

Housing 21

Housing 21 – Goldfield Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Goldfield Court is an extra-care and domiciliary care service, which provides personal care for older people living in sheltered housing flats. People using the service experience physical disability, sensory impairment and dementia.

At the time of the inspection 62 people were receiving care. 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.

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

There had been a number of medicines errors, however we found this had been acknowledged by the registered manager and actions had been put in place to attempt to minimise any future risk to people. People told us they were supported by staff to remain safe, despite the issues around medicine administration. There were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were recruited in a safe way.

Staff knew people's needs. Staff received training and had been provided with an induction and felt able to approach the registered manager with any concerns. People were assisted to receive food and drinks by staff where required. People were supported to maintain their health.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff ensured people's privacy and dignity was maintained.

People's care plans reflected their needs and preferences and staff understood the care that people required. Complaints were dealt with appropriately in line with the providers complaints' procedure. Quality monitoring systems were in place. Feedback was taken from people and used to inform the service. People knew the registered manager and felt they were approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Report published 10 August 2017)

Why we inspected

Although the inspection was due to be carried out, it was also related in part, to the medicines errors that had been reported to us.

Follow up

We will continue to monitor information we receive about the service until we 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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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 one inspector and a pharmacist.

Service and service type

Goldfield Court is an extra-care provider and domiciliary care agency. It provides personal care to people living in their own homes. This service provides care and support to people, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used; this inspection looked at people's personal care and support.

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

This inspection was announced with less than 24 hours' notice, due to the Coronavirus pandemic. As we needed to be sure that it was possible for us to visit.

Inspection activity started and ended on 12 March.

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 [PIR]. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who use the service. We spoke with three members of care staff and the Registered Manager.

We looked at seven people's care records and five people's medicine records, three staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints made.

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 Good. At this inspection this key question has now deteriorated to 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

- Over the past 12 months the service had reported a high number of errors with the administration of medicines, however there had been no significant impact to people from these errors. The service with the support of the local authority and the local clinical commissioning group had investigated and identified why the errors were occurring and steps had been taken to address the findings. These steps included reducing the pharmacy supplier to one pharmacy, retraining staff, discharging staff who were not administering medicines safely and providing a forum whereby staff were able to learn from the mistakes made. We discussed with the registered manager some steps that the service could introduce to further reduce the risk of errors.
- Staff's competence to administer medicines safely was being checked every six months unless the member of staff had made an error in the administration of a medicine at which point it was then checked every three months. Under the circumstances the service was advised that checking all staff more regularly would provide additional assurance that staff were carrying out their administration duties safely.
- 'My Care' and support plans described when medicines were to be administered by staff. We found these could be improved in order to make them clearer and more specific to when medicines needed to be administered.
- There was confusion in the service about recording the administration of when required medicines. For example, there was indecision about whether staff should be completing the administration records for when administration had taken place and also when these medicines had been offered and refused or only when the medicine had been administered. The confusion could lead to people not getting their medicines when they needed them.
- We found the management of medicines was audited by the service and recognise that at peak times related to medicine errors, some medicines audits had their numbers increased. However, the frequency of the audits did not ensure discrepancies with the medicines were identified and dealt with in an effective and timely manner.
- The service was not recording the quantities of all medicines received prior to the medicines being delivered to individuals in their flats. We were therefore unable to audit the administration records to determine whether people had received their medicines as prescribed.
- The service arranged on behalf of people using the service the ordering and supply of medicines. We found processes were in place for the timely ordering and supply of medicines for these people.
- People had the correct number of calls to ensure their medicines were administered when they needed them. One person told us, "I get my medicines on time, I cannot recall any problems."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, with one person saying, "They [staff] here are good, they keep me safe."
- Staff were able to describe to us the different types of abuse people may encounter. One staff member told us, "If I saw something worrying, I would pass it onto the manager straight away. I know the whistleblowing policy and would use this if I needed to." A whistle-blower exposes any information or activity deemed not correct within an organisation.
- Staff knew how to respond in an emergency and one staff member told us, "I would call 999 in an emergency. Keep the person safe and send colleagues for help."
- We saw safeguarding referrals had been dealt with as required and staff understood the process.

Assessing risk, safety monitoring and management

- Risk assessments were in place and these identified the risk posed, how to prevent injury, any control measures to minimise risk and instructions for staff. Risk assessments included, but were not limited to; mobility and falls, skin care, medication and personal care. Where risk assessments needed to be updated, for example following a medicines error this had been done.
- Accidents and incidents had been dealt with as required, with action being taken if needed to reduce the risk of harm.

