

Housing & Care 21

Housing & Care 21 - Cranbrook

Inspection report

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Date of inspection visit:
27 July 2016
03 August 2016

Date of publication:
20 September 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Housing & Care 21 - Cranbrook is a domiciliary care agency. The service provides personal care for people residing in supported living properties in a purpose built block of flats. The people the service supported had a wide range of needs including dementia, older people and people with a learning disability. At the time of the inspection 41 people were being supported by the service.

The service did not have a registered manager, although the current manager told us they intended become registered with us. 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 who use the service were not always safe. Risk assessments were inconsistent, and had not always been completed. People were supported to take their medicines safely when needed. People who used the service told us they felt safe and staff knew how to recognise the signs of abuse and what to do if they thought someone was at risk.

Although there were enough staff to meet people's care needs the provider was using a lot of agency staff to provide care. Feedback about the agency staff was mixed, with most people commenting that agency staff did not know their care needs as well as permanent staff. Staff did not have regular training, but supervisions and appraisal was up to date. All of the appropriate pre-employment checks had been completed before staff began working for the provider. Comments from people about staff included "they're so good", "Most of the staff know what they are doing", and a relative said, "I can't fault the carers. They know their job".

People's care needs were not always regularly assessed. The manager was working to ensure that people and those important to them were involved in making decisions about their care. People knew how to make a complaint or raise concerns with the manager and told us these were acted on when they did so. There was an appropriate complaints system in place and any complaints had been thoroughly investigated.

People were asked for their consent appropriately and the manager and staff had a basic understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. People were treated with respect and their privacy was protected and the manager and permanent staff knew the people they cared for well and spoke about them in a kind and caring way.

Incidents and accidents were reported and investigated, but not always fully analysed to assess if there was any action that could be taken to prevent the incident from happening again.

The provider had carried out audits to ensure they were meeting the requirements of the regulations.

However, concerns that had been identified were not addressed due to a lack of senior manager oversight. This had now been addressed and plans were in place to make sure the improvements made by the manager were continued. People were asked for their feedback about the quality of the service, and told us where areas for improvement were identified appropriate action was taken.

The manager knew the people who use the service well and was aware of the attitudes and behaviours of staff.

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 not always safe. Although people told us they felt safe risks to individuals were not always well managed. Incidents and accidents were well reported and investigated but not always thoroughly analysed to make sure they did not happen again.

Staff knew how to recognise the signs of abuse and what they should do to if they thought someone was at risk.

There were enough staff to meet people's needs, although there was an over reliance on agency staff. All of the required recruitment checks were completed before staff began work.

People were supported to take their medicines safely when needed.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff training was not all up to date although staff received regular supervision and appraisal to help support them in their role.

People were asked for their consent. The manager and staff had a basic understanding of the Mental Capacity Act 2005.

People were supported with their nutritional and hydration needs, and their day to day health needs were met.

Requires Improvement ●

Is the service caring?

The service was not always caring. Although people gave us positive feedback about the care and support they received, people were not always well supported to make their preferences known.

Staff knew about people's care needs and made sure they respected people's privacy and dignity.

Requires Improvement ●

Is the service responsive?

The service was not always responsive. People's care plans were in the process of being reviewed and updated. People were able to express their views about their choices and preferences.

People knew how to make a complaint and said they would feel confident to do so if they needed to. The service managed complaints well.

Requires Improvement ●

Is the service well-led?

The service was not always well led. Senior managers had identified concerns about the quality of the service people experienced, but did not take the proper action to address this

A new manager had been employed and was working well to improve the quality of service. Feedback about the new manager was positive and people said the service had improved significantly, but there was still some work to be done

Requires Improvement ●

Housing & Care 21 - Cranbrook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July and 3 August 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. Before the inspection, the provider completed 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 spoke with two people who use the service, a relative and a visiting social worker on the day of the inspection and two people, and four friends or relatives by telephone after the inspection visit. We also spoke with three members of staff, the manager, the operations manager and the nominated individual. We talked to the local authority safeguarding and service commissioning teams. We reviewed the care records and risk assessments for five people who use the service, recruitment records for four staff, training records for all staff and supervision and appraisal records for three staff. We reviewed quality monitoring records, policies and other documentation relating to the management of the service.

Is the service safe?

