

City of Bradford Metropolitan District Council

Wagtail Close

Inspection report

23 Wagtail, 15-21 Wagtail Close
Westwood Park
Bradford
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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Wagtail Close provides both a three bedded residential respite care unit and domiciliary care services to people living within the adjacent extra care housing scheme Eden Court and the local community. The service provides care and support to people living with physical disabilities, sensory loss, acquired brain injuries and learning disabilities.

Our last inspection took place on 22 January 2016 and at that time we found the service was not meeting five of the regulations we looked at. These related to safe care and treatment, person centred care, receiving and acting on complaints and good governance. This inspection was therefore carried out to see what improvements had been made since the last inspection.

At the time of inspection there was no registered manager in post although the manager was in the process of registering with the Commission [CQC]. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there were a sufficient number of staff employed for operational purposes and the recruitment procedure was designed to ensure only people suitable to work in the caring profession were employed. We found staff received training to protect people from harm and they were knowledgeable about reporting any suspected abuse.

The staff we spoke with were able to describe how individual people preferred their care and support delivered and staff working within the domiciliary care service understood the importance of treating people with respect in their own homes. Staff told us the training provided by the service was good and they received the training and support required to carry out their roles effectively.

The manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions.

We saw care plans and risk assessments were in place which identified specific risks to people's health and general well-being. However, we found they had not always been reviewed and updated as required and this had not always been identified through the internal audit system. We also found that although medication policies and procedures were in place staff did not always follow the correct procedures which meant we could not be confident people received their medicines as prescribed.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received and this was available everyone who used the service.

There was a quality assurance monitoring system that was designed to continually monitor and identify shortfalls in service provision. However, we found the shortfalls in the service highlighted in the body of this report had not always been identified through the quality assurance process.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of this report. .

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.

Medication policies and procedures were in place; however we found some shortfalls in the system.

Assessments were undertaken in relation to potential risks to people who used the service and staff. However, some risk assessments had not been updated and this had not been identified through the internal audit system.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

The location was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals if appropriate and their dietary needs were met.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

Wherever possible people were involved in reviewing their care needs and were able to express their views about they wanted their care and support to be delivered.

Is the service responsive?

The service was not consistently responsive.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service. However, this was not always reflected in the documentation completed by staff.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was no registered manager in post.

There was a quality assurance monitoring system in place which was designed to continually monitored and identified any shortfalls in service provision.

However, we found system was not robust and some of the shortfalls in the service highlighted in the body of this report had not been identified and addressed by the registered provider.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

Requires Improvement ●

Wagtail Close

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.

We visited the service on 29 December 2016 and 4 January 2017. The first day of the inspection was unannounced as we inspected the residential respite unit. The second day was announced as the location also provides a domiciliary care service and we needed to be sure the manager was available. The inspection was carried out by one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at eight people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with six people either receiving a domiciliary care service or staying on the respite care unit. We also spoke with the manager, a locality manager, two team leaders and four staff members.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe living here, all the staff are great and they help you any way they can." Another person said, "All the staff are good some better than others but I have no concerns about my safety. If I did I would let the manager know straight away and I am confident they would sort it out."

People who used the domiciliary care service told us staff always made sure their care and support was provided in line with their agreed care plan. For example, if they required two staff to assist them with their personal care, two staff always arrived. This ensured safe care and support was provided and their health and safety was not compromised.

Policies and procedures relating to the safe administration of medicines were in place. The manager told us that all the staff had completed medication training in 2016 and the training matrix confirmed this.

We saw medication administration records (MAR) were in place and completed by staff. On the respite care unit we saw medicines were securely stored in a locked cabinet in people's bedrooms. However, when we looked at the MAR we found a number of discrepancies. These discrepancies had not been identified and addressed by staff. For example, the MAR for one person showed they were prescribed Senna 7.5mg tablets one or two to be taken at 11am. However, the prescription label on the bottle showed the medicine was to be taken at night. In addition, we saw staff had not always signed the MAR after administering medicines or entered a code if people had not taken the medicine for any reason..

