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Unit F7 Rossington House

Inspection report

Unit F7 Rossington House
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place over 6, 8 and 9 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. Phone calls to people and staff were completed on 8 and 9 June 2017 and we visited the premises on 6 June 2017.

The service provides personal care and support to people who live in their homes in and around the Bassetlaw area of Nottinghamshire. At the time of this inspection 40 people received support from the agency; five of whom received support with their personal care needs.

The service is required to have a registered manager; a registered manager was in place at the time of this inspection. 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.

Records of people's care, where staff had assisted people with topical creams were not always complete. Checks on the quality and safety of services were undertaken; however they were not always recorded. Policies were being reviewed to ensure they reflected the services provided.

People and their families felt safe with the care provided by the service. Staff had been trained in and understood their responsibilities for safeguarding people.

Checks had been completed on staff employed at the service. There were sufficient staff deployed to attend people's calls and meet people's needs.

Staff were trained to administer medicines when people required this care. Risk assessment processes were in place to identify, and where possible, reduce risks. Procedures were in place to ensure any accidents and incidents would be reported and managed in line with the provider's procedures.

Staff sought people's consent before they provided care. The provider had a policy in place on the Mental Capacity Act 2005, should a person not have the capacity to consent to their care.

Staff had been trained to have skills and knowledge in areas relevant to people's care and support, including safeguarding people and first aid.

Where people needed care with their nutrition and hydration, staff understood how to provide this support and meet their known preferences.

Staff felt supported by the registered manager and had regular contact with them.

Staff were aware of people's healthcare needs and worked with other professionals when needed.

People were cared for by staff who were caring and considerate. People were involved in planning and reviews of their care and support. Staff promoted people's dignity and privacy.

People knew how to raise any worries or concerns. People received personalised and responsive care where their goals, aspirations, hobbies and interests were supported.

The registered manager promoted an open culture where opportunities to develop the service were taken with people and staff. The registered manager was known by people, their family members and staff; people felt the registered manager was approachable.

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.

People felt cared for safely and risks were identified and assessed. Staff were trained to help people manage their medicines when this was needed. Sufficient staff were available to meet people's needs. Recruitment procedures were in in place to check people were suitable to work at the service.

Is the service effective?

Good

The service was effective.

People's consent to their care was checked by staff; policies were in place so people's care could be provided in line with the Mental Capacity Act 2005 (MCA) if they lacked the capacity to consent to their care. Staff training included areas relevant to people's needs. People were supported to have good health and nutrition.

Is the service caring?

Good

The service was caring.

People felt staff were caring and considerate. Staff were knowledgeable in, and promoted people's dignity and independence. People were involved in planning their care and felt their views and decisions were listened to, and respected.

Is the service responsive?

Good

The service was responsive.

The views of people and their preferences were respected. People felt confident to make a complaint if this was needed. People received personalised care, and their aspirations, goals, interests and hobbies were supported.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records of people's care were not always complete and checks

on the quality and safety of services had not always been recorded. Policies were under review to ensure they reflected the services provided. The registered manager was seen as approachable.

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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 over 6, 8 and 9 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk with staff and review records. The inspection team included one inspector.

Before the inspection we looked at all of the key information we held about the service. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

In addition, during our inspection we spoke with one person and two people's relatives on the telephone. We spoke with the registered manager, deputy manager and three staff members.

We looked at three people's care plans and reviewed other records relating to the care people received and how the agency was managed. This included risk assessments, quality assurance checks, staff training and recruitment records.

Good

Is the service safe?

Our findings

One person told us they managed their own medicines; the registered manager told us most people in receipt of personal care, who had medicines, managed these themselves. One family member we spoke with where staff assisted their relative with medicines told us, "Medicines are always done; there's always a record; twice a day, every day." We saw staff had signed medicines administration record (MAR) charts to confirm medicines had been given. The registered manager showed us training records for staff involved in administering medicines to confirm they had been trained. The registered manager had taken steps to ensure people received there medicines safely.

However, we saw not all non-prescribed medicines administered by staff had been recorded; in addition there was no system in place to check on the accuracy of MAR charts transcribed by staff. We discussed these with the registered manager who told us they would introduce checks and improve recording for non-prescribed medicines.

We looked at how the provider recruited and managed staff. Staff told us the registered manager reviewed references and obtained information from the Disclosure and Barring Service (DBS) as part of their recruitment. One person's DBS check had been completed after their start date; however for staff recruited more recently, their DBS check was in place before their appointment. The registered manager confirmed DBS checks would always be reviewed prior to an appointment being made. Recruitment records we reviewed confirmed other checks, such as on people's identify and any health needs had been completed. These checks help providers decide if staff are suitable to work with people using the service. Recruitment procedures were followed to help ensure staff provided safe care to people.

People we spoke with told us the care they received helped them to feel safe. One person told us, "They are very good [staff]; they know their job." A relative told us, "I feel [my relative] is safe with the carers."

