A2Dominion Housing Group Limited

A2Dominion - Care & Support Chimney Court

Inspection report

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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

This inspection took place on the 21 January 2016 and was announced.

A2 Dominion – Care & Support Chimney Court is a domiciliary care agency. Support is provided to people living in Chimney Court and Cornerstones in Reading, Warner Court in Andover, Chestnut Court in Staines and Danemark and Matilda in Winchester. Each complex contains individual flats within buildings which are described as extra care housing. The service supports people with a range of needs and operates from an office within each of the housing complexes. At the time of the inspection the service was providing personal care to approximately one hundred and fifty people.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust, medicines were managed safely and there were sufficient staff to provide safe, effective care.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People said they felt listened to and were happy with the service provided. They told us that staff treated them with kindness and respected and involved them in decisions about their care.

People's needs were reviewed regularly. Individual care plans were in place which provided information about people's care needs and they were designed to promote person-centred care. Up to date information was communicated to staff to ensure they provided appropriate care. Staff contacted healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

People told us they had been asked for their views on the service and were able to raise concerns and complaints if they needed to. They felt confident that the manager and/or office staff would take action if necessary.

The provider had an effective system to regularly assess and monitor the quality of service that people

received. There were various formal methods used for assessing and improving the quality of care. Feedback was sought from people and care records were audited. Complaints were addressed and action taken according to the provider's policy.

The registered manager had a good knowledge of the Mental Capacity Act (2005) and staff understood their responsibilities in relation to gaining consent before providing support and care.

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 is safe.
Staff knew how to protect people from abuse.

People who use the service felt they were safely supported.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service is effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People had their needs met and were supported by staff who had received relevant training.

Staff sought advice with regard to people's health in a timely way.

Is the service caring?

Good

The service is caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good

The service is responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service is well-led.

There was an open culture in the service. People and staff found the registered manager and other management staff approachable.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action was taken when issues were identified.

A2Dominion - Care & Support Chimney 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.

This inspection took place on 21 January 2016 by one inspector and was announced. The provider was given a short notice period because the location provides a domiciliary care service and we needed to be sure that the registered manager and senior staff would be available in the office to assist with the inspection.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service. The service had sent us notifications about medication errors and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our visit we spoke with five people who use the service. We spoke with the registered manager, a team leader, one care manager and two care co-ordinators. In addition, we spoke with four care staff in person. We also spoke with a commissioning officer and the main local authority contact for two of the schemes following our visit. As part of the inspection we contacted a range of health and social care professionals and care staff who worked for the service. We received email feedback from fourteen of the providers staff of varying grades, a General Practitioner who had regular contact with one of the schemes and a local authority care manager who was the link contact for another of the extra care housing schemes.

We looked at five people's records and documentation that were used by staff to monitor their care. In addition we looked at five staff recruitment and training files, duty rosters, staff team minutes, complaints

and records used to measure the quality of the services.

Good

Is the service safe?

Our findings

People who use the service said they felt safe with staff that supported them. They told us they had no cause for concern about their safety or in the way they were treated by staff. One person said, "if I had any concerns I would speak with staff or one of the managers". Another said, "Oh they would know if I was not happy, I would go straight to the office. They deal with things very quickly". One commissioner told us, in answer to whether they thought people were safe, "Yes, I have not had any complaints when I visit clients".

There was a call bell system within each of the flats that enabled people to alert staff if they had an accident or were unwell. Comments from people included: "I have a buzzer if I need help in the day", and, "they answer quickly but can't always hear me when I press for help". Apparently staff confirmed that this did sometimes happen and it had been reported for investigation. Each building was secured by a key pad lock and entrance to each flat was by means of a lockable door. Staff were familiar with the provider's policies in relation to emergencies and incidents that may arise in people's homes. They were able to describe the action to take in the event of an emergency such as fire. The provider had a system to monitor the on call procedure and its operation to ensure that it worked appropriately and was responsive to peoples needs.

During our inspection we found there were sufficient staff available to keep people safe. There was an established staff team employed by the provider who were supported by a management team who were present within each scheme. Staff told us that there were enough staff on duty to meet the needs of people and this would be reviewed if someone was particularly unwell and required additional support.

