Housing & Care 21

Housing & Care 21 - Milton Keynes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Housing & Care 21 is registered to provide personal care for adults in their own homes. They currently provide support for people with a range of needs, including people who may be living with dementia. On the day of our visit the service provided support for 47 people in their own homes.

This inspection was announced and took place on 21 and 22 December 2015.

The service did not have a registered manager in post, however they did have a manager who was in the process of registering with the Care Quality Commission. 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 did not always see the same carers for their visits. In addition, carers were sometimes late, often due to the distance between calls. The service had identified these issues and were reviewing rotas to improve the allocation of visits.

Members of staff received regular mandatory training, however they did not always receive training in specific areas, such as dementia care.

The provider had policies and procedures to guide them in the use of the Mental Capacity Act (2005), however they were not being regularly implemented by the service.

People received care from staff who had a good knowledge and understanding of abuse, safeguarding and reporting procedures. Where necessary, safeguarding incidents were reported and investigated in full.

Risk assessments were in place to identify areas of potential harm, and to put control measures in place to reduce the likihood of it occurring.

People were encouraged to manage their own medication. If people required support, they received this from trained staff who ensured medication was given correctly. Reporting and auditing procedures were in place, to highlight any concerns with medication administration.

People were provided with support by staff to manage their own food and drink, when required.

The service also supported people to see relevant healthcare professionals if necessary. Care plans contained information about people's health needs, as well as outlining the specific support they required.

People were treated with kindness and compassion by the service and its staff. Positive relationships had been developed between people and members of staff.

Care plans were produced in collaboration with people and their family members and took their specific needs and wishes into account. People also had important information, such as contact information for the service, readily available.

People's dignity and respect were upheld by staff, who worked to promote their independence.

People's care plans were based upon an assessment of their needs and wishes, and were updated regularly, to ensure they were accurate.

The service had systems in place to seek people's feedback about the care that they received. People were able to get in touch with the service easily, and raise any complaints or concerns which they may have had.

People and staff were positive about the impact the new manager had on the service. They had implemented plans to continue to improve the care being delivered.

A positive and open culture had been established at the service, staff were motivated to perform their roles and the manager was aware of their statutory requirements.

There were quality assurance systems in place to help identify areas for development, as well as those areas which were well carried out.

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.

People did not always receive calls on time, or see the same staff members for their calls. Rotas and allocations were being reviewed by the service, to manage this.

People were safe and were cared for by staff who knew about abuse and understood the providers safeguarding procedures.

Risk assessments were in place to provide staff with guidance on how to manage risk. These were reviewed regularly.

People were supported to take their medication in an effective manner, which promoted their independence.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received regular mandatory training, however they did not always receive additional specific training to help them perform their roles.

The service sought people's consent, however care plans did not show that the Mental Capacity Act was implemented for those unable to consent.

Staff provided people with support to manage their food and drink, if required.

They also helped people to make and attend appointments with healthcare professionals if necessary.

Is the service caring?

Good

The service was caring.

There were positive and meaningful relationships between people and staff. Staff worked ensure they treated people with compassion and kindness.

People were involved in planning their care, and had the information they needed about the service.

Privacy, dignity and independence were respected and promoted by staff.

Is the service responsive?

Good

The service was responsive.

People's care was specific to their own needs and wishes. They had care plans in place which reflected these and were updated on a regular basis.

Feedback from people and their families was encouraged by the service, and there were systems in place to proactively seek this out.

Is the service well-led?

Good

The service was well-led.

The manager had created an open and positive atmosphere at the service. They were working to implement changes to improve the care that people received.

There were quality assurance systems in place which were used to identify areas which required further development and to monitor the care being delivered.

Housing & Care 21 - Milton Keynes

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 was announced and took place on 21 and 22 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection team comprised of one inspector.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

We spoke with eight people who used the service and three relatives. The service manager was unavailable due to annual leave, however we were able to speak with the regional operations manager, two care co-ordinators, one senior and three members of care staff. The registered manager was unavailable, as they were on annual leave.

