

Shaw Healthcare (Group) Limited

Gospel Oak Court

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

What life is like for people using this service.

People using the service, relatives, staff and external professionals spoke positively about the leadership at the service and they thought it was well managed. We saw that managers were engaging with everyone using the service and stakeholders.

During this inspection we found shortfalls within some areas of the service provision. We discussed these with the senior management team who were responsive to our feedback and assured us action would be taken to address identified issues by us.

Staff had received regular, formal supervision from their line manager. We noted that annual appraisal of staff performance had not been carried out since 2017. Consequently, staff skills to perform their role had not been reviewed and the need for further training had not been explored with them.

New staff received an induction before they started supporting people. Other staff received mandatory training which was mostly up to date or was planned for the near future. We observed that staff required further training in dementia awareness and epilepsy, which was still to be scheduled at the time of our inspection.

Medicines were managed safely and people received their medicines as prescribed. We noted that records related to medicines non-administration and creams application had not always been clearly maintained. These had not always clarified why people refused to take their medicines and what creams people were using.

Risk to people's health and safety had been assessed and reviewed. However, some risk assessments could have more information on risk management strategies, to ensure all staff had easy access to it and could support people in a consistent way.

Care was provided with the consent of people. When people had reduced capacity to make decisions about their everyday care, staff had not always been provided with sufficient information on what decisions they could make and how staff could support them.

The senior management team had carried out monthly quality audits. Actions following these audits had been agreed, recorded and monitored to ensure highlighted shortfalls had been addressed. However, these audits had not been effective in identifying shortcomings identified by us during our visit.

The senior management team knew and understood their roles and responsibilities set by the Health and Social Care Act Regulations and current national guidance on best care practice.

Staff helped to support people to stay safe from harm and abuse from others. There were appropriate

safeguarding procedures in place and staff followed them. Safe recruitment procedures ensured that people were supported by suitable staff. There were enough staff deployed to support people when needed. Infection control measures used by staff helped to protect people from the risk of infections. Accidents and incidents had been recorded and discussed with staff to avoid reoccurrence.

People's needs and related risks had been assessed before they started using the service. We saw that support plans formulated were based on the initial assessment and explained how each assessed need would be met.

People were supported to have enough food and drink and had a diet that suited their nutritional requirements and personal preferences. Staff supported people to live a healthy life and have access to health professionals when needed.

People and relatives told us that the staff that supported them were kind and compassionate. Staff encouraged people to make decisions about their lives and were involved in their everyday care where possible. People's support plans had been reviewed together with people and their representatives when appropriate.

Staff respected people's privacy and dignity. People's preferences as to entering their flats was discussed with them and respected. We saw staff knocking on the door before entering people's flats. People's preferences regarding support of a male or female staff had been discussed with them and followed.

People's care plans were person centred and they outlined how people would like to receive their care, information about people's hobbies, religious and cultural needs and preferences. Where people had specific care needs, for example, continence management and epilepsy, this had been reflected in their care plans. Care plans were regularly reviewed and people participated in these reviews.

The provider had a complaints policy and people and relatives knew how to make complaints should they need to. Those who had made a complaint said their concerns had been addressed and resolved. We saw all three complaints received in 2018 had been dealt with promptly, as per the providers policy.

People were encouraged to have their say about the service. This could be done through periodic meetings, individual care reviews or formal complaints procedure. We saw that the service had been responsive to feedback received from people.

We made three recommendations which were related to staff appraisals and training, management of medicines and Mental Capacity Act 2005 (MCA).

More information is in the full report

Rating at last inspection: Good (18 May 2016)

About the service: Gospel Oak Court is an Extra Care Housing Scheme and is registered to provide personal care to people living in their own flats within the scheme. This enabled people to live independently and have access to tailor made and flexible care support when required. At the time of the inspection the service was providing care and support to 33 people some of whom were living with dementia or had a physical disability.

Why we inspected: This was planned inspection based on previous rating.

Follow up: We will continue to monitor the service and we will revisit it in the future to check if they continue to provide good quality of care to people who use it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Gospel Oak 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: This inspection was carried out by two ASC inspectors and one Expert by Experience. An Expert-by-Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Gospel Oak Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is 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.