Care packages were implemented according to peoples individual needs and as commissioned by the local authority or by the direct payments paid to individuals and determined by them. The frequency and duration of timed calls varied for each person. The registered manager told us that they did use agency staff where particular schemes had shortfalls. Staff shortages due to annual leave or sickness were covered by existing staff or bank staff in order to promote continuity of care whenever possible. Staff told us that they were not working excessive hours and did not feel pressured into doing so.
There were risk assessments individual to each person that promoted their safety and respected the choices they had made. These included risks such as those associated with moving and handling and their nutritional needs. People's homes were risk assessed for any environmental risks and according to the service's robust health and safety policy and procedure. People were assessed and risk rated to make sure people with the highest needs were given priority in any emergency. Staff told us they reported anything they thought had changed and/or would present a risk for the person to senior staff. Incident and accident records were completed and actions taken to reduce risks were recorded. Any missed calls were considered as an incident or service deficit and investigated by the provider to minimise the risk of recurrence.

People were kept safe by staff who had received safeguarding training. Staff told us the training had made them more aware of what constitutes abuse and how to report concerns to protect people. Staff said if they were not listened to by members of the management team they would report their concerns directly to the local safeguarding authority. However, staff did not feel that this would be necessary as the management team were described as very responsive to peoples needs and concerns.

We were advised by one of the management team that they had raised safeguarding referrals when they had witnessed incidents which they considered to be well below the standard expected. These incidents had occurred when the care had been provided by an outside care agency whilst awaiting for A2Dominion to have the capacity to take the care back.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms were fully completed and notes from interviews were kept and formed the basis for future supervision and training needs. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines by staff who had received training in the safe management of medicines. The registered manager told us they would only support people with their medicine if dispensed by a pharmacist using a monitored dosage system (MDS). MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs that enabled staff to support people with their medicines safely. The care provision in one of the schemes which consisted of two buildings had been taken over by the provider at very short notice. Through the implementation of the providers medication procedures it had become apparent that there was a high number of medication errors which had not been previously reported appropriately. The medication errors had been discovered and had continued for a significant amount of time after the provider had taken responsibility for the care. It was reported that the number of errors had now significantly decreased and was being managed through regular audits, staff disciplinary procedures and training. This was confirmed by the local authority care manager who had link responsibility for the scheme.

Staff told us and documentation confirmed that personal protective equipment was provided such as aprons and gloves to ensure that controls for cross infection were implemented and were robust. Additional procedures and equipment were introduced where needed such as when people had known infections. This information together with needs appropriate to that individual were included in their risk assessment.

Good

Is the service effective?

Our findings

People told us that they thought staff were well-trained. Comments included: "They are very good and of course they've had to be trained properly" and "They are all very nice I've not found any fault with them". One person did say they staff who were less familiar with their needs did require more guidance than those who were regular and knew them well.

Staff told us that they felt they had received a good induction that gave them the confidence and skill they needed to work with people independently. Any agency staff attended a full days induction training before they commenced work in any of the schemes. The induction included a combination of on line e-learning and face to face training. Face to face training was considered to be the most effective for staff and this model was predominatly used across all staff training offered. Staff said they had shadowed more experienced staff before being assessed as competent to support people on their own.

Mandatory health and safety training had been completed by staff and the services training schedule identified those staff due to receive refresher training. The registered manager stated current training was provided in line with the new care certificate for existing staff to refresh and improve their knowledge. The Care Certificate was introduced in April 2015. It is a set of 15 standards that new health and social care workers need to complete during their induction period.
Staff were also given the opportunity to study for a formal qualifications such as Quality Credit Framework (QCF) to a minimum of level 2 in health and social care. These are nationally recognised qualifications which demonstrate staffs competence in health and social care. Additional training was provided in relation to any procedures which were delivered to meet individuals particular needs. Staff described the training as of a high standard which was well organised and they were always supported to attend. They said they were not allowed to and would refuse to offer care to people whose needs they could not meet to the standard they and the organisation expected.

Staff attended regular staff meetings and quarterly one to one supervision meetings with their line manager that were structured around their development needs. Staff stated that these had taken place more frequently over their induction period and that spot checks of their practice had also taken place when supporting people. Spot checks are used to monitor the practical performance of staff to ensure they are providing effective and safe care. These occurred at a minimum frequency of annually for each member of the care staff. Staff described being well supported in their role and a range of comments were provided including, "I am well supported in my role by my manager", and "I think we have access to excellent training and am happy in my role here".