Staff we spoke with told us they had been trained in safeguarding and told us the procedures they needed to follow should they have any concerns about people's safety. Staff knew how to recognise any suspected harm or abuse of a person, for example financial abuse. Staff told us and records showed, training covered how to identify potential signs of abuse, such as unexplained bruising or unexplained changes in behaviour. The provider had taken to steps to reduce the risks of abuse and preventable harm to people using the service.

One person told us, "Staff arrive on time; they will ring and let me know if they are going to be late." They went on to tell us, "I never feel rushed with [the staff]." One family member we spoke with told us staff had never missed a call to their relative. Staff we spoke with told us staffing was planned so people's calls were always made. People were supported by sufficient staff who were able to meet people's needs.

Staff told us they were aware of risk in people's homes. Records confirmed risk assessments were in place when people required care to help them; for example, risk assessments identified steps to take to reduce trips where a person was at risk of falls. General risk assessments were also in place, and identified where

isolation points were for any utilities at the property. Staff had information and guidance on what steps to take to manage and reduce any identified risks to people.

Staff told us they knew to report any accidents or incidents to the registered manager. The registered manager confirmed there had been no recorded accidents or incidents since the service registered; they did however have an accidents and incidents report book should it be needed.

Good

Is the service effective?

Our findings

One person told us staff would check they were happy for any care to be provided; they told us they gave consent to their care and support. One family member we spoke with told us how staff accepted the wishes of their relative when they refused any care and support. Another family member told us, "If [my relative] doesn't want care, that's okay." Staff we spoke with shared this view and told us they would record any refusals of care and report it to their manager; they were clear people had choices and control over their care. Records confirmed staff accepted people's choices to refuse care. Records also showed people had signed to give their consent to their care plans. Care was provided with people's consent and policies and procedures were in place should a person lack the mental capacity to consent to their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The service had policies in place that covered the MCA and making decisions in a person's best interests. The registered manager told us no-one lacked the capacity to consent to their care at the time of our inspection; however the polices and a form to assess a person's capacity were in place should these be needed at a future point.

People told us they felt staff had the skills and knowledge to care for them. Where people told us a member of staff may occasionally need more training, they said this was dealt with by the registered manager. Staff we spoke with told us they felt confident in their job roles from the training they received as well as from the support of the registered manager. Both people and staff told us new staff worked alongside an experienced member of staff before they provided any care on their own. In addition, staff told us they had a review with the registered manager to talk about whether they felt confident or whether they needed any further support. As part of this review meeting the registered manager told us they asked for feedback on the new staff member from the person they supported and the staff member they worked with. Records showed staff were supported to complete their Care Certificate. The Care Certificate aims to equip health and social care staff with the knowledge and skills needed to provide safe and compassionate care. Staff had the skills and knowledge to care for people.

Staff told us they received support from the registered manager when this was needed. One staff member told us there was, "Always someone on the duty phone." They told us they found it reassuring to know they could contact a manager for extra support if they ever needed to. Staff told us and records confirmed regular supervision meetings had been held with staff. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. Records showed these areas were discussed with staff. Staff received support and development in their job roles.

People and their families told us they usually managed their own meals and drinks, and may on occasion have support from staff. When we spoke with staff they understood, should a person require care with their meals or dinks, what they would need to know in order to provide effective care. Staff spoke with us about people's dietary needs and preferences. Staff told us of their other experience and knowledge gathered from supporting other people with their meal planning; One staff member told us how they helped a person who wanted to make healthy food choices plan shopping lists and how to cook healthy meals. Where people did have support, their preferences of food and drink were recorded and known by staff. Staff had recorded any care they had given to people with their food and drink. One staff member had recorded, "[Person] did not feel well enough to get up today; took a coffee and made a ham sandwich for lunch." This showed staff were mindful of when people needed support with their food and drink and took action to ensure their needs were met. People were supported, when required, to have sufficient food and drink.

One person told us when other health care professionals were involved in their care, staff, "Worked well," with them. Staff had recorded when a person's doctor had visited them. Care plans also recorded when other care had been given by other professionals, for example, whether a person required hearing aids or glasses. People were supported to access other healthcare services when required.

Good

Is the service caring?

Our findings

People told us staff were considerate and caring. One person told us, "[Staff] make me feel like they are coming into my home." They went onto tell us, "[Staff] put themselves out; they are good." One family member told us they felt their relative and staff got on well; they said, "I can hear [my relative] laughing and joking with staff."

Staff we spoke with told us they felt like they worked for a caring service; they told us this was influenced by the registered manager. One staff member told us, "[The registered manager] cares; she actually cares about the people we look after; that reflects on everyone." People received care from staff who were caring and considerate.

In addition, people and their families told us staff promoted their dignity, privacy and independence. One family member told us, "Staff are respectful to privacy and dignity." Staff we spoke with, and records confirmed, training was provided on promoting dignity, privacy and independence in care. Records also showed where staff promoted people's independence; for example, care plans identified what things people could do independently and what they needed help with. Care was provided with respect and to promote people's independence, dignity and privacy.

People told us they knew about their care plan. One person told us, "I feel very involved." A family member told us, "Communication has been really important in getting good care; they listen to [my relative] as well as us; we were involved in writing the care plan, including any preferences; everything was covered at the start." Records showed care plans had been discussed with people.

