

Axiom Care Limited Willowbank

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This announced inspection took place on the 15 October 2015. This was the first inspection of the service since Axiom Care Limited had been registered as the provider in May 2014.

Willowbank is registered to provide personal care to people who live in Willowbank extra care scheme. At the time of our inspection 20 people were receiving a personal care service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the scheme. 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 scheme is run.

The providers' policy on the safe administration and management of medicines had not been followed by staff. This meant that people were at risk of not receiving their prescribed medicines. Audits that had identified issues in medicine management had not been reviewed to check that the required action had been taken.

Summary of findings

People's needs were assessed and the information in the care plans was detailed. This meant staff could support people and meet their needs in line with their preferences.

Risks to people's safety had not always been reassessed. Some risk assessments were inaccurate but staff were aware of the actions they should take to support people safely.

The risk of harm for people was reduced because staff knew how to recognise and report abuse.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had their capacity to make day-to-day decisions formally assessed.

The recruitment process ensured that only suitable staff were employed to provide care to people using the service. There were sufficient staff to meet the needs of people receiving care and support in a timely way.

People's health and welfare was monitored by staff to ensure health professional input was given when necessary.

People's privacy and dignity was respected by all staff. People were aware that there was a complaints procedure in place.

Staff felt supported by the managers because there were opportunities for open discussion. Staff felt they were able to raise any concerns through staff meetings and the open culture of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

Staff were not consistently following safe practices when they administered or recorded medicines which meant people may not receive their medicines as prescribed.

Risks to people's safety were not always recorded or managed effectively.

Sufficient numbers of staff were employed to meet the care and support needs of people.

Requires improvement



Is the service effective?

The service was effective.

People received care from staff who had received the appropriate induction and training to meet people's needs. People were able to consent to their care treatment.

People's health and welfare was monitored by staff to ensure health professional input was given when necessary.

Good



Is the service caring?

The service was caring.

Staff were kind, and treated people with respect.

People provided the information necessary to plan their care. People were supported to remain as independent as possible.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and provided information on how their support needs should be met.

People knew how to raise any concerns or complaints.

Good



Is the service well-led?

The service was well led.

People were involved in the quality of the service and staff involved people and were compassionate when they provided people with their care.

Staff felt supported by the registered manager and care manager and were able to discuss any concerns. Staff understood their responsibilities in relation to their roles in the service.

Good



Willowbank

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place with one inspector on 15 October 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including notifications, which are events that happen in the service that the provider is required to inform us about by law.

We spoke with four people and looked at their care plans and care records. We spoke with three members of staff, the care manager and registered manager.

As part of this inspection we looked at accident and incident reports, medicine administration records, quality monitoring and audit information, and the providers' policies and procedures.

Is the service safe?

Our findings

Some people told us that they administered their own medicines, whilst others told us that the staff prompted them to take the prescribed medicines they needed. Where staff assisted people with their medicines, one person said, “We get my tablets and things [medicines from the chemist] but carers [staff] come and help me with them [medicines].”

People were not always safe because although the provider had a policy in respect of the administration of medicines, we found that this policy had not always been followed. We looked at the medication administration records (MAR) of four people. We saw that four medicines for one person had been noted as ‘discontinued’ and another person had three medicines recorded as ‘discontinued’. However the registered manager, care manager and staff were unable to tell us why, or who had made the decision. In addition, one person’s MAR showed that a medicine that should have been administered once at night had not been signed as given. We were unable to reconcile the correct numbers of any tablets because staff had not recorded tablets brought forward from the previous month’s medicine administration.

Although there were systems in place to audit the medication administered by staff these were not robust to ensure that people remained safe. The most recent audits undertaken in September and October 2015 had identified concerns with how staff administered and recorded medication. We found that the information was due to be raised at the next team meeting, however we found further issues that had not been found during the audit. For example, one person was not administered their medicine as prescribed because the MAR showed the course was ‘finished’. We checked on the next month’s MAR, which showed the person was still prescribed this medicine. This meant people were not protected in the safe administration of their prescribed medicines.

Staff told us that they had received training in the administration of medicines and that their competency was assessed by the care manager. This was confirmed by the registered manager.

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

There were some risk assessments in place for people. Risks identified included risks when people were being moved and transferred by staff, risks to the person’s home environment and risk that could compromise people’s skin integrity. Evidence showed that where people had risks relating to their moving and transferring needs, appropriate equipment was in place to ensure their safety. One person told us that they had fallen a number of times recently but been able to get up with assistance from staff. However, we noted that there was no current falls risk assessment in place for this person. This meant people and staff could be at risk of inappropriate or unsafe care.

