

Housing & Care 21

Housing & Care 21 - Springhill Court

Inspection report

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Date of inspection visit: 30 September 2015
Date of publication: 10/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 30 September 2015 and was announced. This was the first inspection of the service since it was registered in September 2014.

Housing & Care 21 – Springhill Court provides personal care and support to older people who live in their own accommodation. Some of the people who use the service are living with dementia. There are two aspects of the service. Some people who receive support live in apartments located on the site in Easingwold around an office and communal areas. This is called extra-care. Other people live out in the community in their own

homes and care staff go out to visit them. The aim of the service is to support people to live independently. The service currently provides personal care to 18 people who receive extra-care and 20 people who live in the community.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 system for administering medicines required improvement to keep people safe from potential risks. We identified discrepancies in medicine administration for one person which had not been picked up by the service and which could have had a serious impact on the person's well-being. The risks associated with medicine administration identified during our inspection meant that there was not proper and safe management of medicines. This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. Risks to people had been assessed and plans put in place to keep risks to a minimum. People had portable alarms which they could use in the event of a problem or emergency.

There were enough staff on duty to make sure people's needs were met. The provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Staff told us they liked working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. Staff were supported by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. There were no DoLS restrictions at the time of our inspection.

There was a relaxed and friendly atmosphere in the service. People told us that staff were caring and that their privacy and dignity were respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and to access health services if needed.

People's needs were regularly reviewed and appropriate changes were made to the support people received. People had opportunities to make comments about the service and how it could be improved.

There were effective management arrangements in place. The registered manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

There were shortfalls in the proper and safe management of medicines which meant people were not fully protected against the associated risks.

Staff were confident of using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain good health and were supported to access relevant services such as a GP or other professionals as needed.

Good



Is the service caring?

The service was caring.

People told us that they were looked after by caring staff.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect whilst being supported with personal care.

Good



Is the service responsive?

The service was responsive.

People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

A registered manager was in place who had good oversight of the service. Staff told us that management was supportive.

There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

Housing & Care 21 - Springhill 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 30 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We were unable to review a Provider Information

Record (PIR) as one had not been requested for this service. The PIR 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.

During this inspection we looked around the premises, spent time with people in their apartments and in the communal area. We looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a community care service. This included four recruitment records, the staff rota, notifications and records of meetings.

We spoke with six people who received the extra-care service, one visiting professional as well as three members of staff and the management. Following the visit we sought further feedback. We spoke over the phone with six people who received support in the community and one relative. We also spoke with a health professional and the North Yorkshire County Council contracting team. We asked other staff for feedback although they chose not to respond.

Is the service safe?

Our findings

Some people who used the service were unable to take their own medicines safely and relied on staff to make sure they took their medicines as prescribed. This is called medicine administration. Each person who needed their medicine to be administered by staff had a medication administration record (MAR). Some people had their medicines prepared in 'blister packs' by a pharmacist in addition to other boxed medicines and creams. Blister packs contained the tablets that needed to be taken at different times of day. However, there was no process for staff to check that blister packs contained the correct medicines before administration. For example, one person had five different medicines in one blister pack and the MAR had recorded them as a single dose.

The registered manager was aware that identification of medicines was an issue and explained that a new system was being introduced in the next few days. They said that this would be a Monitored Dosage System (MDS) provided by a pharmacist. This allowed staff to give each medicine separately and was colour coded for the different times of day it was to be administered.

Each person had a medicine profile in their support plan which included details of each medicine taken, the dose, time and possible side effects. There was information on 'As required' medicines as well as when to contact a GP, if for example medicines were refused or there had been an error in administration. However, we noted that this information was not included in the medicine folders kept in people's apartments. There was also a lack of information about what each medicine was for. This meant that staff may not be aware of how a medicine could affect people's health or behaviour, and it would be difficult to assess if a medicine was effective or no longer needed.

We looked at a sample of MAR sheets which were mostly completed correctly with no errors. However, for "As required" medicines, although administration had been recorded, there was no explanation of why it had been needed. This meant that it would be difficult to monitor the effectiveness and use of such medicines.

