Housing & Care 21

Housing & Care 21 - Summer Field Court

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 visit took place on 25 August 2016 and was announced. The provider was given two days' notice of our inspection visit to ensure the manager and care staff were available when we visited the agency's office.

The service was last inspected in July 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Summer Field Court provides care to people in their own homes, within a single community. The service provides care and domiciliary support for older people and people with a learning disability who live in their own home. People were supported in 72 flats within the complex. Most people received support and care visits each day. On the day of our inspection visit the service was providing support to 48 people. Some people who lived at Summer Field Court did not receive any support and were independent.

The complex included some communal areas where people could mix, form friendships and relationships and take part in stimulating activities. There was a day centre, several communal lounge areas, a shop, hairdresser and a restaurant at Summer Field Court.

The service had 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. We refer to the registered manager as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Staff understood how to protect people from abuse and keep people safe. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There was enough staff to deliver the care and support people required. Although people told us there had been some recent staffing issues, care vacancies had now been recruited to. People told us staff were kind and knew how people liked to receive their care.

Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required.

Most of the care records we reviewed were up to date. The manager had identified the need to update care records, to increase the information provided to staff with regard to mental capacity assessments and best

interest decisions. Care reviews were being undertaken to ensure care records were brought up to date. The managers understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

Staff were supported by managers through regular meetings. There was an out of hours' on call system which ensured management support and advice was always available for staff.

People told us the manager was approachable. Communication was encouraged and identified concerns were acted upon by the manager and provider. People knew how to complain and information about making a complaint was readily available for people. Staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints.

Quality assurance systems assessed and monitored the quality of the service. People and staff were involved in developing the service. There was regular communication with people and staff whose views were gained on how the service was run; their views were used to make continuous improvements.

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 with staff and within their environment. People received support from staff who understood the risks relating to people's care and supported people safely. Staff understood their responsibility to keep people safe and to report any suspected abuse. There were enough staff to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process to ensure staff were of a suitable character.

Is the service effective?

Good

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. People who required support with their nutritional needs received support to prepare food and drink and people were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and who respected people's privacy and promoted their independence. People received care and support from staff that understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People and their relatives were fully involved in decisions about their care. People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make

a complaint and the provider analysed concerns and complaints, and acted to improve their services.

Is the service well-led?

Good

The service was well-led.

People were satisfied with the service and said the manager and staff were approachable. Staff were encouraged to provide feedback to the management team, and raise any areas of concerns. The manager provided good leadership and regularly reviewed the quality of service provided. Improvements were made to the service following feedback.

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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.

The inspection visit took place on 25 August 2016 and was announced. This service was inspected by one inspector. The provider was given two days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the service.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we contacted people via questionnaire to obtain their views of the quality of care. We wrote to 30 people and to 13 members of staff. We received responses from seven people who used the service and one response from staff. We used this information to make a judgement about the service.

During our inspection visit we spoke with the registered manager and the deputy manager. After our inspection visit we spoke by telephone with four people who used the service and one person's relative. We also contacted two members of staff via email, and spoke with one member of care staff.

We reviewed five people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

All of the people we received questionnaires from told us they felt safe at Summer Field Court. People we spoke with told us they felt safe with staff who provided them with support in their own homes and with the security arrangements for their home. People who lived in a rented apartment had a communal entrance; this required people or staff to remotely open the door and let people in, which helped people feel secure. Staff were always available day or night to provide support or assistance to people. Comments included; "I wouldn't live here if I didn't (feel safe)", "I feel very secure", "I have a personal alarm I can ring in an emergency" and "The environment is very safe."

People were supported by staff who understood their needs and knew how to protect people them from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone's safety. The provider had a procedure in place to notify us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

The provider's recruitment process ensured risks to people's safety were minimised. The provider's recruitment procedures ensured staff were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The provider had contingency plans for managing unforeseen circumstances which might impact on the delivery of the service. For example, emergencies such as fire or flood were planned for; there was a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, one person who was at risk of falling had a risk assessment in place for managing their mobility. Care records instructed staff on how the person should be moved safely. Each person who was at risk of falling had a personal alarm, in case they should have a fall in their own home. One person had a door alarm in place to alert staff when they were leaving their room. This was due to their high risk of falling, and their lack of capacity to measure the risks involved in moving around the building and outside areas on their own.

We looked at how medicines were managed. Most people we spoke with administered their own medicines or their relatives helped them with this. People who received support with medicines told us they received

their prescribed medicines safely.

