

Housing & Care 21

Housing & Care 21 - Woodridge

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 

Summary of findings

Overall summary

This inspection took place on 24 September and 2 October 2018. The first day of the inspection was unannounced. This meant the staff and provider did not know we would be visiting. The second day was announced.

This service is a domiciliary care agency. It provides personal care to older people living in their own flats within the Woodridge Gardens complex.

Not everyone living at Woodridge Gardens received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. On the days of our inspection there were 27 people receiving personal care at the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in April 2016 and rated the service as 'Good'. At this inspection we found some incidents of a safeguarding nature had not been appropriately reported to the local authority safeguarding team or notified to CQC. Outcomes of the incidents were not clearly recorded. The registered manager understood their responsibilities with regard to safeguarding however confirmed these incidents had not been appropriately reported. This is the first time the service has been rated Requires improvement.

The provider had a quality assurance and auditing process in place. However, audits had not identified the need to inform the local authority safeguarding team and CQC about these incidents of a safeguarding nature.

There were sufficient numbers of staff on duty to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and had received supervisions.

Appropriate arrangements were in place for the safe administration and storage of medicines.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at the service. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation and the service had good links with the local community.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

Staff said they felt supported by the management team. People and staff were regularly consulted about the quality of the service.

We found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to safeguarding service users from abuse and improper treatment, and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. 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?

Requires Improvement 

The service was not always safe.

Some incidents of a safeguarding nature had not been appropriately reported to the local authority safeguarding team.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good 

The service was effective.

Staff were suitably trained and had received supervisions.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good 

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People told us the staff were caring and we observed staff speaking with people in a polite and respectful manner.

Is the service responsive?

Good 

The service was responsive.

Care records were person centred and reflected people's changing needs.

The service had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

The service was not always well-led.

Statutory notifications for some notifiable incidents had not been sent to CQC.

The provider gathered information about the quality of their service from a variety of sources.

The service had a positive culture that was person-centred and had good links with the local community.

Requires 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.

Inspection site visit activity took place on 24 September and 2 October 2018. One adult social care inspector carried out the inspection. It included a visit on both days to the provider's office at Woodridge Gardens to speak with the registered manager and office staff; and to review care records, and policies and procedures.

During our inspection we spoke with five people who used the service. In addition to the registered manager, we also spoke with two assistant care managers and two members of care staff. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also reviewed information about the service on the local Healthwatch website. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

A provider information return (PIR) was not submitted for this service. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found some incidents of a safeguarding nature had not been appropriately reported to the local authority safeguarding team or notified to CQC.

In August 2018, four incidents occurred which involved a person at risk of harm. The emergency services attended but no outcome was recorded. We spoke with the local safeguarding team who told us they were aware of the incidents via health professionals; neither the registered manager nor any of the staff at the service had informed the safeguarding team.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People we spoke with told us they felt safe at Woodridge Gardens. They told us, "Safe? Absolutely", "I feel safe in here", "I'm a lot safer and happier than where I was" and "I feel safe living here. I don't even lock my door."

There were sufficient numbers of staff on duty. We discussed staffing levels with the registered manager and looked at staff rotas. Agency staff were not used at the service and all absences were covered by their own staff or staff from the provider's other services. Staff and people who used the service did not raise any concerns regarding staffing levels at the service. One person told us, "It's always the same staff. I know them all."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

Monthly health and safety checks were carried out to ensure people were living in a safe environment. People had personal emergency evacuation plans (PEEPs) in place and pendant alarms so they could summon assistance in an emergency. We saw these were checked monthly to ensure they were working.

Risk assessments were in place for people who used the service. For example, moving and handling, general environment, falls, fire and medicines. These described potential risks and the safeguards in place to reduce the risk.

Appropriate arrangements were in place for the safe administration and storage of medicines. People had medicines support plans that described the medicines people had been prescribed and the level of

assistance required from staff. Risk assessments were in place when required. People who received support from staff with their medicines told us they were supported safely and received their medicines on time.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff.

People who used the service told us, "It's lovely", "Couldn't be better", "Everything is lovely, I am happy" and "If they [staff] can't help me, they find someone who can."

Most staff training was up to date. The registered manager was aware of when training was due and where there were gaps, we saw it was planned. All the staff had received at least one recent supervision. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We did not see evidence that all staff had received an annual appraisal. The registered manager told us they did not have evidence of all the staff receiving an appraisal under the previous registered manager and was working through them to ensure everyone was up to date.

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

People were supported with their dietary needs where necessary and staff prepared meals for people based on their choices and preferences. Appropriate guidance had been sought from relevant professionals when required. For example, we saw a person had been referred to a speech and language therapist (SALT) as they had specific dietary needs and their guidance was included in the support plan for staff to follow.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection. People's mental health needs were recorded, including their capacity to make decisions. Best interest decisions were recorded for people who did not have the capacity to make a specific decision themselves. Consent was clearly recorded and signed by the person or their representative. Where people could not provide written consent, this was documented.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records were up to date and showed the person who used the service and other relevant persons had been involved in the decision-making process.

