

Housing & Care 21

Housing & Care 21 - Swallowdale

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We completed an announced inspection at Housing and Care 21 - Swallowdale on 11 May 2017. This was the first inspection since the service registered with CQC.

Housing & Care 21 – Swallowdale is an extra care service consisting of 66 apartments within the building. There is an office base and care staff provide people with a range of services including; personal care, medicines management and cleaning services. At the time of the inspection 41 people were receiving care and support from the provider.

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 and associated Regulations about how the service is run.

At this inspection, we identified one regulatory breach. You can see what action we told the provider to take at the back of the full version of the report.

Risks to people's care and support needs had been assessed and records contained information on how to manage the risks associated with people's care. Staff understood their responsibilities of safeguarding people from abuse and could describe how they would recognise the different types of abuse.

Staff told us they received appropriate training and attended supervision meetings to enhance and develop their skills.

The service did not always follow safe recruitment procedures, as the provider did not always obtain the required information about staff. This meant there was a risk that the staff were not suitable.

The service had an available complaints policy and we saw complaints were recorded and outcomes documented. However, not all the people we spoke with believed that their concerns resulted in change.

A variety of audits were carried out but were not always effective in identifying issues.

People using the service and their relatives said staff were kind and helpful and that there was positive communication. People said they were able to make choices and were involved in their day-to-day care decisions.

People were supported to access health and medical support when required.

Staff promoted people's privacy and dignity and people told us they were treated with kindness and respect.

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 consistently safe.

Staff were not always recruited safely. There were enough staff to provide people's planned care calls.

Risks associated with people's care were managed to ensure people and staff were protected from the risk of harm.

Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse.

The management of, and administration of medicines were not always appropriate.

Is the service effective?

Good 

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision and appraisal and attended training.

Some people received support with food and drink, nutritional guidance was provided from staff to help people make informed decisions about their diets.

Staff understood how consent to care should be considered.

The service made contact with health care professionals to support people in maintaining good health.

Is the service caring?

Good 

The service was caring.

People were supported by kind, friendly and respectful staff.

People were able to express their views and be actively involved

in making decisions about their care.

Staff knew the people they supported and had developed meaningful relationships with them.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff.

Care plans were individual to the person they concerned.

People and their relatives knew how and who to complain to if there was a concern about the care they received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Appropriate systems were in place to assess, monitor and improve the quality of care but they were not always effective.

Staff felt supported and enjoyed working at the service.

The registered manager maintained external links with appropriate agencies and groups.

Housing & Care 21 - Swallowdale

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 11 May 2017. We gave the registered manager 24 hours' notice of our visit to make sure staff we needed to speak with would be available. One adult social care inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. We read the 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 also reviewed information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We spoke with six people receiving care at Swallowdale and one relative, an external social care professional, the registered manager and 10 members of staff. We looked at eight care plans and five staff files.

Is the service safe?

Our findings

People told us they felt safe at the service because staff were trained and knew how to support them. Comments from people included, "I always feel safe, nothing to worry about." "They use the intercom to see if I'm alright." And "I know that everything is safe here, the staff are good."

Staff had undertaken training in safeguarding adults from abuse, which was confirmed in the records we looked at. Staff gave good examples of how to recognise the signs of abuse and how to prevent avoidable harm. They knew how to report any concerns and felt the management team would address them robustly. The service demonstrated that they investigated safeguarding concerns and alerted the local authority safeguarding team as the need arose and updated them with any concerns. Annual safeguarding refresher training was available to staff and all staff were up-to-date. Staff told us that they knew about the whistleblowing policy and were able to demonstrate where they would find it within the service.

The registered manager told us that rota arrangements ensured that staff had enough time to get from one person to another without rushing or people being left unsafe. There were no missed calls reported from anyone we spoke with, however eight staff told us that they thought there was not always enough staff at key times of the day. One staff member told us, "There are times, such as breakfast, where we are too stretched." Another said, "People are safe and get the care they need but we don't have the time to sit and chat." One person who received care from the staff at Swallowdale said, "They [staff] stay for the right amount of time but most of it is taken up with paperwork."

