

The Abbeyfield Kent Society

Watling 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

Watling Court is an assisted living service. People live in their own flats within a shared complex. They have a tenancy agreement that includes the provision of a lunchtime meal and access to out of hours staff for emergencies.

Personal care is provided to people by the domiciliary care agency, which is known operationally as Caring Companions, based at Watling court. However, people can choose to use other care agencies if they prefer. Longer calls can be agreed for support to bathe and shower and shorter calls can be provided for help with medicines. The registered provider refers to the people using the service as tenants. There were 49 people using the personal care service at the time of the inspection. This inspection was carried out on 17 March 2017 and was unannounced. The inspection was carried out by one inspector.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

At our inspection on 3 March 2016 we found breaches of regulation relating to consent, governance, staff recruitment and staff training. At this inspection we found that improvements had been made and the regulations were being met.

People told us they were very happy using the service and felt safe and well cared for. The registered manager had ensured the culture of the service was person centred and flexible to meet people's needs and wishes.

People were protected by staff that understood how to recognise and respond to signs of abuse. Risks to people's wellbeing were assessed and staff knew what action they needed to take to keep people safe. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. The registered provider had systems in place to check the suitability of staff before they began working in the service. People and their relatives could be assured that staff were of good character and fit to carry out their duties. Staff had completed training and qualifications relevant to their role. The registered manager monitored staff training needs to ensure that staff were skilled and competent to meet people's needs. Staff felt supported in their roles.

Staff identified and met people's health needs. Where people's needs changed they sought advice from healthcare professionals and reviewed their care plan. Records relating to the care of people using the service were accurate and complete to allow the registered manager to monitor their needs. People had

enough to eat and drink and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions. Medicines were stored, administered, recorded and disposed of safely and correctly.

Staff communicated effectively with people and treated them with kindness and respect. They knew people well and understood what was important to them. People's right to privacy was maintained. Staff promoted people's independence and encouraged people to do as much as possible for themselves. Personalised care and support was provided at an appropriate pace for each person so that they did not feel rushed. Staff were responsive to people's needs and requests.

Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. Meetings were held, when needed, to make decisions in people's best interests, following the requirements of the Mental Capacity Act 2005. Some documentation in people's care plan files that related to consent was out of date. We have made a recommendation about this.

People were involved in making decisions about their care and treatment. Clear information about the service and how to complain was provided to people and visitors. The registered provider sought feedback from people and used the information to improve the service provided. People were involved in developing and improving the service through tenants meetings, and quality surveys.

There was a system for monitoring the quality and safety of the service to identify any improvements that needed to be made. Action had been taken to address any shortfalls.

Some policies and procedures were out of date and required reviewing. We have made a recommendation about this.

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 was safe.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider has effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. There was an appropriate system in place for the monitoring and management of accidents and incidents.

There was a sufficient number of staff to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. People received the medicines they needed at the right time.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to this. Some consent records required reviewing to ensure they were up to date.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect. People were involved in making decisions about their care.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive to people's individual needs.

People were involved in the planning of their care. They had personalised plans that met their needs. Staff responded effectively to people's needs and requests.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The service was planned to be flexible and personalised. There was an open and positive culture which focussed on people.

Accurate records were maintained to allow the registered manager to monitor care delivery. However, some policies and procedure required updating.

The registered manager provided clear leadership for staff and an opportunity for them to provide feedback and suggestions for improvement.

Watling 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 carried out 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 was carried out on 17 March 2017 and was unannounced. The inspection was carried out by one inspector.

We did not ask the registered provider to complete a Provider Information Return (PIR) before this inspection. As part of our planning for this inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local authority safeguarding team and commissioning team to obtain their feedback about the service.

We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with eight people who used the service to gather their feedback. We spoke with the registered manager, senior carer and three care staff as part of our inspection.

Is the service safe?