There was a registered manager in place at the time of the inspection. 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.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we wanted to make sure the registered manager and staff we wanted to speak with were available on the day of our inspection.

What we did when preparing for and carrying out this inspection:

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

What we did during the inspection:

An inspection site visit took place on the 5th and 6th December 2018. It included speaking to the registered manager, operations manager and four staff members. We also spoke with 12 people who used the service and three relatives. During the inspection we reviewed six people's care records, which included care plans, risk assessments and daily care notes. We also looked at medicines administration records (MARs) for six people. We also looked at six staff files, complaints and quality monitoring and audit information.

What we did after the inspection:

Following our visit, we contacted a number of health and social care professionals who worked regularly with the agency. We received feedback from one of them.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. People's needs and risks were assessed and plans were in place and followed to promote their safety.

Using medicines safely

- People received their medicines as prescribed.
- We found two minor shortfalls in recording of medicines administration. In one case a person had refused one of their medicines for a week. This had been correctly coded in the Medicines Administration Records (MARs) as refused. However, staff had not written at the back of the respective MARs the reason why this person was refusing their medicine. This should have been done for care monitoring and auditing purpose. Secondly, where people had creams applied by staff, these were noted in care records and daily records as having been applied. However, the records did not mention what the cream was and creams were not recorded on the MARs. Staff explained these were non-prescribed moisturisers (therefore not required to be on MARs). However, this should have been made clear in people's files to ensure appropriate records had been maintained. Apart of these small shortfalls we saw that other MARs viewed by us had been completed correctly.

We recommend that the provider reviews and updates their practices around recording of medicines non-administration and creams application to ensure accurate records were maintained.

- We saw that medicines were kept securely in people's flats. Staff liaised with the pharmacy to ensure they collected people's medicine on time. Senior staff could explain the process to cross check medicines when a person was returning from a hospital admission to ensure that any changes of medicines or doses were reflected on the MARs.
- Staff we spoke with were aware of people who needed food with their medicine and were also able to tell us how they managed to care for people who required regular pain relief. There were medicine risk assessments in place to determine the level of support required by people.
- Staff we spoke with had completed, medicine training and had their competency assessed. There was an up to date medicines administration policy outlining the procedure to take if any medicine errors had occurred.
- There had been no medicine errors in the last six months. However, the registered manager said staff would receive supervision and would retake competency assessments if there were any issues identified. One supervision from November 2017 we saw confirmed this.

Assessing risk, safety monitoring and management

- Risk to people's health and wellbeing had been assessed and reviewed at three monthly intervals or sooner if people's condition changed.

- We found there was enough information about risks to people's health and wellbeing in risk assessments and care plans combined. We noted that some risk assessments related to the risk of falls, mobility and behaviour that might challenge the service could benefit from specific details as they referred to the support plan rather than listing the actions to be taken to mitigate the identified risk. For example, falls risk assessment for one person had only one action for staff to remind the person to use their walking stick when mobilising. However, no reference to safety of the environment was made to protect the person from collision and accidental fall. A member of the management team told us, staff were made aware of risk assessments during induction and were encouraged to read them. Any changes about people's risks were also communicated during daily handover.

Supporting people to stay safe from harm and abuse, systems and processes:

- People told us, "I do feel safe, it is nice and warm here. The staff make me feel safe" and "The staff are excellent. I feel safe here. My money is safe here."
- The provider had a safeguarding policy in place and a safeguarding process chart was available for staff to guide them on what to do if they suspected abuse. Staff also received training in safeguarding people. They knew how to recognise abuse and raise a safeguarding concern if they thought somebody was at risk from others. One staff member told us, "If I had concerns about people's safety, I would inform my manager, gather more information and inform social services, GP or police if no action was taken. We always talk about safeguarding in our handovers."
- Safeguarding records showed that when required the service had made appropriate referrals to the Local Authority. We saw that the registered manager had worked alongside respective external agencies to investigate any safeguarding concerns and took appropriate action to ensure people were protected from ill treatment.

