

Housing & Care 21

Housing & Care 21 - Kingsway

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This was an announced inspection which took place on 5, 6 and 9 May 2016. We had previously carried out an inspection in September 2014. We found the service to be meeting the regulations we reviewed at that time.

Housing & Care 21 (Blackburn branch) is based at Kingsway and is registered to provide a domiciliary care and reablement service to people living in their own homes in Blackburn with Darwen and East Lancashire. The service is also the designated care provider for four extra care housing schemes located in East Lancashire. The service user group mainly consists of older adults although the provider is registered to deliver a service to adults over the age of 18. At the time of our inspection there were a total of 274 people using the service.

When we undertook the inspection the service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in January 2016. The regional operations manager had taken over the responsibility for managing the Blackburn Branch until a permanent replacement was appointed. Their application to the Care Quality Commission to add the Blackburn branch to their registration was approved on 11 May 2016. The service therefore had a registered manager in place from that date.

Improvements needed to be made to the way medicines were managed in the service. One person told us they had not been given their medicines as prescribed on the day prior to the inspection. Risk assessments we reviewed had not all been updated to take into account the updated medicines management policy for the service. This meant there was a risk staff would not be aware of the support people required to ensure they received their medicines as prescribed.

Staff had been safely recruited. Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service and were confident that they would be listened to if they were to raise any concerns.

People who used the service told us they had no concerns about their safety when staff were supporting them. They told us staff were kind and caring and would always undertake any tasks requested of them. However, three people also told us that staff sometimes appeared rushed and did not have the time to chat with them.

Risk assessments for physical and mental health needs as well as any environmental risks helped protect the health and welfare of people who used the service. Arrangements were in place to help ensure the

prevention and control of infection.

Support plans contained sufficient information to guide staff on how support should be provided. Staff completed a record of each visit they made. A system was in place to ensure support plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

Where necessary people who used the service received support from staff to ensure their health and nutritional needs were met.

There was a comprehensive induction programme in place which included training in safeguarding, moving and handling, safe handling of medicines, nutrition and hydration and health and safety. Following the award of the reablement contract for East Lancashire all staff had also received training in the principles of this approach to supporting people to regain their independence after their discharge from hospital. Staff were also required to complete at least 21 hours shadowing more experienced staff before they were allowed to work independently in people's homes.

Staff received regular supervision. Regular staff meetings also took place which were used as a forum to discuss service issues. The meetings also enabled staff to put forward suggestions as to how the service might be improved.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make their own decision. The managers in the service were aware of the process to follow should a person lack the capacity to consent to their care.

Although most people told us they received the care they needed, a small number of people told us they were not always consulted about changes to their care. One person told us staff had not responded to concerns they had raised regarding how their care was delivered. We were provided with evidence to show that action had been taken immediately following this inspection to rectify this matter.

There was a complaints procedure in place. We were told that all serious complaints were logged and monitored centrally by the provider. Any lessons learned from these complaints were shared with the relevant service. We noted that more minor complaints were documented at the registered office. However we saw that staff had not fully documented the action they had taken in response to one complaint received. This meant there was a risk the service would not be able to identify where improvements could be made.

Staff told us that they enjoyed working in the service. They told us communication and leadership within the service had improved following changes to the management in the branch. The service had a range of policies and procedures in place to help guide staff on good practice.

All the staff and managers we spoke with during the inspection demonstrated a commitment to providing high quality care. They were able to tell us of the areas where they felt improvements could be made in the service and the actions which had been taken to address any shortfalls identified through quality monitoring processes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Improvements needed to be made to ensure medicines were managed in a consistent way throughout the service.

People told us they had no concerns regarding their safety when staff provided them with care and support. Staff had been safely recruited and knew the correct action to take if they witnessed or suspected abuse.

Most people told us staff usually arrived on time. Although all the people we spoke with told us staff would always complete any tasks requested of them, three people told us staff sometimes appeared rushed and did not have time to chat with them.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff told us how they supported people to make their own decisions and choices.

Where necessary people received the support they required to help ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were always kind and caring. They told us that staff would support them to be as independent as possible.

Care staff demonstrated a commitment to providing high quality person centred care. We observed kind and respectful interactions between staff and people who used the service.

Is the service responsive?

The service was not always responsive.

Although most people told us they received the care they needed, a small number of people told us they were not always consulted about changes to their care. One person told us staff had not responded to concerns they had raised regarding how their care was delivered.