Risk assessments were in place and information recorded within people's support plans identified risks associated with individual's care and support needs. For example, these related to people's manual handling needs and environmental risks to ensure people's and staff's safety and wellbeing. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.

Suitable policies and procedures were in place to ensure that the right staff were employed at the service such as, proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS), although these were not always followed, for example we found recruitment files without references. Staff recruitment records for three members of staff showed that references had not been gained prior to staff commencing work at Swallowdale. Whilst the registered manager put measures in place when the issue was relayed to them, some staff had been working for several months without appropriate checks in place. This was not in line with the provider's policy and procedure. This was a breach of regulation 19 (2) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they received or were supported to take their medicine in the right way, at the right time and in their own way. One person said, "They [staff] remind me to take my tablets." Another person said, "I always get my medication on time."

Systems were in place for the safe administration of people's medicines, however these were not always followed. Staff followed the up to date medicine policy and procedure. Staff had received training in how to administer and prompt people, how to complete the paperwork and how to check the correct medicines were given. Checks on staff members' competency to give medicines safely were undertaken and this involved observation of their practice and identified any additional training which may be needed. However, the tenant details section of one person's care plan described the person as having no allergies. However the medication risk assessment identified two types of medication the person was allergic to. In another example we saw that the medication section of a care plan had recorded that the person did not have any prescribed creams, although the MAR sheet showed that four creams were currently prescribed. The registered manager told us that this would be rectified immediately.

Is the service effective?

Our findings

Most people and relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us, "The staff seem to be good, busy but good." Another person said "I have no concerns to report, they all seem very good at what they do." However, whilst we did not find supportive evidence on the day of the inspection, one relative contacted us after the inspection and told us, "Staff just don't understand all [person's] needs. Continuity of carers would help but we can't seem to get it."

There was an induction, training and supervision process in place for staff. We saw a training programme and records in the staff files which showed that staff undertook a range of training for the tasks required of them and support systems enabled them to do their job in a competent and confident way.

Staff had undertaken an induction process which incorporated the Skills for Care 'Care Certificate'. The induction was programmed to include new staff shadowing experienced staff and checks on their competency to ensure they were confident to work with people alone. Most staff said they valued the shadowing aspect of the induction. One staff member said, "My induction to the service was good and covered all I needed to know." However another member of staff told us, "I didn't get the shadowing I was meant to but I could ask other staff any questions."

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. Staff had knowledge and an understanding of the (MCA) because they had received full training in this area. People were given choices in the way they wanted to be cared for. People's capacity for specific decisions was considered in care assessments so staff knew the level of support they required while making decisions for themselves.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by the onsite restaurant or by people themselves where able, staff ensured meals were accessible to people. The restaurant and catering staff were managed by an external organisation. There was a choice of menu available and people's diverse needs were catered for.

Staff gave us examples of how they sought consent before providing personal care and support. Examples included, knocking on doors before entering a person's flat, covering a person while assisting with personal care and closing the curtains in rooms where personal care was being provided.

People who required support to access health care services were assisted to do so, although this was in a limited capacity. If a member of staff discovered that a person was unwell when they called to provide personal care, they would contact the GP or community nurse as required.

Is the service caring?

Our findings

People told us that they were treated with care and kindness. One person told us, "The staff are very good." Another person told us, "The staff are always kind and I receive the support I need." People told us they had a good rapport and relationship with the staff who supported them. One relative confirmed that they were more than happy with the care and support provided for their member of family.

People told us that good relationships had developed with the staff who visited them. They felt listened to and enjoyed the company that the staff gave them. Most people we spoke with said they received care and support from staff who were consistent. One person told us, "Staff who visit me are very good, very kind and understanding." Although another person said, "The staff that come are always good but there doesn't seem to be a regular rota, I don't get any regular staff."

Staff were knowledgeable about people's needs and spoke about them with genuine warmth. It was apparent that positive relationships had been developed between staff and people. Staff spoke warmly about the people they supported and provided care for. Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff told us, "I will always ring the doorbell and tell them who I am. I also make sure I go at the person's pace and get their consent before doing anything." Staff were able to tell us about the people they supported and their interests and preferences. Staff believed that they benefited by being in one location so that they got to know people and their relatives.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to announce who they were. People told us that staff used the term of address favoured by the individual when communicating with them.

