

County Home Care Services Limited

Meadow Court

Inspection report

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Date of inspection visit:
09 November 2016

Date of publication:
02 December 2016

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 9 November 2016 and was announced.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office..

Meadow Court consists of 57 apartments for people aged 55 and over. The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection 25 people received support with personal care.

There was a registered manager was in post when we inspected 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 felt safe living at Meadow Court and were supported by staff who were kind, caring and respectful towards them. Staff had been trained in safeguarding so understood how to protect people from abuse. Checks had been carried out before staff started work to ensure they were of good character and suitable to work with people they supported.

People were supported by staff who were well trained and had the skills to deliver safe and effective care. There were procedures for staff to follow to minimise risks to people's safety such as how to manage risks associated with people's medicines and medical requirements. Information in care plans supported staff in managing the risks identified so people were kept safe from potential harm.

Care plans contained relevant information describing people's personal care requirements for staff to follow, to ensure people received care and support as they preferred.

Staff helped people to prepare meals in their own apartments or attend the restaurant where choices of nutritious meals were available.

People were supported to attend a variety of interesting pastimes of their choice, either in their own apartment or the provider's organised activities programme.

People were involved in their care and their opinions were sought about the service they received to make sure this met their preferences. There had been no complaints received about the service but people felt confident to raise any concerns or issues with the registered manager if they needed to.

The provider and the registered manager ensured the quality of the service delivered to people was maintained by conducting regular quality monitoring audits and seeking feedback from people to continually look for ways of improvement.

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 told us they felt safe receiving a service from the provider. Staff knew how to protect people from the risk of abuse. Risks to people's safety were identified and plans were in place to minimise these. Sufficient staff were on duty to provide people with the support to keep them safe and recruitment checks were in place. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective

People were cared for staff who had received training, ensuring they were skilled enough to provide the support people required.

Consent to provide care and support was gained by staff. People had access to healthcare professionals to ensure their well-being and their dietary needs were maintained.

Is the service caring?

Good ●

The service was caring.

People were positive about the care and support they received from the staff. People were treated with respect and their right to privacy and dignity was promoted and their independence encouraged.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning the care and support provided. Care plans were in place and regularly reviewed. People were confident their concerns would be listened to and responded to.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were aware of the registered manager and spoke positively about them and the management team. Systems were in place to monitor the quality of the service provided.

Meadow 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.

The inspection took place on 9 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

We looked at information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from the local authority who commission services on behalf of people and Healthwatch (The local consumer champion for health and social care services). We used this information to help us plan this inspection.

The provider had completed a Provider Information Return (PIR). This form 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 information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

We spoke with nine people living at the complex, four relatives, five staff members, two team leaders and the registered manager. We also looked at a range of documents and written records. These included two people's care records, staff training records three staff files, complaints and compliments files, quality audits and the recording of incidents and accidents. We also looked at information relating to the administration of medicines and the monitoring of service provision.

Is the service safe?

Our findings

All of the people we spoke with felt safe with the staff that supported them. One person told us, "I feel safe since I moved here; there is always someone around day and night if I need help." Another person said, "I've no reason not to feel safe living here."

We spoke with staff about how they make sure that people they cared for were safe. They were able to tell us how they would respond, report allegations or incidents of abuse to internal and external agencies. Staff knew if they had concerns they would immediately report it to the registered manager and felt confident they would take action and report to the Care Quality Commission (CQC). The registered manager understood their responsibilities to share information with the local authority and CQC if they thought any residents were at risk of harm. We saw from our records that the provider had reported incident notifications to CQC.

People told us, they were involved in decisions related to risks associated with their care. For example, one person told us, how they were prone to falling, so the registered manager had arranged for them to wear a wrist personal alarm. They told us how they had used it to good effect when they fell on their patio. They said, "I pressed the alarm and the staff were with me within a few minutes and called for medical assistance."

The registered manager had systems in place to review and monitor accidents and incidents involving people. This was to ensure trends were identified and measures taken to reduce future similar occurrences.

The provider and registered manager identified and managed risks related to the environment. For example, we saw there were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) had been completed for people using the service. These plans provided staff with guidance on how to support people to evacuate the premises in the event of an emergency.

People felt there were enough staff to meet their needs although they identified that sometimes staff could be very busy depending on what had happened in the service that day. One person told us, "The girls are always very busy, but they always find time for you."

The registered manager told us she thought, "People benefited from a stable and reliable staff team, which ensured consistency of support for people." Staffing levels were identified according to people's assessed care requirements. When people's needs changed they were reviewed and staffing levels were adjusted accordingly for example when one person fell and fractured a limb, two staff were required to assist them.

