

Housing & Care 21

Housing & Care 21 - Cannock

Inspection report

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23 January 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was announced and took place on 20 and 23 January 2017. The service was registered to provide personal care support to people living in their own homes in the Cannock and Stafford areas. At the time of our inspection, 67 people were using the service. Our last inspection took place in June 2013, and at that time the provider was meeting the standards we looked at.

The service did not have a registered manager. 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 provider had recruited a manager and they were in the process of registering with us.

When people were not able to make decisions about their care, the provider had not assessed this and was not able to show why receiving support was in their best interests. People's support was being arranged from a location that was not registered with us, and the provider had not formally notified us about this.

People were safe receiving support from staff who visited them. Staff understood how to protect people from harm and abuse. Risks to people were managed and staff knew how to support people safely. There were enough staff to meet people's needs and the provider had safe recruitment processes in place. When people needed support with their medicines, this was managed safely.

People were supported by staff who had the knowledge and skills needed to carry out their roles. When needed, people received support to maintain a balanced diet and good health.

People received support from staff who were caring and kind. Staff knew people well and understood their needs. People's privacy was respected and their dignity and independence was promoted.

People were involved with the planning of their support, their care needs were reviewed and the provider responded to any changing needs. People were happy to raise any concerns or complaints, and the provider acted on feedback received.

People were happy with the support they received and staff enjoyed their work. Staff were supported in their roles and the provider promoted a positive open culture. There were systems in place to monitor the quality of care, and the provider was keen to drive continuous improvement.

We found breaches 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.

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 safe receiving support from staff who visited them. Staff understood how to protect people from harm and abuse. Risks to people were managed and staff were aware of how to minimise potential risks. There were enough staff to keep people safe and the provider had safe recruitment processes in place. When people needed support with their medicines, this was managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

When people were not able to make decisions about their care, the provider had not assessed this and was not able to show why receiving support was in their best interests. People were supported by staff who had the knowledge and skills needed to carry out their roles. When needed, people received support to maintain a balanced diet and good health.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were caring and kind. Staff knew people well and understood their needs. People's privacy was respected and their dignity and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved with the planning of their care. People's care needs were reviewed and the provider responded to people's changing needs. People were happy to raise any concerns or complaints, and the provider acted on feedback received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People's support was being arranged from a location that was not registered with us, and the provider had not formally notified us about this. People were happy with the support they received and staff enjoyed their work. Staff were supported in their roles and the provider promoted a positive open culture. There were systems in place to monitor the quality of care, and the provider was keen to drive continuous improvement.

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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 visit took place on 20 and 23 January 2017 and was announced. The inspection team consisted of three inspectors. We gave the provider three days' notice because the location provides a domiciliary care service and we needed to make arrangements to speak with people who used the service and staff. At the time of our inspection, 67 people were receiving personal care support.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also reviewed the local authority's current quality monitoring information. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with four people who used the service and four relatives by telephone. We also spoke with three members of care staff, one senior, one care coordinator, the manager and the operations manager during our office visit.

We looked at the care plans of four people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related

to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were confident that they were safe having support from the staff. One person told us, "I really trust the carers; they make me feel safe at home." One relative said, "I know my relation is completely at ease with the carers that come in. I have no concerns about their safety with the staff." People told us that having the support at home made them feel safer in their home. One person said, "It gives me reassurance to know that someone is coming in. I look forward to each of their visits."

People were supported by staff who had the knowledge and skills to protect them from harm. Staff were able to describe the different types of abuse that could happen and how they would recognise possible signs of abuse or neglect. One staff member told us, "There may not be something obvious like bruising; the person may be upset or withdrawn. They may cower away when approached." Staff knew how to raise any issues or concerns. One staff member said, "If there are any concerns I would ring the office straight away. At the end of the day, we have to put people's safety first. We would be failing in our duty of care if we didn't." Staff told us how they would document any concerns and said they were confident that any issues raised would be acted on. One staff member commented, "I know that the office would take any concerns seriously. When I have raised things in the past they have listened; and they always kept me informed about what was happening." This demonstrated the provider was able to protect people from harm and abuse.

