

## Circle Care And Support

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### Inspection report

Circle Care & Support Windmill Court  
4a Weale Road  
London  
E4 6BP

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22 August 2016

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on the 22 August 2016 and was announced. This was the service's first inspection.

Circle Care and Support provides supported accommodation and has 41 self-contained flats. At the time of the inspection there were 42 people using the service. The service provided accommodation and 24 hour support to adults with personal care and/or medicines where they had been assessed.

The service was newly built and opened in September 2015. The service was set in large grounds with outdoor gardens and seating areas. Each flat had its own outdoor garden and enclosed winter garden.

People could make use of the in house hair salon and pampering room. There was also a therapy room but this was not currently being used.

The service required a registered manager and the current manager was in the process of registering with the Care Quality Commission (CQC).

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.

People were kept safe at the service and staff told us how they would escalate concerns of abuse. However staff needed prompting to tell us outside agencies they would contact. We have made a recommendation regarding safeguarding.

People had individual risk assessments which provided staff with guidance to keep them safe at the service and in the community.

Staff were recruited safely and the service followed their policy as staff references and criminal records checks were carried out before staff could start work.

Medicines were administered safely and staff checked information on the medicine administration chart and prescription to check they were giving to the right person and to check whether there were any changes to people's medicines.

We noted there had been an error in the records on one MAR chart where medicine had been written as given in a person's daily log but the MAR chart had not been signed. We informed the locality business manager of this error.

People were protected from the risk of infection as staff wore appropriate protective clothing and followed

appropriate hand hygiene methods.

Staff told us they felt supported and now received regular supervision and one to ones with the new manager. Staff were being supported to complete the care certificate.

Staff understood the principles of the Mental Capacity Act 2005 and how to support people to make decisions about their care. There was no one subject to a court of protection order.

People were supported to eat healthily and where people were at risk of malnutrition the service monitored these people and knew to escalate to health professionals promptly.

People were cared for by staff who were kind and listened to them and respected their privacy and dignity.

Care plans were person centred and staff worked with people to find out what their goals were and how they wanted care. People told us they were involved in their care planning and they had reviews with their keywork.

A number of activities took place at the service which included a Sunday lunch club, and a Dementia club where people painted and danced. The service asked people what they wanted to do so they could introduce more activities.

Staff said the management of the service had improved and they were supported in their role and information was shared openly. Staff enjoyed coming to work and felt the workforce and people at the service all got on well. The quality of the service was regularly being checked and a number of audits were performed by management. People and staff were invited to regular meetings where they could share their views.

## 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.

Staff understood their safeguarding responsibilities but were not always clear they should inform the Care Quality Commission.

Medicines were handled and administered safely and audits and competency assessments were carried out to ensure staff were following correct processes.

Staff were recruited safely and the service performed pre-employment checks.

### Is the service effective?

Good ●

The service was effective.

Staff told us they now felt supported in their role as they were having regular supervision and one to ones.

Staff understood the principles of the Mental Capacity Act 2005 and asked people for their consent before giving care.

People at risk of malnutrition had their fluid and food intake monitored regularly.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and compassionate.

Staff supported people to achieve their goals and spent time to find out about them and their interests.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and people were asked what care they wanted.

People were involved in setting their own goals and the service listened to people.

The service had a complaints procedure and people knew how to make a complaint to staff.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff told us management at the service were supportive, open and transparent.

Staff told us the culture of the service was good and they enjoyed going to work.

Audits were carried out to check the quality of the service and the service identified improvements were needed and acted promptly.

# Circle Care And Support

## **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 on 22 August 2016 and was announced.

The provider was given 48 hours' notice because the location provides an extra care service and we needed to be sure there would be somebody to support the inspection.

The inspection team consisted of an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 information we held about the service and looked at notifications received. We also contacted the local authority contract manager for the service.

We spoke to 11 people using the service and one relative. We also spoke with the locality business manager, two senior carers and three care staff.

We observed care and support being provided. We reviewed the records of five people and three staff files which included staff training and their supervision records. Policies and procedures were also reviewed during the inspection which included safeguarding, whistleblowing, health and safety, risk assessments and the medicines policy. We looked at a range of audits.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe, and that safety was not an issue at the service. One person said, "Safety never crossed my mind." Another person said, "I couldn't feel safer."

People had their own keys to their flat and the service held a master key for people's flats. Some people chose to unlock their doors but at night time staff would go and check and ask if they could lock people's door for safety and reopen in the morning.

The service ensured people's safety by making visitors sign in and out of the service. The service also used CCTV so they could see who was arriving at the service.

