

Housing & Care 21

Housing & Care 21 - Charles Court

Inspection report

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Date of inspection visit:

12 September 2016

15 September 2016

Date of publication:

19 October 2016

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

This inspection took place on 12 and 15 September 2016 and was unannounced.

Housing and Care 21 - Charles Court is a domiciliary care agency and is registered to provide personal care and support for people living in their own home within an extra care scheme. An extra care scheme is, a sheltered housing complex managed by a housing association. Twenty four hour care, seven days a week is provided with on-site care staff and with an emergency call facility. Additional services provided include a restaurant, organised social activities and a hairdressing salon.

There had been a number of changes to the service since the last inspection of the service in October 2013. The registered manager had left and there had been a period of interim management arrangements. On the day of our inspection 26 people were being provided with personal care and support by dedicated team of care staff who worked in the scheme.

On the day of our inspection, there was not a registered manager in post. 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. However, the manager in post had made an application to the CQC for registration.

During our inspection, staff demonstrated knowledge of how to recognise signs of potential abuse and there were systems in place to report concerns. The manager thoroughly investigated any safeguarding matters and acted upon them in a timely manner. There were systems in place to ensure medication was administered safely. However, these were not carried out with the efficiency required to identify issues.

There were sufficient staff to support people safely according to their needs. Recruitment processes were in place to ensure staff were suitable to care for people within their own homes.

Staff received an induction. We found that staff training to ensure they had the knowledge and skills to effectively carry out their role was not always up to date. Staff told us they felt supported by the manager, yet there was an absence of documented supervision and appraisal.

People were positive about the care they received. Care was provided by regular staff who knew people well, and with whom they had developed a good rapport. People's dignity and privacy was respected.

People's care plans were personalised and met their individual needs. People were involved in their care planning, which was reviewed regularly and care was delivered according to the person's preferences and wishes.

People knew how to make a complaint about the service and records showed that they were recorded in

line with the complaints policy.

Notifications concerning safeguarding had not been sent to the CQC, the manager had notified the local authority. However, they had not informed the CQC as required by the regulations.

We found two breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the 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 always safe.

People were protected from avoidable harm and abuse. Risks to people's health and wellbeing were assessed and reviewed.

Safe recruitment processes were in place to ensure staff were suitable to provide care.

People received their medicines however, this was not always recorded appropriately.

Is the service effective?

Good ●

The service was effective.

There was a training plan in place. Care staff had the skills and knowledge to meet people's needs.

Staff displayed appropriate understanding and knowledge of mental capacity.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Good ●

The service was caring.

Staff had a good understanding of people's care and support needs and knew people well.

Staff took into account people's privacy and dignity when delivering support.

People told us they were involved in discussions about their care and that staff were caring and kind.

Is the service responsive?

Good ●

The service was responsive.

People had personalised and detailed support plans to meet their needs and their support was regularly reviewed.

There were systems in place to manage complaints. People were confident that any concerns raised regarding the service would be listened to and acted upon.

People were able to give feedback on the service they received.

Is the service well-led?

The service was not always well-led.

During the inspection we identified notifiable incidents had not been reported to the Care Quality Commission (CQC).

Systems were in place to monitor the quality of the service however these had not identified concerns found during our inspection.

Staff spoke positively about the support they received from the management team.

People we spoke with felt reassured by the responsive nature of the manager and staff if they needed to speak with someone.

Requires Improvement 

Housing & Care 21 - Charles Court

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.

The inspection took place on 12 and 15 September 2016 and was unannounced on the first day. The inspection was carried out by one inspector.

Before the inspection we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law.

We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed the provider information return (PIR) prior to this inspection. 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 used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with the manager, the assistant manager, eight staff members, which included care workers and domestic staff. We spoke with four people who used the service and the area manager.

We reviewed recruitment, supervision and training records for six staff. We also looked at records relating to the management of the service, including, risk assessments, audit records, management reports, policies and procedures and training records. We looked at the care plans for six people who used the service.

Is the service safe?