The provider had safe recruitment procedures in place. We spoke with the newly appointed staff who confirmed they had undergone pre-employment checks before being able to start work. This included a Disclosure and Barring Service Check (DBS), (A national service that keep records of criminal convictions) and three references. The provider had used the information received to ensure suitable people were

employed so people using the service were not put at risk.

We saw people received their medicines as required and staff knew how to manage medicines safely. One person said, "I get my tablets every morning, they [staff] are on time."

Staff told us they had completed training in the management of medicines. The registered manager carried out audits of medicines to make sure, staff were managing these appropriately. Processes were in place to ensure any errors were acted upon to prevent them happening again. We saw from records and discussions with the registered manager when a medicine error had taken place it was reported. For example medical assistance was called and the staff responsible was retrained in medicine administration. This was to help ensure people had their medicines administered in a safe way.

Is the service effective?

Our findings

People told us, they felt staff had the skills to support them effectively. One person said, "We receive marvellous care, much better than any other care service we've used before."

Staff had access to training the provider considered essential to help them achieve the skills and competences they needed to support and care for people. Staff spoke positively about the training they received. One staff member told us, "I cannot fault the training; the registered manager makes sure our training is up-to date. [Provider's name] gives us a lot of training to support us in our role." When required staff had received specialist training such as dementia care, so they could best support and care for people with this condition.

We spoke with newest staff members about the induction training they had received when they first came into post. One staff member told us, "My induction consisted of seven, e- learning modules and three weeks of shadowing experienced staff and so I felt prepared for my new role." The registered manager told us, staff were encouraged after passing their probation period, to continue their education and enrol on nationally recognised care qualifications.

People's needs were met by staff that received regular supervision and annual appraisal. We saw supervision meetings were available to all staff. The meetings were used to assess staff performance and identify on-going support and training needs. One staff member said, "I have regular face to face supervision and we have unannounced observational spot checks where my team leader observes me completing care and then they feedback to us." Staff told us this helped them improve their performance.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People we spoke with told us, how they had agreed to their care and support and had signed consent forms where needed which were kept in their care plans.

Currently the provider did not support anyone, where a person had been assessed as needing help or support to make a decision in their best interests. However the registered manager was aware of the provider's policy and procedures should this affect a person they support in the future.

All staff we spoke with, understood the MCA and that all people had the right to make their own decisions.

Staff also knew what steps to take where people were not able to make decision around particular aspects of the care. People told us, staff listened to their choices and decisions and they would not do something against their wishes.

Some people were supported by staff to eat and drink enough to keep them well. People told us, staff asked them what and when they would like to eat and assisted them to prepare meals. One person told us, "I supply my own meals, it's my choice and then staff will make it for me."

Meal times were arranged around people's activities. People were given the choice whether to eat in their own apartment or purchase a meal from the complex's own restaurant.

People told us, they were supported to access health professionals and services when required. One person commented, staff had helped them access doctors and dentists. Another person told us, how they were supported to stay healthy and keep their medical condition under control. They said, "Staff are very good at managing my diabetes, so I stay well." People had the opportunity to discuss any health and welfare matters with the providers "Well-being Advisor" who was based at the site for easy access for them to ensure they stayed well.

Is the service caring?

Our findings

We saw staff supported people in a kind and caring way. When staff called at people's apartments they were greeted by a smile and people looked happy to see them. Conversations were relaxed and included humour from people and the staff supporting them. People were involved as much as possible in day to day decisions, choices and arrangements. A relative told us, "[Person's name] has excellent care. When they were not well, staff made sure they kept popping in, to see if they were okay."

During visits to people's homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. Staff spent time with people talking about their plans for the day and were able to converse about the person's families and interests.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. People told us they had been consulted with the contents. Care plans were detailed and covered every aspect of a person's life and the care and support they required. Staff understood the importance of respecting people's choices. They gave examples of how they understood one person preferred to have freshly cooked meals, as they didn't like microwaveable meals. We saw staff supported their choice by cooking fresh vegetables and fish for their lunch.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's privacy and dignity were respected by the care staff. One person told us, "The staff are very good, they always make sure the curtains are closed, whilst they help me get dressed."

A staff member said, "I always treat people, how I would like to be treated, with dignity. I'm sensitive to make sure when I'm washing people, I always cover them as soon as I help a person undress." We saw how staff respected right to privacy by always knocking on people's apartment doors and waited for permission before entering.