People told us that there were enough staff at the service and they could always find someone to help them. One person said, "Someone comes fast if I pull the cord." Another person said, "I just go downstairs if I need help. I can always find someone." The locality business manager told us that there were two staff on duty at night and people at the service told us they could always find a member of staff to help them during this period.

Some people wore a safety pendant so they could call staff to help them and people told us that made them feel safe in their flat.

A senior carer told us they performed nightly welfare checks every four hours to see if people were settled in their flat for the night.

Staff had received safeguarding training. After the inspection we viewed the safeguarding and whistleblowing policy. Staff told us they would report concerns of abuse to the manager or the police. Staff had a zero tolerance attitude to abuse and said that it was not acceptable and would escalate it straight away. However staff needed prompting and were not aware they could approach the local authority and the Care Quality Commission where they had concerns about someone's safety.

We recommend the service follows best practice to ensure safeguarding procedures are followed.

Safe recruitment had been carried out and records confirmed that the service performed pre-employment checks before staff were able to start work, which included requesting two references and disclosure and barring service checks to ensure staff were safe to work with people.

Medicines were handled and administered safely at the service. In people's care files that were kept in their flat, staff who were authorised to sign for medication were listed on the front along with the different types of medication and times they were to be given. Staff told us they checked the prescription to ensure nothing had changed and that they were administering medicines to the correct person. Staff told us they only completed the MAR (medicines administration record) chart once someone had taken their medicine. One member of staff told us when someone refused to take their medicine they would try to encourage them but

would not force them. If they still refused the registered manager of the service would be informed.

Some people told us they took their medicines independently and only required a reminder from staff, records confirmed this was being done.

We noted one incident where the daily log had been completed to say medicines had been given but the MAR chart had not been signed. We raised this with the locality business manager and they advised the staff member would be spoken to. The locality business manager told us that this error would have been picked up during the medicines audit which was due to take place.

The senior carer advised that they performed random competency assessments of medicines on care staff to ensure they were administering medicines safely.

Risk assessments were appropriate and protected people from harm. Risk assessment included fire, medicines, physical health, and support to eat. For example, where some people wanted to use the cooker they did so with staff support to minimise the risks. Staff also checked that people used their equipment safely and observed people with their zimmer (mobility) frame.

The service carried out health and safety checks with a weekly audit to check first aid kits had the correct stock, there were also checks of the fire alarm, fire exits, extinguishers and fridge and freezer checks.

Records showed that each person had their own personal emergency evacuation plan (PEEP) which described how to safely take them out of the service should there be an emergency.

The risk of infection was minimised as staff wore protective clothing when cleaning and providing personal care. We were shown where staff could get more supplies of gloves, aprons, elbow sleeves and hand sanitiser.



## Is the service effective?

### Our findings

People told us the staff were good at their jobs and that they asked them what they needed. One person said, "They always ask and they do it all, except the ironing."

Staff told us they now felt supported in their role. They told us they received a good induction when they joined the service which covered mandatory training in moving and handling, food and hygiene, safeguarding, equality and diversity, mental capacity act and deprivation of liberty safeguards, data protection and finances. Staff also had to complete competency tests in medicines. One member of staff said "You're learning all the time, through experience."

Staff had also begun to complete the care certificate. The Care Certificate is a training programme designed specifically for staff that are new to working in a care setting.

Staff told us they had received a schedule telling them when they were to have supervision with their manager and records showed that staff had had two supervisions in July and August 2016. The last supervision recorded was in September and October 2015 under the previous manager. Staff said that they had regular meetings and one to ones with the manager and they could speak to them regularly if they had any concerns.

Records showed that staff were due an appraisal but it had not taken place yet as staff had not been there for a year at the time of the inspection. However staff had set objectives for their learning and one member of staff had requested to commence a course to support their development and increase their skills and knowledge and this had recently been agreed by the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications need to be made to the Court of Protection. Within this service no one was deprived of their liberty.

Staff were able to explain the principles of the Mental Capacity Act 2005. Staff also explained how they supported people to make decisions by giving people choices for example at mealtimes. Staff also told us they always asked for people's permission before delivering care and told people what they were going to do, records confirmed that consent was requested for care and to give medicines where the service supported people with this.

Most people prepared their own meals but some people required support from staff. Records showed where people were at risk of not eating staff monitored people and recorded fluid and food intake. Staff told us they encouraged people to eat and the risks of not eating. Where staff had concerns, they escalated them to

the manager and liaised with a dietician.

People were visited by health professionals and records showed that district nurses, chiropodists and people's social worker attended the service. Staff told us the district nurse attended to show them how to insert a catheter safely which staff said helped them learn skills in this area.

