Care Quality Commission

North Yorkshire County Council

Spring Hill Court

Inspection report

Spring Hill Court
Manor Road, Easingwold
York
North Yorkshire
YO61 3FG

Tel: 01609535314

Date of inspection visit:
13 November 2018
16 November 2018

Date of publication:
21 January 2019

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

Spring Hill Court was inspected on 13 and 16 November 2018. The inspection was announced on both days. This was the service's first inspection following registering with the Care Quality Commission (CQC) in December 2017. The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 bought or 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.

Spring Hill Court provides support for adults aged 55 and over. There are 39 flats at the extra care housing facility. The housing scheme has accessible communal areas, a hairdressers and treatment room available for use by external organisations and professionals, such as chiropodists. Respite and guest flats were available for people or visitors staying at the service for short periods.

Not everyone using Spring Hill Court receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection there were 12 people receiving a regulated activity. The service provides planned care visits and an emergency responder service to all those living in the housing scheme.

The service is registered to provide support for people with dementia, learning disabilities or autistic spectrum disorder, mental health needs, older people, people with a physical disability and those with sensory impairment. At the time of inspection, the majority of people receiving a service were older people.

Where services support people with learning disabilities or autism we expect them to be developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen. There were no people with a learning disability or autism using the service when we inspected. Therefore, we were unable to assess and monitor if the service was following this guidance.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

Staff understood their responsibilities to safeguard people using the service. They were able to identify signs which would indicate people may be experiencing abuse and were aware of different types of abuse.

Risks to people using the service were assessed and control measures put in place to reduce the likelihood of risk occurring. When new risks to people were identified following accidents and incidents, the cause of these was explored. Support from relevant professionals and updated risk assessments were put in place.

Medicines were managed safely overall. The support people required to take their medicines safely was assessed. Staff received training and competency checks prior to administering medicines. We have made a recommendation about 'when required' medicines.

New staff received an induction and underwent a six-month probation period to help them familiarise themselves with their role and consider their suitability. Staff received supervision to support their professional development.

Staff received appropriate training to support them in their roles. People felt staff were sufficiently trained and careful in their approach when assisting them. The roles of other health and social care professionals was understood. Staff knew when to seek advice from them.

People received support to maintain an adequate food and drink intake. Staff were aware of any special dietary requirements people had and supported people's preferences.

People had positive working relationships with the care staff supporting them. For some people, building trusting relationships took time. They appreciated how staff respected this. People enjoyed the interaction they had with care workers, sharing in their interests.

People were treated with dignity and respect. Equality and diversity were understood, staff ensured they offered the same level of commitment to all people living in the service.

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 supported people to be independent and in-control of their lives. Support was provided in a way that enabled people to do tasks for themselves where possible. When people needed support to be involved in making decisions about their lives, advocacy services had been made available to them.

People were encouraged to be involved in the Spring Hill Court community. They were reminded about upcoming events and supported to attend these. Staff were aware of people who had an increased risk of social isolation and spent time interacting with them.

Care plans contained person-centred details about people's relationships and how they would like their support providing. People were given choices about their care. Reviews were used to ensure care plans remained up to date and provided an opportunity for people to provide feedback on the quality of the care and support they had received. People were aware of how to comment and raise complaints should they need to.

People and staff were engaged in the running of the service. They were able to approach managers to express their views or seek advice. People received quality visits and questionnaires, seeking their feedback on their experiences of care within the service.

Staff shared knowledge at staff meetings through presentations on different topics relevant to care, such as mental health. Team leaders and the registered manager attended other meetings with their peers working in the provider's services.

The registered manager understood their responsibilities. They followed the provider's policies to address staff sickness. Differences between staff members were resolved sensitively and effectively.

A range of audits were used to monitor and maintain quality and safety within the service. This included care file and medication administration record audits. In some audits it was not always clear what action would be taken to make changes. The registered manager planned to review this. Medication errors were explored. These issues were addressed to ensure care workers had the required level of knowledge and skill to provide this support.

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.

Staff understood their safeguarding responsibilities and signs to indicate people may be experiencing abuse.

Risk assessments identified risks specific to individuals and control measures to reduce these. These were updated following accidents and incidents to maintain people's safety.

People received the support they required to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received support to help them familiarise themselves with their role and help them develop as professionals.