A system was in place to ensure support plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

There was a complaints procedure in place but we noted staff had not fully documented the action they had taken in response to one complaint received. This meant there was a risk the service would not be able to identify where improvements could be made.

Requires Improvement 

Is the service well-led?

The service was well-led.

The service had a manager in place. Their application to add the location of Housing & Care 21 – Kingsway to their registration with CQC was approved shortly after the inspection. The manager demonstrated a commitment to continued improvements in the service.

Staff told us they enjoyed working in the service. They told us the leadership and organisation in the service had improved following the changes to the management of the branch.

Systems were in place to monitor the quality of the service. A quality manager had been appointed immediately prior to our inspection. They had a clear plan of the actions which needed to be taken to improve the audit processes within the service.

Good 

Housing & Care 21 - Kingsway

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.

In accordance with our guidance we gave the provider 24 hours' notice that we were undertaking this inspection; this was to ensure a manager was in the office to meet us. This announced inspection took place on 5, 6 and 9 May 2016 and was carried out by one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We saw evidence that the previous registered manager had attempted to submit the PIR before they left the service but this information was not received by CQC. The regional operations manager told us they had not been made aware of this.

Before the inspection we reviewed previous inspection reports and notifications the provider had made to us. We also contacted the local authority contract monitoring and safeguarding teams and the local Healthwatch service to request information they held about the service.

During the first two days of the inspection we visited the registered office and spoke with the service manager from Preston who was deputising for the regional operations manager as they were on annual leave. We also spoke with the two service managers responsible for the day to day running of the Blackburn branch, the recruitment manager, the quality assurance manager and six members of care staff. With permission we also visited seven people in their own homes and spoke with two people by telephone. Following the visits to the registered office we spent the third day of the inspection speaking by telephone with a further 10 people who used the service, three relatives and the operations manager.

We looked at the care records and medication records for nine people who used the service. We also looked at a range of records relating to how the service was managed; these included recruitment and training records, quality assurance audits, and policies and procedures.

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe when care staff visited them. Comments people made to us included, "I definitely feel safe with the carers; I am pleased to see them", "I'm safe and happy with my care" and "Staff are lovely. I definitely feel safe with them."

We looked at the systems in place to ensure staff were safely recruited. We reviewed the personnel files for six staff employed in the service. We noted that all of these files included the required information to help ensure staff were suitable to work with vulnerable people; this included a criminal records check called a Disclosure and Barring service check (DBS), employment or character references, an application form where any gaps in employment could be investigated and proof of address and identity. We saw that the provider retained a copy of the notes completed at interview with each applicant so that a record of the process was maintained.

We found that a recruitment manager had recently been appointed to work in the service. They told us that their role was to work with local job centres, colleges and other partner agencies to identify people who might be interested in working in the service. The recruitment manager told us that they understood the values of the organisation and would try to speak with all potential applicants to ensure they had an understanding of what would be expected of them by the provider. They told us this had had a positive effect on the retention of staff by the service.

Staff we spoke with told us they had received training in safeguarding adults. Records we looked at confirmed this to be the case. Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact managers in the service, including the out of hours on call manager, to discuss any safeguarding concerns. Staff told us they would feel confident to report any poor practice they observed using the whistleblowing policy. We noted this policy advised staff of the organisations they were able to contact, including CQC, should they feel their concerns were not taken seriously by the provider.

16 of the 19 people we spoke with who used the service told us care staff always arrived at the agreed time and remained with them for the correct amount of time. One relative we spoke with told us they did not believe staff always recorded correctly the amount of time they had spent at the home of their family member. We discussed this with the deputising manager who told us staff were required to log in and out of each visit using a handset, although they acknowledged this did not necessarily record the time staff spent with each person they were supporting. They told us the provider was working on upgrading this system to ensure that staff were required to record all visits to people who used the service by scanning a bar code located in each property.

Although all the people we spoke with told us staff were always willing to complete any tasks requested of them, three people commented that staff sometimes appeared rushed and did not have the time to chat with them. Most people told us they always knew which member of staff would be supporting them on each visit. Comments people made to us included, "Staff spend as much time as I need. If I want a chat they will

do so", "Staff come at night; they stay as long as they should", "If they [staff] have time they will sit and chat. Sometimes they have a lot to do" and "They are in and out in a few minutes. I am concerned we are not getting what we pay for."

We reviewed the care records for nine people who used the service. We saw that these records included risk assessments which covered nutrition, moving and handling and any environmental risks in people's homes. We noted that all risk assessments had been regularly reviewed.

