Care UK Homecare Limited

Care UK Community Care Services Friary Court Extra Care Scheme

Inspection report

Friary Court
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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

We undertook this unannounced inspection of Care UK Community Care Services Friary Court Extra Care Scheme on 26 January 2015.

At our last inspection in December 2013 the provider was meeting the regulations that we assessed.

Care UK Community Care Services Friary Court Extra Care Scheme provides personal care services within Friary

Summary of findings

Court. At the time of our inspection 26 people were receiving a personal care service. This included six people in rehabilitation beds that are provided in partnership with intermediate care services run by the NHS. The six people in the rehabilitation beds have six weeks of care to either improve their health to enable them to return home, or to make an application to request a permanent place in Friary Court.

Friary Court is located on the edge of the city of Peterborough.

The service did not have a registered manager in post, but an application to register a manager had been made at the time of the 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.

There were poor arrangements for the management of medicines which meant that people were put at risk of not receiving their medicines as prescribed.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. There was a recruitment process in place and only suitable staff had been employed. There were sufficient staff numbers to meet people's care and support needs but the deployment of staff needed to be improved.

Staff received an induction when they first started working and were supported in their roles through regular supervision with arranged dates for annual appraisals.

People found the staff and managers to be caring and kind. Improvements needed to be made to ensure people's privacy and dignity were respected and confidential information was secured.

The manager had identified that care plans needed to be improved because they had not been written in detail nor been updated, which could lead to inconsistent care being provided. They had put actions in place to bring about improvement in these so that staff had sufficient guidance to help them meet the needs of the people they provided care to.

The management team was accessible and approachable so that staff and people could raise any concerns.

Improvements were needed to ensure there were arrangements in place so that staff knew how or to whom to escalate any minor concerns. The manager and care manager had started to review the quality of the service provided so that people could be confident their needs could be met.

We found one breach of the Health and Social Care Act 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.

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 always safe.

There had been no audits to check that the administration and management of medicines were safe. Staff were not consistently following safe practices when they administered or recorded medicines.

The recruitment process ensured that only suitable staff were employed to work.

There were sufficient numbers of staff on duty to meet the care and support needs of people, but the deployment of staff needed to be improved to ensure that people received care at the correct time.

Requires Improvement

Is the service effective?
The service was effective.

Staff had a formal induction and some further training had been provided so that staff could meet people's health and care needs. Staff supervisions had been arranged to support staff.

Staff liaised with other healthcare professionals if they had concerns about a person's health and followed their advice.

Good

Is the service caring?
The service was not always caring.

People who used the service told us they found the staff kind and caring.

Some improvements were needed to ensure staff recognised people's right to privacy and to respect confidential information.

Requires Improvement

Is the service responsive?
The service was not always responsive.

Improvements were needed so that care plans gave staff detailed information on how to support people and meet their needs.

People were aware of how to raise any concerns or complaints. These were addressed using the appropriate procedures.

Requires Improvement

Is the service well-led?
The service was well led.

Minor concerns about people's care needed to be recognised and escalated by staff.

Checks about the quality of the service for people had been put in place.

Good

Summary of findings

Staff felt supported by the new management team and an 'open door' policy was in place for staff to discuss any concerns.

Care UK Community Care Services Friary Court Extra Care Scheme

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 was undertaken by two inspectors and took place on 26 January 2015. The inspection was unannounced.

Before the inspection we asked the provider to complete and return a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We spoke with one social worker in the local authority.

We looked at other information that we held about the service including notifications, which are events that happen in the service that the provider is required to inform us about by law.

During the inspection we spoke with eight people who used the service, two relatives and one visiting hairdresser. We interviewed four members of staff, the care manager and the manager of the service. We observed how staff treated and spoke with people.

As part of this inspection we looked at three people's care plans and care records. We reviewed three staff recruitment files. We looked at other records such as accident and incident reports, complaints and compliments, medicine administration records, quality monitoring and audit information and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

The manager told us that medicine errors had been identified recently. As a result, a selection of staff had been chosen to be responsible for the administration of medicines. They had been given additional training for the role. A member of staff told us they believed the extra training they had received meant that administration and management processes of medicines were now safe. However, we did not find that there had been any audits to check that the administration and management processes were now safe. Staff did not consistently follow safe practice when they gave people their medicines and did not record accurately the medicines given.

During our inspection we looked at the current medicines administration record (MAR) charts, held in the flats of four people. We also looked at the records for the previous month for 12 people. We noted that records had not always been clearly recorded to indicate when a medicine had been given. The manager told us that the previous months MAR charts had yet to be audited. This delay in auditing meant that errors were not picked up in a timely fashion and were not supporting people to remain safe.

