Care Quality Commission

# Care Expertise Limited

# Care Organiser

**Inspection report**

98 Beluah Road, Thornton Heath, Surrey, CR7 8JF
Tel: 020 8916 1818
Website: www.careexpertise.co.uk

Date of inspection visit: 23 & 24 June 2015
Date of publication: 17/08/2015

## Ratings

| Overall rating for this service | Good |
|---|---|
| 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? | Good |

## Overall summary

This inspection took place on 23 and 24 June 2015 and was announced. We told the provider two days before our visit that we would be coming. Care Organiser provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including learning disabilities some requiring 24 hour support. At the time of our inspection 42 people were using the service accommodated by nine separate supported living units. At our last inspection in November 2013 the service was meeting the regulations inspected.

The service had a registered manager in post. 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 and their relatives told us they felt safe with the staff at Care Organiser. Staff knew the correct procedures to follow if they thought someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role.

Care records focused around each individual and made sure staff had the information they needed to support people. Records included guidance for staff to safely support people by reducing risks to their health and

# Summary of findings

welfare. Staff helped make sure people were in the community by looking at the risks they may face and by taking steps to reduce those risks. However, we were concerned that not all risks had been identified in people's homes and we spoke to the manager who took action to reduce any immediate risk to people.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough staff to support people to live a full, active and independent life as possible at the service and in the community. We observed staff had a good understanding of people's needs and were able to use various forms of interaction to communicate with them. Staff supported people in a way which was kind, caring, and respectful.

Staff helped people to keep healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. However, sometimes it was not clear what 'as required' medicine people should have and out of date medicines were not always disposed of in a timely manner. We spoke with the manager about our concerns.

People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs.

Staff encouraged people to follow their own activities and interests. Relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed.

The provider regularly sought people's and staff's views about how the care and support they received and gave could be improved.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received. Accidents and incidents were reported and examined. The manager and staff used information about quality of the service and incidents to improve the service.

We found one breach 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 this report.

# 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?**

Some aspects of the service were not safe. It was not always clear what 'as required' medicine should be given and records had not been updated so staff did not always have all the information they needed. Some medicine had not been disposed of in a timely way.

There were arrangements in place to protect people from the risk of abuse and harm. Some risk in people's homes had not been identified. People we spoke with felt safe and staff knew about their responsibility to protect people.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

**Requires improvement**

**Is the service effective?**

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People were supported to have a balanced diet and to eat healthily.

The provider was aware of the requirements of the Mental Capacity Act (2005) to help protect people's freedoms and rights.

**Good**

**Is the service caring?**

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

**Good**

**Is the service responsive?**

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service. People were encouraged and supported by staff to be as independent as they wanted to be.

**Good**

# Summary of findings

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns. The service had arrangements in place to deal with comments and complaints.

**Is the service well-led?**

Good

The service was well-led. Relatives we spoke with knew who the managers were and were positive about how the service was run. Staff told us that their managers were approachable, supportive and listened to them.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The provider encouraged feedback of the service through regular surveys involving people, their relatives and staff.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

# Care Organiser

**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.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

Two inspectors undertook the inspection. The inspection took place on 23 and 24 June 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

During our first day we spoke with the registered manager and the manager of the supported living service. We also visited two sites were the service was delivered. During our second day we visited two more sites. During our site visits we spoke with six people using the service and we conducted observations throughout the inspection as some people were unable to speak with us. We spoke with 11 staff members and looked at the care records for 10 people held at each unit. After the inspection we spoke with five relatives of the people using the service.

Requires improvement

# Is the service safe?

## Our findings

We inspected four supported living units and looked at people's medicines. People received their prescribed medicine as and when they should. All prescribed medicines were stored appropriately in a central locked cabinet at each unit. Staff were only able to administer medicines once they had received training and this was updated every year. People had a medication profile listing the medicines prescribed to them, the dose and frequency. Also listed were possible side effects, details on safe storage and guidance for staff on the procedure to follow if a person refused to take their medicine. There were some good examples of guidance to staff on when 'as required' medicine or PRN should be given. This included recognising signs that PRN medicine may be required and trying alternative measures, for example, trying various ways of calming or distracting if a person was in a state of anxiety.