Staffing and recruitment

- People told us there were enough staff available to them and one person said, "There are staff if you need them. I live in my own home, so I don't need them constantly, but I am reassured they are close by." A staff member told us, "There are enough staff, we all pitch in when staff have illness or holidays."
- Rotas gave the registered manager an overview of the amount of staffing levels each day.
- We found all pre-employment checks had been carried out including the obtaining of references and Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- We found staff ensured hygienic practices were in place when assisting people. One person told us, "It is very clean and hygienic here."
- Staff had completed infection control training and told us how they understood the need to comply with the required procedures.

Learning lessons when things go wrong

- The registered manager acknowledged the medicines errors that had occurred and was trying to discover why there had been a 'cluster' of such errors. They had asked staff to be open and honest about medicine administration and to share any concerns they had, in the hope these were dealt with before an error could be made. A staff member told us, "The manager always tells us to come to them immediately if we have any worries about recording and administering medicines". The registered manager told us they had rolled out a mantra for staff to follow; 'if in doubt, give nowt!'

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 remained the same.

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

- Pre-admission information received from the local authority or previous care provider assisted the provider in compiling an initial assessment to ensure care was planned and reflected people's individual needs and preferences.
- Protected characteristics within the Equality Act, such as disability needs, religious and cultural requirements age and gender had been considered as part of the assessment process.

Staff support: induction, training, skills and experience

- People we spoke with felt staff were knowledgeable and well trained. One person told us, "They [staff] know a lot about me, they have a lot of knowledge and do all they can to help." Staff were able to speak knowledgeably about people's specific needs and one staff member said, "We have the information needed on people's needs and we discuss any changes with them, family and colleagues, so it is always updated."
- Staff received an induction, which included the shadowing of longer serving staff members and learning about the people they were supporting. Staff told us this induction prepared them for working with the people using the service. We saw training was equivalent to the care certificate. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- Training completed by staff members included; nutrition and hydration, fire safety and safeguarding vulnerable adults.
- Staff told us they received regular supervision, but that they could go to the Registered Manager at any time.
- Staff told us about and we saw evidence of regular spot checks carried out on the care staff members provided to people. Where there were actions to be made to improve, these were carried out.

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

- People either ate in their own homes or used the onsite restaurant. One person told us, "The staff help me prepare my food it is usually just warmed up, but they give me a choice." A person who used the restaurant told us, "The food is okay, it is getting better more recently, but it is expensive for a main and a sweet, so I don't use it that often." Staff members told us how they encouraged people to eat healthily where possible and they ensured people got their meals at their preferred times.

Staff working with other agencies to provide consistent, effective, timely care/supporting people to live

healthier lives, access healthcare services and support

- The provider worked with other healthcare professionals to ensure positive outcomes for people, for example we saw a high number of health professionals visiting the premises and speaking with staff to share information.
- We saw from records concerns were shared with professionals in a timely manner.

Adapting service, design, decoration to meet people's needs

- We saw there was an environment assessment in place for both communal areas and people's homes. This assessed any hazards and the actions that could be taken to minimise them. The assessment also considered equipment used by people.

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.

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

- People told us staff sought their consent before supporting them and one person told us, "The staff tell me what they are doing and why, they are considerate." A staff member told us, "I give people options, I cannot force them into anything. Where people cannot speak with me, I make sure I read their logs to understand how they do say yes or no."
- Staff spoke of how they would recognise non-verbal gestures from people who could not voice their consent verbally and spoke of head shakes, smiles and body language.

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 remained the same.

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

- People told us how staff were kind and caring towards them. One person told us, "They are wonderful carers and they always use my name. I am happy to be around them." A staff member said, "I treat people like family, we become close to them in a professional way."
- We saw positive interactions between staff members and people during the inspection and found that people knew staff well and vice versa.
- The registered manager and staff were aware of the need to ensure people's diversity were respected. Any cultural and religious needs were acknowledged, such as where people showed a preference for a religion, representatives had been invited into the premises.

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

- We found people were offered choices as far as possible. One person said, "It is my own home, so I do what I want really, but I choose to have a shower every Friday and the staff help me. I look forward to it all week."
- People told us they had been involved in developing their care plan. One person told us, "They [staff] asked what I wanted doing so they could help me. They still ask that every day."
- Where people required the services of an advocate, the registered manager told us they would signpost the person to the relevant organisation. An advocate assists people to express their views and wishes and stands up for their rights.

Respecting and promoting people's privacy, dignity and independence

- People lived within their own homes and therefore had some degree of independence. However, where they required support, they told us staff were available to assist. One person said, "It is just like being at home, I do most things for myself, but I have the security that the staff are near." A staff member told us, "We encourage people to do things for themselves, but we also know they might need some help whilst we aren't around, so we make sure we leave them drinks and snacks between calls."
- People were treated with dignity and their privacy was respected. We saw staff knocking doors and asking before entering and waiting to be asked before taking a seat in a person's home. One person told us, "The staff treat me with great dignity and I appreciate it. They understand I have come from home and it can be difficult to get used to." A staff member told us, "People's dignity and privacy is important, I always respect it is a person's home, they need to feel comfortable in it."