Staff had completed training on the Mental Capacity Act (2005) (MCA). 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. They were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. People had been

asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible people had signed their care plan to indicate their consent.

People were supported with their meals when identified as part of their assessed needs. Training for staff included foundation food hygiene. Nutrition awareness had been included as one of the 15 standards of the care certificate (Fluids and Nutrition). Staff completed records of food and drink taken by people assessed at risk of poor nutrition and alerted the management team if they had further concerns that needed to be reported to external professionals such as a GP and/or dietician.

People either managed their own visits to healthcare appointments or were supported by their family or by the service. When staff identified concerns about a person's health they contacted the person's GP, community nurse and/or other health professionals. Staff ensured actions taken were communicated to each other at handover meetings so that all staff were fully updated on a person's changing needs. People's medical history and health care needs were detailed within their care plan. Staff worked closely with health professionals such as community nurses and occupational therapists. For example to request a review of equipment due to changes in the person's mobility.

We received feedback from various health care professionals and all stated that peoples health care needs were addressed in a timely manner. Comments included, "The service absolutely works co-operatively in the best interests of people", and "The scheme support officer is a strident advocate for certain residents with complex needs". Two local authority care managers who were designated links for two of the schemes described a close and professional relationship with managers who worked in the best interests of people in order to meet their needs.

Good

Is the service caring?

Our findings

People told us that staff were kind and respected them. One person said: "The A2 staff are fabulous. I have no complaints at all." Another said, "The staff are friendly and are all very good". They told us that staff had always promoted their dignity and respected the choices they made. Comments included: "They are all very nice, some are very helpful and ask me if there is anything else they can do before they leave", "They treat me with the utmost dignity and respect", and "They are always kind towards me".

People were given choices and supported to make as many decisions as they were comfortable with. These included choosing meals, activities and where they wanted to spend their time. Staff described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities. Staff encouraged people to keep their independence and control as many areas of their life as possible, for as long as they were able. Care plans described how staff should encourage and support people to do as much for themselves as they could. People told us that staff helped and supported them to do as much as they could for themselves. People's emotional, cultural, life choices and spiritual needs were noted in their care plans.

People were supported to retain or regain as much of their independence as possible. The service helped some people with rehabilitation after visits to hospital or debilitating illnesses. People had been involved in planning their care and in making decisions about how their care was delivered. They told us they had been consulted if things changed and if necessary they could make changes themselves. One survey return did state the someone did not feel that changes were always communicated very quickly. Staff told us that changes for people were communicated very well between the team members. Overall communication between staff, managers and shifts was described as very good.

Staff described how they provided support to people in a caring way which was personal to them. They spoke respectfully of people's support needs. For example, detailing how individuals preferred to be assisted and of their wishes and needs. Staff told us that they thought the standard of care provided was, "Excellent" and "Very good", with some staff saying they would be happy for their own relative to receive care in the service. Comments included, "I feel that we support all residents in their best interests and always review that support as and when needed/required", and "They have choices and they are listened to".

People were shown respect and their privacy and dignity was protected. We observed staff ringing doorbells or knocking on doors and only entering when invited. Staff told us that they had received training on dignity and respect and this was confirmed in records we reviewed. People we spoke with told us that staff made sure their privacy was maintained when they were assisted with personal care.

Good

Is the service responsive?

Our findings

People told us that their care plans had been fully discussed with them and reflected how they wanted to be supported. They told us that regular staff knew them well and were flexible in meeting their needs when required. For example, people described staff as being adaptable to their needs such as altering the time of their call to ensure they could attend healthcare and private appointments. People told us that staff nearly always arrived on time and delays only occurred when they were busy.

We received positive feedback from health and social care professionals about how the schemes responded to their questions and enquiries. One commissioner told us, "I normally make contact with the manager in person, by telephone or e-mail. If she is not there and I call by telephone, the staff are normally able to answer my query".

People said that staff nearly always asked them if there was anything else they could do to support them before leaving. They told us that they felt that staff listened to them and supported them in the way they wanted to be supported. They stated that staff had always been flexible when providing support, sometimes finishing earlier or later than the agreed time, dependent of their immediate needs.