We saw the MAR for the same person showed they were prescribed a diet supplement drink to be taken twice a day. However, we found staff were not always giving the drink as prescribed and from the 22 December to the 28 December had only given the drink once a day. We also found they were prescribed Dipbrobase cream which the MAR showed needed to be applied twice daily. We looked at the cream administration record and found over a 17 day period the cream had only been signed for correctly on three occasions. This meant we were unable to establish that people had received their medicines in line with the prescriber's instructions.

We reviewed the records for another person who self-administered their medication. We saw there was a risk assessment in place and staff put their medicines in pots and left them out for the person to take. We saw there was a MAR in place and staff put a code in to evidence they had assisted with medicines every time they put them in the pots but had not administered them. However, we found gaps on the MAR and in some instances staff had put their initials on some entries and then crossed them out or signed for the same medicines multiple times. For example, the person was prescribed Aspirin 75mg one to be taken daily. However, on the 19 December 2016 staff had signed the MAR four times. We also found the hand written entry on the MAR showed the person was prescribed Paracetamol 500mg (Soluble) tablets two to be taken four times a day. However, the team leader confirmed that the prescription was actually two tablets twice a day and a further two tablets to be given on an 'as and when required' basis (PRN). The team leader told us the person had capacity and would ask for additional pain relief if required. We saw the MAR had not been

signed or coded correctly and the stock control figure for the medicines did not correspond with the actual number of tablets in stock. This meant the records kept did not always reflect what medicines people had taken.

We also saw some entries on the MAR were hand written. The National Institute for Health and Care Excellence (NICE) guidance on Managing medicines in care homes recommendation 1.14.9 states that handwritten MAR sheets should be checked for accuracy by a second trained and skilled member of staff before it is first used. This was not being adhered to.

We saw medication audits were carried out and had highlighted some shortfalls in the medication system however there was little evidence to show things had improved significantly. We could therefore not be confident people were receiving their medicines as prescribed. This was discussed with the manager and they confirmed they would take immediate action to address this matter

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place where areas of potential risks to people's general health and welfare and the environment. However, we found on the respite care unit new risk assessments were not always completed or updated on every admission. For example, the fire risk assessment for one person was dated 18 January 2013, the personal finance risk assessment was dated 12 September 2011 and the risk assessment which provided guidance to staff on how to manage potential outburst of verbal abuse had not been reviewed since 4 November 2014. The team leader told us the risk assessment was still appropriate but confirmed the audit system should have identified the assessment had not been reviewed for some time.

In addition, we were told that nutritional risk assessments and care plans were not routinely completed for people on admission unless concerns had been identified. However, we found on the file of one person with communication difficulties a report completed by a family member that clearly showed the person needed to have their drinks from a feeder cup and the type of food and drink they preferred at mealtimes. Through discussions with staff members it was apparent they were providing care and support in line with the information provided but there was no care plan or risk assessment in place.

We discussed the above concerns with the manager who told us the lack of up to date and appropriate documentation should have been identified through the internal audit system. They acknowledged this had not happened and confirmed the matter would be addressed immediately.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found although accidents and incidents were being recorded there was no evidence to show what action had been taken to minimise the risk of similar accidents or incidents occurring again. On this inspection we found the form completed by staff had been amended to include this information and now had to be signed off by their line manager. In addition, we saw all accidents and incidents were recorded on a summary sheet which was sent to the Local Authority Occupational Safety Unit on a three monthly basis to be analysed.

We saw the provider had a policy for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. In addition, the manager told us they operated an open

door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

The manager confirmed the service employed sufficient staff for operational purposes on both day and night duty. Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. We looked at the recruitment files for three recently employed staff and found all the relevant checks had been carried out prior to employment. We also spoke with one recently employed staff member who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Is the service effective?

Our findings

At the last inspection we were concerned staff did not always receive the training they required to carry out their roles effectively and required the registered provider to take action to address this matter. At this inspection the manager told us more emphasis had been placed on staff training and the training matrix evidenced this.

Records showed all staff with no previous experience in working in the caring profession completed induction training and the Care Certificate upon commencement of employment. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The manager told us training was provided by the Local Authority Workforce Development Unit and there were systems in place to ensure staff attended refresher courses in a timely manner. The staff we spoke with told us the training provided was informative and gave them the skills and knowledge they required to meet people's needs. Individual staff training and personal development needs were identified during formal one to one supervision meetings with their line manager which staff told us were held on a regular basis.