Our findings

People we spoke with said that they felt safe when staff visited them and that care and support was delivered in a safe way. One person said, "The staff are very good, they give me what I need, when I need it." Another person said, "I'm very happy with the service I receive."

We spoke with staff about their understanding of protecting people from abuse. Staff demonstrated a good understanding of how to recognise and protect people from avoidable harm and potential abuse. The provider supported staff with safeguarding training to ensure staff felt confident in reporting any concerns they had. Staff felt that they could report any safeguarding issues to the manager, and their concerns would be investigated thoroughly without delay. Staff told us they were aware of external professionals they could go to outside of their immediate branch should their concerns not be dealt with appropriately, and they knew where to look for the whistleblowing policy if required.

The provider used an assessment tool, to establish what risk assessments would be appropriate for each person to protect their health and wellbeing. Risk assessments were kept in people's care plans of which there were copies in the manager's office and in the person's home.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care and support plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk. For example, where people needed help to move, there was clear guidance for staff to ensure this was done safely.

Care staff were able to confirm they had received training, had detailed guidance in place, and of procedures they were to follow. They told us that the care plans and risk assessments were up-to-date and reflected the care that was being provided. The manager was in the process of reviewing the risk assessments. This was confirmed in the sample of records we looked at. The operations manager was then able to monitor the completion of these reviews and discuss progress in the manager's supervision meetings.

Peoples' medicines were not always managed and administered safely. Whilst medicines policies and procedures were in place for staff to follow and care staff told us they had received medication training, and had their competency checked, we found errors in managing medicines safely. We looked at a sample of the recording of medicines and saw that not all medicines had been recorded when given on the medication administration records (MAR sheets) used to record support with medicines administration. However, a record had been made by staff in people's daily records and confirmed support had been given. We also found that the recording of medication received from a pharmacy was not always completed. It was therefore not possible to determine if medication had been received. We discussed this with the area manager and manager, who accepted our findings.

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

An audit system was in place to check medicines administration and recording had been completed. When any errors in recording were found this had then been discussed with the staff responsible. However the audit had failed to recognise the issues we identified.

The provider followed safe recruitment practices. We looked at six staff members' recruitment files and saw that appropriate steps had been taken to ensure staff were suitable to work with people. Disclosure and Barring Service checks (DBS), professional references and photographic identification checks had been made for all six staff records we looked at. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff felt that there were enough staff to provide a safe, reliable service for people. They felt their workloads were manageable. If any extra shifts were available, it was usually to cover calls for people they knew well and supported regularly. People told us that there were enough staff to cover their care calls and regular carers attended to support them. People told us that calls were very seldom late and there were no missed visits. One person said, "I have never had a problem, they are always on time."

Is the service effective?

Our findings

People who used the service that we spoke with told us they thought the staff were competent in their roles. They told us, staff understood their needs and met them. One person told us, "The staff are very good with me. They are patient and kind." Another person said, "I am very satisfied indeed with everything they do."

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with confirmed they had undertaken an induction that had included completing the company's mandatory training at the time they commenced employment. This included moving and handling, infection control, safeguarding of adults and mental capacity.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

Staff had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. One person who used the service told us, "Whenever they come they always ask if I want something doing, they never presume." Another person told us, "They tell me exactly what they are going to do and ask if I am OK with it."

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. One person told us, "Staff have my best interests at heart and they would tell my doctor if anything changed in my health." Another person commented, "Staff have helped arrange for me to see a chiroprapist and an optician."

Records and staff comments, showed staff supervision had not taken place as frequently as the provider's policies required. This had been due to management changes which were being rectified at the time of our inspection. However, staff we spoke with told us they felt supported to fulfil their roles and responsibilities. One member of staff told us, "We work well as a team and we support each other, things are better now with a manager in place."

Is the service caring?

Our findings

People we spoke with told us that care staff were caring and that they listened to them and showed both respect and dignity. No one we spoke with expressed any concern about the care provided. People we spoke with told us that they had positive relationships with the care workers that supported them.

One person said, "The staff are very kind." Another person told us, "The staff take their time and don't rush me, I appreciate that." Another person commented, "My carers are lovely, they are very nice and polite."

Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understanding of the importance of respecting people's privacy and dignity.

People told us they felt the care staff treated them with dignity and respect. Care staff had received training on privacy and dignity and had a good understanding of how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they treated them with respect. One member of staff told us when they assisted people with their personal care, "I ensure the door is closed when supporting people in the toilet."

People said they could express their views and were involved in making decisions about their care and treatment. People told us they had been involved in developing their care plans and said staff respected their decisions. This meant care could be person centred and individualised.

Staff told us they regularly supported the same people which allowed for consistency and changes in people's needs to be noticed more quickly. One person told us "I always know who is coming."

Is the service responsive?

Our findings

People said they were satisfied their care plans met their needs. One person said, "My care plan is fine. It tells my carers what I need help with." Another person said, "Staff look in my care plan to see if anything has changed. If things change the plan changes. After my calls the carers write down what they've done."

People's care plans reflected people's personal preferences and individual needs. The care plan described in detail the care needs, and preference of the person receiving support and the expectations of staff. Staff confirmed the care plans contained sufficiently detailed and personalised information so as to enable them to support people according to their needs and preferences.

Care and support plans were in the process of being reviewed, but if there were any changes to people's care and support needs care staff would ask for the information to be updated. They told us they had a communication book to inform each staff shift of the care provided, and had a handover meeting between staff shifts to ensure care staff remained up-to-date with people's care needs and of the care which had been provided. They told us this worked well and was informative.

People and their relatives were asked to give their feedback on the care provided through spot checks, reviews of the care provided and through quality assurance questionnaires which were sent out annually. We were shown the completed questionnaires that had already been returned. One person told us, "We have regular residents meetings where we can discuss anything from activities to changes to the building." Another person told us, "We can discuss anything with the manager at any time and there is a list of when the area manager is coming."

The company had a complaints procedure, which was included in the statement of purpose given to people at the start of their care package. We saw these were in the people's care files who we visited. We checked the complaints file. There was a system in place to document concerns raised, what action was taken and the outcome. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves. The people we spoke with told us they would feel comfortable raising a concern if they needed to, either with the care coordinators or they would call the office.

Is the service well-led?

Our findings

Notifications had not been sent to the Commission. Records safeguarding concerns had been identified by the service and had been dealt with in line with the provider's policy. However, the Commission had not been notified of these concerns and this had not been identified through an effective monitoring system. Following discussion with the manager they undertook to ensure that notifications were sent to the Commission as appropriate. We recommend the manager review the CQC Guidance for providers on meeting the Care Quality Commission (Registration) Regulations 2009.

Quality assurance checks had not always been effective or completed to ensure the quality of the service provided had been maintained. For example, supervision and appraisal of care staff had not in all cases been regularly provided. Staff training records were not up-to-date. Staff meetings had stopped for a period and care staff told us these were important to keep care staff up-to-date and fully informed. Audits on a number of aspects of the service, for example, medication records had not been effective in identifying discrepancies between MAR's and daily logs. For example we found MAR sheets documenting medication had been refused, yet daily logs suggested that medication had been administered. This had not ensured where improvements were required these had been identified and rectified.

The above issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An internal audit in June 2016 had identified similar issues and produced an action plan. We were unable at this inspection to determine whether the action plan arrangements had been fully embedded into practice. We have therefore identified this is an area of practice that needs improvement.

We found the new manager and regional manager to be open and transparent and willing to address the areas that required improvement in the service. They told us they were committed to supporting staff and ensuring people received a good quality service.

Staff told us they enjoyed working at Charles Court and were generally positive about working there. One care worker said, "Staff have always remained positive and focussed despite uncertainty due to having no manager. There is now a manager and things are much better." Another said, "The management here are pretty good. I've no complaints."

People we spoke with felt reassured by the responsive nature of the manager and staff if they needed to speak with someone. Comments included "They always listen to what I have to say." "I can call into the office at any time." and "The manager keeps in touch and the company communicates well."

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 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure that all administered medicines were accurately recorded. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place were not being used to assess, monitor and improve the quality of the service. Regulation 17 (1) (2) (a)