

Wakefield MDC

# Peripatetic Service - Sherwood Court

## Inspection report







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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Peripatetic Service – Sherwood Court, provides care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 28 people were receiving personal care.

People's experience of using this service and what we found

The care plans and daily notes were not always person centred and tended to be task driven. Care plans and risk assessments were in place but the information was limited. There was a risk people would not receive consistent care.

The care record audits of both the provider and registered manager did not look at the care plan and risk assessment details but focused on the layout.

People had their needs assessed prior to the service delivering care and care was reviewed on an annual basis.

People told us they were involved in their care and had regular reviews. This was confirmed in people's care records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff encouraged them to be independent and treated them with dignity and respect.

Complaints were responded to and investigated appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection although improvement had been made, there was not enough improvement in relation to one breach of regulation. The provider was still in breach of regulations.

This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to the quality of the service not been sufficiently assessed and monitored at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Peripatetic Service - Sherwood Court

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and one assistant inspector.

#### Service and service type

This service provides care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, care coordinator, senior care staff, care staff and the scheduler who planned the rota.

We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the systems and processes in place to manage medicines were not always safe or effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff had their medicine competency regularly checked. Staff completed training in medicine management and then undertook an online assessment on an annual basis. The registered manager was in the process of sourcing a course on medicines and ensuring this training was refreshed appropriately.
- We looked at a sample of medicine administration records (MAR). These were appropriately completed and signed by staff.
- PRN, 'when required', medicine protocols were in place. This meant there was guidance for staff to follow so they knew when a person was to be given their PRN medication.
- We saw evidence medicine audits and analysis of medicine errors were undertaken. Learning from these was discussed at supervision and team meetings.

### Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and explained the signs that may indicate someone was suffering abuse. For example, one staff member said they would look for, "bruising, cuts, burns and being withdrawn. We know people well, so we would know."
- Staff were clear who they would report any concerns to, ensuring appropriate procedures were followed.

### Assessing risk, safety monitoring and management

- Risk assessments were kept up to date and covered areas such as, the environment, medicines, mobility and bathing/showering.
- There was not always a corresponding care plan which provided further detail regarding how the risk would be managed. For example, one person's risk assessment stated their mobility and ability fluctuated. There was not sufficient detail to guide staff how to manage this. The registered manager ensured this was addressed immediately.
- We saw one person had a number of instances of being verbally and physically abusive to staff. Action had been taken and appropriate referrals made, however, this information had not been transferred to a care plan or risk assessment regarding managing the person's behaviour. The registered manager told us they

would address this immediately.

- Staff told us they had touched on how to manage challenging behaviour but had not received any formal training. The registered manager confirmed this and said they were looking to source appropriate training specific to their service.

#### Staffing and recruitment

- The provider ensured staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.
- Staff confirmed there were enough staff to meet people's needs and they were supported by the management team.
- People told us they were happy with the service and staff had responded promptly when they had required assistance.
- The monitoring system used enabled evidence to be provided to demonstrate whether an increase or decrease in their care package was required.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE). We observed staff wearing PPE and there were sufficient supplies available.

