Orwell Housing Association Limited

Steeple View

Inspection report

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 30 September 2015 and was unannounced.

Steeple View is a housing with care complex and is registered to provide personal care to people living within their own flats. The scheme has 36 flats. On the day of our inspection the manager told us there were 39 people receiving care.

There was 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.

People had been placed at risk as some aspects of medicines management were not safe. Risks to people's safety had not been properly identified, assessed and managed.

Summary of findings

Recruitment procedures were robust and although there had been shortages of staff which had resulted in a high use of agency staff, new staff had recently been recruited and were due to start their employment shortly after our inspection.

Staff were provided with a variety of training which included training in recognising and responding to abuse. However, we found the provider did not respond when safeguarding concerns had been identified in taking action to report to relevant authorities in line with local safeguarding protocols. Steps had not been taken to analyse incidents with outcomes to mitigate further risks to people's welfare and safety.

People were supported to maintain good health and have access to healthcare services. Where risks of malnutrition had been identified guidance for staff had been provided within people's care plans.

People's consent to care and treatment had been sought in line with legislation and guidance.

Staff demonstrated kindness and compassion towards people. People were treated with respect and their dignity was protected when staff supported them with personal care. People had been involved in the planning of their care and had been given information about the service. This meant they knew what to expect in terms of their care package and timings of support visits from care staff.

People found the management team approachable and available when needed. Staff experienced positive team working.

During this inspection we identified a number of 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.

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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?

Requires improvement

The service was not consistently safe. Personalised risk assessments were not always sufficiently detailed or accurate.

People had been placed at risk as some aspects of medicines management were not safe. Risks to people's safety had not been properly identified, assessed and managed.

Recruitment procedures were robust and although there had been shortages of staff which had resulted in a high use of agency staff. Staff had recently been recruited and due to start working at the service shortly after our inspection.

Is the service effective?

Good

The service was effective as staff had been provided with the training, supervision and possessed the skills they needed to carry out their roles and responsibilities and meet people's needs.

People's consent had been sought when planning to support them with their personal care needs.

People were supported to have sufficient to eat and drink. Risks and nutritional needs had been assessed and monitored.

Is the service caring?

Good

The service was caring. People were positive about the care they received. Staff supported people in a manner that was kind and supportive of their privacy and dignity.

Care plans described for staff how best to support people in promoting their dignity and independence.

Is the service responsive?

Good

The service was responsive as people were involved in the planning and review of their care. People gave us examples of when adjustments had been made to the timing of their support visits in response to hospital appointments and when they were unwell.

Staff were knowledgeable of people's needs and had demonstrated a detailed knowledge about each person. People were supported to express their choice and maintain their independence.

There was a formal system in place for responding to complaints and information available which guided people as to this process. The provider demonstrated a willingness to respond to concerns and complaints.

Summary of findings

Is the service well-led?

The service was not well led because the provider did not have a robust system in place to monitor the safety of the service and respond to safeguarding concerns. We were not assured that the provider had systems in place to analyse and learn from incidents with action plans in place to mitigate the risks to people's health, welfare and safety.

People who used the service found the management team approachable and available when needed. Staff experienced positive team working.

Requires improvement

Steeple View

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 the 30 September 2015 and was unannounced.

The inspection team consisted of one inspector and one 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. Our expert by experience had personal experience as a carer.

Prior to our inspection we reviewed the information we held about the service. We looked at statutory notifications the manager had sent us and information received from relatives and other authorities including safeguarding agencies involved in people's care. A statutory notification is information about important events which the service is required to send us by law.

We looked at records in relation to five people's care. We spoke with six members of staff, including care staff, a team leader and the manager. We looked at records relating to the management of people's medicines, staff recruitment and training and systems for monitoring the quality and safety of the service.

Prior to our inspection we received information of concern about the provider's management of people's medicines and the lack of quality and safety monitoring of the service. These had been reported to and investigated by local safeguarding authority. During our inspection we checked to see what action had been taken as a result of these concerns.

Requires improvement

Is the service safe?

Our findings

People's medicines were not managed safely and in accordance to National Institute Clinical Excellence (NICE) guidance recommendations and good practice for managing medicines for people within a social care setting. For example, one person prescribed morphine, a controlled drug used to aid relief from pain did not have access to their prescribed medicine for a period of four days. This was important to this person to enable them to receive relief from pain. No reason or explanation was recorded within their care records other than the supply of medicine had run out.