We looked at people's medicine administration record (MAR) sheets and found there were no errors. Most people's PRN medicine was recorded on their MAR sheets. However, in one case it was not clear if one person should still be taking their prescribed PRN medicine. We discussed our concerns with staff who explained that the person should receive PRN when they were unable to sleep, but had not needed this medicine for some time. When staff showed us this medicine we found it was out of date and had not been disposed of in line with procedure. The same person had guidance about another PRN medicine to be given when all other measures had been exhausted but we noted this had been prescribed daily. Staff explained that this decision had been made by the GP during the persons most recent medicine review. The discussion had taken place over the telephone and staff were unable to show us where this information had been recorded.

We were concerned because there was conflicting information on the person's records that could lead to confusion over what PRN the person should have taken and that the PRN medicine that was available was out of date and had not been disposed of. Information may have been clearer for staff if details of the medicine review and advice given by the GP had been recorded.

This was a breach under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) 12 (2)(g)

People and their relatives told us that they felt safe using the service. One person told us, "I would speak to the manager if someone tried to hurt me." Relatives said, "We feel confident [our relative] is safe", "We have no concerns", "[My relative] is definitely safe because the staff are so caring" and "[My relative] feels safe there."

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Records confirmed staff and managers had received safeguarding training.

People's care records contained a set of risk assessments to help keep them safe. These identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. For example, risk assessments related to people's nutrition, accessing their local community, handling finances and self- administration of medicines. One member of staff told us about the risk one person faced when they were out in the community. They explained how certain situations could make the person anxious and how staff could support them when this happened.

We saw there were risks assessments in place with regard to the use of the COSHH (Control of Substances Hazardous to Health) relating to the use of cleaning chemicals and the precautions staff needed to take. However, when we were invited to see people's accommodation, we noted some strong cleaning chemicals were stored unlocked in their individual flats. We were concerned that some of the people who used the service may not be safe as these strong cleaning chemicals were easily accessible to them and there were periods during the day when people were left unsupervised. We spoke to the manager of the unit who confirmed they had not assessed the risk people may face in their own environment with regard to these chemicals. We were assured they would look at each person's individual needs and circumstances and assess the potential risk accordingly, this included looking at ways to ensure people were safe in their own homes while receiving care.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents and these were standing agenda items for staff meetings.

Requires improvement

# Is the service safe?

Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, the service was looking at changing the allocation of night staff following one reported incident.

There were sufficient numbers of staff on duty to meet people's needs. We looked at staff rotas for four units, three of these had duty rotas showing staff allocations for periods of one to one care and for core 24 hour support; these staffing levels were confirmed during our site visits. However, in one unit it was not clear how staff were allocated to deliver periods of one to one care to people. After the inspection we spoke with the registered manager and we were assured processes would be put in place to specify those staff who were allocated to people for their one to one care in line with the procedure in other units.

There were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Staffing levels were flexible, for example, one member of staff stayed on shift because another had been called off the unit on an emergency. All the staff we spoke with felt there were enough staff on duty to give people the support they needed.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable).

Good

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. Relatives told us they thought staff had the right skills to support people using the service.

Records were kept of the training undertaken by staff. The manager showed us how they monitored their system to ensure all staff had completed their mandatory training. This included health and safety, moving and handling, food hygiene, fire safety, first aid and safe administration of medication. Staff received specialist training to meet people's needs. For example, autism awareness, epilepsy and PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention) training. Some staff had been trained to communicate through the Makaton system using signs and symbols to support verbal communication. Staff thought they had the right skills and knowledge to support people, they told us, "We have training every two or three months" , "There is a system that flags up when mandatory training is due" and "Sometimes work can be challenging but we have enough training to deal with things."

One new staff member told us about the recent induction they had attended they told us, "The induction was a good opportunity to learn lots of things about care, normal things and deeper studies such as record keeping, safeguarding, procedures and how to manage people's challenging behaviour." Records confirmed all staff received an induction before they started working at the service.

Staff told us they received regular one to one supervision and yearly appraisals with their line manager and told us that this time was used to discuss training needs. Records confirmed that training was discussed in addition to policies and procedures, the needs of clients, additional skills and more general personnel issues.