We asked the deputising manager about arrangements in place to introduce people who used the service to the staff who would be supporting them. The deputising manager told us that due to the nature of referrals to the service, particularly the reablement part of the service, it was often not possible to introduce staff to people before their first visit to offer support. However they told us that staff were always provided with as much information as possible regarding each individual's needs and had access to the assessment and support plan which were retained in each person's home.

Staff told us that, wherever possible they were allocated to support the same individuals each week; this was confirmed by our review of staff rotas. The deputising manager told us that the aim of the service was for each person to have a small team of staff supporting them in order to improve the consistency of the service. We saw that a large number of new staff had been recently recruited in support of this aim.

We were told that arrangements were in place for staff and people who used the service to be able to contact an on call manager in case of an emergency; these arrangements included a national telephone contact centre available 24 hours a day which was supported by a manager with local knowledge in each area. The service also had a business continuity plan in place to advise staff how to respond if there was an emergency at the service.

Records we reviewed showed that all staff had completed training in infection control. Personal protective equipment (PPE) was available for staff to wear such as disposable gloves and aprons to carry out personal care tasks. This should help to prevent the spread of infection.

We reviewed how people were supported with the management and administration of their medicines. We saw there was a policy and procedure for the administration of medicines which staff were required to follow in order to ensure safe practice. The deputising manager told us this policy had been recently reviewed to provide greater clarity about the levels of support staff were expected to provide to people who used the service, depending on the assessment of their ability to take their medicines as prescribed. Although staff we spoke with told us they were aware of these changes, not all medication risk assessments had been updated to reflect the policy changes. This meant there was a risk staff might not be aware of the level of support individuals required to take their medicines as prescribed.

Records we reviewed showed that all staff had received training in the safe administration of medicines. We saw that arrangements were in place for senior staff to complete an annual assessment of the competence of care staff to safely administer medicines.

During our inspection we spoke with one person who told us their medicines had been late arriving at their home the previous day. They told us that they were prescribed one tablet to be taken at tea time and had requested staff administer this when the medicines were received early evening. However they told us they were unhappy that the staff member concerned had advised them it was too late for the medicine to be given. We discussed this with the manager at the extra care housing scheme where the person lived. They told us the staff member had not discussed this decision with them, nor had they sought advice from the

prescribing pharmacist or other health professional as to whether the medicine could be safely given. Although the person told us they had not experienced any ill effects as a result of this omission, there was a risk their health might have suffered. The manager at the extra care housing scheme told us they would discuss this matter with the staff member concerned to help avoid future incidents.

Is the service effective?

Our findings

17 of the 19 people we spoke with who used the service told us staff knew them well. Comments people made to us included, "Carers [staff] always do what I want them to", "Staff know exactly what I need" and "I'm in control of my care." Two people told us some staff who visited them did not always seem to have information about the care they required. One person commented that they found it difficult to have to explain their condition to new staff and considered this impacted on the time those staff had available to support them. We discussed this with the operations manager who told us they would review the amount of information relayed to staff using the handset should they be asked to visit a person they had not previously met. All the staff we spoke with told us they would always check a person's support plan when they visited them for the first time in order to understand the care they required.

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 so that they can 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. All the people we spoke with who used the service told us staff would always ask for their consent before they provided any support. One person commented, "They [staff] don't do things without asking me."

People in their own homes are not usually subject to the Deprivation of Liberty Safeguards (DoLS). However, we noted that staff received training in the MCA and DoLS to ensure they were aware of the principles of this legislation. All staff demonstrated a commitment to promoting the rights and choices of people who used the service. One staff member told us, "We give people choice and time to make their own decisions."

We looked at the way new staff were trained and supported to work in the service. We saw that the initial induction programme took place over five days and included training in safeguarding, moving and handling, safe handling of medicines, nutrition and hydration and health and safety. Following the provider being awarded the contract in reablement for East Lancashire, the induction programme had been amended to include specific training on short term interventions with people who had recently been discharged from hospital. Following the classroom based training, new staff were required to complete at least 21 hours shadowing more experienced staff before they were allowed to work independently in the community.

We saw that all new staff were also provided with a learner toolkit. This booklet covered the standards which formed the national care certificate and staff were required to complete the toolkit within the first twelve weeks of their employment. We spoke with a staff member who had recently started working in the service. They told us, "The induction was really good. You can do as much shadowing as you feel you need; the managers are really supportive about that."