We looked at eight people's care records to see if they were accurate and reflected people's needs. We reviewed six staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Requires Improvement

Is the service safe?

Our findings

People and their families gave us mixed feedback about staffing at the service. People explained to us that they didn't have any missed calls, but staff were sometimes late and they didn't always see regular members of staff. They told us that there were not extensive delays to their care, however lateness and seeing different staff did have an impact as the carer would have to spend time getting to know them and the layout of their home, before providing them with their care. People's relatives also expressed some frustration at the lack of regular carers. One family member said, "We are getting different people of different days." Relatives also told us that they felt the distribution of staff's calls meant that they were often having to travel long distances at busy times, which could result in them being late. We discussed some of these issues with the regional operations manager and care co-ordinators at the service. They explained to us that they had already identified these problems and were working towards resolving them. They showed us that they were working on a new rota and allocation of calls for staff, based on the location of their home and previous calls. This rota would be put in place in the coming months and it was hoped that it would reduce the distance and time staff had to travel, as well as providing people with a group of regular carers for their visits. We also looked at current rotas and saw that calls were allocated to staff to ensure they were covered, however this was on a more 'ad-hoc' basis, than the new rotas.

People felt protected from harm or abuse, when they received care from the service. One person told us, "They are pleasant and they keep me safe." Other people we spoke to also told us that they felt at ease when carers were in their homes. People's relatives shared this point of view and expressed that staff ensured that their family members were safe whilst providing them with care.

Staff were aware of safeguarding principles, as well as potential signs or indicators of abuse. Staff members described the services safeguarding policy to us, as well as the actions they would take, if they suspected abuse had taken place. They explained to us that the concern would be reported internally and also to the local authority safeguarding team and the Care Quality Commission (CQC). In addition, staff told us that they were aware of whistleblowing procedures, and were prepared to report suspected abuse above the level of the service management, if required. We saw that safeguarding incidents had been reported appropriately by staff and the service. Where necessary, the service had also completed investigations into incidents and used them to improve the future practice.

People told us that staff from the service had met with them to discuss a range of different things, including any areas of risk which may affect them or their carers. Staff told us that this information was used to create risk assessments, which they used to help provide people with care in as safe a manner as possible. The regional operations manager explained to us that risk assessments were put in place whenever potential risks or hazards were identified, but they were written in such a way as to promote people's independence as much as possible. They also told us that the service had general risk assessments in place to ensure staff were safe. In addition, they showed us a business continuity plan, which outlined the actions which staff should take, in the event of an emergency. We checked people's care plans and found a record of the risk assessments which had been put into place. These documented risks and hazards which people faced, as well as specific control measures for staff to follow, to minimise the chances of that risk occurring. We saw

that these documents were updated on a regular basis, to ensure they were accurate and reflective of people's needs.

Staff members told us that the provider carried out a number of checks before they were able to start working at the service. They explained that they were required to submit an application form with full employment histories, as well as two recent references. The regional operations manager confirmed that these checks were completed, along with obtaining a Disclosure and Barring Service (DBS) check, before allowing staff to start work. We looked in staff files and saw records of these checks being carried out.

People told us that they were supported to take their medication by staff, only if necessary. They said that, where possible, they were encouraged to manage this for themselves. One person said, "They check to see if I have taken my medication." Other people confirmed that staff reminded or prompted them to take their own medicines. Staff told us that they received training in how to administer and record people's medication appropriately, as well has having regular competency checks, to ensure they could do so safely. They explained that they encouraged people to take their medication independently, but were prepared to help if necessary. Staff told us that they knew what medication to give as it was recorded in people's care plans and their Medication Administration Record (MAR) Charts. We saw in people's files that their medication preferences were recorded and that staff used MAR charts to sign for medication they had given. The regional operations manager explained to us that the district nursing team retained the original MAR charts, therefore the service manager had implemented a system where copies of MAR charts were taken on a monthly basis. These were then audited in full by the service, to ensure that any issues were dealt with quickly. We checked these audits and saw that they were completed each month and used to help drive improvements in medication administration.

