

Abbeyfield The Dales Limited

Halifax Care at Home Service

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 15 August 2018 and was announced. We gave the provider short notice of the inspection to ensure staff and people who used the service would be available to speak with us.

Halifax Care at Home Service provides 24 hour care and support to people living in a 'supported living' setting at Ing Royde in Halifax. This allows people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. When we inspected 13 people were receiving personal care.

At our previous inspection in August 2017 we rated the service as 'Requires Improvement'. We identified one regulatory breach [Regulation 17] which related to good governance specifically the medicine records. This inspection was to check improvements had been made and to review the ratings.

The home had a registered manager who commenced in post in February 2017. 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.

People told us they received their medicines when they needed them. We found improvements had been made to the medicine records which were well completed. Medicine audits were more thorough and effective in identify and addressing issues.

People told us they felt safe with the staff who provided support. There were systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety. There were sufficient staff deployed to meet people's needs and provide a flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were very happy with the support and care they received. They spoke highly of the staff who they said treated them with respect and maintained their dignity. People spoke positively about the range of activities and events they could access at Ing Royde. Care records were accurate and reflected people's needs, providing staff with an overview.

People's nutritional needs were met and they had access to healthcare professionals as and when needed. People received end of life care that was tailored to meet their wishes and preferences.

Staff received an induction, supervision and training. People felt staff were well trained and knew what they were doing. Robust recruitment procedures ensured staff were suitable to work in a care setting.

People we spoke with raised no concerns but knew the processes to follow if they had any complaints and were confident these would be dealt with.

People and staff praised the way the service was run. We saw systems were in place to monitor the quality of service delivery. The registered manager promoted a positive and inclusive ethos which focused on looking at ways in which the service could be improved for people.

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.

Medicines were managed safely. Staffing levels were sufficient to meet people's needs. Staff recruitment processes were robust.

Safeguarding systems helped protect people from abuse. Risks to people's health, safety and welfare were properly assessed and mitigated. Safe infection control systems were in place.

Is the service effective?

Good ●

The service was effective.

Staff had received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care and were involved in planning and making decisions about their care

A complaints procedure was in place and people knew how to make a complaint and were confident it would be dealt with

appropriately.

End of life care was delivered to meet people's wishes and preferences

<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Systems were in place to assess, monitor and improve the quality of the service.</p> <p>The registered manager provided strong and effective leadership and promoted an open and inclusive culture.</p>	<p>Good ●</p>
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Halifax Care at Home Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 August 2018 and was announced. We gave the provider short notice of our inspection so we could be sure staff and people who used the service would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we had received about the service and statutory notifications the service had submitted. We also contacted the local authority commissioning and safeguarding teams.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service, two care staff, the activity co-ordinator, the chef, the registered manager, the quality manager and the head of care services manager.

We looked at three people's care records, one staff recruitment file, medicine records and the training matrix as well as records relating to the management of the service.

Is the service safe?

Our findings

At our previous inspection we identified a breach with regard to good governance (Regulation 17). This related to medicine records. At this inspection we found improvements had been made.

We found medicines were managed safely. People spoke positively about the support they received with their medicines. People were encouraged to self-medicate and assessed to ensure they were safe to do so. Where people needed support from staff care plans clearly showed how this should be provided. Printed medicine administration records [MARs] provided full details of the medicines prescribed as well as any specific instructions about administration. We saw the MARs were well completed with no gaps or missing signatures. Where people were prescribed 'as required' medicines there was clear guidance for staff about when these medicines should be given. Body maps identified where and when prescribed creams should be applied. People's medicines were stored safely and securely.

Monthly medicine audits were thorough and reviewed all aspects of medicine management. The audits identified any shortfalls and showed the actions taken. We saw there were systems in place to ensure any medicine errors or near misses were investigated and lessons learnt were shared with all staff.

Staff confirmed they had received medicines training and had their competency assessed and this was confirmed in the records we reviewed.

People told us they felt safe with the staff who supported them. One person said, "How could I not feel safe with these lovely staff? Yes, I'm most definitely safe." People showed us the pendants they had to summon staff if they needed help. One person said, "If I need them I just press this and they come." The registered manager told us there were two staff on duty between 7am and 7pm and one staff member on duty between 7pm and 7am. Records we reviewed showed people received their calls at the agreed times and for the full duration. People told us staff helped them to do things at their own pace and did not rush them. Staff we spoke with said they felt they had enough time to support people without rushing them.

Our discussion with the registered manager and review of staff records showed robust recruitment procedures were followed. This helped to make sure people were suitable to work in the care service.

Staff had a good understanding of safeguarding and whistleblowing procedures and knew how to identify and act on any concerns. Staff told us they had received safeguarding training and this was confirmed in the records we reviewed. Safeguarding incidents had been referred to the local safeguarding team. Information about abuse and how to contact the local authority safeguarding team was displayed in the service so people could easily access the information themselves.

Risks were well managed. Staff told us how they managed individual risks to people and this corresponded with the guidance we saw in people's risk assessments. Assessments covered risks relating to moving and handling, physical safety, falls and nutrition. We saw personal emergency evacuation plans [PEEPs] were in place which detailed the support each person required from staff in the event of an emergency such as a fire.

