Community Integrated Care

# Derby Court

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 08 February 2018 and was unannounced.

This was the first inspection of the service since their registration with CQC.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People who used this service lived in their own apartments with access to a communal lounge and kitchen. The registered manager and care staff had access to an office on site which they shared with the housing provider.

Not everyone living at Derby Court received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 12 people receiving the personal care service.

There was a registered manager at 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.

Risks people faced were identified and people's safely was monitored and managed through the use of risk management plans. The plans described the measures in place to reduce the likelihood of harm occurring and they were kept under review.

People knew what was meant by abuse and they were confident about telling someone if they were mistreated. Staff had completed safeguarding training and they had access to up to date information and guidance about recognising and reporting abuse or potential abuse. They knew the different types of abuse and were confident about recognising and reporting any concerns they had.

The right amount of suitably skilled and qualified staff were available to safely meet people's needs. The process for recruiting new staff was safe and thorough. A series of pre-employment checks were carried out as a way of assessing the applicant's suitability for the job prior to an offer of employment being made.

Staff responsible for handling medication were suitably trained and competent. They had access to detailed information about people's medication including what it was for and how to safely support people to take it.

Medication and medication administration records (MARs) were regularly checked to ensure people had safely received their medication at the right times.

Staff were provided with appropriate training and support to make sure they had the right skills, knowledge and experience for their job. Staff described the registered manager as supportive and approachable. They said they had received a good level of training and support which they felt was relevant to their roles and responsibilities.

Staff had a good understanding of their responsibilities to ensure that people's rights and best interests were promoted in line with the Mental Capacity Act 2005. People's consent was obtained prior to the delivery of any care and support and their right to make decisions was respected.

Staff understood people's dietary needs and people received the support they needed to maintain a healthy and balanced diet.

People were treated with kindness and compassion and their privacy, dignity and independence was promoted. People were supported to express their views and make decisions about the way they their care and support was provided. Positive relationships had been formed between people who used the service and staff. Staff had taken time to get to know each person and things which were important to them.

Each person had a care plan for their assessed needs. The plans clearly identified the area of need and how it was to be met to achieve the best possible outcome for the person. People, and were appropriate relevant others such as family members were fully involved in the development of care plans and had agreed to them.

People were provided with information about how to complain in a format which they understood. People raised no concerns about the service but said they knew how to complain and would do so if they were dissatisfied with the service.

There was a clear management structure at the service and a positive culture. Staff understood the visions and values of the service which were to provide a high standard of care to the people supported. The quality and safety of the service was assessed and monitored in line with the registered provider's quality framework. Action plans were developed and followed through in timely way when areas for improvement were identified.

## 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 were protected from the risks of harm and abuse.

People were safely supported to take their medication.

There were sufficient numbers of suitable staff to safely meet the needs of people.

### Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and they experienced positive outcomes.

Staff received the training and support they needed to carry out their role effectively.

Staff understood the legal process for supporting people who lacked capacity to make their own decisions.

### Is the service caring?

Good

The service was caring.

People's privacy, dignity and independence was promoted and respected.

Staff knew people well and had formed positive relationships with them.

People were supported to express their views and they made decisions about their care and support.

## Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their needs.

People knew how to complain and were confident to do so if needed.

People were given the opportunity to discuss and plan their end of life wishes.

## Is the service well-led?

Good

The service was well-led

People and staff were complimentary about the way the service was managed.

Staff understood the visions and values of the service and they described a positive culture at the service.

Quality checks helped to ensure that improvements were made to the service and risks quickly identified and mitigated.

# Derby 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 checked 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.

The inspection took place on 08 February 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and dementia care.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

With their prior consent we spoke with a total of 8 people who used the service. We checked a selection of records, including care records for five people, recruitment and training records for four staff, policies and procedures and other records relating to the management of the service. We spoke with five staff, including care staff, the registered manager and an area manager.