Some staff had received training about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) from the local authority and in-house training had been provided to all staff through regular team meetings. It was apparent from our discussions with managers and staff that they were aware of what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. At the time of our inspection no applications had been made to the court of protection. However, advice had been sought from the local authority about some people who the service felt may have been deprived of their liberty.

People we spoke with told us they were free to go out when they wanted to and there were no restrictions on them. One person said, "I can go out when I want, I don't always want to go out."

People were supported to have a balanced diet and were involved in decisions about their food and drink. Menus were planned according to people's choice and care needs. We saw examples where people's weekly menus were displayed on their food cupboards in the kitchen. Staff told us people chose their own menu but could change their mind at any time. One staff member told us, "Menus are on people's cupboards but we ask people what they would like so they can choose what they want." People's preferences and special dietary needs were recorded in their care records. For example, one person could only eat smooth food. Guidance had been obtained from the speech and language therapy (SALT) team and the dietician to help staff encourage and support the person with their nutritional needs.

People were encouraged to be as independent as they could be with staff offering support with shopping and cooking when required. People were supported to make healthy choices and healthy eating information and individual weekly menu planning were in place for some. Less independent people had their likes and dislikes recorded in their care records and staff told us about ways they were able to involve them in their food choices. Staff used different ways to communicate with people to give them choices about food. For example, one person who was unable to communicate verbally used picture cards to help them chose their meals.

People were supported to access the healthcare services they required when they needed to. We saw from care records that there were good links with local health services and GP's. There was evidence of regular visits to GPs, and other healthcare professionals. The service involved and informed people about their healthcare and people's health action plan were in easy read and pictorial format.

Good

# Is the service effective?

Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show how they like to be looked after.

Good

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the care provided by Care Organiser and that staff were caring. People we spoke with told us they liked staff and felt they were treated with respect. One person said, "The staff are good to me, they help me with things." Relatives commented, "[My relative] is fine, staff look after him well", "The staff are so caring" and "Staff are very caring."

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. We noted one person who came back from college who greeted staff and talked about their day. Another person had just returned from a hospital appointment, staff welcomed them back and talked about their experience giving them reassurance and support.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. A staff member told us about how they supported one person in the community and the type of situations that could make them angry or upset. They explained the technics they used for de-escalating situations and how they involved and supported the person to make plans and keep to their own routine. They told us, "The more I work with [the person] the better it is, I know about the triggers and what to do…we always make a plan of the day together before we go out."

People were involved in making their own decisions and planning their care. Regular service user meetings were held where people discussed things such as maintenance issues, how they felt, what could be done to make things better and the activities they would like to do. For example, one unit had discussed what they would like to do over the Easter bank holiday. People were asked if they would like to attend church, go out for a meal and have a drink in the local pub. We saw people making choices about their day to day life such as deciding when to get up in the morning or go to bed at night, the food they wished to eat and the type of activities they wished to do, if any.

Staff spoke about people in a caring way, they told us, "The best thing is you feel good in your heart…it feels good to help someone and make them feel happy", "I enjoy my work, it gives me a lot of satisfaction to work with the clients", "I enjoy working with [the people]" and "I like making [the people] smile, it's like a family."

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

People's privacy and dignity were respected by staff, we observed staff knocking on peoples doors and waiting for a response before entering, talking to people using their preferred names and being discrete when discussing peoples care. Care Organiser supported the Dignity in Care campaign which was set up to help change the culture of care services and place a greater emphasis on improving the quality of care and the experience of people that use services. We noted information on dignity in care were displayed in the units we inspected. One manager told us, "Dignity in Care is part of our culture…our ethos" and they went on to explain that after staff had received training, dignity in care was continually reinforced through staff meetings, meeting with people who used the service and staff supervision. Records confirmed this was the case.

Relatives told us they came to visit when they wanted, One relative said, "Sometimes I ring to let them know, sometimes I just turn up…there have never been any problems."

Good

# Is the service responsive?

## Our findings

People's relatives told us they felt involved in reviewing the care their family member received. They told us, "We are always invited to meetings", "They always tell us if there are any changes" and "They tell us what is going on … we are going in for a meeting today."