We saw accident and incident reports were well completed and showed appropriate action had been taken by staff to keep people safe.

Staff were provided with personal protective equipment [PPE] such as gloves and aprons to use when supporting people in line with infection control procedures. Audits we saw showed infection control systems were regularly reviewed and monitored to ensure safe practices.

Is the service effective?

Our findings

People who applied for a tenancy at Ing Royde were visited by the registered manager who assessed their needs. Following this assessment the application was considered by a panel who also gave consideration to the needs of people already living at the service. This helped to ensure only people whose needs could be met by the service were accepted.

People were supported by staff who had the knowledge and skills to carry out their role and meet each person's needs. People we spoke with thought the staff were well trained and knew how to support them. One person said, "I'd say they're properly trained. They know how to look after me anyway."

Our discussions with staff and review of training records confirmed staff received a thorough induction and ongoing training. New staff completed a three month induction programme which included a period of shadowing and was mapped to the Care Certificate. The Care Certificate provides care workers with standardised training which meets national standards.

In-house training was provided by the registered manager and one of the senior care staff who had completed 'Train the Trainer' courses. The provider ran a rolling 12 week programme of mandatory training which included areas such as safeguarding, moving and handling and fire safety. This meant if staff were unable to attend training at Ing Royde they could attend a session at one of the provider's other locations. The training matrix identified when refresher training was due and the registered manager monitored this to make sure this was completed by staff. One staff member told us, "The training here is very good. We're kept up to date and there's been lots of other training offered. I had end of life training at [name of home] recently and it was really interesting."

Staff said they received regular supervision with the registered manager and felt well supported in their roles.

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

The registered manager told us all the people who received personal care had capacity to make decisions and no applications had been made to the Court of Protection. They understood the principles of the MCA and were aware of their responsibilities under the Act.

We saw staff consulted with people and involved them in decisions about their care and support. People said staff always explained things to them and asked for their permission before proceeding. People had

signed their care records giving their consent to the care and support planned.

People's nutritional needs were met. Care plans provided details of dietary needs and preferences and any support required from staff. For example, one person's plan said, 'If you offer them breakfast and a drink they may refuse but if you leave a bowl of cereal with them they will probably eat it'. A catering service was provided within the supported housing accommodation. People told us they liked having the choice of being able to have their meals in the dining room or in their own apartments. We saw menus were displayed and offered a choice of meals. The chef told us the menus had recently been reviewed and updated to reflect people's preferences.

People's healthcare needs were met. People's care records contained detailed information about any specific health conditions and the action required from staff to support them with specific conditions. Records showed staff helped people access healthcare professionals as and when required. We found staff were responsive and prompt in identifying any changes in people's health and took appropriate action. For example, one person had been full of a cold for a few days and staff had suggested calling a doctor which the person, who had capacity, refused. The person said they were getting better however, staff noticed a faint wheeze and managed to persuade the person to see the doctor. The doctor on first sight felt the person looked well but when they examined them discovered they had a chest infection which required antibiotics. For another person who had a respiratory condition there was an 'emergency breathless plan' which gave step by step guidance for staff on the action to taken if the person experienced breathing difficulties.

Is the service caring?

Our findings

People were unanimous in their praise about staff. Comments included; "They're a 100% reliable"; "Couldn't be any better"; Staff are excellent, can't do enough for you" and "They're just wonderful. That's the only word for them - truly wonderful."

Staff had developed positive relationships with people. We saw and heard people laughing and joking with staff as they chatted about different things. One person said, "They brighten up my day with their smiles." One staff member said, "If I can go home knowing I've put a smile on a resident's face, then that's a good day. No matter how I feel I try to make it jolly for them." Staff also recognised when people wanted to be quiet or were not in the mood for laughter and adapted their approach accordingly.

Staff we spoke with knew people well and were able to describe in detail the care and support people required. During their discussions with us staff showed kindness and compassion for the people they supported and their relatives. Their responses to our questions demonstrated they were aware of the key principles involved in providing dignified care and ensuring people were treated with respect and listened to.

People told us staff treated them with respect and maintained their privacy and dignity. One person commented, "Are they respectful? Absolutely, the lot of them. They help me [with personal care] and never make me feel uncomfortable. I couldn't do it without them." We saw staff knocked and waited for an answer before entering people's apartments, said who they were and asked if it was all right to go in.

People told us they were consulted about their care and involved in any decisions. This was reflected in the care records we reviewed. We saw a compliment from a relative recorded in a recent care review which stated, "Myself and all the family feel the staff are exceptional in the care they give [relative], they go way beyond what they should do."

Is the service responsive?

Our findings

People we spoke with were very happy with the care and support they received. One person said, "I honestly don't know what I'd do if I didn't have them. They help me get going."

People's care records showed the time, duration and frequency of calls and gave an overview of the support required at each call. Care plans provided more detailed information about individual needs in relation to communication, mobility, medication, physical and mental health and nutrition along with other areas of personal care. The plans encompassed individual preferences and promoted independence by detailing what the person could do for themselves as well as the support they required from staff. We saw regular care reviews were held with people and their relatives and any changes to the care plans were discussed and agreed.

