary's House, one person told us, "The care workers are kind, we have a good laugh." Another said, "They (care staff) are all very good. I get on well with them; they're kind." A third said staff were "very patient" with her and did things at her own pace. They went on to tell us "They seem to produce staff that are caring people."

Staff understood the importance of preserving people's dignity when undertaking personal care. A member of staff told us they always shut doors so people had privacy when they were showering, bathing or undressing. One member of staff said they tried to reduce people's embarrassment by talking with them throughout the time personal care was provided, and made sure they were ready with a towel to cover people up when they were finished with their shower. The provider information return informed us staff had undertaken training to promote dignity, privacy and respect, and to encourage staff to become 'dignity champions.'

People told us staff supported them with their independence. One person told us staff supported them with a shower. They explained they worried they were going to slip when they were in the shower, but staff were there to give them re-assurance, they said they 'loved' being able to have a shower knowing staff were there to support them. Another person who required staff to support them when they had a shower, told us staff got everything ready for them for washing, shaving and dressing, but made sure they did as much as they could on their own. Staff told us they knew it was important to help people to maintain as much independence as possible.

Staff knew people's personal preferences, histories and backgrounds. People's care plans recorded these details which staff found useful when talking with people about their lives and building caring relationships.

The registered manager and staff were aware of the importance of keeping people's information confidential. The records were stored securely in locked cabinets and staff knew the importance of not talking about the people who used the service to others that used the service.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment.

Care records were written as if the person was instructing staff how to deliver their care. For example, "The carers need to get some clothes out for me then I will choose what to wear." Care records provided staff with a comprehensive understanding of people's history, their likes and dislikes, their care and support needs, and their aspirations. For example, one person's care record told us the person preferred smaller meals and disliked spicy food. The discussions with people demonstrated the care records were accurate and reflected people's views.

People told us staff supported them to maintain their independence. One said, "I do as much as I can myself." Another said, "We do things at my pace, they are very patient with me, they're a grand bunch (of staff)."

Staff we spoke with at both schemes had a good knowledge of the people they supported. They told us they gained this information through looking at the care records, through handover meetings and through talking with the people who used the service. Regular reviews were held with people to find out what their views were about the care they received and if any support needed to be undertaken differently.

The care records identified whether people had a disability or a sensory loss, and how staff should support people to communicate more effectively. For example, one person had a hearing impairment; staff followed the care plans which instructed them to ensure the person used their hearing aid to support their communication. Another person wrote down their needs or used pictures to communicate with staff; this worked effectively as staff could understand their requests.

Whilst the provider's responsibility was mainly to provide care support to people; they also provided some recreational activities within both sites. At St Mary's we saw advertised activities such as bingo, 'ice creams in the garden', 'cheese and wine' and word searches. A person who lived at Birch Court thought that some of the activities did not benefit people with dementia. They also thought people at Birch Court might benefit from an exercise programme. The registered manager was informed of this suggestion.

People knew how to raise concerns and were confident action would be taken. One person told us, "If I wasn't happy I would tell one of the senior members of staff, but I've got no complaints whatsoever." Another told us they felt they could talk to any of the staff if they had problems. We looked at the complaints which had been raised; the provider had followed their procedures in handling the complaints in a timely way. However, these complaints did not relate to people's personal care but to the building. We also saw a number of compliments had been received by the service.

Good

Is the service well-led?

Our findings

This was the first inspection of the service with Help at Home (St Mary's House), as the provider of people's personal care support. The schemes at Birch Court and St Mary's House had been running for many years, but different providers had previously supported people with personal care.

The manager had registered with the CQC in April 2017. This was their first inspection. Whilst there had been a change of provider, many of the staff had worked at the schemes for a number of years under different providers. The registered manager understood their responsibilities of their registration in reporting incidents to CQC and other appropriate authorities.
The registered manager was based at the St Mary's House scheme but visited the Birch Court scheme regularly. Each scheme had a senior care worker on duty during each shift who were the staff member's first point of contact if there were any concerns or issues which needed addressing.

The registered manager had an open door policy. During our inspection visit we saw a member of staff come and speak with the registered manager about an issue, and they later told us they found the registered manager had been very supportive of their particular circumstances.

Staff worked either in a team supporting people at the Birch Court scheme; or in a team which supported people at the St Mary's House scheme. They felt their seniors at each scheme and the registered manager provided them with the support they required to meet people's needs. Staff told us there was good team work, with a typical comment being, "The team is supportive of each other;" and, "We get support all the time from seniors." Staff at Birch Court said that because of recent staffing issues, morale had been lower than usual but they hoped now as new staff had been employed, this would improve.

The provider had a 'branch reporting system' which informed the registered manager when different checks and audits needed to be completed. For example, it would remind the registered manager when staff supervision was due, or when people's care plans were due for review. There was an internal rating of each service, based on how well they met the provider's own compliance targets. At the time of our visit, the St Mary's House scheme had been rated as the top scoring service in the provider's large portfolio of services, and the staff were very pleased with this.

The branch reporting system also ensured that any accidents or incidents were monitored to determine whether there were any trends or required actions resulting from the incidents.

The provider had a good overview of the quality of the service. The registered manager told us if the branch reporting system indicated the service had fallen below 70% of the expected reporting, the provider's liaison with senior managers increased to ensure they delivered the expected checks and to discuss why actions had not been addressed.

Team meetings occurred once every three months at each scheme. The provider had pre-arranged items on the team agenda, with information provided to staff to support good practice. The last meeting minutes

showed the provider had discussed with staff how to complete a medicine administration record, and the consequences of medicine errors. They had also taken staff through the Mental Capacity Act, whistle blowing, lone working and safeguarding. There was then an opportunity for staff to discuss business related to their particular branch or scheme.

The provider routinely checked whether people were happy with their care. At three monthly intervals, staff met with people who used the service to ask their views about the service and check they were satisfied with the care they received.

The provider supported staff to whistle blow (raise concerns about the behaviour or practice of others working in the organisation). Since our last inspection, a member of staff had used the whistleblowing procedure; whereby the provider took appropriate action by investigating and reporting the concerns to the appropriate authorities. Staff were confident that the provider would respond in an open and transparent way to any concerns raised.