Risks to people's safety had been assessed and staff knew how to support people to reduce any risk of harm. One person said, "All the carers are very aware of what they need to do and follow any guidance given." One relative commented, "My relation uses a hoist for transfers; and the carers are very good with that. They have had the training and know what they are doing and I'm confident in them." One staff member told us, "If people use equipment, we are shown how to use this and we know all the checks we have to do to make sure it is safe to use. If we have any concerns about the person and any risks, we inform the office and they will get the occupational therapist to come out to reassess." Some people were at risk of developing sore skin. One relative said, "The staff are very good at letting me know if there are any concerns, and then we can get advice from the district nurse. They are very good at that." Another relative commented, "The nurse asked the staff to keep a record of my relations pressure areas, which they have. Their skin is excellent now." We saw people had a variety of risk assessments in place that described to staff how to minimise potential risks for people. One staff member told us, "The new risk assessments are much better; they are easier to follow and gives us more details than before."

Environmental risks in people's properties were assessed before people started to receive support. One staff member told us, "It can be difficult sometimes as we are going into people's own homes. They may choose to live in a certain way, and we may see things that could be a risk. But it's up to them in the end. If they understand the risks and decide to carry on, we can only point things out to people and encourage them to make some changes." Staff told us that if they had any concerns about their safety when visiting a property they would raise this with the office. One staff member commented, "There have been occasions when double up calls are arranged; not because of the person's needs, but to keep us safe." This demonstrated the provider ensured staffs safety when at work.

People were confident that staff would secure their properties when leaving. One person said, "The carers always leave the house secure when they go." Another person commented, "I have a key safe outside; I'm happy with staff locking things up." Staff told us they had easy access to personal protective equipment (PPE), and one person said, "The carers always make sure they wear their gloves when they need to." One staff member told us, "All our PPE is provided, and we can pick up what we need when we visit the office. It's no problem."

There were enough staff to meet people's needs and keep them safe. One person told us, "They've never missed a care call, so that tells me there are enough staff." One relative said, "They are reliable; there is consistency and the same four people come in. I told the office it was important, and they understand and make sure we get the same people. It's working really well." People received a rota each week to inform them which staff would be visiting. Staff told us they had enough time when visiting people. One staff member commented, "The rotas give us time to get from one call to another. We're not rushing when we're with people." Another staff member said, "If we find that we haven't got enough time with a person, we will let the office know and they will look at lengthening the visit." People told us the staff were usually on time for their visits and would be informed if they were running late. One person said, "They're never more than a couple of minutes late; I'm happy with that."

We checked to see how staff were recruited. One staff member said, "All of my employment checks including references and DBS had to come back before I could even start my induction." The disclosure and barring service (DBS) is a national agency that helps employers make safer recruitment decisions and prevent unsuitable candidates from working with people. They are responsible for processing requests for criminal records checks and deciding whether it is appropriate for a person to be placed on or removed from a barred list. The recruitment records we looked at showed that pre-employment checks were carried out before staff were able to start work. This demonstrated the provider had safe recruitment processes in place.

We checked to see if people received their medicines safely. Some people we spoke with managed their medicines themselves. Other people needed the staff to support them to have their medicines as prescribed. One person said, "The carers always give me my tablets morning and night; and they put my cream on me to keep my skin nice. They fill in the sheet to show that I've had them." We saw that staff were trained before they could support people with their medicines and their competencies were checked. The manager told us, "It's by doing these checks we can recognise if there are any errors. If these happen, we will discuss it with staff and will also offer further training." This demonstrated there were systems in place to ensure people received their medicines safely.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA.