Personalised risk assessments were not always sufficiently detailed or accurate. Care plans did not clearly state what support people required with their medicines and staff were unclear about the level of support they should give. For example where a record guided staff to prompt a person to take their medicines, staff were actually administering medicines. Staff did not demonstrate a clear understanding of the difference between prompting and administering people's medicines. . Staff supported one person with the preparation of their insulin but there was no assessment of risk and no plan of care in place. This meant that staff did not have the recorded guidance with steps to take to mitigate risks to this person. We determined this was a significant risk to people's safety given the number of agency staff used by the provider. Staff who may not be familiar with the needs of people.

People's medicines were stored within locked kitchen cupboards and the key kept in the same room in a variety of places, some where people could obtain access. There was no assessment of risk which would determine those people at risk of obtaining access to their medicines. For example, people living with dementia.

We looked at the medicine administration records and care notes for six people who lived at the service. The manager told us that the service took responsibility for receiving people's medicines into the office and senior staff took responsibility for booking in all medicines administered by staff.

We attempted a check of stock against medicines administration records charts (MAR) and found this was not possible as stock received had not been recorded on to the MAR records.

We found cupboards with large quantities of out of date medicines in carrier bags and some loose medicines within envelopes. It was not possible to identify these as they had not been recorded as not administered. Senior staff told us these medicines were no longer required and there was no system in place to return medicines to the supplying pharmacy and that the service relied on relatives to do this.

There was a lack of systems in place which would enable effective monitoring of medicines stocks and audits of administration records. The provider's medication administration policy used to guide staff in the safe administration of people's medicine was not in line with current legislation and guidance. For example, it did not contain guidance in the supply, ordering, storage, dispensing, disposal, administration of controlled drugs and any process in place to ensure regular management audits. The manager and head of service told us they did not currently carry out any management audits of medicines other than team leaders checking for missed signatures on MAR records. This meant that the provider had not taken steps to audit stocks, identify medicines administration errors and protect people from the risks of not receiving their medicines as prescribed. The provider did not have in place a fit for purpose policy and procedural guidance for staff in the actions they should take to ensure the safe handling of people's medicines.

Prior to our inspection we received information of concern with regards to the lack of risk assessment in relation to people at risk if they had unsupervised access to their medicines.

We found that risks associated with the management of people's medicines and those identified as a result of accidents and incidents had not been assessed. For example, where staff had raised concerns about the risk of scalding from the use of hot water bottles and people diagnosed with diabetes. We were not assured that the provider took action to learn from incidents and provide staff with the guidance they needed to mitigate risks to people's health, welfare and safety.

This demonstrated a further breach of Regulation 12 (1) (2)(a)(b)(f)(g)of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider had developed safeguarding policies and procedures which provided staff with guidance in response to allegations of suspected abuse and steps for staff to take

Requires improvement

Is the service safe?

to protect people from the risk of harm. Staff told us they had received training and demonstrated their understanding of the provider's whistleblowing policy and what action they would be required to take and how to make referrals directly to the local safeguarding authority if they ever had concerns about people's safety.

There were arrangements in place to deal with foreseeable emergencies. Care plan documents contained up to date emergency contact information, including contact details for relatives and doctors. Personal evacuation plans were in place for each person who used the service and these explained what support the person would need in the case of an emergency evacuation of the housing with care site. This provided information to guide staff and emergency services should it be needed in an emergency.

People and their relatives told us there was sufficient staff available to meet people's needs. Staffing levels had been calculated according to people's dependency levels. Staff and the manager told us they had experienced recent shortages of staff and this had resulted in a high use of agency staff. They also told us that they had recently recruited new staff who were due to start their induction training shortly.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of an application form, a formal interview, previous employer references obtained, identification and criminal records checks. People who used the service had been involved in the recruitment and selection of staff recently appointed as they sat on interview panels. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to work within the care profession.

Good

Is the service effective?

Our findings

People told us they were satisfied with the care and support they received. One person told us, "I am more than happy. I would not choose to live anywhere else." Another told us, "My general health has improved since I came here and I do not worry any more about being alone." A relative told us, "The carers are all so friendly and treat people as adults in their own right."

