Genesis Housing Association Limited

St Lukes Place

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected St Lukes Place on the 16 and 17 March 2015. St Lukes Place is a domiciliary care agency that provides a range of services for people who live in the community. The services include personal care and domestic support. At the time of our inspection there were 19 people using the service.

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.

There had been a number of changes at the service. Staff did not feel supported to complete their role by the manager. There was limited quality monitoring audits to help ensure the service was running effectively and to make improvements.

Staff had not received regular training or supervision. However, staff were experienced in supporting people

Summary of findings

with their care. Where appropriate, support and guidance was sought from health care professionals, including GPs and district nurses. People were supported with their nutrition and hydration needs. Staff supported people with their medication as required.

People were safeguarded because staff had an awareness of how to protect people from harm and ensure that their rights were upheld. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met due to staff having up to date information about their support needs. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. People knew how to make a complaint.

Summary of findings

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 was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

People were supported with their medication if required.

Good

Is the service effective?
The service was not effective.

Staff had not been kept updated with training to support them in completing their role. Staff had not received adequate training or supervision.

People's food choices were responded to, and they were supported with their nutritional choices.

People were supported to access healthcare professionals when needed.

Requires Improvement

Is the service caring?
The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Care plans were individualised to meet people's needs.

People knew how to raise concerns or complaints.

Good

Is the service well-led?
The service was not well led.

There had been a lack of direction and support from the manager. Staff had not received adequate support or supervision.

The quality monitoring systems in place were not robust and fit for purpose.

Requires Improvement

St Lukes Place

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.

We inspected St Lukes Place on the 16 and 17 March 2015. The inspection was announced. We told the provider one day before our visit that we would be coming. We did this to ensure the manager was available as they could be out supporting staff or people who used the service. The inspection was completed by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority and spoke with stakeholders.

During the inspection we visited five people that used the service. We met with the provider, business manager and care co-ordinator at their office and spoke with them and two members of staff. We reviewed four care records, training records, two staff recruitment and support files, audits and minutes of staff meetings. We also spoke with two health care professionals.

Good

Is the service safe?

Our findings

People felt safe using the service, they told us, “The girls always make sure I am alright.” And, “They always make sure my floor is clear and I can walk around.”

Staff had received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. Staff told us, “If I had any concerns I would report it to the office.” Staff were aware of how to whistle-blow and how to raise concerns to the local authority or the Care Quality Commission.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people’s homes. The risk assessments included making sure the environment was safe, for example, that there were not any loose rugs or carpets that people could trip over. One person told us, “I had a side table which I kept banging into; the staff suggested I got rid of it, which I did. I have more room to move around now.”

The service provided care within a sheltered housing complex. All people living there had emergency call alarms that alerted a warden if they were in need of help. Staff told us that people wore pendants or wristbands with the call alarm attached. People told us that they felt safe because they could always call for help if needed. During visits staff made sure people were wearing their call alarms before leaving.

Staff knew what to do if there was an accident or if people became unwell in their home. Staff said if the person wanted them to they would contact a doctor for them. Or if they were concerned they would, “Call for an ambulance.” Staff would report any concerns to the care co-ordinator and make a record in people’s care files.

Staff were effectively deployed to ensure that people received timely and safe care. Staff had set rotas of calls to the same people to deliver support. People said they always knew who was coming on which days and at what time. One person told us they had the same member of staff for a number of years. Staff recorded the time of their arrival and length of stay in the person’s care file.

The provider was in the process of recruiting more care staff to cover shortfalls such as sickness and holidays. They had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People who used the service were responsible for their own medication. These were usually provided in a monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required staff supported people to take their medication. This was recorded on medication cards. The care co-ordinator audited these each week to check medication had been signed for and dispensed properly. One person told us, “The staff always help me with my medication at the right time.”

Requires Improvement

Is the service effective?

Our findings

People told us they felt staff were well trained to do their job. One person told us, "They [staff] know what they are doing." However, staff told us they had not received training for much of the past twelve months. Training records reflected that training had not been consistent over the past year. This meant people were at risk of not being supported by staff with up to date knowledge and skills.

The provider had taken steps to address this over the past few months. The care co-ordinator was now assisting staff to refresh their skills and knowledge by completing workbooks on care practices. They had also arranged for teaching sessions on health and safety and medication management. One member of staff said that the care co-ordinator had recently showed them the correct way to empty catheters and attach catheter bags. The provider also had a new training and development lead who had mapped out training for the staff over the next few months to update their skills.