We were told that some people who used the service did not have the capacity to make decisions about their care. One staff member said, "There are some people who can't make decisions about their support and wouldn't be able to sign the paperwork as they don't really understand it." We saw that when people were not able to make decisions about their care, and no one else had the authority to do this, their capacity had not been assessed and best interest decisions were not evident. We discussed this with the manager, who told us, "The MCA policy has just been shared with the staff; it is newly in place." The operations manager commented, "All the customers are being reviewed in terms of their capacity." Staff we spoke with were not always clear how the MCA impacted on their role. One staff member said, "I know we have to check if there is a court order in place, but I'm not sure about capacity assessments and best interest decisions." This meant the provider was not acting in accordance with the MCA and associated guidance.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that some people had decisions made on their behalf through a lasting power of attorney (LPA) for finances and/or health and welfare. An LPA is a way of giving someone the person trusts the legal authority to make decisions on their behalf if they lack mental capacity at some time in the future or no longer wish to make decisions. We saw that the manager had obtained copies of these authorisations. This meant they were sure who had been given authority and which decisions this applied to.

Staff gained people's consent before they provided support. One person said, "Yes, they will always ask my permission." One relative told us, "They talk to my relation and ask for their permission; that's really important to them." One staff member commented, "We know to ask people's permission before we assist them. Some people need a bit more time to understand, so we will sit and explain, and take time with them." Another staff member said, "Some people will indicate their agreement by giving a 'thumbs up' sign. It's important we know how each person communicates as each person can be different." We saw that when people were able to agree to their care and support, they had signed various documents to evidence this.

People were supported by staff who had the knowledge and skills needed to carry out their roles. One person commented, "The staff do what they are here to do, and they all know what needs to be done." Another person told us, "They all understand my needs; their training is ongoing." One relative said, "The staff do have the knowledge they need to provide support."

The provider ensured new staff received the support they required. One staff member told us, "I'm just coming to the end of my induction. I've been in the office this week and we have covered all the essential areas of learning. It's been really good." Another staff member said, "The induction was helpful. After the training, I then spent time with other carers to learn about the hands on side of things. It can be quite different when you're actually with the clients rather than what you've learnt in theory. We team up with other carers so we can be introduced to new people. It works really well."

Staff received training to develop their skills. One staff member told us, "I think the training here is good. Some of the areas covered refreshed my knowledge, but I also learnt new things that I wasn't aware of before." Another staff member said, "The management make sure our training is up to date, and arrange regular training sessions that cover all the subjects we need to know about." They added, "We are also sent regular memos with our rotas which give us updates. We've just had one about the MCA and what we need to be aware of with that." The provider had an electronic system in place which staff accessed to complete some areas of training. One staff member told us, "There is a spare computer in the office that we can use to complete the training if we don't have access to one at home. And if needed, we can book a slot with one of the team who will support us to go through the e learning. That really helps if people aren't too good on the computer." The provider had a system in place where staff could not be allocated care calls unless they were up to date with all their mandatory training. This meant that people would only receive support from staff who had the necessary training.

Some people needed support to prepare their meals. One person told us, "They are very good; they will cook things for my lunch. I choose what I would like and they will get it for me." This demonstrated that people were involved in making decisions about their food. Some people had needed their drinks prepared in a specific manner. One staff member said, "I have supported people who need to have their drinks thickened as they were at risk of choking. The information about this is in their care plans, and the prescription would also detail the amount we need to add." This meant that staff were aware of possible risks when people were drinking.

People were supported to maintain good health. One person said, "They have called an ambulance for me; they sorted things out." One relative told us, "My relation has support from the district nurse; if the nurse has been the carers will look at what's been written down. They work in partnership and liaise with each other." One staff member said, "I would ring the office and call the doctor out if there were any concerns. If it were an emergency, then I would just ring 999 straight away." We saw people's healthcare needs were recorded in their care plans and any changes were documented so staff had up to date information available.

Is the service caring?

Our findings

Positive caring relationships had been developed between the staff and people who used the service. One person said, "They are all very kind and caring. I look forward to them coming in." One relative commented, "They all treat my relation with respect." Another relative told us, "This is the first time my relation has needed support. It was strange at first having people coming into our home, but we both rely on them now. It's great and I know my relation looks forward to the visits now, we both do." They added, "It's important that the relationship is professional, but it is also caring. There is always a relaxed atmosphere when they are here." One staff member said, "I think the cares got to be in you to start with. It is not something you can learn. It's always important to be patient with people, and support them in a way that I would want to be helped."