Staff were knowledgeable about the people they supported. They told us that they had received regular supervision, annual appraisals and enough training to enable them to do their job effectively and provide them with the skills necessary to fulfil their job role. Training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed.

Staff had received training with regards to the Mental Capacity Act 2005 (MCA) and related

Deprivation of Liberty Safeguards (DoLS). Staff described to us their induction training provided at the start of their employment. One member of staff told us, "The training is very good. We get lots of it. Some of the training is e-learning and we prefer face to face training but on whole it is good and all we need."

People's consent had been sought when planning to support people with their personal care needs. During their initial assessment people had been asked their choice with regards to the gender of care staff they wished to support them with their personal care. Their preference had recorded within their plan of care.

The service provided on-site catering facilities managed by an external provider for people to access a variety of hot meals with support from staff in the communal dining room. Other people received support from care staff with food preparation and the heating up of pre-packed meals within their flats. Where the service provided support for people at mealtimes this was recorded within people's care plans. Care plans described action for staff to mitigate risks for people assessed as at risk of malnutrition and those who required support to maintain adequate nutrition and hydration to meet their health and welfare needs.

Staff told us that the majority of people were able to manage their healthcare independently or with support from their relatives. Staff recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing. People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP's, community nurses, dieticians and occupational therapists. One relative told us, "Staff will notice if [my relative] becomes unwell and it is reassuring to know they will get the help when it's needed. They also keep us up to date when this happens."

Good

Is the service caring?

Our findings

Staff were knowledgeable about the people they cared for and spoke with passion about the people they supported. People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information about the service and knew what to expect in terms of their support visits from care staff. They also told us that they were given the opportunity to regularly review their plan of care and had been involved in updating any changes necessary. One person told us, "They do try to make sure the timing of your call is to your choosing. They always introduce you to agency staff who don't know you well. Another said, "I have a copy of my care plan and I have been asked if I agree to what has been written."

Relatives told us that they had observed staff to be kind and caring in their approach to their relative. They told us that the privacy and dignity of their relative had been maintained. Comments included, 'I have no concerns [my relative] would say if there was anything to worry about." Another said, "Staff always knock on the door before entering the flat. They are always so caring, [my relative] would soon tell me if they were not. I have always observed them [care staff] to be kind in their approach."

We spent time observing interactions between staff and people who used the service within the communal areas during the lunch time period.

We saw that staff were respectful and spoke with people in a kind, friendly manner. For example, we saw that when staff supported people to and from the dining room in wheelchairs they did so in an un-hurried manner and chatted to people in a friendly manner as they walked along the corridors and when supporting people to their seats in the dining room.

People were asked during a recent survey carried out by the provider if staff treated them with respect and dignity? 100% of the 27 people who responded said yes. Comments included, "Everyone is very kind and their support is tip top" and "Steeple View is the best place I have lived in and I don't feel I have any more ideas to improve the service. 74% people said they would know who to talk to if they had any concerns about the service.

Care plans described for staff how best to support people in promoting their dignity and independence. Staff were provided with guidance in how to support people in a kind and sensitive manner for example. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

People told us that staff respected their dignity when providing them with personal care support. One person told us, "They always make sure the door is closed and they are sensible with that. I feel safe with them all." Another said, "They always protect your privacy which I appreciate."

Good

Is the service responsive?

Our findings

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them before they provided their care. They also told us that staff responded to their changing needs and if they needed support in an emergency. One person said, “Whenever you ring day or night they come fairly quickly.”

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they were involved in the planning and review of their care. People gave us examples of when adjustments had been made to the timing of their support visits in response to hospital appointments and when they were unwell.

Staff were knowledgeable of people’s needs and had demonstrated a detailed knowledge about each person. They described how they tried to ensure that people remained in control as far as possible and described how they supported people to express their choice and maintain their independence by encouraging them to do as much as they could for themselves with staff support. For example, one staff member told us, “It is important to listen to people. You have to assume that people can make their own decisions and always give people choice.” Another told us, “You get to know what people are capable of. We work well as a team and help people to keep their independence as much as possible.” This demonstrated that people were receiving care and support when they need it whilst maintaining their autonomy and choice.