Staff understood the role of other health and social care professionals and worked effectively with them to support people.

People received support to eat and drink sufficiently, taking into account any dietary requirements.

Is the service caring?

Good

The service was caring.

People had positive relationships with their care workers and engaged well with them.

Staff understood how to promote people's dignity, respect and equal opportunities.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities taking place in the extra care community and local community.

People's care plans were person-centred and reviewed regularly to ensure they remained up to date.

People knew how to raise complaints or concerns should they need to.

Is the service well-led?

Good

The service was well-led.

People and staff were involved and consulted in the running of the service.

The registered manager understood their responsibilities in leading the staff team.

Audits were used to help the service identify areas for improvement and make changes.

Care Quality Commission

Spring Hill 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.

Inspection site visit activity started on 13 November and ended on 16 November 2018. It was announced on both days. We gave the service 72 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we contacted the local Healthwatch and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. The provider had sent us their Provider Information Return. 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 this information to help plan for the inspection.

The inspection was carried out by one inspector. During our inspection we looked at the care files and medication records of four people using the service. We looked at one staff recruitment file and three staff supervision, training and observation records. We reviewed records relating to the management of the service and a wide variety of policies and procedures including safeguarding and recruitment.

We spoke with two care workers, a team leader and the registered manager during the site visit. We talked with four people that used the service. Two professionals told us about their experiences of working with the service; an occupational therapist and the housing scheme manager.

Good

Is the service safe?

Our findings

There was a safeguarding policy in place, which staff were aware of. Staff could name the different types of abuse people may experience, such as self-neglect. They knew signs to look for which may indicate a person was being abused. One care worker told us, "We know our people and would know if they didn't seem right or were unexpectedly quiet or unwilling to let us do personal care." Concerns of a safeguarding nature had been raised in respect of one person who used the service. The registered manager had worked with the person, local authority and police to maintain the person's safety and reduce the risk of harm to them and others using the service.

People living in the service felt safe. We saw people wearing their pendant bells should they need emergency support. One person said, "They come if I press my button, they are very quick."

Equipment was used safely. People told us they felt safe when staff were supporting them using this. One person said, "I feel safe during transfers, the staff explain what they are doing, check I am comfortable and know what my limitations are." Staff completed visual checks to ensure equipment was safe for people and themselves to use. The records we saw showed checks were carried out on each occasion the equipment was used. Equipment was serviced in-line with best practice guidance. Two people had pressure relieving mattresses to prevent pressure sores. Their care plans did not contain details as to the settings that should be used for the mattresses. We asked the registered manager about the settings for this equipment and how staff would know this was correct. A team leader and the registered manager obtained advice from the relevant health professionals that had issued the equipment to ensure it was used appropriately and agreed to document this.

Risk assessments identified risks specific to individual needs. We saw wheelchair risk assessments in place. One person had a risk assessment to support their behavioural needs. The level of risk was identified and control measures to manage these were in available to staff. The person was satisfied with how staff supported them in such situations. We noted some risks to people had been identified by other professionals and risk assessments were not initially in place. There was no evidence there had been an impact on people as a result of this recording shortfall. The registered manager took immediate action to rectify this and showed us the risk assessment and management plans they had implemented.

Staff knew how to support people following any accidents or incidents. Care workers described how they would check people for any injuries and use specialist equipment to support people or calling the emergency services if needed. Body maps were used to document any bruises, skin tears or grazes people sustained. Accidents to people and staff were documented and reviewed by the registered manager.

'Near miss' forms were used to record minor incidents where people had not sustained injuries. For each incident, records showed the cause had been considered and appropriate action had been taken. One person had sustained three falls in a two-month period. The senior staff had identified this was likely to have been caused by the person not using equipment to assist with transfers. A referral had been made to an occupational therapist and a risk assessment was put in place. The person had not sustained any further

falls since this time.

Safe recruitment processes were followed. One new member of staff had been recruited since the service registered. References and an interview had been used to consider their suitability to fulfil their roles. A Disclosure and Barring Service (DBS) check had been returned prior to the person's planned start date. DBS checks help reduce the risk of unsuitable staff working with vulnerable adults.