Staff told us they administered medicines to people as prescribed. They received training in the effective administration of medicines. This included regular checks by the trainer on staff's competency to give medicines safely. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by staff during visits and by senior staff during spot checks. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

There were effective procedures in place to instruct staff when people needed to take their medicines. This was important as some people received medicines on an 'as required' basis such as pain relief medicine. Instructions were given to staff on the MAR about when people needed to receive their medicines, and care records showed how people might display signs of pain if they were unable to communicate this to staff verbally.

At the time we sent out our questionnaires we received mixed feedback from people regarding the staff levels. When we asked people what their views were now, most people we spoke with told us there were enough staff to meet their needs as staff always attended their scheduled calls. However, one person said there had been a recent issue with staffing, a request for an additional regular call had not been arranged due to a lack of available staff. They were still waiting for an additional call to assist them with going out.

The manager and deputy manager (care team leader) responsible for scheduling calls confirmed there were enough staff to cover all the calls people required. The manager explained they had recently had some staffing issues, as a number of staff had left Summerfield Court. The manager confirmed they had now recruited more staff. When they had vacancies the staffing group had pulled together to cover all the calls, the deputy manager, the manager and senior care staff had worked on some shifts, staff had been asked to do extra hours where possible. Senior staff had been taken off some of their usual duties to cover more care tasks. Where people needed support to go out, staff had assisted more than one person to go shopping together, to reduce the number of staff needed.

The manager was interviewing potential candidates for care roles during our inspection visit. They explained they had just recruited six new staff who were due to start once their employment checks and references had been completed. They planned to recruit a further six members of staff to ensure they had enough staff to cover for staff absences and maternity leave.

Staff told us although there had been some staff vacancies, now these were filled, there were enough staff to care for people effectively. Staff told us they always contacted their manager, or asked for assistance from other staff if they were running late for calls, so that people got their call on time. As all the staff worked on site, there was no travelling time between scheduled calls which helped to ensure people received their calls when they should. The manager added, "As we are all on site people would tell us if staff did not arrive for their scheduled call."

Good

Is the service effective?

Our findings

All of the people who responded to our questionnaire and who we spoke with, told us staff had the skills they needed to support them effectively. All staff that responded to our questionnaire told us they were offered a recognised induction programme and training, to ensure they had the skills they needed to support people. Staff told us their induction included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. The induction training was based on the 'Skills for Care' standards. Skills for Care are an organisation that sets standards for the training of care staff in the UK. The provider was also implementing the 'Care Certificate' throughout their locations in the UK. The 'Care Certificate' is based on the standards set by 'Skills for Care'. This offers staff a certificate to recognise their skills at the end of the induction programme.

Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. Probationary periods were usually for a three month period, or were continued until staff were competent in their role. Checks on staff's competency were completed every three months to ensure they continued to have the right skills and attitudes.

The manager kept a database of staff training, which alerted them when refresher training was due to be renewed. Records confirmed staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. Staff also received training in specific conditions such as pressure sore awareness training, epilepsy and dementia. This was to ensure people received care from staff that understood their medical conditions.

Staff told us they were encouraged to complete a nationally recognised qualification in care to increase their personal development. They told us they had regular meetings with their manager to make sure they understood their role. Regular checks on staff competency were discussed at these meetings, and staff had an opportunity to raise any issues of concern. Staff had an annual appraisal to review their performance, discuss their objectives and plan any personal development requirements.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The manager explained care records and paperwork were currently under review at Summer Field Court, to show more clearly how mental capacity assessments and best interests decisions were recorded. There

were policies and procedures in place which clearly described how the MCA should be applied to people's care. The manager understood their responsibilities under the MCA and could describe how they implemented these policies and procedures. They told us there was no one using the service at the time of our inspection visit that lacked the capacity to make all of their own decisions. Some people lacked capacity to make certain complex decisions, for example how they managed their finances. Those people had somebody who could support them to make decisions in their best interest, either a relative or representative. For example, some people had set up a power of attorney authorisation for their relatives to make certain decisions on their behalf.

The manager worked with health professionals and people's representatives to make decisions in their 'best interests'. They gave us an example of when their involvement had resulted in one person staying at Summer Field Court, which benefited them. This was following a meeting of all concerned to see whether the person needed more specialist care in another service.

No one had a DoLS in place at the time of our inspection visit. The manager understood their responsibility to ensure anyone being deprived of their liberty should be referred to the local authority to ensure their rights were protected.

All staff had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. Staff knew they should seek people's consent before providing care and support. Staff said the people they supported could generally make everyday decisions for themselves. We asked people if staff asked for their consent before they provided care, they said they did.