Our findings

People's safety was sometimes put at risk, because risk assessment and risk management practices at the service were not consistent. Although the manager had considered some risks to people's safety they did not ensure all risks had been properly assessed. Examples included a lack of assessment for people who were at risk of a pressure ulcer, and risks associated with a lack of hydration. Where risks had been identified, such as falls, management plans in place did not detail fully what action should be taken to reduce the risk as much as possible. This was an area of practice that requires improvement. .

A number of safeguarding concerns had been raised with the local authority, and reported to CQC. The operations manager and manager were working closely with the local authority to make sure the safety of care provided at the service improved. People and staff told us the service had improved a lot since the new manager had started working there. Staff said; "before it wasn't safe for any of us" and; "people are safe now, there's been a vast improvement".

Staff and the managers knew how to safeguard people from abuse and what action to take if they were concerned a person was at risk. Staff knew how to raise concerns with the manager and they were confident that any issues they raised would be dealt with appropriately. Staff and the manager knew about the different types of abuse, and how they would recognise the signs of abuse. Staff had access to an on call emergency telephone number if they needed it.

Incidents and accidents were reported and investigated, but not always fully analysed to assess if there was any action that could be taken to prevent the incident from happening again. For example, one person had a history of repeated hospital admissions for the same medical condition. Although some action had been taken to try and prevent this from happening, the person had a recent emergency admission. The possible cause for this was not fully considered so appropriate action which could have been taken in the future was not identified. This was an area of practice that requires improvement.

Staff told us they had been reluctant to raise concerns with a previous manager, and if they did raise a concern it was ignored. One staff member said; "before we were just told to 'do this and do that'. We were getting told to do the wrong things". When discussing how they felt about raising concerns now, staff said they felt happy to approach the new manager or operations manager to discuss poor practice. They were confident any concerns would be dealt with appropriately. Staff said "they communicate well with us". Some staff had been identified as being responsible for unsafe practice. The manager and operations manager had investigated these concerns properly and appropriate disciplinary action had been taken.

Although there were enough staff to meet people's needs, the service was heavily reliant on the use of agency staff due to current vacancies. The manager said they were using approximately 50% agency staff. Although they tried to ensure regular agency staff were used to minimise disruption for people and other staff, most of the people and staff we spoke to made a comment about the agency staff. Most of the people we spoke with said staffing at the weekend was not as good as during the week, and the quality of care was variable. A relative said; "The service during the week is much better than at weekends. Weekends are just

terrible and it seems that (the manager) keeps them on their toes during the week". Another person said: "They have suffered from staff turnover and have lost some very good staff in the past".

When talking about agency staff one care worker said; "some are regulars which are really good, some are not worth having". The manager and operations manager were currently in the process of recruiting more permanent staff, but were having difficulty finding new staff who were suitable for the role.

There had been concerns raised with CQC about people not receiving their care at the right time, and some care calls being missed altogether. The manager and operations manager had taken action to stop this from happening, and had introduced new rotas for staff. They also used a monitoring tool to make sure staff were working where they were supposed to be. One person told us; "I am satisfied. They come when they're supposed to" and a member of staff said; "everything is more organised now. The rotas are a massive improvement and you can see who should be where. This has been a big problem in the past".

The provider had safe recruitment procedures in place and all of the relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff were not allowed to start work with people who use the service until these checks had been completed.

There had been some concerns raised with CQC about people not receiving their medicines as prescribed. The manager was able to demonstrate how they had ensured that the safety of medicines administration had improved. They had made sure staff had additional training when needed, and had introduced a monitoring system to make sure any medicines errors were quickly noticed.

Medicines administration records (MAR) showed people received their medicines as prescribed and staff could not administer medicines unless they had been trained and their competency assessed. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had an assessment of their needs and a plan was in place to help staff identify when people might need their PRN medicines. There was a safe procedure for ordering, storing, handling and disposing of medicines.

Is the service effective?

Our findings

Staff and the manager had a basic understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Care plans did not refer to people's general level of capacity for day to day decisions, and there was minimal evidence of capacity assessments for decisions about specific aspects of people's care in their care plans. The manager acknowledged this was an area of practice that requires improvement

People said staff asked for consent before providing any care. Staff described how they would ask for people's permission before giving support, and what they would do if someone declined the support offered. Staff offered alternatives and re-phrased questions to give people the best opportunity to give their informed consent. If the person still declined, staff respected the person's decision and sought advice from senior staff or the manager.