Staffing levels were sufficient. People received support from a consistent staff team over a 24-hour period. Staffing levels were planned around the care visits the service provided. The service had a shortfall of 55 hours, which the registered manager was actively recruiting for.

Agency staff were used to ensure staffing levels were maintained in the interim. Agency profiles and induction records were not always in place. The registered manager described how they viewed the information about the agency workers from records held by another registered manager within the provider that had previously used this agency. During the inspection they provided us with one-page profiles of agency staff. The registered manager developed an agency induction checklist during the inspection, which they planned to finalise with the provider.

People were satisfied with the support they received to take their medicines. One person described how the care workers checked their medication each morning and felt this gave them independence with taking their tablets. Medication assistance tools in care plans showed the level of support people required to take their medicines. Staff received training in medication and a competency check before supporting people with medicines. Annual competency checks were used to assess staff knowledge and medicine management skills. This was consistent with the provider's medication policy.

Medication administration records were completed using the correct codes to show when medicines had been given to people. Topical medication records were not always in place to show how creams were being applied. The registered manager informed us they were awaiting an updated medicines policy and documentation from the provider. 'When required' medicines records were used to show where people needed medicines occasionally. We discussed with the registered manager that records did not always contain the maximum dose details or how people would communicate if they needed this medicine. The registered manager agreed to review this.

We recommend the service follows guidance on the safe management of 'when required' medicines.

Staff were aware of practices to reduce the risk of infection. They described wearing personal protective equipment and disposing of rubbish promptly to promote effective infection control.

Good

Is the service effective?

Our findings

Assessments were completed prior to people receiving support. Assessments from other professionals, such as social care workers and occupational therapists were included in people's care files to help inform how their support was provided.

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 with appropriate legal authority. In community settings this is decided by the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any such conditions were being met. Staff received training in this area and understood the requirements of the MCA. They knew where to locate 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records if people had these in place.

Consent was documented in people's records to show where they had agreed to aspects of their care and support, including having their photographs taken and support with medication. We saw evidence consent was obtained prior to specific tasks being done. A consent form was in place for a person's unwanted/discontinued medication being returned to the pharmacy.

New staff completed an induction to help them familiarise themselves with the service. Induction checklists showed key policies and procedures had been discussed with staff.

New staff underwent a six-month probation period to ensure their suitability for the role. We saw evidence of new care workers having received probation reviews at frequent intervals. Points of discussion raised in probation reviews such as staff training and qualifications were followed up in subsequent meetings. This showed staff were supported to gain knowledge, skills and experience relevant for their caring role.

Following their probation, all staff received supervision to support their professional development and monitor their performance. Staff supervision records showed issues relevant to particular staff, such as sickness were followed up and staff were reminded of the relevant policies. When staff had raised concerns about colleagues the registered manager addressed these appropriately, enabling the staff to work effectively together.

People felt staff had the training they needed to provide their care. One person told us, "Staff are careful in their approach, they know what they are doing and hoist me with care." An occupational therapist that had worked with staff said, "The staff I have observed appear to have a good general knowledge of the equipment." The registered manager used a training matrix to help monitor the training staff had completed and when refresher training was due. The training record showed staff received training relevant to their

role.

Staff were encouraged to take on 'champion' roles to develop their knowledge of specific health conditions and care needs that those living at the service may experience. Champion roles covered areas such as multiple sclerosis and dignity. This helped improve staff knowledge.

People received support to eat and drink where needed. One person described how staff would get out items for their breakfast, which they then prepared themselves. Another person explained how they liked a hot drink each night. Staff assisted them with this at their preferred time. Staff knew people's dietary requirements and were able to explain how they would offer people meal choices to meet their dietary needs. This information was documented in the person's care plan.

Information was shared effectively within the staff team. Staff communicated with their colleagues through people's daily care records and a communication book. The daily care records showed that when people experienced particular issues with their health, such as breathlessness, this was monitored and any concerns followed up by staff.

Staff supported people to access relevant professionals when required. An occupational therapist told us, "The team leaders do tend to contact me if they need occupational therapy advice."

Care plans documented where people received care and treatment from healthcare professionals. One person's care file recorded the person's dressings were changed by the district nursing team and the contact details for them should further advice or support be required.