People had choice and flexibility about the meals they ate. People could choose to prepare and cook food in their own home, or there was a restaurant on site where they could purchase a meal. The restaurant was open for lunch and an evening meal seven days per week.

Staff and people told us Summer Field Court worked well with other health and social care professionals to support people. Referrals were made to health professionals such as doctors, speech and language therapists, and the district nursing team where a need was identified. One person told us the district nursing team visited them regularly to check on their health. A staff member told us, "We recently referred one person to the speech and language team (SALT), this was done as soon as we realised the person needed additional support. SALT came out to do an assessment , the advice given was acted on."

Good

Is the service caring?

Our findings

All of the people who answered our questionnaire told us staff had a kind and caring attitude. Most of the people we spoke with also confirmed staff had a caring attitude. Only one person had a negative comment regarding staff's attitude saying, "One or two are really good. However, there are odd times when one or two can be a bit off hand with me." Other people's comments included; "The staff are very kind and caring, they are good to me", "They (staff) are very considerate" and "Staff have a wonderful sense of humour."

The people we met and observed in the communal areas of Summer Field Court during our inspection visit smiled and interacted with staff and each other, showing they were relaxed in their environment and enjoyed the company of staff and other people.

People told us they were involved in making decisions about their care through meetings with the manager and regular reviews around their care needs.

Staff had a good understanding of people's care and support needs, because they usually supported the same people and knew people's likes and preferences. A member of staff told us, "We have different teams, some staff work regularly with people with learning disabilities, another staff group work with older people." They told us this helped them get to know the people they supported well. In addition, the manager assigned specific members of staff to support individual people with planning their care, these staff members were called 'Keyworkers'. Keyworkers knew those who they were allocated well and helped provide continuity of care.

People told us staff treated them with respect and dignity. People told us staff asked them how they wanted to be supported, and respected their decisions. One person said, "They ask me before doing things."

People told us living at Summer Field Court helped them to maintain independent living, rather than being in a residential care home. They explained this was important to them, as they wanted to live their own lives. The facilities on offer at Summer Field Court supported people to do this, as they could access a shop, hairdresser, and restaurant without leaving the complex. Staff told us they supported people to maintain their independence whilst providing care and support. They did this by encouraging people to do as much as they could for themselves. They gave us an example of one person who was unable to open their medicines due to their medical condition; staff opened the medicines, but placed these in their hands so they could continue to administer their own medicine. This helped them feel involved.

People could have their family and friends visit them whenever they wished, as they lived in their own home and made decisions about who visited them there.

People told us staff maintained their privacy when supporting them with personal care. This included staff knocking on people's doors waiting before entering, and respecting when people needed time alone. One person said, "They are always really good with my privacy. Although they have a key to my home they always knock and wait to be invited in before entering."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of their care records in their apartment and could choose who had access to these.

Good

Is the service responsive?

Our findings

Most of the people we spoke with told us staff responded to them quickly. One person commented, "They are always on time, and do everything I ask." Another person had commented in a recent satisfaction survey, 'When I ring my alarm the staff get there very quickly'.

People told us they knew who to talk with if they were unhappy or wanted to make a complaint. Most of the people we spoke with told us they never needed to make a complaint, with a typical comment being; "I have no complaints" and "There are no problems".

There was information displayed in the communal areas of Summerfield Court about how to make a complaint, and people had a copy of the complaints procedure in the guide each person had in their home. There were procedures in place to log and analyse complaints and feedback, to see if there were any common trends or patterns, and to enable the provider to learn from the feedback they received. Complaints were fully investigated by the manager to establish whether improvements to their service needed to be made. Records showed people who made complaints were contacted in a timely way to address their concerns and try and resolve their complaint to their satisfaction.

People told us their support needs had been discussed and agreed with them and their representatives when they started living at Summer Field Court. We saw care records were signed by the person, or their representative where they were unable to sign records themselves. Information in care records detailed people's likes and dislikes and included information about the person's life history and health. We found the care people received differed from person to person, with each person having an opportunity to express their wishes over how their care was delivered, for example, if people wanted to receive care from care staff of a specific gender. The manager confirmed these requests were fulfilled.

Staff were assigned to support people according to their agreed packages of care. This included people being supported overnight, with regular checks on their well-being. Staff responded to people's calls for assistance twenty four hours a day.