Good

# Is the service safe?

## Our findings

People told us they had no concerns about their safety and that there was enough staff that treated them well.

There were sufficient numbers of suitable staff to support people safely and meet their needs. Safe recruitment procedures were followed to make sure those employed were suitable to work at the service. Prior to an offer of employment applicants underwent a serious of checks to make sure that they were suitably qualified, experienced and of good character. Before an offer of employment was made checks on applicants were carried out with their current or previous employer and with the Disclosure and Barring Service (DBS). The DBS carry out checks on people's criminal backgrounds. Staff told us and records showed that they did not start work until the checks were completed.

The level of support people needed was based on an assessment of their needs which was kept under review. People told us that they had confidence in the ability of staff and that they felt safe with them. One person said, "Oh yes I feel safe with them all [staff], they know exactly what they are doing" and another person said, "I have a lot of confidence in them all, they all seem to be well trained". There was one member of staff on duty throughout the night as less people required a personal care service during this time. Staff working on the night shift were provided with a device which enabled them to call for assistance if required.

People were safeguarded from abuse. People told us they knew what abuse meant and that they would tell someone if they were abused. Staff received safeguarding training as part of their induction and thereafter each year. Information was readily available to staff including the registered providers and the local authority safeguarding policy and procedure. People who used the service were also provided with the registered provider's safeguarding policy and procedure. Staff knew the different types and potential signs of abuse and they knew the procedures for reporting such incidents. One member of staff said, "I would definitely report abuse," and another said, "I would be worried about and report changes in a person's mood or behaviour or unexplained marks on their body". The registered manager was knowledgeable about the procedure for notifying the local authority safeguarding team about any allegations of abuse. The registered provider had a whistleblowing policy and procedure and staff were familiar with it. Staff told us they were not afraid to report poor practice to the registered manager and were confident that their concerns would be taken seriously and dealt with in the right way.

People's medicines were managed safely. Before staff were allowed to manage medication they completed training in the subject and underwent a check to ensure they were competent. Staff had access to up to date information and guidance about how to manage people's medicines, including a copy of the registered provider's management of medication policy and procedure. The medicines prescribed and what they were for were detailed in each person's care plan along with the support they required to take their medication. A medication administration record (MAR) which people kept in their homes detailed each item of medication prescribed and instructions for use. Staff completed MARs to indicate the support given. For example they initialled the MAR when they administered medication and used codes to indicate other circumstances such as when a person refused their medication or were reminded to take it.

Risks people faced were identified through assessments and were required a risk management plan was put in place. The plans provided staff with instructions and guidance on how to minimise risks to people's health and safety in relation to things such as the environment, the use of equipment and moving and handling.

Staff had completed training in topics of health and safety including first aid and fire awareness and they had a good understanding about their responsibilities for ensuring the safety of people, themselves and others. The registered provider had put in place a plan for dealing with emergencies for example in the event of a fire or flood or breakdown of essential equipment such as gas and electricity. Staff were aware of emergency plans and were confident about dealing with an emergency situation should one arise.

An assistive technology call procedure was in place for people to use should they need help or assistance from staff outside their visit times. People were provided with a pendant which they could wear either around their wrist or neck. At the beginning every shift each member of staff were required to allocate themselves to a handset which activates should a person linked to their device presses their pendant. If the call is not answered within 60 seconds an alert is sent to a help desk who contacts a manager. People told us that they felt really safe having a pendant and when they had used them their calls were answered very quickly. Staff were issued with identification badges which they were required to display all times whilst at work. People told us that staff always wore their ID badges when attending their homes.

Records were managed and stored safely and securely. Information was accurate and up to date. Records about people who received a personal care service were kept securely in their own homes and copies were kept locked away safely in the office. Information held on the computer was password protected so only authorised staff could access it.

The registered provider had policies and procedures in place with regards to infection prevention and control. Staff had access to a good stock of personal protective equipment (PPE) such as disposable gloves and aprons and hand sanitizer and they knew when and why they were required to use them. People told us that staff followed good hygiene and infection control practices.