People were supported with their healthcare needs and we saw evidence of involvement from healthcare professionals, such as GPs, SALT and nurses.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People who used the service told us, "The care staff are lovely", "All the staff are caring" and they could have a "laugh" and "joke" with the staff.

People were assisted by staff in a patient and friendly way and we saw and heard how people had a good rapport with staff.

People told us staff respected their privacy and dignity. We observed staff knocking on the doors of flats and introducing themselves before entering. Care records described how people wanted staff to respect their privacy. For example, "I would like the carers to ring my bell and unlock the door using the master key, and then carers are to introduce themselves on arrival", "Can you please give me some privacy while I use the commode" and "Staff will support [name] in personal hygiene every morning and keeping her dignity at all times."

People were supported to remain as independent as possible but where support was required from staff, this was clearly recorded. For example, "Staff to assist with dressing and undressing, also to give me choices in what I can wear", "[Name] can shave himself with help from staff by applying shaving gel to his face", "I am able to do this [domestic chores] myself and enjoy this as it keeps me busy and to maintain my independence" and "I require one staff member to assist me to shower however this is mainly to prompt me to do so and to ensure I am maintaining my hygiene."

People's communication support needs were recorded and these described how people were given information in a way they could understand and the level of support they required with their individual communication needs. For example, one person's record stated the person was unable to speak however could show facial expressions. Staff were advised to be patient and speak slowly, giving verbal prompts and reassurance. For another person it was recorded, "No support required with communication needs. However, needs staff to ensure puts glasses on."

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us none of the people using the service at the time of our inspection visit used independent advocates.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found some care records were not person-centred or up to date. At this inspection, we found care records were regularly reviewed and evaluated.

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Records included important information about the person, such as what was important to them, what was working and what made a good day. We saw these had been written in consultation with the person who used the service and their family members.

People's individual support needs were recorded and included mobility, personal care, continence, diet and nutrition, and medicines. These provided information and guidance for staff on people's individual needs. For example, one person was cared for in bed and required the support of two care staff for repositioning. They had a risk assessment in place that directed staff to check their skin to ensure it was intact, log any concerns, and seek medical advice when required. However, this information had not been copied over to the support plan. The registered manager agreed to rectify this immediately. All other records we viewed were accurate and up to date.

Daily records were maintained for each person who used the service and an effective staff handover process was in place.

The service supported people with end of life care needs when necessary and people who chose to remain at the service during this time were able to. The records for one person showed that a palliative care professional had been consulted and a best interest decision had been made in consultation with the person's GP, family and staff for the person to remain at Woodridge Gardens and not be admitted to hospital.

People were protected from social isolation. A monthly calendar listed the daily activities taking place at the service. These included bingo, 'cuppa and natter', Pictionary, play your cards right, indoor skittles, arts and crafts, games afternoon, and popcorn and a movie. Although people weren't supported to attend events in the local community, some were supported by staff to go shopping.

The provider had a complaints policy and procedure in place. The registered manager carried out a monthly audit of complaints to ensure appropriate action had been taken. Each complaint record we viewed included details of the complaint, records of investigations and meetings, the outcome of the complaint, and whether any additional actions were required. None of the people or family members we spoke with had any complaints to make but were aware of how to report a complaint.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the provider had failed to notify CQC of five incidents of abuse or alleged abuse, or incidents where there had been police involvement. Notifications for these incidents should have been submitted to CQC. A notification is information about important events which the service is required to send to the Commission by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We discussed this with the registered manager who agreed to submit retrospective notifications for these incidents. We are dealing with this matter outside of the inspection process.

At the time of our inspection visit the service had a registered manager in place, who had been registered with CQC since April 2018.

A provider information return (PIR) was not submitted for this service. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they had completed the PIR in April 2018. Our records showed it had been completed but it had not been correctly submitted.

The provider had a quality assurance process in place and the registered manager conducted a variety of audits and quality checks of the service. However, these audits had failed to identify the safeguarding nature of the incidents previously mentioned in this report, and the requirement to notify CQC.

We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us they were still "bedding in" as they were new in the role, and that it was a "team effort" with the two assistant care managers.

The registered manager told us the service had good links with the local community. For example, a 'sit and be fit' group took place at the service, local primary school children visited at Christmas, a church service took place every Thursday and members of the local community used the café.

People told us the service had a positive atmosphere and any issues or concerns were acted on. They told us, "Anything gets dealt with straight away", "If we want something, they [management] do it", "I've got no problems with them [management]" and "[Registered manager] does a lot for us."

Residents' meetings took place quarterly and regular surveys were carried out where people could provide feedback on the quality of the service. Where any issues were identified, actions had been carried out.

Staff meetings took place regularly and staff we spoke with felt supported by the management team. They told us they felt able to raise any issues and could go to the management team with any concerns.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Some incidents of a safeguarding nature had not been appropriately reported to the local authority safeguarding team. Outcomes of the incidents were not clearly recorded.</p>