We spoke with one recently employed staff member who told us they had completed induction training following employment and shadowed a more experience staff member until they felt competent and confident to work alone.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In the case of Domiciliary Care applications must be made to the Court of Protection. The manager confirmed no one who used the respite care service had a DoLS in place and they had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and the manager had an understanding of how these principals applied to their role and the care the service provided.

The training matrix showed the majority of staff had attended MCA and DoLS training in 2016 and the manager confirmed additional training was planned. Staff showed a good understanding of people's different needs and preferences and we saw they always sought people's consent before carrying out any tasks.

We saw meals were provided on the respite care unit from the main kitchen at Eden Court the extra care housing unit or if people were able they could eat in the Bistro there. The manager told us the people living

at Eden Court could either use the kitchen facilities in their own apartments or use the communal dining room. They told the main meal of the day was included in the rent they paid for their apartment. The people we spoke with told us the food provided was good and their dietary needs were met. One person said "The food is really tasty and I enjoy every meal." Another person said "I prepare some meals in my apartment with the help of staff but do go to the Bistro most days for my main meal. There is always a good choice and the food is always is well cooked."

People we spoke with also told us the staff were very pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. One person told us, "I just inform the staff I am unwell and they contact the doctor or nurse for me." Another person said "I asked the staff to contact my GP this morning for an appointment and they did it straight away, they are very good at looking after us." This showed us the policies and procedures in place to support people in such emergencies were effective and staff acted in people's best interest.

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. One person said, "The staff are really good and do everything I ask of them and more." Another person said "We have a few new staff and it does take them longer to assist me but overall I am happy with the care and support I receive."

All the people we spoke with told us that staff were friendly and respectful. They told us staff respected their privacy and dignity and they had a care plan in place which they had been involved in developing.

People told us that staff never discussed confidential information about other people who used the service with them and were professional in their approach to providing care and support. They said that maintaining confidentiality at all times was very important part of building a trusting relationship with staff.

People receiving a domiciliary care service told us staff usually arrived on time to provide their care and support and if they were going to be late did inform them. However, one person told us they had recently pressed their pendant to request staff assistance and the call had gone through to the call centre instead of being answered by the staff on site. This had caused a slight delay in staff attending to their needs. This was discussed with the manager who told us there was a known problem with the system which they were trying to resolve with the housing association responsible for the accommodation.

The manager told us the relatives and friends of people using the respite care facility were welcome to visit at any reasonable time and wherever possible were involved in the care planning process.

People told us staff listened to them and they felt comfortable discussing their needs with staff. One person told us when they asked for assistance staff always responded positively, they said, "You only need to ask them once and they will remember and do it again the next time they visit without having to ask them again."

We saw staff addressed people by their preferred name and always asked for their consent when they offered support or help with personal care. We found staff were knowledgeable about people's needs and preferences and respected people's right to make choices about how their care and support was delivered. One staff member said, "I treat the people we care for with the respect and courtesy I would expect if I was in their position. I think as a staff team we all have the same shared values and the manager and senior staff team lead by example."

Is the service responsive?

Our findings

At the last inspection we had found staff were not always responsive to people's needs and preferences. For example, one person told us some staff would not assist them to buy and cook pork produce because of their own cultural beliefs. On this inspection the same person told us they were now happy with the help and support they received and this was no longer a problem. Other people told us they were also happy with the way the service responded to their changing needs and told us staff encouraged them to make choices about their lifestyle. One person told us, "I am currently very happy with the care I receive and cannot fault the management or staff. Another person said "Things could not be better the staff are excellent and will do anything to assist you."

The staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs which enabled them to provide a personalised service.

However, this was not always reflected in the care records completed by staff. For example, we looked at the care records for three people on the respite care unit and five people receiving domiciliary care and found in some instances the care plans in place did not provide accurate and up to date information. We found on the respite care unit the care plans and risk assessments were not always reviewed on every admission to ensure they were still appropriate to people's needs and for one person receiving domiciliary care the 'special notes for care needs' section of the care file still made reference to an injury and treatment the person had experienced in 2015. This was discussed with the manager and locality manager who confirmed the shortfalls in the system should have been identified through the internal audit systems and took immediate action to address this matter.