Hospital passports were used to share information with health professionals about people's health and social care needs. We saw one person's hospital passport provided clear and concise information about their wishes should they need treatment. The record stated, 'I am an independent person, don't make decisions regarding my care and treatment without consulting me.' This reflected the person's firmly held view of their independence and wish to be involved in decision making.

Good

Is the service caring?

Our findings

All people spoke very positively about the care staff that supported them. One person told us, "The care workers are first class." People informed us care workers were interested in their lives and spoke with them about subjects of interests to them. A person said, "I like that the staff talk to me, we carry on conversations from night to night and have a good relationship." The person described talking about cats and 'Strictly Come Dancing' with them. This helped put them at ease and they enjoyed the interaction. Another person said, "I have a laugh and get on really well with all of them." The positive interaction between people and staff was noted by a professional. An occupational therapist said, "The staff I have observed have always engaged well with the person, communicating clearly, keeping them engaged and behaving in professional yet friendly manner."

People received emotional support when they needed this. One person explained that due to their personal history they found it difficult to trust new people. Staff had respected this and built a working relationship with the person. The person told us, "Staff are smashing at asking how I am and they empathise with me."

People were supported to express their views and be actively involved in making decisions. The service had previously worked with advocates representing people's views and wishes relating to specific decisions. This included, the decision to move to Spring Hill Court and safeguarding concerns.

The provider had an equality and diversity policy. People's religious beliefs were documented in their care files. The staff we spoke to understood what equality and diversity meant. A team leader said, "I give everyone here the same level of commitment and make sure everyone has the same opportunities."

People's privacy was respected. One person said, "If I ask for privacy this is done." Staff described how they would maintain people's privacy, ensuring curtains and doors were closed prior to people receiving personal care.

People were treated with dignity and respect. Staff explained dignity was personal to different people. They described how for some people using particular toiletry products promoted their dignity and well-being.

People were supported to be independent. One person told us they experienced difficulties with their short-term memory. The person's fridge had a prompt on to remind them to check the dates of their food against the calendar to make sure this was in-date. This helped them to manage this task themselves. Another person described how they were encouraged to maintain their independence with their personal care. They washed their top half and staff assisted with their lower half, balancing their independence and care needs.

Good

Is the service responsive?

Our findings

People were encouraged to participate in activities taking place in the Spring Hill Court community. During the inspection one person was celebrating a milestone birthday. All the people living at the service were invited to attend a buffet to celebrate. We saw people being reminded this event was happening and being supported to attend. The estate manager described how their service and the care service worked together to organise events. They planned to hold a joint New Year's celebration together. Some people attended events in the local area, such as church. One person described going to the market each Friday.

Staff were aware of people that were at increased risk of social isolation and the impact this could have on their wellbeing. A team leader identified one person that had limited time socialising with others. This had led to their speech deteriorating. Arrangements were made in discussion with the person for staff to spend more time with them to give them more interaction, with the aim of improving their speech.

Care plans recorded details of people's significant relationships. One person's care plan referred to their relatives, including one living abroad. When we spoke with the person they told us about the people that mattered to them and described keeping in contact with their relative abroad via email. This allowed them to maintain their relationship and enabled their family member to be actively involved in the person's day to day life, including arranging online shopping deliveries for them.

Care plans were person-centred. People were given choices about their care and these were respected. The people we spoke with confirmed their care was personalised to their needs and wishes. One person told us, "I'm asked how I want things done." Another person said, "Staff give me a choice of outfits to wear." People were involved in planning their care. One person said, "I have access to my care plan and know what's in it."

People's care plans were reviewed at regular intervals with them to check they were receiving appropriate support. Quality checks were completed as part of the reviews, enabling people to comment on how they were treated by staff and if they felt their wishes were taken into account.

The registered manager told us no complaints had been made since the service registered with CQC. One person told us, "Everything is open for discussion here, I'm asked my views and would say if I wasn't happy." People were aware of how to make complaints and felt confident these would be listened to.

The registered manager was aware of the Accessible Information Standard. The Accessible Information Standard is guidance to ensure people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need in a format suitable for their needs. The registered manager knew how to seek support from the provider to ensure information was made available in alternative formats should people using the service need this.

Good

Is the service well-led?