Requires Improvement

Is the service effective?

Our findings

Staff told us that they did not always receive the training that they needed. One staff member said, "Dementia training has not come up yet, I carry out visits for people with dementia." Other staff members explained to us that they completed mandatory training courses in a regular basis, however they did not always receive additional training courses, which were specific to their role. We spoke to the regional operations manager about staff training. They informed us that, together with the service manager, they were planning a more robust training programme for members of staff. They also told us that they maintained a training matrix, which had a record of all the training which staff completed. We looked at the training matrix and saw that staff had regular training and refresher sessions in mandatory topics, such as safeguarding and manual handling. The matrix also showed us that there were a number of gaps in staff training in other areas, which would be more specific to people's care needs. For example, we saw that no staff had received dementia training, or training on the Mental Capacity Act 2005 (MCA). The regional operations manager told us that staff received training in these areas during their induction, however they had not all received further training in these areas. We checked the induction records and confirmed tha this was the case.This meant that people may receive care from staff who did not have the necessary skills and knowledge to manage their specific care needs.

Staff did not receive appropriate support, training and professional development, as was necessary to enable them to perform their roles. This was a breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt that staff had the right skills, knowledge and experience to meet their needs. One person said, "The carers that come are very good and know what they are doing." People explained to us that staff were able to meet their specific needs and wishes. People's family members were also positive about the skills and knowledge of members of staff.

Staff members told us that, when they started their employment at the service, they received an induction programme. This included some mandatory training sessions, as well as shadowed shifts where they were able to observe their colleagues providing support and get to know people. The regional operations manager informed us that the Care Certificate was also being integrated with new staff inductions, to help ensure staff had a good understanding of their roles. Records confirmed that staff received an induction when they started working at the service.

Staff also told us that they had regular supervision sessions with senior staff. These were used to provide them with an opportunity to give and receive feedback about their performance, as well as discuss any concerns they may have. Records showed that supervisions took place regularly, and were scheduled in. In addition we saw evidence that regular spot checks took place, to help monitor staff performance and identify areas for development.

We spoke to staff about the MCA. Some were able to demonstrate an understanding of the act and its principles, however most did not display knowledge and understanding of the act, or how it applied to the

people they cared for. We looked in people's care plans and saw evidence that people's consent had been gained and recorded, however we could not see evidence that the MCA had been used to support people who were unable to make decisions for themselves. For example, we saw that care plans had been signed and agreed by a person's family member, as the person was living with dementia. However, there was no evidence that the MCA had been used to identify that the person lacked mental capacity, or that a best interest's process had been followed. We spoke with the regional operations manager about this and they showed us that the provider had a policy in this area, which included a mental capacity assessment tool, however they were unable to show us that the service had been using them as a matter of course. They assured us that they would implement mental capacity assessments whenever appropriate.

People told us that staff always asked for their consent, before providing them with care. One person said, "Yes, they always ask me before they do something." People confirmed that staff checked with them, even if they were going to do something that they were familiar with. Staff also told us that it was important for them to check with people, before providing them with care. They explained that people's individual choices were important, and respected by the service.

People told us that they were supported to make their own food and drinks if necessary. Wherever possible they were encouraged to do so for themselves, however if required, staff would provide support. Staff explained that it was important to maintain people's independence, however they were prepared to help people with meals if necessary. They told us that people's preferred foods were recorded in their care plans and they ensured they made meals and drinks which people enjoyed. We saw that care plans contained information about people's food and nutritional preferences and there were systems in place to carry out monitoring of people's nutritional intake if required.

