

Catalyst Choices Community Interest Company

Mosslands Care and Support

Inspection report

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Date of inspection visit:
26 August 2016
31 August 2016

Date of publication:
29 November 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 26 and 31 August 2016 and was unannounced.

This was the first inspection for the service following the transfer of the business to Catalyst Choices Community Interest Company.

Mosslands Care and Support is a domiciliary care agency providing personal care to people living in their own tenancies. The agency supports people who live in the Mosslands sheltered housing scheme (Extra Care) with daily living and staying safe. The Care Quality Commission has inspected this service in relation to seventeen people living at Mosslands who have been assessed as needing personal care.

Mosslands provides 49 one and two bedroom bungalows with an on site domiciliary care agency on call between the hours of 7am and 10pm. Other facilities at the scheme included a day room with organised activities, a dining room where breakfast, lunch and tea can be purchased and bathing facilities. A range of shops and other local amenities are within walking distance of the bungalows and there are good public transport services. The majority of people living in the sheltered housing scheme live fairly active independent lives.

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.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse.

Policies and procedures were in place to support staff with safe administration of medicines, however refresher training had not been delivered in line with the the expiration dates on staff training certificates.

Suitable recruitment processes and checks were in place to minimise the risk of unsuitable people being employed to work with vulnerable people.

Staff had received training however a programme of refresher training had not been implemented.

The service took account of people's diverse needs and care plans were written in a person centred way.

Staff had good relationships with people who used the service and were attentive to their needs.

Systems were in place to audit and monitor the quality of the service provided. Audits were carried out but identified shortfalls had not been addressed.

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 were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs and keep them safe.

Staff were aware of how to report concerns regarding poor practice.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Audits had been ineffective in addressing shortfalls in staff supervision, appraisal and training.

People receive support from staff familiar to them.

Plans were detailed so staff had relevant information to support people.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of individuals well and took an interest in people in order to provide person-centred care.

Relatives and those people who needed support were involved in the planning of their care where appropriate.

Is the service responsive?

Good ●

The service was responsive.

Complaints were taken seriously, monitored and action taken when required.

Risks were assessed and measures were in place to support people in the least restrictive way.

People were encouraged to maintain relationships that were important to them.

Is the service well-led?

The service was not always well led.

The agency had a registered manager.

Shortfalls identified in audits have not yet been fully addressed.

Staff and tenants at Mosslands spoke positively about the leadership of the agency.

Requires Improvement 

Mosslands Care and Support

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 26 August 2016 and was unannounced. A further visit took place on 31 August 2016 as we wanted to meet with the person responsible for the day to day running of the agency and check specific recruitment records.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. Including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service. We also saw that the local authority contracts quality assurance had reviewed the performance of the agency in terms of their contract.

We reviewed two care records of the seventeen people supported by the agency and spoke with ten people receiving care and support. We examined staff recruitment and staff training records. We looked at three staff recruitment files held at the premises and interviewed four care staff. We saw a selection of records relating to the management of the service such as policies and procedures and complaints. We also spoke with the registered manager, the person in day to day control of the agency, two senior care staff and two care staff.

Is the service safe?

Our findings

We spoke with ten people living in the sheltered housing scheme. They told us that they felt safe, and they were well looked after by the agency.

Comments about staff included: "Go above and beyond"; "They are very experienced, they are very able"; "I am very happy"; "You can have a laugh with them"; "They are very good", "They cheer me up".

We saw that staff acted in an appropriate manner and people were comfortable with them, relationships appeared supportive. Interactions between staff and people living at Mosslands were humorous.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.

We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the manager. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw that staffing levels were dependant on individuals' support needs. We saw that levels of staffing fluctuated depending on people's health and wellbeing.

Staff told us that people are supported by staff who know them well. We saw that a number of staff had been off on sick leave and shifts had been covered within the current staff group.

We were told that the recruitment, training and human resources functions continued to be managed by Warrington Borough Council. As no new staff had been recruited since our last inspection we did not attend their office to check recruitment records or processes. We looked at information held at the agency to confirm that staff had suitable Disclosure and Barring Service (DBS) checks. This service checks the suitability of people for working with vulnerable adults.

We found that carers received medication administration training and records were available to demonstrate that their competence had been assessed by senior staff. However we found that medication training for four people was out of date and for the further six staff it was due to expire in October. We found some gaps in the administration of medicines when prescribed medication had not been given, this coincided with trips out and people being away from home at lunch time. We discussed this with senior staff who approached the doctor who changed the timetabling of medicines to suit individuals' lifestyles. See the

effective section of this report.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

Is the service effective?

Our findings

People told us that they always had the same staff; they said that they never received support from people unfamiliar to them. Staff had worked in the agency for a number of years and had transferred when the business was taken over from the local authority.

Mosslands Care and Support office was situated central to the sheltered housing scheme and only provided support to those people living in the housing scheme. When the agency was closed, out of hours cover was provided by Carecall. People living at Mosslands could alert Carecall either by using the call bells in their premises or in some instances via a pendant worn on their person. The call centre would then arrange the most suitable support for them, either family support or emergency services.

Staff told us that they felt they got support from the senior staff and management of the service, however the absence of senior staff due to sickness had had a direct impact on the level of formal supervision and observed supervision given to the staff team. One member of staff had not been formally supervised since November 2015. These processes give staff the opportunity to discuss their performance and identify any training needs they may have. It is also used to assess the quality of their performance with supporting people using the service. Improvements were needed to schedule and implement a structure to formal supervision.