Good

# Is the service effective?

## Our findings

People told us they thought staff were well trained and good at their job and that they did everything they were required to do during their visits.

Initial assessments were carried out by the registered provider and others were obtained from relevant health and social care professionals. Care plans based on assessments clearly identified the area of need and what the expected outcome was for the person. They provided staff with instructions and guidance about how best to meet people's needs taking account of their wishes and preferences. Care plans were updated when a change in a person's need was identified. This ensured that staff had the information and guidance they needed to provide people with safe and effective care and support.

People's nutritional and hydration needs were understood and met. Care plans detailed any special dietary requirements people had along with the support they needed to eat and drink. In addition they included details of any specialist equipment people needed to promote their independence at meal times. People's food preferences, likes and dislikes and any food allergies they had were included in their care plans. Staff were knowledgeable about people's dietary needs.

People received appropriate support with their healthcare needs. Care plans detailed any support people needed to manage and maintain their health. Staff had completed training and had access to information about various health conditions, such as diabetes, the different types of dementia and natural aging conditions. Care plans detailed any healthcare professionals who were involved in people's care so that staff could contact them if they had any concerns about a person's health. Staff monitored and recorded any changes which they noted in people's health and wellbeing and they were confident about what to do if a person was unwell. A member of staff said they would either call the persons GP or emergency services depending on the severity of a person's condition.

On commencing their shift staff took part in a 'staff handover' during which time they were updated about any changes made to people's care plans. Care plans were accessible to the relevant staff with a copy held in people's homes and a copy held in the office. People told us that they were involved in putting together their care plan and regular reviews of them. Their comments included, "Oh yes they [staff] go through it with me to make sure it is right," and "I'm very involved with everything." This ensured staff had the most up to date information about people's needs and how best to meet them.

People received care and support from staff who received appropriate training and support for their role. On starting work for the service new staff commenced a 12 week induction programme. This began with learning about the expectations of their roles and responsibilities and an introduction to the registered providers policies and procedures. Training provided to staff throughout their induction and thereafter was linked to The Care Certificate (TCC). TCC is an identified set of standards that health and social care workers adhere to in their daily working life. Training covered in TCC included; equality and diversity, moving and handling, communication, compassion, dignity and privacy and fluids and nutrition. Staff also completed training linked to the needs of people who used the service, including dementia care, end of life care and

emergency first aid. Staff underwent a knowledge check following each training session to assess their understanding of the subject and determine if further training was required. Staff told us they learnt a lot from the training.

Staff received an appropriate level of support for their roles. Staff told us that the registered manager had good communication skills and was supportive and approachable. They said the registered manager provided support, advice and information through both group and one to one meetings. Staff meetings were held regularly and each member of staff met on a one to one basis with the registered manager at regular intervals throughout the year. One to one meetings are an opportunity for staff to spend time alone with the registered manager to discuss their work, and plan for future training and development needs. The registered manager also facilitated an annual appraisal with each member of staff which gave them the opportunity to reflect on outcomes and achievements over the previous year and agree the next year's performance plan.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). In community care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection there was no one at this service subject to a court order and no applications had been made to the Court of Protection. 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.

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.

In community services, where people do not have the mental capacity to make decisions on their own behalf, an authorisation must be sought from the Court of Protection (CoP) to ensure that decisions made in their best interests are legally authorised. The registered manager told us that there was currently no one who used the service subject to an authorisation made by the CoP. However the registered provider had a policy and procedure in place in relation to this. Records showed that staff had undertaken training in the MCA, and through discussion they demonstrated an awareness of their roles and responsibilities in relation to the act. They knew to obtain people's consent to care and support and respect people's decisions.

Good

# Is the service caring?

## Our findings

People described a caring service.