People were supported by staff who knew them well. One person said, "It's good that I have the same regular carers coming. I get to know them and they get to know me. This consistency is important. There may be occasions that someone new comes in, but they all take time to get to know about me as a person." People were happy with the support they received. One person told us, "I would recommend the service to others. The staff take their time and are not rushed." One relative said, "They will always explain to my relation what they are doing, which is really important because of their sensory impairment." This demonstrated that staff understood people and their needs.

Staff understood how to respect people's privacy. One person told us, "They are all very good; I'm not made to feel embarrassed, and they do what they can to make me feel comfortable." One staff member said, "I'll always make sure people are covered up when helping them to have a wash. It's so important when helping people with their care; people have their pride, and we have to do what we can to keep that." This meant that people's dignity was promoted.

Staff supported people to maintain their independence. One person told us, "I like to be as independent as I can be; it's really important to me. It's in black and white in the care plan that I manage my own medicines. The carers respect this." One staff member said, "I will pass the flannel to the person so they can wash the areas they are able to. It's important not to take everything away from them and help them to do what they can." Another staff member told us, "Some people do struggle with their mobility. So I do encourage them to walk, even if it's just from the bed and back. I'll be by their side just in case. The falls team have been in to make sure they are doing it as safely as possible, but at the end of the day you've got to respect their choices." This meant that people were encouraged to be in control of their lives.

Is the service responsive?

Our findings

People contributed to the planning of their care. One person told us, "They came to visit me to discuss the help I needed." One relative said, "Social services did their assessment, then we negotiated together the level of care required." Another relative told us, "The provider went to the hospital to assess the support my relation needed. We were both involved with the process and they took our views into account." The records we looked at were individual to each person. One staff member told us, "The new care plans are helpful. They make us more aware of people's needs. They are clear and easy to understand, and the bullet points about their support are included in the rotas we get. This ensures that we don't miss anything when we do our calls." This meant that staff would be able to provide consistent care to people.

Peoples care needs were reviewed. One person told us, "I have a review every 12 months with the agency." One relative said, "The care plan was reviewed and updated last week to check that everything was okay before the regular carer was taking some leave." We saw that community professionals had been involved with the reviews of some people's support. One staff member said, "The office makes sure that the right people are involved so that we have all the information we need about people's care."

The provider had systems in place to respond to people's changing needs. One staff member said, "If someone's needs change, we report this to the office and request a re-assessment. They will then get the social worker and occupational therapist to go out. The senior will also be there. It may be that they just need some different equipment to help them; may be they need to have two carers. They will do the re-assessment as quickly as possible." Another staff member told us, "If there are any changes the senior or care coordinator will ring us and will also ensure any amendments are written down. Everyone knows what is happening."

People received support when needed. One relative said, "My relation has had a number of hospital admissions, and they have given us total support. The calls were suspended, then I have just telephoned to resume the help and they have always responded to this. I have a high regard for them." One person told us, "I have the right amount of support at the times I need. I'm happy with that."

Staff were given the information they needed to support people who were new to the service. One staff member commented, "Before we go into a new person's home we're told all about them. We're given all the information we need, so you never feel like you're in the dark." This meant that staff were able to provide individualised support to people.

People knew how to raise any concerns or make a complaint. One person commented, "I'd be on the phone straight away if there was a problem; I'm happy to speak to the office, that's never been an issue." One relative told us, "I am able to get in touch with the office no problem. If I wasn't happy with anything I would contact them straight away." Another relative said, "I did have to complain a couple of times about a couple of carers and their timekeeping. I let the office know and they didn't send them again. The office will always say that if I've got any problems just to ring them. They know if I do get in touch that something has to be done because I rarely call them. But if I need to, they are all very approachable." This demonstrated that

people were confident to share any issues with the provider.