Appropriate staff were trained in assessing needs and writing and implementing care plans to ensure they were thinking in a person centred manner. Care managers from local authorities told us that care plans were sufficiently detailed to inform care staff about how to meet peoples needs. They were described as personalised with peoples likes, wants and desires being central to the aims of the plans. We were told and saw samples of people's review documentation which took account of peoples wishes. Staff told us that there was an appropriate amount of information in care plans which enabled them to provide care according to peoples wishes.

People who were less independent to leave their flats without assistance told us that staff would support them to communal areas within the building if they wanted to spend time there. The registered manager stated that they supported people to activities when identified and agreed within their care plan. People told us that they liked going to the communal area of the building where a range of activities were organised. We were told that generally things happened in the mornings such as crafts and musical bingo. Some people were assisted to leave the scheme to attend activities in the local area. One person told us that they visited the Salvation Army every week which they enjoyed.

People told us that they would have no hesitation in contacting the managers or office staff if they had any concerns. The complaints procedure stated that people would receive an acknowledgement of the complaint and that the service would seek to investigate and resolve the complaint within timescales as detailed in the procedure. The registered manager stated they would have no difficulty in apologising to people if the service had been at fault with any of their care provision. The service had received no formal complaints during the past year. However, we were provided with some examples of where early intervention with concerns or problems had prevented issues escalating. Examples included, referral to speech and language therapy when an individual had not liked his food and a plan for alternative

preparation had proved very successful.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on people. Staff praised the provider and the leadership team for their approach and consistent, effective support. All of the staff we spoke with told us that they felt valued working in the service, and felt motivated to maintain high standards of care. The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service.

People told us that the registered manager, management team and staff were caring and dedicated to meeting their needs. They told us that they would not hesitate to approach them if they had something to say as they felt they would be taken seriously. They also stated that they had been asked their opinion periodically about the services and had been felt listened to.

People were invited to share their views about the services through quality assurance processes. These included care reviews, spot checks of staff that support them and questionnaires. We saw the results of quality assessment reviews for two quarters in the previous year. Overall the responses demonstrated satisfaction with the service. The registered manager told us the results would be used to plan actions to improve the service in the future.

The registered manager and management team completed a number of audits to ensure the quality of the service was being maintained. These included periodic audits of care plans, medicine administration records and daily notes. Periodic quality assessment visits were undertaken to all the schemes by various members of the management team who were not particularly familiar with the scheme assessed. The reports from these visits were very detailed and were organised into the five key questions used by the Care Quality Commission. The visits included a comprehensive range of checks including reviewing documentation, talking to people and staff and observing care practice. Feedback was provided to the relevant scheme in the form of what were positive working practices, areas for improvement and any outstanding actions with targets for completion. All records such as complaints, accidents and incidents were seen by the management team who ensured that appropriate action was taken and learning points were extracted. All records were kept locked within the offices in each scheme, were up to date and of good quality.

Regular reviews and joined up working with local agencies had also taken place to promote quality care practice. One local authority care manager who was the 'link' for one of the schemes described a recent review with managers and other staff from the provider organisation. They told us that the discussion was person focussed with all attendees committed to meeting the persons needs. Overall the care manager felt that the provider was forward thinking and looked for initiatives to develop and improve the service.

Various staff and team meetings were held regularly. These included full team meetings management meetings and office/co-ordinators staff meetings. Meetings covered information giving, learning from complaints, incidents and accidents and the discussion of developments and changes. Policies and procedures, values and expectations of the company and general topics were discussed at meetings as well

as at appraisals and one to one supervisions. Staff were provided with a monthly newsletter to keep them up-to date and informed about what was happening in the service. Short spontaneous meetings were held between a small number of staff to 'brain storm' issues and challenges which were designed to identify 'quick wins' and resolutions. These were called LEAN meetings. These meetings were designed to include all grades of staff and meant that staff felt involved and valued.

Staff told us they were never left in any doubt about the values of the company and the values they were expected to display in their day-to-day work. All staff spoken with and feedback received indicated that staff morale was very good.

There was an emphasis on partnership working and it was recognised that this was an essential part of working in the best interests of people and meeting their changing needs. We spoke with a range health and social care professionals. A general practitioner told us, "In my opinion the office staff strive very hard and often go beyond their brief where a resident has no family". A local authority commissioner told us, "Yes we work closely. I encourage clients to speak to the manager in the first instance if there is something they are concerned about or if a change in care package is required. If they cannot resolve their concerns they can contact me".