Medical appointments were also facilitated by the service, where necessary. People and their families told us that, in many cases, people were supported to attend appointments with healthcare professionals, however if necessary, staff from the service could help. Staff confirmed that they would help people to attend appointments if required. Care plans noted people's specific health needs, along with information about healthcare professionals they saw.

Good

Is the service caring?

Our findings

People were happy with the care that they were receiving, and felt that the carers which provided their support treated them with kindness and compassion. One person said, "I think they are very good." Another person told us, "I think the care is very good, and the carers that come are fantastic." Relatives were also happy with the care that people received. One family member told us, "The carers are very good, very caring and very supportive."

People and their family members told us that staff took the time to establish positive relationships with people, and ensured they received social interactions during visits, as well as providing them with care. One person said, "Oh yes, they're quite sociable, very chatty!" A relative told us, "We hear a lot of laughter when carers are with [family member]." They went on to explain that it was very important to them and their family member that they had the opportunity to chat and with carers and to get to know them during visits.

Staff also told us that they felt it was an important part of their role to develop positive and meaningful relationships with the people they cared for. They explained that, in many cases, the person didn't have the opportunity to go out and see many people. That meant that it was important that carers were able to engage with people in conversation, as well as meeting their care needs. We looked in people's care plans and saw that information about their past, as well as their hobbies and interests, was recorded so that staff had some prior information with which to initiate conversations.

People were involved in planning their care. They told us that they were consulted when their care plan was drawn up, and were asked whether or not they were happy with it before care was provided. One person told us, "I agreed to my care. There is a care plan, they went through it with us and made sure we were happy." Staff explained to us that care plans were written with the input of people and their families, to help ensure they were reflective of their needs and wishes. We looked at people's care plans and saw that they had been written with the input of people and their families and recorded their views and opinions. Care plans also provided people with information about their care and the service. This included information about how to contact the service and to make a complaint if they were unhappy with any element of their care.

People told us that they were treated with dignity and respect by staff, and the service as a whole. One person told us, "They treat us like human beings, they treat us with dignity." Other people told us that staff always spoke to them with kindness and respect, and ensured they were comfortable with their care. Staff took measures such as knocking on the door before going into a room, or covering people when they were providing them with personal care. People's relatives also felt that staff treated people with respect. One family member said, "She deserves her dignity and the carers provide this." Staff told us that they felt people's dignity and respect was very important to them and they endeavoured to promote this, along with people's dignity, whenever they were providing people with care. Care plans and policies were written in such a way as to ensure people were respected and their dignity and independence were upheld.

Good

Is the service responsive?

Our findings

People's care was personalised to meet their own specific needs and wishes. They told us that they felt that staff and the management of the service had listened to their views and opinions, and that the care they received was in line with these. This viewpoint was echoed by people's relatives, who told us that they were also listened to by the service, which helped to ensure their family members received the right care. One relative said, "They have agreed plans about times and what needs doing. We were consulted about care and involved every step of the way." Staff members told us that it was important that the care they provided was person-centred, and met people's individual needs and wishes.

People told us that senior staff came to meet with them before their care package started. During this meeting they discussed specific care needs, as well as people's preferences, such as visit times and preferred gender of staff providing support. Staff confirmed that these initial meetings took place and were used to assess people's needs and ensure they were able to provide them with a package which would meet those needs. They also told us that the information they gained during this assessment was used to create an initial care plan, which outlined the care and support that people needed. These plans were then reviewed and updated on a regular basis, to ensure that any changes in people's care needs were reflected in the care plan. There was a copy of people's care plans both in their homes, and in the main office. Staff told us that office files were duplicates of the ones in people's homes, so any changes made were evident in both. We looked at people's care plans and saw that they were specific to each person. There was evidence that the initial assessment had taken place, and that people and their family members had been involved. There was also evidence to show that people's care plans were reviewed regularly, to ensure that they were up-to-date, and reflective of their current needs and wishes.