Our findings

People told us they felt safe using the service. They said, "I feel very safe here, it's lovely." Another person said, "I don't have to worry about a thing." People told us there were enough staff to visit them at the agreed call time and to meet their needs. One person said, "There are enough staff, they always come at the right time and they don't rush me."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting concerns about people's safety and wellbeing. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse. The registered provider had made appropriate referrals to the local authority safeguarding team in respect of alleged thefts that had occurred from people's private flats. The landlord of the accommodation had taken appropriate action to further ensure the security of the premises. They had supported people to put safety measures into practice and to enhance the security of their private accommodation. The care agency had implemented new procedures to ensure that staff did not access people's flats outside of agreed care call times.

At our inspection on 3 March 2016 we found a breach of regulation relating to the safe recruitment of staff. At this inspection we found that improvements had been made and the registered provider was meeting this regulation. Thorough recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. The registered provider had made checks of the records for all staff employed to ensure they contained the required documentations. These contained interview records, references and a disclosure and barring check. The employment history for all existing staff had been checked to identify any gaps that required clarification. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of skilled and competent staff to meet people's needs. A staff member told us, "We have enough staff, the staffing levels are reviewed all the time." The registered manager reviewed the staffing levels whenever people's needs changed and they increased or decreased the number of staff accordingly. Rotas showed that staff were provided consistently to support people in line with their agreed care package. People knew that they could access staff support outside of their call times by telephoning the agency or using the call bell in their flat. The registered manager told us that they were always happy for people to call at any time of day or night if they were worried about anything and gave examples where this had happened. Where people frequently required additional support outside of their care package the registered manager arranged a review of their package to ensure it was meeting their needs.

People were supported to manage their medicines in a safe way. All staff who administered medicines received appropriate training and were routinely checked for their competency. People that were able to manage their medicines independently were enabled to do so and support was given to remind them to take medicines as necessary. Staff completed people's medicines administration records (MAR) appropriately. The registered manager monitored safe medicines practice through regular audits.

People were kept safe because staff carried out risk assessments of their home environment and took steps to reduce any risks. This included ensuring gas and electricity safety checks had been completed, appliances were checked and any possible trip hazards were reduced. Each person had a personal evacuation plan to ensure staff understood how to help them evacuate their flat in the event of an emergency. People were asked to ensure that equipment to be used in their care was serviced and in safe working order. Staff had access to equipment to reduce the risk of infection spreading. This included alcohol gels and hand washes, gloves aprons and face masks. Staff had received training in infection control practice and they were able to describe how they followed this in practice.

Individual risk assessments were completed for people who needed help to move around, who were at risk of falls, at risk of skin damage, and of malnutrition. Risk assessments contained clear instructions for staff to follow and reduce the risks of harm. Staff we spoke with were aware of these instructions and followed them in practice. People were provided with equipment that helped reduce risks to their safety. This included access to a call bell system in their individual flats and lifeline pendants. Staff had supported people to access services and equipment to reduce the risk of falling. Staff had access to a flow chart that guided them in responding to a range of emergencies. Staff told us they were confident in following these processes. Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from reoccurring. The registered manager carried out monthly analysis of accidents and incidents to identify common trends or patterns and they documented what actions had been taken to keep people safe.

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were competent and effective in meeting people's needs. One person told us, "The staff are all very good, I don't have any concerns." Another person said, "I feel confident that they can give me the care I need. I know my carers well and I know they have been trained to care for me." People told us that they were enabled to make their own decisions and were supported to give their consent to care before it was provided.

At our inspection on 3 March 2016 we found a breach of regulation relating to consent. At this inspection we found that improvements had been made and the registered provider was meeting this regulation. 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. Staff were trained in the principles of the MCA and were able to clearly describe how they implemented these in practice. We saw that one person had made a decision that they would prefer to sleep in their armchair rather than a bed. As they had the capacity to make this decision staff had respected their wishes and recorded this in the care plan. Some paperwork relating to decision making was out of date and had been replaced. However the outdated documents remained in the care plan files which meant that staff may be unclear about which version to follow. We recommend that the registered manager reviews the records relating to decision making and the MCA to ensure the relevant documents are accessible to staff

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. For care agencies such as Caring Companions (Watling Court) the process for this is managed by the Court of Protection. The registered manager understood the application process to the Court of Protection where a person's liberty was being restricted, and had followed this as and when necessary.