Recruitment and Staffing levels

- There were safe recruitment practices in place to ensure only suitable staff were employed. Disclosure and Barring checks (DBS) were completed before staff started work and two verifiable references were kept on file. Any employment gaps were explained by potential new staff. Staff identification copies were kept on file as well as any qualifications.
- We looked at staff rotas for three care staff which related to care given in November 2018. We found that staff usually completed the same calls to ensure consistency of care. The staff were constantly available on site to respond to people's needs if needed. We saw that in an emergency an additional staff would be deployed to cover last minute absences.
- Records reviewed showed sickness and absences were managed. We saw counselling meetings took place following repeat episodes of sickness.

Preventing and controlling infection

- The service had an infection control policy guiding staff on how to prevent infection spread and how to avoid infectious diseases. Appropriate personal protection equipment (PPE) had been available and we saw that staff used it.

Learning lessons when things go wrong

- We saw that accidents and incidents had been recorded and records included details of what happened and what immediate action had been taken to address the situation.
- The registered manager prepared a monthly accident and incident summary report. It stated the number

of incidents for each individual, the level of harm and what action was taken afterwards. We noted that the report had not included overall analysis of types of accidents and incidents across the service in order to identify any potential themes and patterns. Nevertheless, we saw that in staff meetings and handovers staff always discussed any issues, improvements or changes following accidents and incidents taking place at the service.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff supervision and appraisal

- Staff told us they received supervision with their line manager. In staff files we saw that formal supervisions were carried out four times a year.
- Staff records showed, and staff confirmed, that the last formal, annual appraisal took place in 2017 and not 2018. This meant that staff skills with respect to their care worker role, their performance on their job and their potential for development had not been evaluated. The registered manager confirmed that staff appraisal had been delayed and they were planning to complete them in the near future. However, on the day of our inspection, although requested, there was no appraisal planner available to show that next appraisals for staff had been scheduled.

Staff skills, knowledge and experience

- Staff received an induction before they started work. Records we reviewed showed staff who had not completed any qualification in care in the last three years were encouraged to complete the Care Certificate. The Care Certificate is a set of standards to show that workers have the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Other staff received mandatory training which apart from the Mental Capacity Act 2005 (MCA), dementia awareness and epilepsy was up to date. We were given a training programme that confirmed MCA and DoLS training was planned for 6 and 10 December 2018. We also saw that six staff were due for emergency first aid training.
- At least four people using the service had been diagnosed with epilepsy. This had been sufficiently reflected in their care files. We saw that only seven staff had up to date epilepsy training. Rotas showed that at least one person with epilepsy training had been present at each shift. Therefore, necessary support could be available if needed. However, staff we spoke with said, "I did have an epilepsy training two years ago, but I would like to have more to better know how to support people during an epileptic seizure." Another staff member stated, "I have never had epilepsy training and I would not know what to do if a person had a seizure." This indicated that further training for staff in epilepsy awareness was needed.
- A member of the senior management team confirmed that since moving into the service some people's health deteriorated and they had been diagnosed or developed traits of dementia. We noted that when this happened appropriate referrals had been made to secure more appropriate accommodation for these people. However, during our inspection we observed a staff member working with a person who lived with dementia. The staff member also spoke to us about their difficulties around this work. We noted that records showed that there were several more incidents involving staff struggling to provide appropriate dementia

support. Based on this we were concerned that staff did not have full understanding of challenges related to living with dementia and further training was needed.

We recommend that the provider reviews their provision of appraisal for staff and training for staff on caring for people diagnosed with epilepsy and living with dementia.

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

- We checked if the service worked within the principles of the Mental Capacity Act 2005. 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 told us, and staff confirmed, that staff asked for their consent before providing any support.
- Written consent for care was in place signed by people or the relative for permission to take photographs, authorisation to inspect records.
- Staff we spoke with, had some knowledge about the Act, although some were yet to get an update on MCA. They told us they assumed everyone had capacity unless they proved otherwise. One staff said, "People have a choice to make decisions even if they may be unwise."
- When people had a Lasting Power of Attorney (LPA) this was recorded in people's files and it was clearly stated if LPA's legal responsibility was in relation to people's health and welfare or properties and affairs or both. However, we noted that actual LPA documentation was not on file to confirm that this role was formally acquired by people's representatives.
- We found that some arrangements around supporting people with reduced capacity had not always been clearly documented. In one case a local authority's support plan mentioned a mental capacity assessment for a person for finances due to budgeting problems. However, the assessment was not on the person's file for staff to view. Staff supported this person by giving them their daily allowance, therefore it was important that they knew exactly what decisions the person could and could not make in relation to handling their own money.