The provider was developing an induction process for new staff in line with nationally recognised qualifications. The care co-ordinator told us that this would involve new staff working alongside them to get to know people, and to develop their confidence and skills to deliver support.

All the people who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The care co-ordinator was aware of the Mental Capacity Act 2005 and how to protect people's rights. Staff were booked to have further training on the Mental Capacity Act 2005.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. People told us that they chose their meals and staff would prepare the meals for them. Staff would cook fresh food for them if they wanted, such as poached egg on toast or make them a sandwich. One person told us, "Staff always make me a cup of tea when they pop in." Staff said that people were generally independent and could help themselves to drinks and snacks when they wanted. Staff checked that people were eating and if they were concerned that people had lost their appetite they would report this to the care co-ordinator.

The care co-ordinator arranged for people to have visits from other healthcare professionals if required. For example, when they became concerned about a person's skin breaking down on their legs they arranged for a district nurse to come and assess them. If required they would also arrange to accompany people to hospital or doctors' appointments. One person told us, "When I had a hospital appointment the staff came earlier to help me get ready."

Good

Is the service caring?

Our findings

People were very complimentary of the support they received from staff and how caring the staff were. People told us, “They are all wonderful,” and, “The staff are very good, very caring.”

Staff knew people well, including their life histories and their preferences for care. One person told us, “They know what I need, always willing to help.” People told us that staff always did that little bit extra to make sure they were alright. One person said, “I look on them as friends,” and, “I wish they could come every day.” We observed that people were very pleased to see staff when they visited and that there was warmth and friendliness between them.

People discussed their care needs with the staff and care co-ordinator. From these discussions and with their agreement a care plan and contract was devised. This outlined all the support required and at what times they would like this support. If people’s needs changed they would discuss this with the staff and care co-ordinator. The care co-ordinator met with people at least weekly to gain their feedback on the support they received.

Staff were respectful of people’s privacy and dignity. People told us that staff were very respectful to them and helped them maintain their independence by supporting them in their own home.

Good

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. Each person had a full assessment of their needs completed. Information included people's personal histories, their preferences for care and how they wanted to be supported. The care co-ordinator was in the process of reviewing everybody's care needs and support plans to ensure they still matched what was required. People told us, "I discuss my needs with staff and they make any changes." And, "Staff always respond to what I need, even if it means changing my appointment times."

People who used the service were mostly independent and pursued their own hobbies and interests. Some attended activities within the housing complex, whilst others went out into the community or attended day centres. The care coordinator told us that if required they could support people with trips into the community.

The service had a robust complaints process in place for people to access. The care co-ordinator regularly gathered people's views on the service by visiting them and asking if they had any issues. People told us they did not have any complaints about the service they received but all said, if they did, they would speak with the care co-ordinator or staff. Staff knew how to support people in making a complaint should they wish to make one. People were provided with contact numbers to call if they were concerned about their care and these included the local authority and the CQC.

Requires Improvement

Is the service well-led?

Our findings

The service had gone through a period of change, with a new manager appointed in December 2014. To assist the manager a new care co-ordinator was also appointed. Prior to these appointments the service had lacked direction and leadership. Staff had not been updated with training or received sufficient supervision. Since December 2014 staff had continued to feel a lack of management support or visibility of the manager.

The provider had taken steps to address these issues and the care co-ordinator now took a more active role in staff development and supervision. The provider had also developed an updated training program for staff to attend that was being overseen by their learning and development lead.

Staff did say they could discuss any issues with the care co-ordinator and since their appointment communication had improved. They had been supported with staff meetings and were currently completing refresher training to enhance their skills to perform their role. Staff also communicated through the use of a communication book.

The care co-ordinator regularly had contact with people who used the service. However, we were told the manager had not met people or engaged with them about the care they received. The provider was in the process of completing a survey with people who used the service to gather their views and feedback.

Steps had been taken by the provider to address the concerns raised about the management of the service. Since our inspection a new manager has been appointed.

All information around people's care was held in folders, staff updated these during each visit. They were then removed weekly and stored in a locked filing cabinet in the head office to ensure people's private information was kept secure.

There were some quality monitoring processes in place, such as audits of medication cards and support files. This was completed and monitored by the care co-ordinator. The provider was in the process of developing a more robust quality monitoring systems to gain a better oversight of their services.