The registered manager explained that there used to be monthly MAR charts but this had been changed to weekly so that audits could take place more frequently. We saw

that there had been several errors in medicine management in September 2015 but that this had identified by management and appropriate action taken, such as discussion in team meetings and supervision.

We looked at the administration records for one person who required a prescribed medicine which thinned their blood. The dosage of this medicine varied according to monthly blood tests carried out by a district nurse. Following a blood test in August 2015 we saw that a particular dose had been instructed which required a slightly different dose each day in order for the correct amount to be given over the week. However, there was no specific detail of what the dose should be each day. The MAR chart varied as to how this was recorded. For one week the amount was specified on the MAR each day. In another week there were only four days where the dose was specified. The following week, it had again been recorded differently. The registered manager said that the district nurse usually provided clear guidance about the daily dose and we saw this was the case for September 2015. However, they were unable to locate any guidance for August 2015. This issue had not been identified in audits and the inconsistent approach could have had a serious impact on the person's well-being.

The risks associated with medicine administration identified during our inspection meant that there was not effective and safe management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment records showed that all the necessary background checks were carried out before new staff were able to start work. These included a criminal records check, references and proof of identification. There was evidence that references were thoroughly checked and any questions arising from them had been followed up before recruitment took place. For example, one applicant was only able to provide one reference. A record was kept on file commenting on this and why they had been offered the position. Application forms and interview notes showed how the provider assessed new staff to have the skills and experience to work at the service. Although there was not always a photo of the employee in their recruitment records, we noted that all staff wore ID cards, which included a photo, whilst they were at work.

There were sufficient numbers of staff on duty to meet people's needs and keep them safe. The staff we spoke

Is the service safe?

with felt that the staffing levels allowed them to meet people's needs. In the extra-care service we observed that staff did not appear rushed and were able to respond to people's needs as they arose. A rota was drawn up for each day so that staff knew what they were required to do. The service only provided planned care during the day and did not respond to emergency calls or provide support at night. This was provided by North Yorkshire County Council who had an office on site.

People told us they felt safe and everyone we spoke with had a portable alarm they carried with them if they needed urgent assistance. One person commented "I have a buzzer alarm if there is any problem. They come quickly if I press it. I feel safe and secure".

People's support plans included details of potential safeguarding issues where appropriate. For example we saw guidance about one person's pressure relieving mattress and what action to take if there were concerns

about how it was operating. There was clear information for staff about risks, what could be done, and who was responsible. Up to date risk assessments were in place regarding areas of support such as bathing, moving and handling, mobility and the environment. One person had a risk assessment regarding their potential to show behaviour that challenges. This helped staff to keep themselves safe as well as provide safe care and support.

Staff had received training in safeguarding people, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Records showed that any incidents or accidents were logged and appropriate action taken. We noted that the local authority and CQC had been informed about incidents and safeguarding concerns as required.

Is the service effective?

Our findings

Staff received the support they needed to provide effective care. Staff members told us they received a suitable induction when they started working at the service. This included two weeks shadowing other staff and three days training. During their induction staff were trained in core skills such as moving and handling, medication, infection control and safeguarding. There were also opportunities to attend specialist training such as dementia awareness. Ongoing training was provided as necessary.

Staff told us they liked working at Springhill Court. One member of staff commented “I find it good working here. We work as a team” and another added “I enjoy the work”. Staff said that they had the information they needed to support people with their needs. This included clear and up to date information in care plans. Each member of staff was given a rota for the day which detailed who they were supporting and at what time. Staff were expected to support people within the extra-care service and out in the community. We were told by care staff that the rotas had changed recently and now had less information about the people they supported. The general consensus was that the previously used rotas were better, however all staff were clear about what was expected of them each day. Several staff felt that there was insufficient travel time to visit people out in the community. We discussed this with the registered manager who was aware that there could be difficulties. They recognised that travel could be difficult and said they listened to concerns raised by staff and tried to amend the care schedule if possible.

Staff received regular supervisions where they could discuss any issues in a confidential meeting with the manager. Supervision records showed that they took place approximately every two or three months and included actions to be followed up at subsequent meetings. There were also team meetings every one or two months where the team could share information and discuss issues together. One member of staff felt that supervisions could focus on negatives rather than be supportive. We checked supervision records and saw that where there had been concerns about staff practice, managers had recorded meetings to discuss the improvement required. However, the majority of supervisions included a discussion about staff needs, such as training or development in their role.

The staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction, although formal training in this area had not yet been provided. There was an up to date policy in place regarding the MCA and Deprivation of Liberty Safeguards (DoLS). People were supported to live independently in their own apartments and there were no current issues about depriving people of their liberty.

There were signed consent forms in people’s care plans where needed. These included consent for medicines to be administered and consent for staff to enter people’s property. For some people who used the service there were issues around their capacity to make some decisions. Best interest meetings were held where important decisions had to be made about care and welfare. A best interest meeting is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. Where best interest meetings had taken place there was information in support plans about the decisions made and the reason the person lacked capacity for that decision.

There were currently no people who required direct assistance with eating or drinking. People were able to cook independently in their flat or could choose to have a meal in the café at lunchtime. Where required there was information in support plans about people’s needs in relation to food and fluids. For example, where people were diabetic or required a particular diet. One person had a risk assessment in place due to their poor appetite and staff were advised to stay with the person while they ate, if possible. This showed that staff were provided with information about dietary needs which meant they could monitor those people where risks were identified.

People were supported to maintain their health and had access to health services as needed. One person confirmed this and said “They are good at arranging my appointments”. Support plans contained clear information about peoples’ health needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist and district nurse. People living with dementia received support through specialist teams and had access to a social worker. We spoke with a health professional who visited the service regularly. They told us that they worked

Is the service effective?

closely with the care team and had regular meetings with the manager. They commented “I’m satisfied with the care provided. They contact me straight away if there are any concerns”.

Is the service caring?

Our findings

All of the people we spoke with talked positively about the service. Comments from people who used the extra-care service included “They look after me well. Staff are very nice and pleasant to be with”, “I have a laugh in the morning. They are a cut above the rest” and “I am happy here. People take care”. We received similar comments from people who were supported in the local community. For example, people told us “They are very good” and “Carers are helpful and interested in me”. A visiting health professional also spoke positively, telling us “They provide very good care”. The staff we spoke with demonstrated a caring approach when talking about the people they supported. One member of staff said “The team is very close and caring”.

People were treated with respect and dignity. The atmosphere in the service was relaxed and light hearted. Although we did not observe any personal care tasks being carried out, we did see that staff spoke with people in a friendly manner and were attentive to people’s needs. Some people liked to come in to the office occasionally during the day and we saw that they were greeted with familiarity and respect.

We observed that doors to peoples’ flats were kept closed and a door bell was used by staff before waiting to be admitted. Some people chose to allow staff to let themselves in and had signed consent forms to agree to this. People told us that care staff treated them with politeness and respect. Care staff were able to talk about ways in which they promoted privacy and dignity. For example, making sure doors were closed and drawing curtains if necessary. One staff member said “We ask if they

need anything else or if they are happy with what we are doing”. Staff recognised that they were working in people’s own homes and the importance of respecting people’s space. The Home Care Guide had clear information explaining the rights of people who used the service, and included statements about respecting privacy and championing dignity.

Records showed that people, and where appropriate, their relatives, had been involved in making decisions and planning their own care. Before people moved in an assessment was carried out which looked at people’s overall needs and how the service could support them to live independently. Assessments took account of people’s views about the support they needed. There were also opportunities in reviews for people to discuss their views and make decisions about future support. Reviews were meetings between people and key staff at the service to look at whether support was meeting their needs or if there needed to be any changes.

We saw in the extra-care service that people had a copy of their support plan in their apartment. Those people we spoke with who lived in the local community and received support with personal care confirmed that they had also been given a support plan. This meant that people had information about the care and support being provided to them and, if they wanted, could check daily notes and records which had been written about them.

When people first started using the service they were given a Home Care Guide which gave information about the service. This included details about what people could expect, aims and objectives, useful contacts and relevant policies such as confidentiality. The guide was available in other formats such as large print or Braille if needed.

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Care and support plans were detailed and focussed on individual preferences. There was a 'pen portrait' for each person which provided a personal history and gave staff an understanding of their character and background. Each person had an assessment of their needs before they started with the service.