Our findings

The service had an open, person-centred culture. All the people and staff we spoke with felt able to express their views and were confident these would be listened to and acted on. A care worker said, "They are really approachable here, I personally feel I can say if I have any issues." A team leader felt people were at the heart of the service. They told us, "All the staff genuinely care, they are fantastic at putting people at ease and providing care in a really dignified way."

Staff were clear of their responsibilities in the service. Staff told us they were able to seek advice and support from the registered manager when needed. A care worker described the positive support they had received when they had sought advice. The estate manager was confident the registered manager would address any issues identified. They told us, "I know if I ask the registered manager they will do something straightaway, they never ignore issues and are always looking to improve the service."

The registered manager understood how to manage and support their staff team. They had managed staff absences in-line with the provider policy. Conflict between staff members had been addressed sensitively and effectively. All the staff we approached spoke highly of their own staff team and their ability to work together. A member of staff told us, "The staff work brilliantly together, there is a team focus."

Staff understood confidentiality. The registered manager told us at times they faced challenges in maintaining people's and staff confidentiality, due to sharing an office with another on-site care provider. The registered manager and team leaders had been proactive in identifying solutions to ensure confidentiality was maintained and had raised their concerns to their provider to look at a long-term solution.

People were involved in the running of the service through quality visits. All the people living at the service had received a quality visit in response to specific issues identified by the registered manager, including response times to emergency call bells. Following people's comments, an additional member of staff was being recruited.

Annual quality questionnaires had been sent out to people and relatives at the time of inspection to consider their views on the care and support received. The people we spoke with confirmed they had received this. The registered manager informed us the quality questionnaires would be used in conjunction with people's annual reviews, to give people the opportunity to provide feedback twice a year.

Staff were engaged in the service through dialogue with senior colleagues and the provider. A team leader had identified some changes they felt would be beneficial to the provider's care plan format. They told us they had subsequently been involved in a focus group consultation to look at changing the care plan documentation.

The staff team had monthly meetings. These followed a set format. In some of the meetings care workers with champion roles had done presentations on topics such as dignity and mental health. This showed staff

actively contributed to the meetings. In another meeting, domestic abuse was discussed, helping staff to understand this type of abuse and develop their knowledge of safeguarding issues.

Monthly team leader meetings took place with team leaders from the other service the registered manager had responsibility for. These meetings were an opportunity for team leaders to share practice and learning.

The registered manager attended monthly peer meetings and manager forums. They told us they found this beneficial, sharing learning and practices across the provider.

A range of audits were completed by the team leaders and then reviewed by the registered manager to help the service learn and improve. Care file audits identified where information needed updating and improving. Daily contact sheets were audited. When issues were identified, actions were taken to make changes. Medication administration record audits were carried out. Where some issues were noted, such as missed signatures, it was not always clear how this would be resolved. The registered manager told us they would speak to the team leader concerned to aid their learning. 'When required' medicines were not consistently audited. The registered manager advised they had yet to sign off the audits and the new medicine policy from the provider would help make the audits more robust.

A record of medication errors was kept. This showed when medicines had not been signed, discussions had taken place with the member of staff involved. When one member of staff had made repeated errors the team leaders and registered manager had taken further action, supporting the care worker to improve their knowledge of medicines and re-do their medication competency check before they were able to resume their medication responsibilities.

A service manager from the provider had completed an audit of the service. This had taken place over a four-month period. We discussed the delay in the audit being completed with the registered manager, who informed us they had been involved and consulted throughout the audit process. The audit had identified points for the registered manager to address and they were working on an action plan to help make improvements.

The service worked in partnership with other agencies. A member of the community mental health team had been invited to attend a team meeting to meet the staff team. They discussed a person's behavioural needs and strategies to support this. This helped ensure a consistent approach to supporting the person.

The service worked closely with the housing scheme provider and another domiciliary care service operating in the same extra care scheme. The estate manager told us a weekly meeting was arranged with a manager from their provider and a team leader from the service. The estate manager spoke positively of the working relationship the services had developed. They told us, "We know things before our weekly meetings now, the team are approachable and I can always speak to them so we can sort any issues there and then." A handover book was used to share communication. A repairs book was used for care workers to record any outstanding maintenance issues. This was checked by the housing provider to action. This demonstrated effective joined up working between services.

Statutory notifications were submitted appropriately to the Care Quality Commission. The registered manager had kept a log to monitor the notifications sent.