The manager had identified that training for some staff was out of date and needed refreshing. The manager had noted which subjects were the most urgent for staff, and told the provider's learning and development team that this training should be arranged. Subjects included moving and handling, infection control and first aid. The learning and development team had not confirmed to the manager what training had been booked. There was a risk that staff would not be properly supported to make sure they met the needs of the people using the service.

Comments from people who use the service included "they're so good", "Most of the staff know what they are doing", and a relative said, "I can't fault the carers. They know their job". Staff said they felt well supported by the new manager and they received regular one to one support during supervision meetings with senior staff. Staff were encouraged to discuss any issues they may have, including meeting people's care needs and any training requirements. One care worker said; "they give you the opportunity to progress" and; "they have supported and helped me". Care workers were observed by senior staff providing care for people in their home and feedback was given to enable staff to make improvements if it were needed. Staff were not able to work alone unsupervised until they had all the required training and felt confident to do so. Supervision and appraisals were up to date for most staff.

Some people who use the service were supported with their nutritional and hydration needs. People who required this support said their needs were met. One person said: "They cook my porridge and make me a cup of tea". Staff knew how to identify if people were not getting enough to eat or drink and what action they should take, such as contacting the GP.

Staff knew about people's day to day health needs and how to meet them. Staff knew how to identify changes in people's health and what they should do to support them. This included contacting the GP and reporting their concerns to the manager. When concerns were identified appropriate action was taken. People were supported to make appointments and where necessary arrange transport. One person told us about a recent deterioration in their health. They said the manager; "does a lot of doctor work for me. They

will phone the doctor up and sort things out for me."

Is the service caring?

Our findings

Feedback from people and relatives about how caring staff were was mixed. A relative told us; "The staff are not settled enough and there seems to be a lot of agency staff used. They do their job but there is no rapport and no chance to build up a relationship. There is a marked improvement since the appointment of (the manager) and I do feel things will get better". One person said; "I am happy with the care I get apart from at weekends. When it is right, it is very good and they give me enough time and show a good caring approach. I am feeling a lot happier and more hopeful as there has been a 100% improvement over the past few months". Other people told us staff had a kind and caring approach. They said they were not rushed by staff and were given enough time with them. People were happy with the way staff respected their privacy and dignity when providing care. People said they felt listened to by staff and could access advocacy services if they needed to.

The information included in people's care plans was inconsistent. While some care plans contained all the relevant information to enable staff to provide care in the way people wanted, some care plans did not. For example, one person's care plan stated 'care workers must ensure they communicate with X in an appropriate way'. However, the plan did not say what 'an appropriate way' meant. This was an area of concern had been identified by the local authority, who were supporting the manager to update everybody's care plan to the same standard. It is important to ensure the most up to date and accurate information is available for staff, particularly when a service is using a lot of agency staff who may not be as familiar with people as permanent staff. This continued to be a work in progress for the manager, and they knew who's care plans still needed updating.

The manager and permanent staff knew the people they cared for well and spoke about them in a kind and caring way. They understood people's life histories, likes and preferences and were able to describe how they would meet people's care needs. Staff described how they would support people to make day to day choices. Staff understood the need to support people to make their own decisions and described in an appropriate way how they would protect people's privacy when providing personal care. Staff encouraged people to maintain their independence as much as possible. One person said; "they help me to be as independent as I can".

People were supported to make decisions about their care as much as they were able to. Other people such as health care professionals were involved in supporting people to make decisions about their care, where appropriate. One person said; "I think they see to my needs very well and I have always felt involved". When talking about the quality of care they experienced another person said; "I am satisfied. They come when they're supposed to and they're good".

People could not recall if they had been asked about a preference for gender of care worker when they started receiving care. People's original assessments and review records did not include questions about this preference. One relative said care workers were "often male and my (family member) prefers a female carer."

Is the service responsive?

Our findings

There had been some concerns raised with CQC about people's involvement in the assessment and planning of their care needs. Although some people's care plans did not fully reflect their choices and preferences, staff and the manager were in the process of updating everyone's care plans. This was to ensure people were asked for this important information and that it was properly recorded for staff to refer to. The local authority had been supporting the service and had also been involved in reviewing people's care needs. The manager made sure they considered any recommendations the local authority made regarding people's care needs. Up to date and accurate care plans are especially important when agency staff were working, as they may not be familiar with the people they are supporting. This is an area of practice that requires continued improvement to make sure everyone that uses the service has a full review of their care, and updated care plans if needed.