Staff told us the care plan and any risk assessments were useful. One staff member told us, "I always advise a new staff member to read the care plans; I revisit people's care plans to also refresh myself." People and when appropriate, their families, were involved in planning people's care.

People also told us they felt listened to. Where possible, people told us the registered manager considered and tried to support the development of positive relations between people and the staff that supported them. One family member told us, "[Registered manager] puts the right staff with the right people; the staff have been careful to talk to [my relative] about their interests." Records showed people's views and preferences had been gathered and used to plan their care and support. This included people's preferences for which staff cared for them as well as preferences for how people wanted their care provided. People, and their family members when appropriate, were involved in planning what care and support was needed.

Good

Is the service responsive?

Our findings

People contributed to the assessment and planning of their care. One person told us, "[Registered manager] changes anything if needed." A family member told us, "My views are taken into consideration; we talk very well." Records showed care plans had been reviewed with people and their families when appropriate. We spoke with one staff member who told us reviews of people's care plans and risk assessments would soon become their responsibility. They told us they were looking forward to reviewing people's care with them. People contributed to their care plans and on-going reviews of their care.

People and their families told us staff knew them well and understood their views and preferences. One person told us, "It's been important to have regular staff; it's helped to build up a relationship."
A family member told us, "Staff have a good relationship with [my relative]."

Care plans recorded people's views and preferences, and included such areas as food and drink, hobbies and interests as well as any likes and dislikes. Care plans were written with a focus on what people wanted to achieve; this helped any care to be planned in support of people's aspirations and goals. Records showed people were supported to follow their interests and hobbies and staff we spoke with understood this was important to people. People received personalised and responsive care that respected their views and preferences.

People we spoke with told us they had no reason to complain about the service; however they told us they would feel confident to complain should they need to. One person told us when something had gone wrong they spoke with the registered manager; they told us, "[The registered manager] sorted it." They told us the situation was resolved to their satisfaction.

Other families we spoke with were confident in the registered manager to resolve any complaint should they have need to make one. We saw information on how to make a complaint was provided to people in a 'service user guide'. The registered manager told us there had been no official complaints received, however a system to manage complaints was in place should one be made. People were able to complain or make feedback on the care they received.

Requires Improvement

Is the service well-led?

Our findings

Records of people's care were not always complete. This was because we found records in people's daily notes where staff had applied creams or where creams had been offered and refused by people. We asked the registered manager what these creams were. They told us they were not prescribed creams, but were creams people had obtained themselves for use, when, for example, their skin became dry. Records did not always show what cream staff had offered a person or helped apply to a person's skin. We discussed this with the registered manager who told us they would take action to record any creams administered by staff and ensure records of people's care and support were complete and accurate.

Where MAR charts were in use, they had been handwritten by members of staff rather than having been issued by a pharmacy. There was no system or process in place for the registered manager to assure themselves that the risk of a transcribing error was minimised and mitigated. We discussed this with the registered manager who told us they would introduce checks on handwritten MAR charts to reduce the risks associated with transcribing errors.

The registered manager had policies and procedures in place to cover issues such as whistleblowing, reporting accidents and incidents, the MCA, safeguarding people and medicines. The registered manager told us the policies and procedures were currently under review to ensure they were accurate and up to date. We discussed the medicines policy with the registered manager as this did not fully cover all the aspects of medicines practice completed by staff. For example, it did not include the transcribing of MAR chart instructions. The registered manager told us they would take action to reflect this practice, and the steps to reduce the risk of transcription errors in the policy.

The registered manager told us they audited MAR charts when they were returned to the office; staff we spoke with also told us MAR charts and daily records were checked by the registered manager regularly. One staff member also told us their practice was checked by the registered manager. They said, "We never know when she will check; any feedback is discussed in our supervision." We saw the registered manager checked daily records on the day of our inspection. However, none of the checks on the quality and safety of services were recorded. We spoke with the registered manager about this and they told us they would introduce a way of recording the checks they completed on the quality and safety of services.

The service is required to have a registered manager and the registered manager was also the provider. The registered manager was aware of their responsibilities and to send statutory notifications to CQC when required; although they told us there had not been any events that had required a notification to be submitted. Notifications are changes, events or incidents that providers must tell us about.

The registered manager was supported by a deputy manager, along with care staff. The registered manager demonstrated an open and approachable style of leadership. People and staff told us they were comfortable talking with them. One person told us, "[Registered Manager] is very approachable; I recommend them." A family member told us, "My calls are always answered or I get a call back if I've left a message."

Staff we spoke with told us they enjoyed their role. We saw staff meetings had been held and provided staff with opportunities to share their views. These meetings provided opportunities for staff to contribute as well as reinforce good practice. Staff were motivated in their role and had opportunities to contribute to developments.

People we spoke with told us they were satisfied with the service they received. The service also collected people's views on the service through a survey type questionnaire. The responses we reviewed were positive. The registered manager told us, and records confirmed people's responses had been analysed and used to develop the service. For example, the registered manager had developed a walking group and arranged for people to have meals out together throughout the year based on people's feedback. People's views were gathered and people were involved in the way the service operated.