We looked at five care records. One of the care records we reviewed required updating. The record did not provide staff with all the information they needed about the person's health and care needs. The person was at risk of not receiving enough nutrition, as they had a habit of hiding food offered to them by staff, rather than eating the food. The manager was aware of these actions, and that the person had limited capacity to understand the risks involved in their actions. However, although staff were informed in the care records they should monitor the person's food intake, the records did not describe why. Food charts were in place and were being used daily by staff to record the meals the person ate, however, none of the records informed staff they should be vigilant and check that the food had actually been eaten. As the manager was recruiting new staff, there was a risk new staff would not understood the person's condition. The care records did not record the person's weight, and there was no care plan in place to regularly weigh the person. We brought this to the attention of the manager during our inspection visit, who agreed to update the person's records straight away.

Current staff had good understanding of people's care and support needs, and could describe them to us. This was because they knew the people they cared for well, and were given verbal information about each person they cared for from colleagues and team leaders. When things changed staff told us they referred any changes to people's care to the office staff or managers.

The manager explained care records should be audited and reviewed at people's annual care review. They explained these reviews had fallen behind schedule, due to the recent shortages in staff. As staff had now been recruited care reviews had re-commenced around two weeks before our inspection visit. Care reviews were usually done annually, or when there was a change to someone's condition. The reviews involved the person, their representatives, and health professionals where needed. The manager also told us a new format of care records was gradually being introduced before the end of October 2016. The new format would include more detailed information for staff, especially around people's mental capacity and decision making.

Staff told us they had an opportunity to read care records and daily records at the start of each visit to a person's home. The daily records gave them additional information about how the person was being supported. These daily records provided staff with 'handover' information from the previous member of staff. Staff explained the daily records supported them to provide responsive care for people because the information kept them up to date with any changes to people's health or care needs.

Good

Is the service well-led?

Our findings

The service had a registered manager at the time of our inspection visit. The registered manager was supported by a management team that consisted of a deputy manager and four senior care workers. All the management team worked alongside staff delivering care to people. This enabled them to check on staff performance, and keep up to date on people's care and support needs. Most of the people we spoke with told us the service was well-led and the management team and staff were approachable and responsive to their feedback. One person said, "The manager is very good. All my queries are sorted out and answered." A relative said, "The manager is wonderful, very helpful."

Staff told us they would happily recommend the service to members of their family or their friends. Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from managers at all times as the service operated an open door policy, and an out of office hours' advice and support telephone line. In addition team leaders worked alongside staff day and night. These procedures supported staff in delivering consistent and safe care to people.

Staff said the manager and provider encouraged staff to provide feedback about their work, and to raise ideas to improve the service. They did this during staff meetings, but also as part of their daily communication with team leaders and the manager. We saw the minutes of a recent staff meeting where ideas for improvement were suggested by staff. One idea involved a new staff room being developed in addition to the current staff room. This had been developed and was now on site.

The manager explained they were developing new communication methods with staff, to ensure they received feedback regularly from staff and staff had all the information they needed. This was also to identify any areas which could be improved, including staff retention and morale. The service had recently introduced a staff portal, an online access computer that gave staff access to their training, policies and procedures. New communication routes included providing extra time in individual meetings with their manager, and designing an exit questionnaire which was given to staff when they left the service.

The provider recognised staff's valuable contribution to the running of the service, by asking people to nominate staff for awards. The manager said, "Staff and customer engagement are encouraged by the company with staff voting for staff, customers voting for staff, so good work can be praised and elevated." They added, "In addition we encourage staff to progress with their career, by offering them opportunities for future development and progression." There was a leadership development course on offer at the service, where members of the management team were supported to expand their knowledge and skills.

The provider's quality assurance system included asking people, visitors and relatives about their views of the service. A yearly quality assurance survey was undertaken asking people what they thought of their care, the environment and the staff. In addition, people were encouraged to share their opinions about the service through residents meetings. Any requests people had made to improve the service were followed up by the manager, for example, an integrated coffee morning had been suggested for people with learning

disabilities and older adults at the service which had been arranged. Due to one person switching off lights in the communal areas to save energy, new sensor lights had been installed which switched on and off automatically.

There was a system of internal audits and checks completed to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, the manager conducted checks in staff timekeeping, medicines administration and care records. The provider also conducted a yearly quality assurance audit. Where issues for improvement were identified actions were put into an action plan, which was monitored for its completion. Summer Field Court was visited by an area manager every three months to check quality assurance measures, and to assess the quality of the service.

The manager's role included checking staff monitored and reported on people's care and any incidents that occurred, to make sure appropriate action was taken when necessary. Records showed, for example, accidents and incidents were recorded by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to other health professionals where needed. We found the provider learnt from their manager's experiences in each of their services. Each manager shared information about the learning from such events through a monthly report and regular meetings with other registered managers in their group.