For example we noted that people did not receive their medicines directly to their homes. The medicines were delivered to the staff office for checking and the MAR charts did not detail how many or how much of each medicine had been received into the service before they were taken to people's homes. It was therefore not possible to reconcile the medicines. This is the process whereby the number of tablets is counted against the number of signatures on the MAR chart to ensure correct administration processes.

When we checked one person's MAR charts we noted that not all of the morning medication had been signed as being administered, However the daily care record stated that all medications had been administered, . We asked permission of the person to remove the records from their flat so that they could be discussed with the management team and staff. When we returned the records we found that staff had administered the lunchtime medicines without being able to refer to or record the medicines on the MAR chart.

We saw that one person's medicines had been unavailable for five days. We discussed this with the manager who told us it was because a new medication had been introduced for the person during a hospital stay. The local GP had not received information from the hospital about the changes in medicines and would not write a prescription. While this was not the responsibility of the staff there was nothing documented to support the action they told us they had taken to support the person's health and wellbeing.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people raised concerns with us about the timeliness of staff arriving to provide then with their care. One person said, "My morning support should be 9.00 am". The call log confirmed this had happened four times in the past week but twice the call had been 09.30am and once 10.00am. The person said, "We have things to do and need to make plans we can't wait all day". Another person said, "If they could get the call times right things would be good". One person said, "Timing is the biggest issue here." They went on to tell us that the previous night they had waited for an hour after their evening check call was due and had decided to lock the door and not answer when the care staff eventually came. We looked at the care record for the previous day which did not include an entry for an evening check visit nor did it detail how staff had ensured the person was safe and did not require this check. The manager said they were unaware there had been an issue and said they would investigate immediately.

Staff told us, and the rotas confirmed that the current staffing levels were sufficient to meet the needs of the people using the service. One member of staff said, "We are well staffed now and get the work done". Improvements were needed because although the team leader informed staff about the individual people they were expected to care for during their shift, the deployment and time management was not well planned. This resulted in staff not providing care to people at the times they were expected.

One person said, "I feel safe here. I only lock my door if I go out." Staff told us that although it was good that people felt safe, they encouraged them to keep their front doors locked for safety reasons as they would outside a supported living service.

Requires Improvement

Is the service safe?

Staff were able to tell us about protecting people from harm. One member of staff said, "I would report to a manager but know I can report myself [to outside agencies] if necessary. I have a duty of care." Members of staff told us that they were always supported by an on-call manager if the manager was not available. They confirmed they had used the system and it worked well. All the staff we spoke with understood what signs of abuse to look for and were confident in how to escalate any concerns they had in respect of people's safety.

A poster was displayed in the office advising staff about the importance of informing of any poor practice and gave them an external contact. Staff were aware of the policy and one member of staff said, "I know about whistleblowing and have the [phone] number and I know it's confidential. If need to I would. We're here to protect people."

Care staff told us that when they identified people were at risk they followed risk management policies and procedures to protect them. We found that individual risk assessments had been completed but were very generic and did not give staff clear guidance about minimising risk for each person. Some assessments had not been reviewed for a number of months although we saw others that had been more recently written and were more detailed.

We looked at the recruitment files for three care staff, two of whom had been employed within the last four months. We confirmed that safe and effective recruitment practices were followed to ensure staff were of good character, physically and mentally fit for the role and able to meet people's needs. New staff confirmed they had not started work until satisfactory employment checks were completed.

Providers have to inform us of important events that take place in their service. People who used the service were protected because we had been told about any notifiable events and the action that had been taken by the provider.

Good

Is the service effective?

Our findings

The manager stated that staff who had been recruited attended a five day induction training programme. They also worked with more senior staff until they were competent to work alone. We spoke with staff who had been recently employed at the home. They confirmed they had an induction which was classroom based and then worked shadowing more experienced members of staff. The manager told us that spot checks had been put in place so that staff competence could be checked.

Staff told us they received a range of training that supported them with their roles. One member of staff said, "Head office tell us what training we need to do and it is always available." One person told us they were aware of some training that staff undertook and said, "The staff wear gloves when they are doing anything which I know they should." The care manager said dementia, stoma care and national qualifications would be discussed with staff during their supervisions and further training given to ensure staff were up to date on good practice methods of care. Information provided prior to the inspection showed that five staff had completed a national qualification in care at level two or above. The manager was aware that some training needed to be updated by staff but did not affect their ability to meet people's needs. The provider was in the process of changing their training package and staff would use the new system as soon as possible.