At our inspection on 3 March 2016 we found a breach of regulation relating to staff training. At this inspection we found that improvements had been made and the registered provider was meeting this regulation. People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence, and the completion of workbooks to evidence their knowledge. Newly recruited staff studied to gain the care certificate. Staff were up to date with essential training that focused on health and safety, falls and wound prevention, infection control, manual handling, dementia care and mental health. Staff had recently received fire simulation training from the Fire Safety Service. Staff had been provided with additional training to effectively meet people's individual needs. One staff member said, "The training is good, you can do extra training such as dementia awareness." Staff were supported to study for a diploma in social care. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance.

People's care records showed many health and social care professionals were involved with their care to

ensure their health needs were met. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. Staff supported people to access health care professionals as needed and, in some situations, made referrals on their behalf with their consent. People's dietary needs and preferences were documented and known by staff. People's care plans and records showed that they were given the assistance they needed to eat their meals. When there were concerns about their health or appetite, their food and fluid intake had been recorded and monitored and staff had taken action to help the person contact their GP for further support. People were referred appropriately to healthcare professionals such as speech and language therapists, occupational therapists, dieticians, a community mental health team and tissue viability nurses.

Is the service caring?

Our findings

People and their relatives we spoke with told us that they liked the staff that supported them and described them as kind and caring. One person told us, "The staff are lovely, I couldn't wish for better." Another person said, "They treat me very well and don't make me feel like I'm a bother." Another person told us, "They are all lovely, I have my regular carers and I know if they are going on holiday and who I will have instead. This suits me fine as I know them all and am happy to have any of them."

Positive caring relationships were developed between people and staff. People were asked about their life history and what was important to them during the assessment process. This information had been documented in the care plans. When we spoke with staff they were able to describe this information and demonstrate that they knew people well. We saw that staff clearly knew people well and were aware of their needs and what was important to them. For example, staff were sensitive to one person's wish to have peace and quiet. Staff were friendly and chatting when engaging with people. They told us that they used the time between their scheduled visits to chat with people in the shared areas of the flats. Most people chose to have their lunchtime meal in the main dining room of the service, as this was included in their tenancy agreement. This provided opportunities for staff to chat with people and encourage social interaction. We saw, and people told us, that they enjoyed this aspect of the assisted living service. We observed staff addressing people respectfully and with kindness when they were using shared areas of the accommodation.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. People's care records showed that staff understood the need to respect people's privacy by using the doorbell before entering and leaving people in the bathroom to do the parts of their personal hygiene routine that they were able to independently. We saw that staff did not access people's private accommodation without their permission. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. Staff were careful not to discuss people's needs or personal information in shared areas of the accommodation to maintain confidentiality.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. For example, one person's plan said, 'I can shower myself so would ask that staff make my bed whilst I do so.' The care records for this person showed that staff had respected this request. People's care package was regularly reviewed. The registered manager told us that this was to ensure that they received the correct level of support to enable them to live well, but also to ensure that their independence was retained and promoted.

People were involved in making decisions about their care. Information was provided to people about the services the agency could provide to enable them to make an informed decision when agreeing their care. People told us that they were given a brochure and could ask questions about the service before they made their decision. People were involved in decision making about their care and treatment as they were

involved in initial assessments of their needs, care planning and reviews when changes occurred. Other information was provided to people to enable their independence and promote their rights. This included information about advocacy and befriending services, local voluntary support services, emergency health contacts and taxi and transport companies.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. They told us, "I like knowing I can call someone if I need to." Another person said, "They are very flexible, they will bring your meal to your flat if you can't get to the dining room." A further person said, "They provide some activities here too and you can join in if you want to."

People's care and support was planned in partnership with them. The registered manager or care coordinator visited each person to carry out an assessment of their needs and any individual risks before a care package was agreed. People were asked for their views about their needs and how they would like their care to be delivered. The assessment took account of all areas of their life including their mobility, nutrition, mental health, physical health, sleep and communication needs. The assessment also noted social networks and relationships that were important to people as well as their life history and personal preferences. People were asked 'What makes you happy' and specific requests had been included when the care plan was written.