We saw that all levels of staff had access to a programme of refresher training, mainly delivered by e-learning. A record of the training staff had completed was held centrally at the provider's head office. All the staff we spoke with were positive about the training available to them and considered it enabled them to carry out their roles effectively.

The deputising manager told us improvements had been made to the way the supervision and appraisal systems were delivered and recorded in the service. They told us a new process called 'Valuing Individual Performance (VIP)' had been introduced for all staff and that this now provided a joined up supervision and appraisal procedure. All the staff we spoke with were aware of the changes to the supervision process and told us they had found this to be helpful. One staff member commented, "VIPs are a good opportunity to express any concerns. You can also discuss personal development needs." Another staff member who was responsible for providing supervision told us, "You can use VIPs to get to the bottom of issues before they escalate. It is a subtle way of dealing with things."

People supported by the service lived in their own homes and could therefore eat what they wanted. All staff had received training in nutrition and hydration and care records included information about any support people who used the service needed to maintain a healthy diet. Staff told us they would always encourage people to make healthy choices about the meals they ate, although they recognised they had to respect the choices people made. Staff told us that where necessary they completed records to show the amount of food and fluids a person had consumed. They told us that they would always contact the person's GP should they have any concerns regarding a person's nutritional intake.

People who used the service told us that staff would always contact health professionals for them such as their GP if they had any concerns about their health.

Is the service caring?

Our findings

All of the people we spoke with during the inspection told us staff were kind and caring. Comments people made to us included, "Staff are very caring", "Staff speak to me kindly; we have a laugh" and "All the staff are lovely." People told us they would recommend the service to other people who required support in their own homes.

Staff we spoke with were caring and respectful in the way they spoke about people who used the service. They were able to tell us what was important to the people they supported, their likes and dislikes and the care they required.

All the staff we spoke with demonstrated a commitment to providing high quality personalised care and support to people. Staff also showed respect for the fact that they were supporting people in their own homes. Staff told us they would always support people to be as independent as possible. One staff member told us, "I always encourage people to come into the kitchen with me if they can. We will make a meal together rather than me doing everything for them." Another staff member commented, "We encourage people to do those things they can and just supervise to make sure they are safe."

With permission we visited seven people who used the service at their homes. During two of these visits we observed how staff interacted with people who used the service. We saw that staff were respectful, caring and had a good rapport with the people they supported. We also observed staff speaking respectfully on the telephone to people who contacted them regarding the service they received.

We saw that care records included a personal profile which contained information about each person's life history as well as their interests and social contacts. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office in order to maintain people's confidentiality.

Is the service responsive?

Our findings

The managers told us that prior to someone starting to use the service a needs assessment and care plan was received from the relevant local authority; this told the service what each person's people's needs were and what level of support they required. We were told that senior care staff then visited each individual to agree a support plan to be delivered by the agency. We saw this included information on all aspects of the person's health and social care needs. The assessment process ensured the service could meet people's needs and that people who used the service benefitted from appropriate support.

17 of the 19 people we spoke with told us they always received the support they wanted from the service. Comments people made to us included, "I was with another company which wasn't satisfactory. I am very satisfied with the support I get from Housing & Care 21" and "I am happy with everything".

One person we spoke with who lived in an extra care housing scheme told us they felt they were not always consulted about changes in their care. They told us, "You are given times for visits. We are never considered or consulted". They told us they were also not asked if they were happy for new staff they did not know to support them. Another person who lived in this scheme told us they often wanted a particular meal which they enjoyed but some staff had told them they were did not know how to cook this for them. We discussed the concerns raised with the person responsible for the day to day running of the service at the scheme. They told us they would arrange for a review to take place with each person to discuss any changes they wanted to make in their support plan.

During our visit to the registered office we observed that on occasions, due to unforeseen circumstances, staff were directed to rearrange their visits to people. People who used the service told us they did sometimes receive visits from staff they did not know. People told us they would prefer this not to happen but accepted it was sometimes necessary in order for them to receive the support they required.

We found staff completed a record of each visit they made. This included information on what care had been provided. Staff we spoke with told us they would always inform the managers in the service if they had any concerns that a person's needs had changed and the support plan would be updated to reflect these changes. Staff told us they received good information from senior staff when changes had been made to an individual's support plan. We saw that a system was in place to ensure all support plans were reviewed at least annually.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of other organisations they could contact if they were not happy with how their complaint had been dealt with. This information was also included in the care file which each person who used the service retained in their home.