Care records gave staff important information about people's care needs. We saw some good examples of how staff could support people both at home and in the community. There was clear guidance for staff on how to work with people on a day to day basis by recognising the signs and triggers that may make a person upset or distressed. Detailed proactive strategies were available for staff to follow to help prevent an escalation of behaviour that may challenge the service. There were also reactive strategies to guide staff on how to calm and reassure a person when they became worried or upset.

One person who was unable to communicate verbally used a Picture Exchange Communication System (PECS) as a means of communicating with staff. The pictures allowed the person to make a choice about everyday things such as food or activities, make a request, or tell staff their thoughts. We observed staff using this system at one unit to help them choose what to have for breakfast.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, what made them happy or what made them sad. We noted one person enjoyed watching TV or DVD when they were at home and skateboarding, swimming and cycling made them happy.

Each person had their own key worker and regular key working sessions allowed people to be involved in the planning of their care and explain how staff could support them. Records were kept of these meetings and included notes of what was discussed and action to be taken. For example, at one session food and nutrition was discussed and it was explained to the person if they ate too fast it could be a risk to them.

People were supported to follow their interests and take part in social activities. Each person had an individual activities planner which included outings to social clubs, swimming, bowling, walks to the park and household chores such as laundry, cleaning and baking to help encourage people's independence. People were also encouraged to join in activities organised by the provider. We spoke with the registered manager and the activity co-coordinator who told us about a trip to Kew Gardens that had been organised in May 2015 and a B-B-Q that had been arranged for the coming weekend.

People were leaving and returning from various activities throughout our inspection. One person told us about their walk in the park and another explained they had just come back from the gym. Relatives told us about the type of activities people took part in, one relative said, "Yesterday was very hot so staff took [my relative] out on a bus ride, he wore light clothing." Another said, "They go on regular days out and yearly holidays if they can."

People's relatives told us they knew who to make a complaint to, if they were unhappy. One relative told us, "I made a complaint ages ago…they took on board what I said…they let us know if anything is wrong now." People were asked how they felt at service user meetings and information was available for people on how to complain if they needed to. This was in easy read and pictorial format if needed.

Good

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager, a manager to support the overall running of the nine supported living services and a manager in charge of each unit.

People and relatives we spoke with knew who the managers of each unit were and were positive about how the service was run. Relatives told us, "Things are improving", "They always keep in contact" and "The new manager is making changes, smartening things up."

People were asked about their views and experiences. Stakeholders including people who use the service and staff were sent yearly surveys. Feedback was used to highlight areas of weakness and to make improvements. The results from the most recent survey sent during December 2014 fed into a survey outcome report for the whole service. We looked at the results from this survey and noted the feedback was mostly positive. Any issues highlighted during the survey were recorded with a summary of the issues or concerns, the action required and by who and the date of expected completion. Major improvements from the previous year's surveys were also noted and monitored.

People were encouraged to be involved in the service through regular meetings. We saw minutes from these meetings covered issues such as up and coming events, activities and asking people how they felt about the service and what could be done to improve things. Where people were able they signed the minuets to show that they were present.

Relatives told us they felt able to speak with staff and managers if they needed to and that they felt they were listened to. They told us, "They always listen and try to put into place any suggestions we have" and "They are very accommodating."

Staff said they felt well supported by their managers and were comfortable discussing any issues with them. Staff told us, "[My manager] is very supportive", "There is no pressure from managers…my manager is very supportive, she really try's to help me" and "[My manager] is very flexible and helps me to fit in my shifts around my needs." Regular staff meetings helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included actions from previous meetings, updates including new legislation staff should be aware of, safeguarding, people's general well-being and guidance to staff for the day to day running of the service.

The provider had developed various systems for monitoring the service and ensuring it met the needs of the people who lived there. This included regular quality assurance monitoring visits by the registered manager to each unit across the service. We looked at samples of seven reports produced as a result of these reviews from January to May 2015. They covered areas including the safety and decor of each unit, how staff work, peoples involvement, choice and opportunities, activities available, and the review of records. Reports of each audit contained detailed findings, action needed, who was responsible and the timescales for actions to be completed.

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<br><br>People's medicine was not always managed safely.<br><br>This was a breach under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) 12 (2) (g). |