People also told us that care staff were prepared to carry out additional tasks to help them around the house, if required. One person said, "They'll do anything I ask." Another explained to us that they were confident that the carers would help to do extra tasks if asked, to help keep their home clean and tidy. Staff told us that it was important that they followed people's care plans, but they also felt it was important to make sure people were happy and to see if there was anything else that they would like to be done before leaving. One staff member said, "I always ask if there is anything else to be done."

The service listened to the comments from people and welcomed any comments or feedback from them. People told us that they were confident in raising any issues or concerns with the service, and were prepared to talk directly to members of staff providing care, or to contact the office and manager if necessary. People's family members also told us that they were prepared to raise concerns with staff directly, or with the office. They also confirmed that their concerns were listened to and the service took action, based on the feedback that they received. We saw that the service had a clear complaints policy in place and that contact information was available in people's care plans, so that they could easily contact the office if necessary. We looked at records of complaints and saw that they were taken seriously and investigated in full.

People also told us that the service regularly sought their feedback, to help them identify areas which were

being done well and those which needed improvement. People told us that the service sent out questionnaires on a regular basis, to gain their feedback about the service they received. They also contacted people by phone on a 3 monthly basis, to talk about their care and see if they had any issues. We saw evidence that questionnaires were sent out to people, and that phone calls were made to get people's comments about their care on a regular basis. This feedback was used to help identify areas for development, as well as where the service was performing well.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post, however a manager had been appointed and they were in the process of registering with the Care Quality Commission (CQC). They had been supported by the regional operations manager, as well as the existing staff, to help them settle into their role. The manager was on annual leave when we conducted our visit, however we saw that the service was able to run smoothly in their absence, and that the provider had systems in place to make sure their absence would not have any effect on people's care.

People and their family members were positive about the new manager. They told us that they had seen that some changes had been made to improve the service, and were aware that there were plans in place for future changes to help make improvements to the service being delivered. Staff members also told us that they had seen positive improvements in the service, since the new manager had started. They explained that they found the manager approachable and that they had started to change systems, to help improve the way the service ran. One staff member explained that an additional care coordinator had been recruited and the distribution of staff was being reviewed, to help reduce the distance and time between people's calls. We saw evidence that these changes were being made, and that there were plans for future improvements to help the service keep developing.

The service had systems and policies in place to ensure incidents were managed appropriately, and staff were aware of these and the actions they should take. Staff were also aware of the provider's whistleblowing policy and were prepared to raise any concerns they had, using the policy if necessary. The manager was aware of their statutory obligations, such as sending the CQC notifications of certain incidents or events, such as safeguarding alerts.

People told us that they were happy with the service that they received. One person said, "I'm very happy, I couldn't have better. They're great." Another person told us, "They're a godsend." People's family members were also positive about the service that their relatives received. One family member told us, "What they provide is fantastic, we are very grateful for what we get." Staff were motivated to perform their roles and were keen to provide people with high level care. They told us that they felt it was important to give people the care and support that they needed, in the way that they wanted. Staff told us that a positive culture had been developed at the service and the team worked together to help ensure people received the right care.

The regional operations manager informed us that there were a number of checks and audits carried out by the provider and locally by the service, to ensure care was delivered to a high standard. They told us that these checks were used to highlight areas of good performance, and areas which required some development to improve the service being delivered. We saw evidence of a number of checks which were carried out, including medication audits, staff spot checks as well as an overall service audit, carried out by the providers internal audit department. These processes were all used to help develop the service and create an action plan of steps to take to deliver improvements. We saw that the action plan included target dates for completion of improvements, as well as dates entered when those improvements were made. In addition, we saw that the results of satisfaction surveys were collated and used alongside the service audit,

to help drive improvements to the service.

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 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 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support, training and professional development, as was necessary to enable them to perform their roles. Regulation 18 (1) (2) (a)