People told us they could express their views and were involved in making decisions about the support they received. People and their relatives confirmed they had been involved in designing their support plans and felt involved in decisions about their care and support. People were also able to express their views via feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service. Care plans were reviewed every six months or when a person's care needs changed.

Is the service responsive?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. We saw that people had been referred to the service by the local authority or health service or had purchased the service directly. The service user guide given to people was well written, clear and easy to read so people and their families knew what the service offered.

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support needs and that their needs were met. We told a group of people why we were in the service and what we would be checking. One person said, "I'm sure you'll find everything in order here." Another person told us that they felt that their needs were met and said, "Nothing is too much trouble, the staff are very good." Another commented, "I am very happy here indeed."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found the details recorded in the majority of care plans were consistent and were detailed enough for care staff to understand. However some care plans held contradictory information. For example, the tenant details section of one person's care plan described the person as having no allergies. However the medication risk assessment identified two types of medication the person was allergic to. In another example we saw that the medication section of a care plan had recorded that the person did not have any prescribed creams, although the MAR sheet showed that four creams were currently prescribed. The registered manager told us that this would be rectified immediately.

People were supported with set call times each week, but could call staff for support in between these times in an emergency.

People confirmed there were social activities provided for the extra care scheme which they could join in. These included fish and chip evening, bingo and music activities. We also saw that there was exercise equipment available for people to use if they so wished. People told us that they often sat within the communal lounge to chat with their friends.

We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. The complaints procedure was also displayed in the reception area. We looked at the records of complaints. Three formal complaints had been made since the service opened. These had been investigated in full. Records showed full support was given to the person while the matter was being looked into. The person was also given opportunity to come back to the registered manager if they were not satisfied and given information on how to take the matter further, if they wished to. People spoken with confirmed that they knew who to approach if they had any concerns or complaints. One person stated if they were not happy, they would not hesitate to talk to a member of the management team. One person told us, "I have no complaints at all." Another person said, "I know how to complain, I have all the information. I have complained before but not much changed, so I will try again."

Is the service well-led?

Our findings

The vast majority of people told us they were happy with the management of Housing and Care 21 Swallowdale. One person told us, "The manager is absolutely fine and very approachable." Other positive comments about the management included, "I don't have any concerns, everything seems well run" and, "I'm very happy with it all." However, one relative described the registered manager as sometimes, 'unresponsive'.

The atmosphere was professional and friendly and the registered manager showed a caring attitude towards the people and staff they were talking with. We observed the registered manager interacting with people and staff asking if everything was ok and answering any queries they had. One member of staff told us, "I can talk to my manager about anything, they are always supportive."

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

Staff were supported with supervision and staff meetings. One staff member told us, "In supervision we can discuss any concerns or further training." Appraisal meetings were held annually and gave staff the opportunity to discuss their goals and development needs. We saw minutes of staff meetings which were held regularly.

Audits were carried out in relation to the quality of the service. These were carried out by the registered manager and the provider's quality team. Records we saw included supervision of staff, care plans, medicine management, accidents and incidents and observations and spot checks on staff competency to do their work. Audits were regular but were not always effective for example, care plan audits had not recognised the contradictory information regarding people's medication. The issues highlighted regarding staff references had not been picked up in any quality assurance process and body maps to show where creams should be applied had been a requirement in the provider's quality audit in March 2017 but had not been addressed.

Resident meetings were held and all people at Swallowdale were eligible to attend regardless of whether they received care or not. This gave people the opportunity to discuss any concerns they had. People told us, "We have meetings every two months or so and they can be useful to discuss things such as plans for the garden." The registered manager held these meetings in conjunction with the housing manager. Minutes from the March 2017 meeting showed a guest speaker had been invited to discuss and give information on power of attorney and creating a will. One person told us, "I found it very interesting."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed References were not always gained prior to staff commencing work.