When we looked at complaints received by the service we noted there were two separate systems used for logging complaints. A log was held at the service of any minor complaints received, investigated and

resolved at a local level. However we noted that this log did not include details of the action taken by the service to investigate one complaint received. We asked the deputising manager about this. They spoke with the service manager responsible for dealing with the complaint who advised the complaint had been investigated and resolved to the complainant's satisfaction but they had failed to document this. It is important that any action taken to deal with complaints received is fully documented in order to help the service identify improvements which could be made to prevent future occurrences.

We noted that all more serious complaints were logged on the provider's central database, together with details of all the actions taken to resolve the matter. The provider's central complaints team was responsible for identifying and reporting any themes and trends from complaints received in order to drive forward improvements in the service.

When we spoke with one person who used the service and their relative we were told that the service had not listened to complaints they had made about male staff being allocated to provide support at weekends. The person who used the service told us this made them feel anxious and uncomfortable in their own home. The relative told us that they had attempted to raise their concerns with the agency on several occasions, including writing to the previous registered manager, but had not received a response. When we discussed this with the coordinator responsible for the area in which the person lived, they told us they had no knowledge of any complaint being made. They told us they would contact the people concerned to address the concerns raised with us as a matter of urgency. We received confirmation that this action had been taken following the inspection.

Is the service well-led?

Our findings

At the time of our inspection the service was being managed by the regional operations manager. They had taken over responsibility for managing the service following the resignation of the previous registered manager in January 2016. They were registered manager at the Preston branch of the service and had submitted an application to CQC to add the Blackburn branch to their registration. This application was approved on 11 May 2016. The service therefore had a registered manager in place from that date.

All the staff we spoke with told us the organisation and leadership in the service had improved since the changes in the management of the service. Staff told us they found all the managers to be approachable and supportive. Comments staff made to us included, "I have no qualms about the managers. They are brilliant with me. Any problems they sort them out", "Communication and organisation have improved", "They are definitely more supportive. You feel you can ring up and say you are struggling and they will help" and "It's definitely a better place to work now."

We asked staff about the vision and values of the service. They told us they understood that the aim of the service was to promote people's independence by being a modern and forward thinking company. Staff demonstrated a commitment to driving forward improvements in the service. One staff member told us, "We are a good service but there is always room for improvement". Another staff member commented, "Paperwork including VIPs and reviews need to be improved. We are doing this but it takes time."

Staff told us regular staff meetings were held across the service. They told us that these meetings were used to share information about service issues. Staff also told us they were encouraged to put forward suggestions for improving the service and that these were considered by the managers.

We asked the managers about the key achievements of the service over the previous 12 months. They told us they were proud of the fact that they had been awarded the reablement contract for East Lancashire and considered this reflected well on the quality of the service delivered by the agency. They told us they had developed good working relationships with the commissioning local authority and hospital discharge team in order to ensure people received timely and appropriate support following their return home from hospital.

We looked at the systems that were in place to monitor and review the quality of the service. We saw that the provider had an internal audit and risk department which conducted audits of each service to assess the quality of service provision. We looked at the results of the most recent audit conducted in July 2015 which identified a number of areas requiring improvement, including the recording of staff supervision and better documentation within care records. During this inspection we found that these improvements had been made.

We spoke with the quality manager who had been appointed the week before our inspection. They told us their role was to improve how the provider's quality monitoring systems were used within the service. This system was designed to enable the service to demonstrate performance against the five key questions

asked by CQC during inspections. The quality manager showed us that they had already started to complete the toolkit for managers and had a plan in place to address any shortfalls identified during this process.

Records we reviewed showed that managers in the service were conducting regular checks of staff performance during formal direct observations and spot checks. We saw that a telephone monitoring service had been introduced by the service in order to get direct feedback from people who used the service, and where appropriate their relatives, regarding the quality of the care they received. Records we reviewed showed that all the responses received had been positive.

The provider carried out an annual satisfaction survey with all people who used the service. We noted that the last full survey had been completed between February and March 2015. A total of 84 people responded to the survey which showed an overall satisfaction result of 83%.

We saw that the provider produced a regular newsletter for staff working within its home care services. We noted that this newsletter included feedback from people who used the services and recognised achievements of particular branches. We saw that the regional operations manager who had taken over the running of the Blackburn branch had been particularly recognised for their achievements as a manager.

We saw that there were policies and procedures in place to guide staff in all aspects of their work. There was also information on display in the registered office regarding safeguarding, and confidentiality as well the statement of purpose for the service. This provided information about the aims and objectives of the service and the care staff were able to provide.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The managers in the service were able to tell us what events should be notified and how they would do this.