People received personalised care that reflected their likes, dislikes and preferences. They had care plans that detailed their preferred routines and things that were important to them. For example, we saw that one person had specified in their care plan "I'd like a cup of tea first before any other care." Staff told us that they provided this person's agreed care package in two parts. First they visit and make a cup of tea, then they return in a short while to provide their personal care. Another person's care plan stated, "I'd like staff to call out clearly when they arrive as I am hard of hearing. I am happy for staff to use a key to enter." The person's care records showed that staff had carried out this request. People's individual needs and wishes were effectively discussed at handovers to ensure continuity of personalised care. Staff we spoke with were aware of people's individual preferences, routines and requests. The service was flexible and responsive to people's changing needs and wishes. We saw records that showed examples where additional calls had been provided as requested by individuals. People told us that they could request a change to their call time if they were going out.

Staff from the care agency arranged and provided a programme of social activities in the shared lounge at Watling court. This included afternoon tea and cakes, musical entertainment and games. People told us that this was an aspect of the service that they particularly enjoyed as it provided opportunities for social interaction, whilst still having the privacy of their own flat if they wished to spend time there.

People were invited to participate in monthly 'tenants meetings' where they could make suggestions about any aspect of the service. The most recent meeting minutes showed that people had raised some concerns about the quality of the meals provided by the landlord. The care agency had passed this on to the landlord for investigation and the catering contract had been changed as a result. People told us the quality of the meals had improved. People's views about the quality of the service they received were also sought and recorded when their care plan was reviewed and through a satisfaction survey each year. The last survey had been completed in August 2016 and showed that people were highly satisfied with the care they received.

People and their relatives knew about the service's complaint policy and procedures which was included in the brochure for the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. The registered provider's complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints.

Is the service well-led?

Our findings

People told us they were very happy with the service they received. One person said, "It's like a hotel here." Another person said, "I think you will be very impressed, they provide an excellent service." Another person told us, "You can always talk to the manager and if she's not around the staff will go and get her."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was visible in the service and accessible to people who received care. People knew who the registered manager was and told us they felt able to approach her with any concerns or requests.

The registered manager provided staff with clear and directive leadership. Staff told us they understood their responsibilities and were clear about the standards of care they were expected to provide. Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. The vision and values of the service were person-centred and focused on people being at the heart of the service. A staff member told us, "The manager is very supportive. If there are any problems we can go to her and she will get it sorted." Another staff member told us, "We work well as a team; it's a really good place to work." Staff understood their rights in relation to 'blowing the whistle' on poor practice. They told us they felt confident to do so and felt they would be supported.

The registered manager ensured the service was managed in a way that was transparent, honest and person focused. They sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcome and acted upon. The service ensured that quality of care was maintained through an effective quality assurance system. A comprehensive programme of monthly or quarterly audits was carried out by the registered manager and the registered provider. This included audits of medicines, care plans, accidents and incidents, nutrition and weight loss and tenants feedback. The registered manager had identified that a system needed to be introduced to check that the call systems in the flats of individuals who rarely used their call bell were working. Action was underway to implement a system for making this check. Quality monitoring visits were carried out every six months with each person using the service. At these checks people were asked about the quality of their care, if they felt rushed and consulted about any improvements that could be made to their care package or the overall service.

Staff were provided with a handbook of the policies and procedures for the service. We saw that some policies required reviewing as they had not been reviewed since 2010 and contained out of date information. For example the staff recruitment policy referred to taking a 10 year employment history and did not refer to the later requirement that employers now obtain a full employment history for all staff. However, we found that in practice the application required staff to give the full employment history and it was the policy that was out of date. Similarly the staff induction policy had been written in 2004 and did not refer to the requirement for new staff to complete the care certificate. There was a human rights policy in place, but this

only referred to people's right to liberty rather than all the articles (rights) of the Human Rights Act 1998. We recommend that the registered provider ensures that the policies and procedures for the service are reviewed and updated.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. The registered manager had worked closely with the local safeguarding team to ensure people were protected. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service.