People were treated with kindness and compassion and they were given emotional support when needed. Staff described how they had supported a person following a recent loss of a loved one and how they had supported another person who found it difficult settling since moving to Derby Court. We met with both people and they were complimentary about the support they received. Messages of thanks sent to the staff included the following comments; "How can I ever thank you for your companionship, friendship, kindness and care" "Thank you for caring," and "Fantastic support and passion you all show".

People told us that they knew which staff were visiting them each day. They said they had regular staff that they liked and got on well with. One person said, "I have bad days and the staff who visit me know and understand that and how to support me through them."

Staff had good knowledge about the people they supported and they spoke fondly and respectfully about them. The knowledge staff had and information recorded in care plans demonstrated time was spent getting to know people. Terms used in care records to describe people included, "Friendly" "Loving" and "Kind" and staff referred to people using these terms when speaking about them.

Care records included people's wishes and preferences with regards to how their care and support was provided and staff had a good understanding of them. This included people's preferred name and their preferred gender of carer. One person's care records stated that they preferred female staff but were happy with male staff in an emergency. The person confirmed that staff were fully aware of this and respected their wishes.

People enjoyed laughter and banter with staff. One person said, "I enjoy their [staff] company. I look forward to them coming, they cheer me up, we have a laugh," and another person said, "Life would be dull without them [staff] and the joy they bring to me."

People told us that staff respected their privacy, dignity and independence. One person said, "I leave my front door unlocked so that staff can let themselves in but they know to shout from the hallway and knock on the living room door before coming in," and another person said "They are very conscious about my privacy when helping me." Staff provided examples of how they promoted people's independence and ensured people's privacy and dignity on a daily basis. Their responses included; knocking on doors and waiting to be invited into people's homes, closing curtains when assisting people with personal care, allowing people to do as much as possible for themselves and giving people as much choice as possible.

People's level of independence and how it was to be promoted was reflected in their care records and understood by staff. For example, one person's care plan stated that it was important for them to carry out household tasks but may need some encouragement and help. Staff explained that they encouraged the person's independence and only intervened at the person's request. Another person's care plan stated that

it was important for them to be involved and make their own decisions such as about their clothing and food. The person told us that staff knew and respected this.

People's right to confidentiality was understood and maintained. Staff were trained to keep documents confidential and how to safely share information. Care files and other documents were stored securely at the office and staff ensured care records held in people's homes were put away in a safe place before they left people's homes. Computerised records were password protected and accessible only to relevant staff. Staff understood their responsibilities for ensuring all information about people was kept confidential.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require this support. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

People had access to key pieces of information, such as the complaints procedure. All information was made available to people in formats which they could access, such as large print, pictures and symbols.

Good

# Is the service responsive?

## Our findings

People told us they were happy with the service they received and that it met their expectations. They told us that they would complain if they needed to and were confident that they would be listened to. People's comments included; "It's changed my life for the better. I get all the help I need."

People received personalised care and support responsive to their needs. Each person had an individual care plan which was developed on the basis of assessments carried out. People told us that their care plans were reflective of their needs and that staff followed them correctly.

Staff had a good understanding of people's needs and how to meet them. Staff told us they had access to care plans which were held in people's homes and that they read them regularly as a way of keeping up to date with people's needs.

Care plans contained information about people's interests, hobbies and life history. People had access to a communal lounge and kitchen which they could use at their leisure. We observed people being encouraged and supported by staff to access a range of activities facilitated by local groups in the communal lounge including; flower arranging and a local history class. Staff supported people to access other organised activities which took place at Derby Court and they supported people in accessing the local community.

An advance care plan was developed for people who chose to discuss their end of life wishes. Advance Care Planning is a process of discussing and/or formally documenting people's wishes for their future care. It enables health and care professionals to understand how people want to be cared for if they become too ill to make decisions or speak for themselves.

Records showed that people and relevant others such as family members were involved in regular reviews of care plans. This enabled people to have a say about how their care and support was provided and to make sure they were happy and in agreement with their plan of care. People confirmed that they were involved in reviewing their plans and that their views and opinions were listened to.