The manager told us the care staff were in the process of implementing a new care planning system and as part of this process everyone who used the service would have their needs reassessed to ensure the care plans and risk assessments in place were an accurate reflection of their current needs. They told us once completed the new care documentation would be checked by a team leader and signed off by a locality manager to ensure it was fit for purpose. The manager told us the new documentation would be implemented throughout the service in the near future. One person who used the domiciliary care service told us they had been made aware of the change in documentation and a staff member had arranged to spend time with them to complete the new care plans. Another person said, "I have been fully involved in all aspects of my care and support and I am very happy with the care I receive." This demonstrated to us that people had been involved in the care planning process and their support plan had been discussed and explained to them.

We saw daily records were completed by care staff on both the respite care unit and domiciliary service. However, we found some reports were very brief and did not provide sufficient information about the level of care and support people had received. For example, the reports for one person on the respite care unit simply stated 'Coffee made' and 'Checked on [Name of person] said they were fine.' We also found similar reports completed for people receiving a domiciliary care service. This was discussed with the manager who

told us the quality assurance process had already highlighted this matter and it would be addressed through supervision and training.

At the last inspection we were concerned that complaints were not managed effectively and people were not fully informed about how to make a complaint. On this inspection we saw there was a complaints procedure on display within the respite care unit and people receiving domiciliary care told us they had been given a copy of the procedure when they moved into their apartments. We saw two complaints had been received since the last inspection both of which had been dealt with appropriately. The people we spoke with told us they were aware of the complaints procedure and would not hesitate to use it should the need arise. One person said, "I have never had to make a formal complaint but I have spoken with the manager once or twice about minor issues which they dealt with very quickly." Another person said "I know how to make a complaint but had never had to do so, everything is fine."

Is the service well-led?

Our findings

At the last inspection we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation relates to the governance of the service. We had found the internal audit and quality assurance systems were not robust and had failed to identify the shortfalls in the service we found during the inspection process. For example; we found complaints were not being managed effectively and accident and incidents were not being reviewed and analysed for themes and trends.

On this inspection we found although there were quality assurance systems in place designed to continually monitor and identified shortfalls in service provision, they were still not sufficiently robust and had not identified some of the concerns highlighted in the body of this report. For example, we found some risk assessments and care plans had not been updated and medicines were not always administered as prescribed. Had the quality assurance systems been robust these areas of concern would have been identified sooner and without us having to bring them to the attention of the registered provider and manager.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We will write to the registered provider requesting additional information on completed audits.

At the time of inspection the manager was not registered with the Commission (CQC) even though they had been in post since November 2015. The manager told us they had applied for registration but there had been unforeseen problems and delays.

The manager told us they not only managed Wagtail Close but also line managed three other housing schemes operated by the Local Authority and a number of supported living bungalows in the community. They told us they were supported in their role by locality manager's and team leaders.

The staff we spoke with told us they enjoyed working at Wagtail Close and they were supported to carry out their roles effectively through a planned programme of supervision and training. They told us regular staff meetings were held and the manager and senior management team kept them up to date with any changes in policies and procedures which might affect the care and support people received.

Staff also told us they felt well supported by the manager and senior staff team and there were clear lines of communication and accountability within the service. They described the management structure as open and transparent. We saw the manager and senior staff had a visible presence on both days of the inspection and engaged with both people who used the service and staff.

People who used the service told us they had confidence in the manager and that all the senior management team were approachable and valued their views and opinions of the care and facilities

provided. One person said "The manager is very good and will go out of their way to speak with you if you have a problem."

We saw people who used the respite care service or their relatives were asked to complete a customer satisfaction questionnaire and the ones we looked at showed people were pleased with the care and facilities provided.

In addition, the manager told us as part of the quality assurance monitoring system the service was going to send out questionnaires out to people who used the domiciliary care service or their relatives, healthcare professionals and staff. We saw the staff questionnaire asked staff to answer questions under the five domains outlined in this report to establish if the service was meeting the required standard or improvements were required. The manager confirmed once all the information had been received and collated an action would be developed and made available to everyone who used 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have suitable arrangements in place to ensure people who used the service received their medicines as prescribed. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The registered person did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1) (2) (a) (b)