People told us they felt safe using the service. One person said, “I do feel safe. I’ve got my own front door. I have information in a can in the fridge. [This was information for emergency health professionals who may require it]. I find that comforting.” Another person told us, “Safe, it’s wonderful here. I have the emergency call bell and the carers [staff] come quickly.”

There had been no safeguarding issues raised since registration in May 2014. The provider had procedures in place in the event of people being placed at any risk of harm. Staff told us about their roles and responsibilities in relation to protecting people and the training they had received. They understood what signs of harm to look for and were confident in how to escalate any concerns they had in respect of people’s safety. One staff member said, “We haven’t had any safeguarding’s but I would always report to my line manager or I would ring [staff member’s name] at Axiom. If necessary I would go to social services safeguarding [team] as I know where they are. We have all the details and numbers on the staff room wall.” This showed that people were kept as safe as possible and the risk of harm was reduced.

People said that they usually had regular staff who arrived and stayed for the correct amount of time. One person said, “They are advertising for more staff as I sometimes get agency staff [who provide care].” The person was happy with the agency staff. Information provided by the registered manager showed that there had been no missed calls for people who used the service, out of 441 calls during a seven day period. Staff told us that they covered staff who were on holiday or went sick. One member of staff said, “We cover when someone goes sick or have holiday if we can. If not the on call person has to come in and cover the shift; there always have to be two [staff

Is the service safe?

during the daytime when care is provided].” There were times when only one staff member was available but no care calls were needed for that time. We saw that there were enough staff to meet people’s personal care needs.

Staff told us that safe and effective recruitment practices were followed. They said they had attended an interview and had only been able to start work once all the checks

had been made. The checks ensured they were of good character, physically and mentally fit for the role and able to meet people’s needs. The registered manager said that the provider had a Human Resources (HR) department that made all the necessary checks and the service received confirmation when the staff member could start work. Evidence to show this was provided during the inspection.

Is the service effective?

Our findings

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed. The registered manager confirmed that people using the service had capacity and the people we spoke with told us they were able to make all decisions for themselves. One staff member told us, "I understand the Mental Capacity Act [2005] including the principles and about capacity." The registered manager said that training for all staff on MCA and DoLS would be completed on line but also during face to face meetings so that all staff understood people's rights. No-one was subject to any restrictions and people we spoke with confirmed it.

Staff who had been recruited told us they had attended an induction training programme, which provided all the mandatory training expected by the provider. Newly recruited staff worked with more senior staff until they were competent to work alone, and staff confirmed this. One staff member said, "Although I had worked in this area of care before I still had to go through everything like shadowing [working with a more senior member of staff]." Competency was assessed by the co-ordinators through observations in areas such as medicine administration and moving and repositioning people.

Staff told us they received a range of training that supported them with their roles, such as safeguarding people from the risk of harm, moving and positioning and medication administration. Training records confirmed this. One member of staff said, "I would like more training about

dementia and will ask for it when I meet with [name of care manager]." Another member of staff said, "I'd like [further] training in dementia and also end of life care." Staff believed they would be given the opportunity to complete the training they requested and we informed the registered manager and care manager about this.

Staff told us that they had been supported by face to face supervision meetings on a regular basis with the previous care manager and expected that to continue with the new care manager. One staff member said, "I am meeting with [name of new care manager] next week. I will use the supervision to raise any issues." The care manager said supervision dates were now in the diary and all staff would receive a face to face meeting over the next few weeks.

Most people told us that they did not require any help or support to eat and drink. One person who had some help said, "One carer [staff] comes to help with making dinner. I choose what I want. There is a chef [in the extra care sheltered housing complex] who comes in three times a week." People told us they used the service of the chef on the days they were available.

People's health and wellbeing were monitored by staff and care records showed that staff had taken appropriate steps if they had any concerns. For example, there was evidence that staff had telephoned the GP when necessary as well as telephoning 111 or 999 where appropriate. We saw that staff liaised with other health professionals such as the district nurse, occupational therapist and speech and language therapists when needed. One person said, "They [staff] would call an ambulance if they needed to." Another person confirmed that a district nurse was called when they had a problem with a medical device.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, “They’re a nice lot [staff]. They help change my bed and always ask me if I want a clean top on or fresh bedding.” Another person said, “The carers [staff] are faultless. They are so caring and professional and we have a lovely laugh [together].”

People said that they had talked to staff, provided information and made decisions about the care that they wanted, although they were not aware of the care plan document. There was evidence that people had been asked if they wished to be cared for by a male or female staff member and their choice was respected and provided.