People and (where appropriate) their families were fully involved in making decisions about people's care and helped to put together a support package that was personalised to them. One relative told us, they were fully involved with care planning for their relative and the provider worked closely with them to ensure the care plan contained everything that staff would need to know to support the person appropriately and to the standard expected. One person said, "Since we moved in, the staff help us, they are very good, couldn't ask for better care."

Each person had an identified key worker,(a named member of staff, they could go to discuss any aspects of their care and support). They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. One person said, "If I need anything I ask [key worker's name], they are very good and sort it out for me." We saw staff facilitated people's individual wishes for example one person wanted to have their hair done at the local hairdressers, so staff went along

to support them.

Is the service responsive?

Our findings

People told us, before using the service; their support and care needs were assessed to ensure the provider could meet their individual requirements. These assessments formed the basis for the person's individual's plan of care, developed with the input of the person and their family (if appropriate). The care plan included information about people's previous life history, values and interests, so staff knew how people liked to be supported. They contained very detailed information for example; one stated, how important it was for one person, to be asked, if they wanted their perfume applied?. Another person told us, "I don't have to wait for a review, if things change I just tell the staff, they are very flexible.". Staff told us they has accommodated people's changing needs by staying later on their shift when a person needed support to go to an appointment.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us, when any changes had been identified this was recorded in the care plan. People also had reviews of their assessed needs on an annual basis or as people's needs changed and this was documented in people's personal care files. One person confirmed this, they told us, they had been consulted about information that needed to be included in their care plan.

Staff gave an example of how they encouraged people to join in the activities provided, to prevent them becoming socially isolated. They described how due to a person's physical and confidence problems, they found it difficult to attend social events without support. This had been identified by staff, so extra staff time would be available to accompany the person. A staff member told us, "How it had been lovely to see the effect on the person's confidence and happiness."

We heard an example of how staff were responsive to people's needs, when we spoke to a person about their wrist call alarm. They told us they could summons help if they needed to. One person said, "If I press my wrist alarm or wall alarm, the staff always come quickly. I sometimes have to use it when my pillows move in the night, because I can't get them myself. "

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. We saw the provider had completed full investigations of any complaints that had been made and they had followed their own policy and processes. For example, we saw how the registered manager had responded to a complaint when someone was not happy with the time of their call from staff. The registered manager had responded by altering the time of the call to forty- five minutes earlier to best meet the person's needs. Although most people we spoke with told us, they knew how to but had no cause for complaint.

We saw the provider had received four compliments about the support and care delivered. One person had written a card stating, "Thank you ladies for all your kindness to me, whilst I was in hospital."

Is the service well-led?

Our findings

When we asked people about their relationship with the registered manager they spoke positively about them and felt they could discuss any concerns they had. One person told us, "I know [registered manager's name] would always help if I need anything."

The registered manager had completed a Provider Information Return (PIR) with information we had requested from them. This stated, "I have an open door policy for all staff and service users, meaning they can contact me at any time." We had positive reactions when we spoke with staff. One staff member told us, "[Registered manager's name] is very approachable; she is sensitive to our needs." They gave us an example of how the registered manager had altered a staff member's shift at short notice, due to personal circumstances.

Staff spoke positively of the management team. They said, they could go to team leaders for any advice or support and also any concerns or issues. They told us, they felt listened to and supported. One staff member described their employment with the provider "I love it working here, we are a real team." Staff were aware of the provider's whistleblowing policy if they wanted to raise any concerns.

Staff told us, they attended regular staff meetings and when they were not able to attend the minutes were copied and made available to them, which they signed to confirm they had read them. Staff advised these were open meetings and they could raise agenda items and were encouraged to put forward new ideas, so felt part of the future development of the service.

The registered manager told us, about some of the regular checks they made, so they could be sure people were receiving the right care in a safe way. These included checks to see if people's support was planned, and staff availability and training. In addition, checks were made on complaints received, people's accidents and incidents and what opportunities people had to do fun and interesting things. We also saw people's medicines were regularly checked so the registered manager could be sure people were receiving these in a safe way.

The registered manager explained the results of their checks were sent to the provider, and action plans were agreed, so the quality of the care developed further. We saw action plans had been developed, and where actions were identified these were carried out. The registered manager and staff told us the provider's quality team also visited to do spot checks so they could be assured people were receiving the care they needed.

The provider asked for feedback from people who they supported, in the form of questionnaires. The results of these were analysed to see where improvements could be made and action taken. For example, we saw how the registered manager had meetings with the housing management to discuss concerns raised by people regarding problems with the opening times of the restaurant.

This showed the provider played an active role in quality assurance to ensure the service continuously

improved.