The manager, care manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty were lawful. The manager said that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. We were told that all of the people who currently used the service had capacity and no-one was subject to any restrictions.

We were told by a member of staff that the new care manager was arranging to provide regular supervision sessions and they knew one was booked. However, they said they had not received supervision since July 2014 and as a result would not expect the things raised previously to have been followed up. The manager said that all staff had been sent letters to inform them when their supervision and appraisal would be completed. We saw that there were details to show these were scheduled on the staff rota.

Staff told us that any of them would call a GP if a person needed to be visited or to have an appointment made. During our inspection a member of staff had noted a person would benefit from being seen by a GP and with the persons agreement made the necessary arrangements. Throughout the day we saw that a range of health professionals visited people and that the staff interacted with them and took instruction from them. For example at the handover the staff were made aware of the need to measure and record a person's fluid input and output. Although the care records did not clearly record multi-disciplinary decisions there were other folders for health professionals to write in. Staff were aware of these decisions and told us they read the files.

There was information in people's care plans that showed if there were any special dietary concerns in relation to their food or fluid. One person was assisted at mealtimes and there was information available for staff so that they understood the person's illness and possible risks of choking. Staff had received training in how to safely assist people at mealtimes.

Requires Improvement

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said "I couldn't recommend the care here highly enough. I have told a friend about it." During our inspection we saw a lot of positive interaction between staff and people using the service. We heard as people were asked to make decisions about the care they received and the choices they wished to make. There was evidence that information in the new care plans had been written with people who had made decisions about the care that they wanted from the agency staff.

One person said, "Staff are all very kind." Another person said, "They all care for us so well, sometimes we have to wait but that is because they are caring for someone else." Most people told us they understood the need to wait at times. However, they said they would have liked to have a call from the staff to tell them they had acknowledged their call for assistance. Since the care was provided in an extra care supported living complex, people made a call to request assistance with personal care. If the member of staff was unavailable to answer the call it was diverted to an office. The office then tried to arrange for a member of staff to attend the person. However, the person was not contacted to acknowledge that they had made a request for assistance or how long it would be before a member of staff would be with them. This left people unsure when they would be responded to by staff.

Staff were able to take the time to develop trusting relationships, and most understood and respected confidentiality. Although there were some strategies in place to minimise the risk to confidentiality improvements needed to be made. For example information about one person using the service was left in the staff room, which was shared by other staff in the complex.

We observed that staff treated people with dignity and respect and were discreet in relation to people's personal care needs. However a relative told us that they had entered their family member's flat and found that staff had left them on a commode in the lounge. This compromised the person's dignity and privacy as the lounge also had a window onto the road and the curtains had not been closed. Improvements needed to be made and the manager said that an agenda item to discuss dignity and respect had already been arranged for the next staff meeting. This was as a result of issues previously raised by people and to ensure all staff were aware of the issues and how to make sure they did not occur again.

When asking about advocacy one member of staff told us, "Age Concern come in and listen to people". They told us that if there were any concerns raised as a result of those discussions with the advocate they would be reported to the manager to deal with. There was information, which included telephone numbers, which meant staff could signpost people to other advocacy services such as Age UK and the Alzheimer's Society.

Requires Improvement

Is the service responsive?

Our findings

Staff did not consistently have the information to provide care to people in a way that met their needs. For example we spoke with two relatives who had come to take a person to a hospital appointment. When they arrived the person was not ready as they had not had their lunch. They said this was despite telling three different carers and leaving a note. We looked in the care notes for this person and could see no reference to the appointment.

Each person had a plan of care that told staff what needed to be done. However these had not been written in detail and in some cases had not been updated and could lead to inconsistent care being provided. For example, one person's care plan stated, 'Help with personal care' but did not go on to tell the reader what or how this should be delivered. Another stated, 'I walk with a walking stick and need a wheelchair if I go out'. We spoke to this person who was walking independently around their flat and they explained they needed no support within the flat, used a frame to walk outside of their flat but within Friary Court, and would need a wheelchair if they accessed the community. Therefore this care plan was not a clear reflection of their needs.

The manager and care manager confirmed that care plans had been audited and they found all plans needed to be improved and updated. The care manager had started the process, and those seen during the inspection that had been reviewed, showed a marked improvement. However, we saw that even the new care plans did not contain all the information staff would require to ensure people's needs were met in a consistent way. For example information about personal care and people's mobility.

People were encouraged and supported to make choices and have as much control and independence as possible. One person said, "We get to make decisions about our care, for example the staff will say, 'Do you want a shower today?' and it is up to us."