Support plans were written from the perspective of each individual and included their preferences for how they wanted care and support, for example, whether they preferred a male or female carer. One person's support plan stated "Upon entering can you say your name so I am aware who is in my apartment" due to their visual impairment. We spoke with this person who confirmed that the staff did this as requested. This demonstrated how people's preferences were followed through in the support provided.

Support plans were up to date and reviewed as necessary. Areas covered included health, mobility, personal care and medicines. There was a clear picture of peoples' needs and how they were to be met. Staff members confirmed that support plans contained sufficient detail and were reviewed regularly. One member of staff commented "Care plans are fine and clearly describe the tasks to be carried out".

People and their relatives were involved in reviews and that the service took appropriate action where changes in needs were identified. Copies of reviews confirmed any changes to be made and which part of the support plan had been updated.

In the extra-care service, people were encouraged to develop social relationships to avoid being isolated. The

service had a communal café and dining area which was open to members of the public and visitors. During the inspection we observed people sitting in communal areas and chatting with staff or friends and relatives. The atmosphere was quiet, but friendly and relaxed.

People told us they knew how to make a complaint if needed. One person said "If I have a complaint I go to the office and they sort it out. They are very good." Another person added "I will speak to [manager name] if there is a problem. The registered manager told us that a new complaints process had recently been introduced. This included a complaints register to record complaints, including management response. We saw that there was a clear record of complaints received, action taken and the outcome, including feedback to the complainant. All logged complaints had been responded to appropriately.

Information about how to complain was available in the Home Care Guide and was posted on noticeboards around communal areas. The procedure gave clear information about how to complain and who to complain to. This included details and contact numbers of the CQC, Local Government Ombudsman and the Citizen's Advice Bureau. The new complaints procedure ensured that complaints would come directly to the registered manager to act on rather than be sent to Head Office. This meant that complaints would be responded to more promptly and flexibly.

The service carried out regular surveys of people who used the service as a way of seeking further feedback about the quality of care. We were shown three responses which came in on the day of the inspection. These all showed that respondents knew who to contact if there was a problem or complaint.

Is the service well-led?

Our findings

The current registered manager had been in post since April 2015. They spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations. They were aware of areas of practice that could be improved and had taken action to make changes where appropriate. For example, at the beginning of the inspection the registered manager discussed medicines practice and how the provider was aware that systems needed to be more robust. Action was being taken in this area and a safer way of administering medicines was being introduced.

There were suitable systems in place to monitor and improve the quality of care provided. The provider had a quality assurance system which focussed on the CQC domains of safe, effective, caring, responsive and well-led. A visit was carried out every six weeks by an external manager and included a comprehensive review of the service. Actions for improvement were identified and reviewed at subsequent visits. The registered manager explained that a visit had taken place recently although the report had not been received at the time of our inspection. We saw that team meetings were sometimes used to discuss issues about the quality of care. For example in May 2015 there was a discussion about care standards and staff professionalism.

The Home Care Guide included a section on quality assurance which encouraged people to give their views and feedback in order to make continuous improvements to

the service. People told us they were able to approach the manager with suggestions or comments if they wanted. People were also asked for feedback through the use of questionnaires every 3 or 4 months and a yearly satisfaction survey. Occasional tenant meetings took place where people could discuss issues and ideas in a group setting.

There was good communication with North Yorkshire County Council (NYCC) who provided an emergency response as well as night time support to people who used the service. NYCC had an office at the Springhill Court location and there were weekly management meetings between the two services to discuss joint issues and share information.

Staff told us that they felt supported by the management team. We observed that there was an 'open door' policy and staff were able to discuss issues with management when they needed to. One member of staff commented "There is always somebody around" and another told us "I am happy with the management".

There was a positive, caring culture at the service. Staff demonstrated a commitment to provide person centred care in line with the ethos of the service. There was clear information about the aims and objectives of the service in the Home Care Guide which described the focus being on "Promoting independence and choice for people through quality housing, care and support services". The induction programme for new staff also included the promotion of organisational values and standards of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There were shortfalls in the proper and safe management of medicines which meant people were not fully protected against the associated risks. Regulation 12(2)(g).</p>