We recommend that the service seeks further guidance and support on how to support people with no mental capacity to make decisions.

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

- People's needs and related risks had been assessed before they started using the service. The assessment process involved the person and where appropriate their representative. It identified, physical, social, emotional and support needs of people. Personal outcomes for each support need were also identified. For example, one assessment stated the persons outcomes were, "to maintain optimum hygiene, to maintain contact with family and to maintain contact with community." We saw that support plans formulated based on initial assessment explained how each outcome would be met.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have a diet that met their needs. A family member stated, "If we don't visit staff will do our relative dinner - they make him a sandwich for the evening and make him breakfast."
- Care plans were specific about people's individual meal time routines. We also saw information about people's dietary requirements was displayed in people's flats for staff view if required.

- Where people were at risk of malnutrition we saw that their weight was monitored and they were referred to the dietitian and speech and language therapist (SALT) when required.
- Staff we spoke with knew the special diets and dietary requirements of people they supported. This included recommendations made by external professional as well as people's personal meal preferences.

Healthcare support

- People were supported to live a healthy life and have access to health professionals when required. We saw that referrals had been made by the service and discussion with other professionals about care provided to people were recorded in care plan review meetings. We saw hospital appointment letters and evidence within daily records to confirm that people had attend their medical appointments
- We also saw transfer forms in all files we reviewed ready to give to the paramedics should someone need hospital admission or to be sent with people if transferring to another care service.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People we spoke with and their relatives told us staff were kind and compassionate. Some of their comments included, "Yes we get on alright, they know us and are kind" and "Yes 100%. The staff are my best friends."
- Records showed that when people raised any concerns about staff who supported them, this had been promptly investigated by the management team and action had been taken to address issues.

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

- We asked people if staff encouraged them to make decisions and to be involved in their everyday care. They told us, "Yes they do, all the time."
- Support plans were reviewed with the involvement of people and their relatives and at times social workers. People had the opportunity to discuss what was working well and what could be improved. For example, one person had wished to go out more and this had been facilitated following the care plan review meeting.
- We discussed the steps taken by the service to comply with the Accessible Information Standard (AIS). All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. We saw that the service had taken some steps to ensure AIS had been followed. For example, where people using the service were diagnosed with a learning disability, the registered manager told us staff used special flash cards to communicate with them. In another example, a person had poor eyesight therefore their care plan was printed out in larger print so the person could read it more easily. Another person did not speak English as their first language. The service provided staff who understood and spoke the person's language to support the person. In two instances we saw that AIS could be implemented better. One person had a visual impairment and had a learning disability, however their care plan was not provided in a form that they could review themselves. Another person was diagnosed with a hearing impairment; however, this had not been reflected in their care plans, therefore staff was not provided with appropriate guidelines on how to best communicate with them. We discussed both instances with the registered manager who said this would be addressed immediately.
- We also saw examples of communication care plans that outlined strategies for staff on how communicate with people effectively. For example, one care plan outlined that a person needed support with orientation and would become frustrated with carers if they believed they were not listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Some of their comments included, "We always close the door

and talk people through their personal care. We give them opportunity to clean private parts" and "We ask people for their consent and if it is ok to wash them."