People who used the service were provided with others opportunities outside of reviews to comment on the service they received and put forward any ideas for improvements. This was done through spot visits to their home by the registered manager and through service satisfaction surveys. Returned surveys were analysed and the results were made available to people. The results of the most recent survey carried out in May/June 2017 showed that the respondents were mostly happy with the aspects of the service they were invited to rate and comment on. This included their support, the staff and whether their opinion mattered. Suggestions people made to improve the service were acted upon. This included the development of an easy read complaints procedure and providing people with copies of staff rotas to ensure they were informed of any changes to the their staff team.

The registered provider had a complaints procedure which was made available to people in their homes. The procedure required all complaints to be acknowledged, investigated and responded to in a set

timescale. People told us that they had no complaints but were confident about complaining should they need to. The registered manager knew what their responsibilities were for dealing with complaints in line with the registered provider's procedure. They said they would use learning from complaints to improve the service.

Good

# Is the service well-led?

## Our findings

People knew who the registered manager was and they made positive comments about how the service was managed. Comments people made included; "X [registered manager] is lovely. She always listens and helps me a lot," "She [registered manager] is always about and regularly checks that everything is ok."

There was a clear management structure operated within the service which people and staff were familiar with it. Managers and staff understood their roles and responsibilities and the lines of accountability within the service. The registered manager had overall responsibility for the day to day management of the service and they received support from their line manager. Both were present throughout the inspection and provided all the information we asked for in a timely way. They had a good understanding of the CQC fundamental standards and associated regulations and how it impacted on their work.

There were clear visions and values set out for the service which the registered manager promoted amongst the staff team. Staff told us they felt there was an open culture within the service. They said they had no concerns about approaching the management team and felt able to openly discuss anything. Staff felt confident that they would be supported by the registered manager and other senior managers in raising any concerns they had in confidence. Staff said they felt valued and that they enjoyed their job. Their comments included "I love my job and we all work well as a team. We have a good manager who is very fair" and "Our manager makes me feel valued." Staff were kept up to date with any changes to the service and working practice through regular staff meetings and during shift handovers. They also had access to the registered providers Yammer account where they could obtain updates and information about the organisation.

There was effective quality monitoring systems in place. The registered provider had a quality framework based on the five key questions and key lines of enquiry (KLOEs) used by the Care Quality Commission. The framework had been followed as required to assess and monitor the quality and safety of the service and make improvements. The registered manager had carried out the required checks throughout each month on aspects of the service including, care records, medication, accidents and incidents and staff performance. The outcomes of the checks were recorded in line with the registered provider's assurance framework. This included any area for improvement along with the actions required to make the improvement, a target date for completion and the person responsible for following it through. A senior manager visited the service regularly and at least once a month they carried out further checks to ensure that the provider's quality framework was being adhered to. Audits were also carried out bi monthly, six monthly and annually by other senior managers within the organisation and the outcomes of these were used as part of the ongoing development of the service.

Senior managers tracked areas of improvement and provided a written update on the action or progress made to date. We saw examples of improvements made to the service which were initiated through the quality assurance processes. These included the development of prompt cards for staff to carry whilst on duty with a quick guide to information such as; how to reset the fire alarm, key contacts and the Mental Capacity Act and Deprivation of Liberty Safeguards. A device had also been provided for lone workers to use at night enabling them to summons help quickly in an emergency.

The registered provider had a system in place for reporting and recording accidents and incidents and staff were familiar with it. The management team carried out regular audits of accident and incident records as a way of identifying any patterns or trends and ways of reducing repeat occurrences.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on a regular basis and updated when there were any changes in legislation or best practice. Any updates or new information which impacted on the service delivery was shared with managers and staff in a timely way through newsletters and team meetings.

We had received statutory notifications from the registered provider about the service. The registered manager had a good understanding of incidents and events which they were required by law to notify CQC about and they knew the process for sending notifications to us.