Staff told us If a person’s needs had changed whilst in hospital a reassessment of their needs took place to ensure that the support provided from the service was appropriate and reflected the current care needs of the individual. This meant that people received effective and coordinated care when they returned home from hospital.

People told us they had confidence in the management team to deal with any concerns they might have. One person said, “If I have a problem I go and speak to one of the team leaders. They are pretty good.” Staff described how they would support people to raise any concerns and access the provider’s formal complaints procedure.

There was a formal system in place for responding to complaints. Information which guided people as to this process was provided within the reception area of the service. We reviewed the complaints that had been received by the service within the last 12 months. Records of all but one complaint evidenced a clear audit trail describing the dates complaints had been received, the timescales and action taken by the provider in response and the investigations completed. This demonstrated that the service was open and responsive to people’s concerns.

A recent annual satisfaction survey carried out by the provider showed us that 22% of the 27 people who responded said they were unsure of who to talk to if they had any concerns. We were not provided with any evidence that would support any planning of action taken in response to this shortfall. However, when asked people said their overall satisfaction with the service provided was 100%.

Requires improvement

Is the service well-led?

Our findings

We asked the manager how they monitored the quality and safety of the service. They told us that they did not personally carry out any formal quality and safety audits as this had been delegated to team leaders. Team leaders carried out spot checks on staff performance and checked to ensure staff signed medicines administration records. Audits we reviewed at this inspection had failed to identify the shortfalls we found at this inspection in relation to the review of care planning, risk management and the management of people's medicines

Although the provider had a system in place to monitor and learn from incidents and accidents we found that where staff had identified risks these had not been responded to with action plans put in place to guide staff in the steps they should take to protect people from the risk of harm. For example, in the management of people's medicines and where staff had identified the risk of scalding for one person. Although staff had submitted incident forms to the manager for review and had raised concerns to them personally there was a lack of action recorded on the manager analysis comments box within the accident and incident monitoring forms. There was a failure to evidence action taken in response and guidance for staff with actions to mitigate the risks to people's safety.

Following a recent safeguarding incident alerted to us by local safeguarding authorities the manager had not taken action to notify us until reminded by the inspector of the need to do so in line with local safeguarding protocols. This meant we were not assured that safeguarding concerns would be raised in a timely manner and did not demonstrate the provider's knowledge of the process to follow when risks to people's welfare and safety had been identified. Discussions with the manager and head of service during our inspection showed us that learning from this incident had not been analysed with outcomes and action taken to provide guidance for staff to prevent a reoccurrence in the management of people's medicines.

The manager and provider told us they did not carry out safety audits of medicines management at the service. The provider's medicines management policy was not fit for purpose and failed to provide staff with the guidance they needed to manage people's medicines safely and ensure people received the medicines as they were prescribed. We were therefore not assured that provider had taken action to analyse accidents and incidents as well as monitoring the wellbeing of the service and identify where action was needed to prevent a reoccurrence of incidents and mitigate risks to people's welfare and safety.

We discussed this with the Head of Service who told us they had recognised the need to improve their quality monitoring systems to focus more on the quality and safety of care in addition to the monitoring of the housing and financial side of the business.

This demonstrated a further breach of Regulation 17 (1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

All but one person told us that they found the manager approachable and said the service was well run. Comments included, "The manager always takes things on board", "The manager will stop what they are doing and jaw with you" and "If I need a problem solving the manager will talk with you and help you sort it out."

All staff we spoke with were highly motivated with the care of people their main focus. They told us they experienced positive team working. They also told us they found the manager approachable when they had concerns. Comments included, "The manager is much more approachable these days. We can go to their office with any concerns and we have regular, monthly meetings where we can talk about things that need sorting", "We work well as a team. It's a bit like family here" and "It's a shame staff have left recently but we are a good team. The people who live here are our main focus."

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 **Regulation 12 (1) (2)(a)(b)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) 2014.** **Safe care and treatment** How the regulation was not being met: The provider failed to take action to assess and mitigate risks to the health welfare and safety of people. People's medicines were not managed properly and safely. People's medicines were not available at all times. The provider's medicines management policy and procedural guidance was not fit for purpose.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (1) (2)(a)(b)of the Health and Social Care Act 2008 (Regulated Activities) 2014.** **Good governance** How the regulation was not being met: There was no effective system in place to assess, monitor and improve the quality and safety of the service.