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 Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed and included but were not limited to information on medicines and health, relationships, moving and handling and likes and dislikes.
- People told us their current care plans had been shared with them and they were reviewed on a regular basis.
- Staff told us they regularly viewed care plans to update their knowledge on a person's needs and that information within the plan was changed as required.

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.

- The registered manager told us how information could be adapted to the person's needs, such as larger print or different languages if this was needed.
- People's communication needs were considered within their care plans.

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

- Within the building, housing individual flats there were communal areas where people could socialise. These included activity rooms and a large seating area, adjacent to the restaurant.
- We saw visitors were welcomed to use the facilities and staff interacted with people in these areas.
- People told us they had developed friendships and chose to meet up with friends in the communal seating areas or visit each other's flats.
- Events had also been arranged and people were eagerly anticipating a performance by an Elvis Presley impersonator that evening.

Improving care quality in response to complaints or concern

- People told us they knew how to complain if needed. One person told us, "I was given the complaints procedure when I moved in, I would always go to [registered manager] first though."
- There was a complaints procedure in place, which gave information on complaints raised and the action taken.

End of life care and support

- Where people were coming towards the end of life staff were trained on how to support them and the appropriate plans were in place.

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 Good. At this inspection this key question has now deteriorated to 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

- In response to the high number of medicine errors the registered manager had worked hard in trying to identify any patterns and trends and put measures in place to minimise any risk. We discussed how the majority of errors had not got as far as being identified on audits as staff were raising them immediately after noticing they had been made. We saw how the registered manager held 1:1 discussions with staff around medicines errors. and where concerns were high and there was ongoing risk or procedures had not been followed staff had been dismissed.
- However, we found there was confusion and lack of guidance around the recording of 'as and when' medicines. The registered manager acknowledged this and told us steps were being taken to address the issues.
- Despite audits carried out and an increase in numbers of audits during times of high medicine errors, the frequency of auditing medicine administration did not identify and deal with discrepancies in an effective and timely manner.
- Despite medicines errors across the staff team and the concerns this caused, checks had not overall been carried out more regularly to mitigate the risks poor administration practices posed to people'.
- There had been training on medicines for a number of staff in different formats since the high numbers of medicines errors occurred. This included a group training session and guidance taken from an external pharmacist and the local authority. For staff who had experienced issues with medicines 1:1 training sessions had been implemented. Not all staff had received the training and some we spoke with were anticipating the upcoming training planned for the following month, telling us training would hopefully alleviate the anxiety they had around making mistakes when administering medicines. The registered manager confirmed the training was planned and that a 'train the trainer' course was being implemented, which would allow specific trained staff to deliver training to their colleagues.
- In addition to medicines audits there were systems in place to monitor the quality of the service. This included but was not limited to; audits of infection control, safeguarding issues, complaints and staff related issues. We found that the provider also completed a bi-annual audit and there was an internal quality assurance exercise carried out annually. We found that where issues had been identified through an audit, the appropriate actions were taken.
- The provider and registered manager understood the regulatory requirements of their role. They had ensured notifications were sent to us where incidents occurred, and their most recent inspection rating was

displayed within the building and on the website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was taken effectively, and we saw how information provided related to areas for improvement, an example given was ensuring people were informed of any changes in their call times. Comments given included, 'Friendly service' and 'Very friendly and helpful, I am very pleased'.
- There were monthly meetings for people using the service and recent topics on the agenda were; service charge information on properties, laundry, activities and testing pendant alarms.
- Staff told us they attended meetings and found them useful. Staff said they had a chance to raise issues and concerns. One staff member said, "I had raised that the Medicine Administration Record [MAR] charts to record medicines on were confusing and these are being changed in April."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew the Registered Manager, one person told us, "I know the manager, they do their best and it's a hard job, I wouldn't want to do it." A staff member told us, "[Registered manager] is a good manager, that is one of the things that keeps me here in this job."
- Staff told us morale within the home was high and one said, "People are happy here, residents and staff. I love my job and making a difference to people's lives."

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

- The registered manager understood and met their duty of candour. Any concerns raised by people were looked into and actions taken where required.
- The Registered Manager understood the importance of contacting the local authority safeguarding team or CQC should any reportable incidents occur.

Continuous learning and improving care / Working in partnership with others

- Due to the issues around medicines administration the registered manager had been in contact with the local authority quality team and they were working together to ensure improvements were made.
- We found staff worked well with health professionals and saw evidence of the contact made to ensure people's needs were met.