Care plans contained person centred information, such as 'what's important to me', and 'my interests'. This included information that was personal to each individual to enable staff to take a whole person approach when caring for people, and not just focus on a task, such as helping the person to wash.

People who use the service and their relatives said the service was responsive to their needs. People had experienced some involvement with their care planning, especially this year. Three people had been involved in a full review of their care needs and were happy with how this was done. One person said; "I think they see to my needs very well and I have always felt involved."

The provider had an appropriate complaints procedure in place. People knew how to make a complaint if they needed to, and some people we spoke to had done so. People and staff said that in the past complaints had not always been taken seriously, and action was not always taken when necessary. People and staff also said that since the new manager had been appointed, complaints were handled well and things had changed for the better.

The manager was using complaints or concerns raised as an opportunity for learning to improve the quality of service. A relative said; "I have made complaints. Following my comments, I feel things are slowly improving. They are going in the right direction now". Another person said; "I have complained whenever necessary and have been satisfied with the response." Staff knew what to do if a person or relative raised any concerns with them. The number of complaints had reduced significantly since the new manager took over service.

Compliments were also recorded, to help identify areas of good practice. Compliments included verbal thanks "for everything the care staff are doing" supporting their family member, and a written compliment thanking staff for their help and advising the service they had changed their mind about changing care providers as improvements were being made.

People were supported by staff to remain as independent as possible with in the supported living accommodation. Staff supported people to attend activities that were organised by the supported living

team and people were happy with the staff in this area.

The provider sought feedback about the quality of the service from people, those important to them and staff. An annual quality assurance survey had just been sent to people and staff, and the provider was waiting for the responses to be returned. When the responses were compiled, the provider would then analyse them and develop an action plan to address any concerns that might be identified. Staff were given opportunities to provide feedback to the manager at other times, and not just in the survey. People and staff's feedback was valued by the manager.

Is the service well-led?

Our findings

The service had not had a registered manager since February 2016. A new manager was appointed shortly afterwards. They told us they intend to apply to be the registered manager. The manager was supported by the operations manager and other staff from the provider's internal quality monitoring team.

The provider completed an audit of the quality of service in January 2016. A number of concerns were identified, including a requirement to review each person's medicines management, a review of each person's support plans, and reviews of individual risk assessments to 'assist the delivery of safe care'. At the time of the audit, the service did have a permanent manager. Other senior managers within the organisation did not have sufficient involvement in the service and an appropriate plan was not put in place to make sure the concerns identified were addressed. This led to a significant decline in the quality and safety of the service provided. Numerous safeguarding referrals were made to the local safeguarding authority and the local authority safeguarding team and commissioners became involved in supporting people who use the service to remain safe. They also provided support to the new manager and operations manager to help them improve the service.

We discussed these concerns with the nominated individual. They had identified where the quality monitoring had failed, and had taken appropriate action to ensure this did not happen again. A new management structure had been put in place and more frequent quality monitoring visits had been arranged to ensure the manager was properly supported to continue the improvements they had already made.

Feedback from people and relatives about the quality of the service provided was mixed. While the vast majority of people we spoke to said there had been a big improvement since the new manager had started, some people said there was still room for improvement. Most people said their views were taken into account and the service generally was improving, mainly due to the new manager. One person said; "I am sure my views are taken into consideration and it is easy to talk to the manager these days".

Staff said the manager and operations manager were accessible, helpful and supportive. They were able to discuss good and poor practice during regular meetings. One care worker said; "She's so good, it's so much better. She wants to help all the time". The two managers had worked hard to improve the culture of the service and staff said they were now actively encouraged to make suggestions as to how the service could be improved. Staff told us when they gave feedback it was acknowledged and acted on. All of the staff gave complimentary feedback about the two managers. Staff said when the manager provided feedback about their performance, it was constructive, and helped them to improve their skills.

The manager knew the people who used the service well, and was able to discuss individual's care needs. They tried to ensure care was person centred and met individual's needs, and understood that people's care planning and reviews were still an area for continued improvement. The manager was aware of the culture of the service and the attitudes and values of staff, and had made a significant difference to the quality of the staff employed by the service.

The manager had a good understanding of their role and was very clear about the challenges ahead, and they knew what they needed to do to make sure the service continued to improve. Both the manager and operations manager dealt with any concerns in an open and objective way and were keen to participate fully in the inspection process. Current, permanent staff were motivated to provide good care and gave very positive feedback about the way the service was now run.