#### Learning lessons when things go wrong

- We saw evidence the provider had an overview of accidents and incidents to ensure patterns and trends were picked up. We saw evidence patterns were picked up and appropriate action taken such as, referrals to the falls team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were happy with the care provided. One person said, "They are brilliant. They are lovely and they like a laugh." Another person told us, "I know them, and they know me."
- People had their needs assessed prior to the service delivering care. This was completed in conjunction with the registered manager, base coordinator, the social work team and the tenancy scheme manager to ensure the placement was suitable.
- People had their care reviewed on an annual basis.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction which included regularly meetings during their probationary period. One staff member told us, "I completed my induction (very long) the quality of this was very good. Completed my care certificate. Fantastic induction."
- Staff training was kept up to date. One staff member told us they've had "loads and loads of training. I am up to date with it all."
- Staff received appropriate support, supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were clear how to support people appropriately.
- One member of staff told us, "We always leave plenty of drinks. We always monitor if things are not eaten and we record this." Another member of staff said, "I always ensure they have a drink with them, so they can reach this."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to other healthcare professionals when required. This included GPs, social workers, occupational therapists and the speech and language team.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of inspection no one had a deprivation of liberty authorised by the Court of Protection.
- Staff were clear how they would encourage people to be involved in decision making. They recognised it was a person's choice to refuse care and support. However, they would try different techniques to encourage someone to accept support. If they had any concerns, they would report this to the management team.
- People were involved in the care planning process and reviews. They had signed to show their agreement.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff were polite and respectful to people and it was clear from our conversations they knew people well.
- People commented the staff were caring. One person said, "They [staff] are very caring. They always turn up and always at the same time." Another person told us, "Whatever I want to be done, they always do a little bit extra."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care and had regular reviews. We saw evidence of this in people's care records.
- The provider ensured people had access to advocates when required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to be independent. People commented how staff never rushed them. One person told us, "They [staff] consider me. They advise me. They never take over." Staff provided examples how they encouraged people's independence. For example, one staff member told us, "I give them the choice at all times. I only help if needed." Another staff member said, "I encourage them [people who use the service] to do it as much as possible. I would ensure they were safe."
- People told us staff treated them with dignity and respect. One person told us, "[Staff are] polite. I can have a laugh with them." Another person said, "They [staff] have been lovely. They share a joke or two with me." Staff were clear how they respected people's privacy and dignity. For example, through ensuring they knocked on doors, discreetly placed towels, kept doors and curtains closed. One member of staff said, "We always close doors, speak quietly. We do not discuss people out of the service."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the service met their needs and they felt involved in their care. People told us the service was flexible to fit around them. One person said, "They [staff] are lovely, very caring. We can cancel if we need to, no problems."
- Staff knew people well and were responsive to any change in their needs. One member of staff told us, "One day this person couldn't concentrate on what they were doing. I knew something was wrong, so I spoke to my practitioner. This was handled sensitively."
- The care plans and daily notes were not always person centred and tended to be task driven. The care records had improved and now contained an 'About me' section. However, the information was very limited. For example, it did not always include family members names or important past relationships. Another person's care record stated the person's 'mobility fluctuated during these times may need a lot of staff encouragement to try to remain independent.' We found there was insufficient information in relation to how the person's mobility fluctuated and what encouragement meant to the person.
- Care plans and risk assessments were in place, but the information was limited. There were no specific care plans around personal care. Some information was contained within risk assessments, but these were not detailed. It was therefore difficult to know how to deliver personal care to meet the needs of the person.
- At the time of inspection we found no evidence this had impacted on people's care, however there was a risk care would not be delivered consistently. The registered manager told us they would address this as a matter of urgency.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans in place which detailed information regarding any impairment they had and what aids they used. We saw evidence the provided involved the sensory and impairment team to aid people's communication.
- The provider had access to British Sign Language and other sensory impairment interpretation/translation service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to maintain relationships through helping them access activities or eating

within the communal area at lunchtime.

- One person was supported to attend church, which was important to them.

Improving care quality in response to complaints or concerns

- People we spoke with knew how to raise any concerns they had.
- We saw complaints were investigated and responded to appropriately.

End of life care and support

- The service was not supporting people at the end of their life at the time of inspection. People's care records contained a section named 'advanced decisions/ end of life care preferences.' We saw there was limited information. For example, 'Has not expressed any preferences.' There was no record of when this was asked, whether the person wished to talk about it or was given time to think. The registered manager told us, they would review this area of the care records.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found the provider did not have appropriate systems and processes for assessing and monitoring the quality of the service. The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- The registered manager had begun to audit people's care records. Although we found the care records were easier to navigate round and outdated information had been archived, the audits failed to assess the quality of people's care plans and risk assessments. This meant the care record audits did not identify the issues we highlighted. We found care plans and risk assessments continued to lack sufficient detail. For example, there was very limited information regarding 'This is me' or background information regarding a person. There was no specific part of the care records to document people's cultural or spiritual needs and demonstrate how these needs would be met.
- The registered manager recognised and accepted the care record audits did not look at the detail but focused on the layout, whether a PRN protocol was in place and that the new assessment/review documents were being used. The provider's audit also did not look at the contents of the care plans/risk assessments. An opportunity was missed to assess the quality of the risk assessments and care plans. For example, the care record and risk assessments of the person who had a number of instances of aggressive outbursts, did not have a care plan or risk assessment in place how to manage this.
- Informal audits were completed on people's record sheets when these were returned to the office. However, there continued to be no evidence to demonstrate this took place and there was no area on the form for a manager to sign off or to make comments.
- The manager had taken steps to have oversight of incidents to look for patterns and trends and what action had been taken to prevent incidents reoccurring. We found quality assurance systems had been put in place, including to ensure the work of the registered manager was audited.

We found no evidence that people had been harmed however, the provider did not have appropriate systems and processes for assessing and monitoring the quality of the service. The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed they would address the issues we raised as a matter of urgency.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt supported by the management team. They said they had an input in the running of the service and fed back issues through team meetings and supervision. One member of staff commented, "This is the best place I have worked for the support and care for service users and also staff." Another member of staff told us, "I love it. It's a really nice place where people are treated fairly. The office door is always open."
- People's views and feedback on the service was sought through reviews and quality monitoring questionnaires.

Continuous learning and improving care; Working in partnership with others

- The registered manager engaged staff in developing the service. For example, they consulted staff when they wished to change the medicine recording forms.
- The provider had links with the local community and provided information about Sandal dementia friendly library, which included a reminiscence lounge and memory lane community garden. The provider had strong links with the housing provider to promote regular activities and events with people 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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have appropriate systems and processes for assessing and monitoring the quality of the service. The provider did not have sufficient systems and processes to mitigate the risks relating to the health, safety and welfare of service users.