- We saw that people's preferences as to entering their flats was discussed with them and respected. For example, we saw notes on doors to several flats, stating if people wished to be visited and what staff needed to do before entering people's property. We saw staff knocking on the door before entering people's flats.
- Peoples preferences regarding support of a male or female staff had been discussed with them and the outcomes were recorded in people care files. Staff we spoke with were aware of these preferences.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Most people and their relatives thought staff knew their needs and personal histories. One person said, "Yes they do." One relative told us, "I think they do know. They know I was [profession]. They know mum likes [activity]."
- People's care plans were person centred and were reviewed approximately every three months. They outlined how people would like to receive their care including day and night time routines, such as, wake up times and preferred bedtimes. One care plan stated, "Likes to have [specific drink] at around 19:30 before retiring for the night."
- Care plans contained information about people's hobbies, religious and cultural needs and preferences. For example, one care plan talked about how a person enjoyed cooking and talking about food as well as smoking cigarettes and drinking beer.
- Care plans seen showed people's personal preferences were respected. They included life histories, likes and dislikes and mentioned where people preferred personal care to be delivered by same gender staff.
- We saw that where people had specific care needs this had been reflected in their care plans. These included continence management and epilepsy care plans. People also had moving and handling care plans which were specific about the number of staff required and any equipment required. However, we noted they did not always mention specifics of the equipment used (i.e. the size of the sling used). We discussed this with the registered manager who said this would be addressed.
- Daily care records had sufficient levels of information about when the care was provided and detailed conversations between staff and people and any support refused. They showed that staff stayed for the contacted time and completed the care and support needs outlined.
- Equality and diversity was acknowledged in that people's religious preferences were noted within care records as well as any culture specific requirements.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people and relatives knew how to make complaints should they need to. Most people told us they never had to make a formal complaint. Those who had made a complaint said their concerns had been looked into and addressed.
- We reviewed three complaints received by the service in 2018. We saw all three complaints had been dealt with promptly and as per the providers policy.

End of life care and support

- The service had not provided end of life care at the time of our inspection.

- However, all the care records we reviewed had choices and preferences documented where people had been willing to discuss end of life care. Where people had been unwilling, these had been documented within care plans. Staff we spoke with were aware of peoples wishes when it came to end of life but also told us that the majority of people who used the service usually moved to a nursing home when their condition deteriorated.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements

- The senior management team knew and understood their roles and responsibilities set by the Health and Social Care Act Regulations and current national guidance on best care practice.
- The senior management team had carried out monthly service quality audits and we saw these were effective in identifying the majority of issues around the quality of the care provided. We saw actions had been agreed, recorded and monitored within the senior management team to ensure highlighted shortfalls had been addressed.
- We saw that some shortfalls in the service provision had not been identified by the audits. For example, appraisals were due for staff working at the service for more than 12 months. In another example, policies and forms were available for monitoring of seizures for people with epilepsy, but these were not completed and were not known by staff we spoke with on the day of our visit. The system used by the service did not allow easy access to this information. In another example, although some people's needs had increased as they became diagnosed with dementia, sufficient training for all staff had not been provided to ensure they knew and understood challenges that people living with dementia may experience. We spoke about this with members of the management team. They were responsive to our feedback and assured us this would be addressed.

Leadership and management assured person-centred, high quality care and a fair and open culture

- All people we spoke with thought the service was well managed. One person told us, "I think it is well run." A relative stated, "I think it is very good here."
- Staff spoke positively about their managers and the support they received to carry out their roles. They told us, "The manager is good we do not have any problems. She is getting on well with people who live here and she knows them well" and "The best thing about this place is that everyone is happy" and "There is always somebody to talk to and any issues are resolved."
- The management team demonstrated a commitment to provide person-centred care. We saw the managers were engaging with everyone using the service and stakeholders.

Engaging and involving people using the service, the public and staff

- People were encouraged to have their say about the service. This could be done through periodic tenant's meetings, individual care reviews or formal complaints procedure. The service had also carried out a yearly

tenant's survey. We saw that 21-people responded to the survey carried out in October 2018. We saw that the outcomes had been analysed and an action plan was formulated to address shortfalls highlighted by people who used the service.

- Staff told us they communicated with people about their changing needs regularly. This included during handovers, through a communication book where they logged any significant information such as hospital, admissions and appointments. Staff were involved in the service through their individual supervisions as well as a range of staff meetings that were held monthly on most occasions.

Working in partnership with others

- An external professional spoke positively about a partnership work with the service. They told us, "Overall there are no areas of concern about the service at Gospel Oak Court, the scheme offers effective person-centred care."