We asked people who used the service if the staff responded to them if they requested additional help. One person said, "Staff come quickly if I ring and will always apologise if they keep me waiting. Another person said, "If I need assistance staff come fairly quickly." However, another person told us of having to wait 40 minutes when they requested to use the toilet. We saw that in one file the person required extra time so that staff could assist them with leg exercises and this was provided. Overall the service responded to people's changing needs and support to help people remain as independent as possible.

The people we spoke with told us they did not know in advance who was going to provide their care. One person said, "I would like to know who to expect at each visit." In contrast another person said, "I don't mind not knowing who is coming to provide my care, I would probably forget if they told me." The manager said that they had discussed this with people and intended to provide a schedule of visits so that people would have the details of who would provide their personal care.

The service protected people from the risks of social isolation and loneliness because it provided social contact with other people in the complex and some activities that encouraged people to maintain hobbies and interests. At the time of the inspection people were limited because the dining and seating areas where people could meet others was being refurbished. We saw that staff encouraged people to visit each other but people tended to choose to remain in their own flat.

There were different ways in which people could feed back their experience of the care they received and raise any issues or concerns they may have. There was a formal complaints procedure and people we spoke with and their relatives confirmed they were aware of it. We saw that concerns and complaints were taken seriously, explored thoroughly and responded to in good time. The information available showed that they were used as an opportunity to improve the service. For example, there was a concern about the level of staff and use of other agency staff to provide people's personal care. There had been a major recruitment drive and the care manager and other staff had been employed as a result. Relatives and staff confirmed that the manager's door was always open so that any concerns or issues could be raised.

Good

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. The manager stated and our records showed that they had applied to register with CQC.

Staff made positive comments about the manager and care manager and told us that they felt their door was always open if they needed advice or support. One member of staff said, "Morale was low but it's building. I know if I tell [the manager] or [care manager] they will do something, I'm confident about that". One member of staff said,"A new care manager started very recently and I was pleased that when I met with them they bothered to take notes. This made me think they took things seriously and would try to make improvements."People and staff received support from managers and there was an out of hours rota displayed with the names and telephone numbers of those available to respond with urgent concerns.

The manager and care manager had started to check the quality of the service provided so that people could be confident their needs could be met. Where shortfalls had been found, they took action to bring about improvement. These checks included environmental risk assessments as the dining and seating areas were being refurbished. A number of audits had been carried out. For example, an audit of care notes found that staff had left lines blank, used the wrong coloured ink and put in the wrong finishing times. A memo had been sent to all staff and information had been included in the staff meeting about how these issues needed to be addressed and that they must not occur again. The manager said there would be a further audit to check staff were compliant with the instructions.

The manager told us that people were spoken with on a regular basis and on an individual basis to check that they were happy with the care provided. The manager said, "We learn from our mistakes. We can't have anything pushed under the carpet. It's how we respond and deal with things, that's [what is] important".

There were no clear arrangements in place so that care staff knew how or to whom to escalate any minor concerns. We visited one person in their flat and noted the surfaces and carpets needed cleaning. Neither the person using the service nor the member of staff supporting them at the time knew who was responsible for the cleaning. We spoke with the manager about this person and they told us they would need to discuss it with the person's social worker so that more care could be provided. The manager said they would look into what arrangements were made for staff to raise these issues so that people's changing needs were responded to appropriately.

Staff told us that there were always two identical team meetings so that all staff had the opportunity to attend one of them. This meant all staff received the same information to ensure that the service provided to people was consistent. We saw that the last meeting, held on 23 January 2015 had covered a number of areas. For example staff should ensure calls were answered in a timely way, the upkeep of records and that action would be taken if staff were disrespectful of people using the service, colleagues or visitors and encouragement of team working. Staff confirmed the information had been discussed at the team meeting. The manager and care manager attended regular weekly meetings with another location to discuss issues or concerns and improve the service provided.

The manager worked in partnership with key organisations such as the local authority and housing provider to support the care provided by the service. However there had been some communication difficulties where information, including confidential information, had not been given directly to the manager. It had been left in the staff room which was not secure. The manager said they would address the issue directly with the person and organisation concerned so that it did not happen again.

The manager told us that the contract for personal care currently provided by the agency was due for renewal through the tendering process in the local authority. Throughout the inspection people told us they were concerned about who was being contracted to provide their personal care. They said things such as, "It is topsy turvey not knowing about the contract." The manager had no information at the time of the inspection about the local authority contract but said they would ensure people were told what was going on when they (the manager) knew.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not protected people against the risk of unsafe use and management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.