We found that staff knew the people they supported well, we found that they had previously attended training, however refresher training had not been arranged in line with the due dates from the certificates. Training relevant to staff roles such as, medicines administration, health and safety, food hygiene and moving and handling had expired. This may mean that staff were not working in line with current best practice. However we did not find that the lack of training or supervision had adversely affected people being supported at Mosslands. Improvements were needed in the training records to identify when training became due.

We spoke with the registered manager about this who told us that a workforce development co-ordinator had recently been appointed. We saw evidence that the organisation had identified the same issues prior to our visit, although they had not yet implemented plans to address any shortfalls in staff training.

People's changes in their health were documented in their care records. We spoke with people living in the sheltered housing scheme who told us that staff supported them well in making medical appointments when necessary. We were told other health professionals were contacted appropriately. We saw that "personal delivery plans" were very detailed to inform staff and other professionals how to best support the individuals they cared for. These were available to inform health professionals who became involved with their care, either through an identified need or an emergency situation. This demonstrated that the agency staff supported people to access and receive on going healthcare support.

We found in one care plan that the local authority had assessed one person at risk of malnutrition. The local authority plan stated to monitor food and fluid three times a day which included in their diet a food

supplement drink. This person's contract with the agency was for a 15 minute safe and well call once a day in the morning. The agency records showed that the person was given the supplements during the morning for them to take later in the day but the agency were unable to confirm if these had been taken as required. The agency told us that they collected empty supplement containers each day and assumed they were taken as required. The person was maintaining weight of late but we felt that more robust care planning was needed as the person was at risk of malnutrition. We also found that unrealistic expectations had been placed on the agency who were not in a position to fulfil this role. We asked the manager to discuss this with the individuals' social worker.

Is the service caring?

Our findings

We saw the agency maintained a record of compliments, which included: "Thank you for being so lovely"; "Thank you so much for all your kindness".

On the whole people using the service were fairly independent and accessed the community regularly and independently. We met individually or in small groups with ten people who lived at the scheme. They said that they had been consulted by staff who had developed their care plan and discussed what needed to be done. We looked at two plans of care and found them to be written in a person centred way and instructed staff how to engage with the people they were supporting. Care plans were written inclusively and promoted independence for the people being supported. They instructed staff on the individual's needs and included information of what tasks they could do for themselves and how they preferred things to be done. We also saw evidence that, when it was appropriate, relatives had been included in planning care for their loved ones.

We saw records which demonstrated that people using the agency were supported by individuals with whom they felt comfortable. People told us that they got on well with all staff. The manager had processes in place to check on their satisfaction with the service offered. As well as informal meetings and walks around the scheme she encouraged the tenants to feedback via on line services' questionnaires such as Healthwatch and Carehome. co. uk.

We spoke with three staff who told us that they understood their professional responsibilities in respect of maintaining accurate records, reporting concerns to senior staff and maintaining confidentiality.

The service took account of people's diverse needs. Staff we spoke with told us they enjoyed supporting the people at the service and were able to tell us a lot of information about people's needs, preferences and circumstances. This showed that staff had developed positive caring relationships with the people they supported.

Is the service responsive?

Our findings

We reviewed people's records and saw that they had plans specific to their needs. The care plans we inspected contained assessment documents which had been completed before the person came to live at the sheltered housing scheme to make sure that their needs could be met by the agency. The plans of care outlined people's abilities, identified needs, risks and action required by staff. Records had been kept under regular review and had been updated monthly, where appropriate their relatives had been involved in the assessment process.

We saw that visitors were welcomed and staff greeted them by name. One person told us that they loved living in their bungalow and virtually each day family visited them. We spoke with ten people using the service who told us that they enjoyed the fact that they could remain independent whilst still making friendships and have company in the communal areas of the scheme. We saw a number of people joined together in the afternoon to do arts and crafts, two people had forged a friendship and met each afternoon for a coffee and a chat and a group of gentlemen got together to watch televised sports events.

The staff we spoke with were familiar with people's needs and could appropriately describe how to support people we asked about. Staff maintained records of the support that people received each day. Any changes or updates were shared at a shift handover. We saw that suitable equipment was in place to support people with their mobility and that assessments had been carried out to determine when pressure relieving equipment was required.

People told us emphatically that they felt able to raise concerns with staff. They told us that if they had any unresolved complaints they would always speak with the manager. The right to complain and whom to complain to was set out in the service user guide. Records showed us that one complaint had been received, we saw records that it had been investigated and findings from the investigation acted upon.

Is the service well-led?

Our findings

A Tenant Welcome Pack and Service User Guide were available for people wishing to know about the sheltered housing scheme. The agency had a clear vision and a set of values that included providing privacy, dignity and quality care for people wanting to stay in their own homes. They had principles of providing care in a caring, friendly and professional manner which included people's active participation and involvement.

The agency had a registered manager who was also responsible for other services belonging to Catalyst Choices. We spoke to the registered manager and she demonstrated good knowledge of all aspects of the business including the needs of those using the service, the staff team and her responsibilities as manager. Quality assurance audits had been completed to assess the safety and performance of the service. Medication and training audits had identified shortfalls but the issues identified had not been fully addressed. This meant there was a risk that staff may not be working in line with current best practice.

Senior members of staff were responsible for the running of the service on a daily basis in the absence of the registered manager. Senior staff led by example and worked alongside staff to provide the care. People receiving support told us that all senior staff were approachable and available if they needed to speak with them.

Catalyst Choices had systems in place to seek the views of those using the service, the staff working in the service and stakeholders, this happened at reviews and as part of a formal satisfaction survey. We saw evidence that the last satisfaction survey had taken place in December 2015, responses had been collated and action plans formulated to address any comments and concerns raised.

The staff we talked to spoke positively about the leadership of the agency.

The agency had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising concerns if they felt unable to raise them with the registered manager.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.