Daily records we reviewed showed care was being provided as detailed in the care plans and staff were staying the full length of the call time.

Staff told us communication was good and they were made aware of any changes in people's needs. They said they received a detailed handover at each shift change. Staff also showed us a laminated card they carried with them which listed the people who had do not attempt resuscitation [DNAR] forms in place and where these forms were kept in the person's apartment.

People told us how much they enjoyed the social events which took place at Ing Royde and out in the community. People told us they had enjoyed a recent trip out to Southport. One person who used to live by the sea told us how lovely it had been to be by the coast again.

The service employed an activities co-ordinator. People who lived at the service and relatives had formed a group called 'Friends of Ing Royde'. This group consulted with all the tenants and made decisions about activities and events and devised a monthly programme. We saw the programme for July included events such as chair yoga, poetry and movie nights. The activity co-ordinator told us one tenant had set up calligraphy classes which proved very popular. Another tenant ran a tuck shop which we saw was used by both people and staff.

People we spoke with raised no complaints but knew who to speak with if they had any concerns and felt confident these would be dealt with appropriately. One person said, "I've nothing to complain about but if I did I could speak to any of the staff. I know it would be sorted out."

The complaints procedure was displayed in the service and people were provided with a copy. The service had received one complaint since the last inspection which had been fully addressed, however this did not relate to any of the tenants who were receiving personal care.

The registered manager told us no one at the service was currently receiving end of life care. However, they told us about two people who had been receiving personal care who had recently died. One of these people

had been in hospital and wanted to return to Ing Royde so they could spend their final days in their own home. Staff worked with the person's family and healthcare professionals to make this happen. Staff and the district nursing team worked together delivering care and ensuring the person's pain was under control and they were comfortable. This meant the person was able to stay in their own home until the end of their life with family beside them and cared for by staff who knew them. We saw a quote from the relatives of this person which said, "We have been so well supported by the staff during what has been the most awful time, they have looked after us as well as my [relative], offering us meals and checking that we are okay."

Consideration had also been given to how these deaths may have affected other people who used the service and staff. The head of care services said although the managers provided support they recognised some people and staff may need more and a chaplaincy service was made available. One staff member told us they had accessed this support and how helpful it had been for them.

People's care records included a section on end of life care, however, the registered manager had identified this needed improving to fully reflect people's wishes and preferences. A new end of life care plan document had developed and was waiting approval by the board of directors.

Is the service well-led?

Our findings

Without exception people spoke highly of the registered manager and the way the service was run. One person said, "[Registered manager] is very good. She will do all she can for you." Another person said, "It all runs very well. [Registered manager] is on top of things and she's made lots of improvements."

People told us there were regular residents meetings where they could voice their opinions and were able to make decisions. We saw minutes from the most recent meeting in June 2018 where a wide range of issues had been discussed and actions agreed.

Staff also praised the management of the service. One staff member said, "[Registered manager] is very supportive. She listens to us and takes on board our suggestions." Another staff member said, "[Registered manager] is fantastic. She's always there for us and there's nothing she can't deal with." Staff told us senior managers visited the service regularly and were friendly and approachable. We observed there was a happy, friendly atmosphere at the service and saw staff worked together to ensure people's needs were met.

Staff told us they loved their jobs and felt they made a positive difference to people's lives. All the staff we spoke with said they would recommend the service as a place to work and said if they needed care themselves then they would want to be at Ing Royde. Staff proudly told us they had recently won an award from the organisation and we saw the certificate and trophy which stated the staff at Ing Royde were Abbeyfield Team of the Year 2018. Nominations had been made by people who lived at Ing Royde and senior managers.

Staff meetings were held monthly. We saw minutes from recent meetings which showed a wide range of issues were discussed such as the needs of people using the service, confidentiality, health and safety.

At the last inspection we recommend that the medicine audit systems were reviewed as they had not picked up issues we found at the inspection. At this inspection we found improvements had been made. The medicine audit process was more thorough covering all aspects of medicine management. Audits we reviewed showed the actions taken when issues had been identified and evidenced improvements in practice.

A range of quality assurance processes were in place. These included the surveys of people who used the service and staff, care reviews, spot checks of staff practice, analysis of accidents, incidents and complaints and audits of daily records, care records and medicine records.

Our discussions with the registered manager and senior manager demonstrated they were continually looking at ways to improve the service. For example, the registered manager told us they were planning a series of roadshows at locations in West Yorkshire to meet people from different communities and make them aware of the services they could provide. The service was also taking part in a pilot scheme with West Yorkshire & Harrogate Excellence Centre to enable access to the Care Certificate through a web enabled application on mobile phones. The registered manager told us they were striving to achieve an outstanding

rating and had started to build a portfolio of evidence to help them demonstrate this.

Partnership working was evident in the positive relationships between GP practices and district nurses as well as healthcare specialists such as the speech and language therapy [SALT] team.

The previous inspection ratings were on display in the service as required under legislation.