People were encouraged to give feedback about the support they received. One person said, "They do send out surveys to see how things are going and if we have any comments. So far, all my feedback has been positive." One relative told us, "I am sent surveys to complete and they use this to check the quality of the support." The provider had responded to feedback and complaints that had been raised. The manager told us, "We learnt a lot from one particular incident. This resulted in reviewing the information that is available to the staff that provide the out of hours on call support. They now have a folder with all the carer's numbers and a copy of the rotas. This should prevent the same situation happening in the future." We saw the out of hour's book that had been introduced to ensure that information was available at all times. This demonstrated the provider learnt from people's experiences to improve the quality of the care.

Is the service well-led?

Our findings

The provider was co-ordinating people's care and support from a location that was not registered with us. A condition of the registration for Housing & Care 21 – Cannock is that the regulated activity of personal care can only be carried out from the location that is registered with us. The provider had changed location in September 2016. The PIR we received in November 2016 did not mention this move, and the provider had not submitted a formal notification about this to us.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

There was no registered manager in post. The provider had recruited a manager into this position and they were in the process of registering with us. The operations manager attended the office base two days a week to provide support, and the previous manager had also been available during the handover period.

People spoke positively about the support they received. One person told us, "I think they all do a good job." One relative commented, "I'd probably give them 10 out of 10. So far everything has gone well, no complaints." Staff enjoyed working for Housing & Care 21 – Cannock. One staff member said, "They are a good company to work for; they are fair and understanding. They keep us informed about any changes in the pipeline." Another staff member told us, "The communication is really good, and there is loads of teamwork here; I've not seen that before in other care companies." We saw that staff received various benefits when working for the provider. One staff member told us, "It's things like that which make you feel more valued."

People knew who the management team and office staff were. One person said, "It is usually the senior that I have contact with; they have been to visit me and have done some of the care calls. I think it's good they do that; it means they know what the carers have to do on a day to day basis. And it means that I know who the office staff are." Another person told us, "I know who to speak to in the office if I need anything. I can always get to speak to someone and they are able to help."

Staff were supported in their roles. One staff member commented, "All of the management are really approachable. I know I can ring them up whenever I need to, and can call into the office as well." Another staff member said, "The management will always make time for you. You know you've got support all the while." Staff were given the opportunity to attend team meetings and supervision sessions. One staff member told us, "The team meetings we have are important and useful. We can all raise any issues and give our input into these meetings. I find them really good." Another staff member said, "We have supervision every three months. These sessions are helpful and give me the opportunity to put any ideas forward." Another staff member commented, "You know that there is someone who is there to listen; I know I can be open and honest in these sessions and that anything I discuss is kept confidential." The provider encouraged staff to raise any concerns and there was a whistle blowing policy in place. This is a policy that protects staff if they wanted to raise any issues, anonymously if they preferred. One staff member said, "I'm aware of the whistle blowing policy. There is information about the hotline we can call in the office, and we also were given information in our handbooks. I've not had to use this, but would know how to if the

situation ever arose." This demonstrated that a positive open culture was promoted.

The manager had various systems in place to assess, monitor and improve the quality of care people received. Spot checks were carried out to assess the care staff's competencies. We saw that if there were any areas of development identified, this was dealt with in supervision sessions or through additional training. One staff member said, "These checks are good. It means that if there is anything that isn't right, it can be nipped in the bud straight away. The feedback we have is always done in a positive way and we learn from it." There were audits in place, for example in relation to people's care plans, daily logs and medicines administration. These ensured people's information was up to date and correct. Incidents were analysed and the information was used to identify actions needed and to drive continuous improvement. The manager demonstrated an understanding of their responsibilities with us. They maintained detailed records that were kept securely and had notified us of significant events about the people who used the service that needed to be reported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 15 Registration Regulations 2009 Notifications – notices of change</p> <p>The provider was co-ordinating people's care and support from a location that was not registered with us. A condition of the registration is that the regulated activity of personal care can only be carried out from the location that is registered with us. The provider had not submitted a formal notification about this to us.</p> <p>Regulation 15(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not acting in accordance with the Mental Capacity Act 2005. Where people were unable to consent, decision specific capacity assessments had not been completed and best interest decisions were not evidenced.</p> <p>Regulation 11(1).</p>