People told us that they had a good relationship with the staff who provided their care. One person told us, “I could approach any of the carers [staff] if I needed to make a request. I feel they are easy to talk to and keen to engage in

conversation when they visit.” One staff member said, “We [staff] give the best care we can.” Another said, “My favourite times are when I’m with the residents [people who use the service].”

People told us they felt the staff treated them with respect. One person said, “You hear awful things about care, but there are no concerns about the care here. They [staff] always listen.” All staff were able to tell us how they respected people’s privacy and dignity. One staff member said, “We [staff] make sure people are kept covered when giving care [providing personal care]. I always ask them [people] what they would like [how to provide their care].”

People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. The registered manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Information and phone numbers of advocates were available in the office.

Is the service responsive?

Our findings

People told us they discussed their care needs with staff at Willowbank, and there was evidence in the care records to confirm this. One person said, “I have a care plan and had a review in April [2015].” People told us their care was very personalised and what they wanted. We found that care plans contained information in areas such moving and transferring, personal care and medication administration and staff were clear about the care they provided to people.

People told us they felt the service provided by Willowbank was flexible and responded to their changing needs and support. One person who often goes out during the day said, “I let the carers [staff] know if I’m going to be out when they should come [to support the person]. I do try to do things as I don’t want to get lazy, and the carers [staff] help me [to maintain their independence]” A staff member told us, “People are at the centre of it all. They say what they want or need.”

People were protected from the risks of social isolation and loneliness. The service provided social contact by making sure people had access to activities that took place in the extra care supported living scheme. One person who had recently lost their spouse also commented, “Carers [staff] remind me that I can talk to them if I want to speak to someone.” People told us that on Sundays meals were available in the extra care facilities. Family and friends were welcome to join them, which they thought was really pleasant and positive.

People told us that they knew how to raise any concerns and were confident that any issues they raised would be dealt with. People told us they had no concerns and were aware of the complaints procedure. One person said, “I would talk to the care manager or [names of staff].” Another person told us, “If I had any complaints I would talk to [name of new care manager].” There had been no complaints since the registration of the service in May 2014. Staff said they knew how to escalate any concerns raised by the people receiving the service.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection who was supported by a care manager and staff. Staff said the management was open and transparent and they were aware of their roles and responsibilities.

Most people knew the name of the registered manager and all knew the name of the new care manager. One member of staff said, "The new [care] manager is very approachable. She came in and met all the residents [people using the service] who were about." One person said, "I saw the new [care] manager in the lounge, but she will be coming to meet us personally. She seems nice." The person then showed us the letter they had received from the care manager to invite people for a meeting on Monday 19 October at 14:00pm.

One member of staff said, "The new [care] manager is great. She gave us her number and said, 'Ring me whenever you need to. It doesn't matter what time 4:00am or what.'" They went on to say that they felt this was supportive and that they were valued as a member of staff. Other staff made similar comments. Another said, "The new [care] manager is making improvements, things feel better." Staff were aware that there was an out of hours system available so that urgent concerns could be responded to.

The registered manager told us they checked the quality of the service provided so that people could be confident their needs would be met. This was done through regular contact with people, who confirmed they were asked about their care. People also told us that senior staff completed 'spot checks' to directly observe how the staff provided care. A recent survey showed that 12 people had responded. Nine people had indicated they were very

satisfied with their care and three fairly satisfied. There were no negative comments or areas that needed to be addressed. The registered manager and care manager said that although the service had the good report this did not mean they and the rest of the staff were complacent.

Staff said they attended staff meetings and that they were useful. One staff member said, "The new [care] manager wants to get to know us and also to bring our ideas [to meetings]." Another staff member said, "Staff meetings are good. They get everyone [staff] together and discuss situations."

Staff were clear about the values held by the service that ensured people were supported to be as independent as possible. One staff member said, "The aims [of the service] are to provide the right care for the person; their needs and wants, and to give them quality care." Another staff member said, "You give the best care you can. You do everything that needs to be done and don't cut corners."

Staff were aware of the whistleblowing policy and clear about the importance of reporting any poor practice. They had been given the necessary phone numbers to contact if needed. One staff member said, "Whistleblowing is if you've got any concerns. It's confidential and there are people we can call." Another member of staff told us, "You report what's not right and inform someone, manager or above. Of course you report, as it's a priority, it's about the person."

People told us that communication with staff was good. People told us, and staff confirmed, that they [staff] informed people when they were running late where possible. One person said, "They [staff] come roughly on time and come and tell me if there's a delay if there has been an emergency."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not protected people against the risk of unsafe use and management of medicines.</p> <p>Regulation 12 (2) (b)(g).</p>