## Is the service caring?

### Our findings

People were very positive when speaking about the caring nature of staff. One person said, "Everybody's fine. The staff are very nice. It's a nice class of staff." Another person said, "They're all nice people. There's not a grumpy one and staff are very nice, friendly."

We could see that staff were busy at the service but staff were observed talking to people in a kind manner and took the time to listen to people when they were approached. One person said, "They [staff] never rush me although I know they are very busy." Another person said, "They [staff] always have time to make sure I'm alright. They do the shopping for me." This meant that people felt that they mattered when they received care from staff at the service.

People's care plans contained background information about them which included family history, their likes and dislikes, interests, hobbies and what people liked to be called which helped staff get to know people.

People were supported to share their views at service user involvement meetings and records confirmed these took place every two weeks. Staff told us they listened to people's views and personal preferences. People told us where they had requested a female or male carer to support them in personal care, their request was met. For example, one person told us they always had a female carer in accordance with her preferences. Another example included a staff member supporting someone to get their passport photos. The person had expressed that they wanted to do this so that they could get a passport to travel. The staff member told us that they didn't ignore what the person had asked and once they had got the pictures and the form the person was really pleased. This showed that staff were listening to people and cared about their wishes.

The service respected the different religious faiths people had at the service. There was a board in the main hallway of the service which detailed all the different religious celebratory dates. The locality business manager told us that people were asked their spiritual preference and this helped people and staff at the service be aware of different religions and cultures.

There was also a notice advising people that a vicar would be coming to the service every Thursday morning if people wished to speak with them. The manager had arranged this in response to a request from people in the service. The service provided a guest room for their relatives and friends to stay over. This meant the service provided space for people to spend time with their loved ones.

People's privacy and dignity was respected. Staff told us they always knocked on people's front door before entering and we observed staff do this. Staff told us they respected people's dignity when giving personal care as they ensured curtains in people's flats were closed and that bathroom doors were closed. However one person told us they felt nervous when people came in without knocking.

A carer we spoke with told us they and other staff respected people's private time. We were told an example whereby someone would routinely put a sign outside their flat to make staff aware that they were praying and were not to be disturbed.

Where people wanted to discuss their end of life wishes this was done with kindness and compassion. Staff told us that people's families were heavily involved in people's end of life wishes.

People's information was kept confidential and staff told us that they did not discuss people outside of the service.

## Is the service responsive?

### Our findings

People received personalised care that met their needs.

After the local authority had made their referral the manager and senior care staff assessed people once they had arrived at the service. After this records showed care files were reviewed every six months or sooner if people's needs changed. Staff worked with people and their families and records showed that people were asked what type of care they wanted and people told us this happened.

Care files were person centred. A senior carer told us, "Everyone makes their own decisions as much as they can." Care staff told us that care plans must be followed as it detailed how people wanted support. A lot of people at the service were independent and this was clear in their care file. In one care file it stated, "I want to be able to choose my own clothes" and "I like to learn the bus routes so I can go shopping independently." The locality business manager told us they encouraged independence at the service and people we spoke to told us this was one of the factors that they liked about living there as they were able to be as independent as they wanted but knew staff were available to support them.

People knew they had a care plan but some chose not to view it. People told us staff wrote what they had done when they provided support and they were asked how they were getting on. Staff observed people so they could see if they were achieving their goals or needed more support if they were deteriorating. Daily records detailed how people had been during the day and the support they had received and this was used at reviews.

Staff told us they had helped people set goals and become more independent so they needed less support. For example, they told us that through encouragement and consistent support they had settled someone and they no longer needed continence support.

People at the service had a key worker who supported them. Records confirmed that people met with their keyworker. For example, one person was being supported to update their CV as one of their goals was to volunteer in the local community. This showed the service listened and helped people try and reach a positive outcome.

The service was currently providing a number of activities which included a Sunday lunch club where external staff came to provide a lunch every other Sunday to people at the service who wanted it for a fee. Every Friday there was also a fish and chip evening for those who wished to participate and there was an in house hair salon for people to use. The service also organised a Greek lunch and we were told after the inspection that this had taken place and went well.

During the inspection some people were doing activities which included music and art with the dementia club who attended the service twice a week.

The service was actively trying to increase the number of activities and work had been done by asking

people to write their choices down. The majority of people we spoke to did not want to take part in activities but the option was there if they chose to. However some people told us they enjoyed participating in cards, painting and word puzzles. One person told us they usually preferred to stay in their flat but was persuaded on one occasion, "To go to the local pub on a lovely summers day." This meant staff at the service were trying to make sure people were not isolated at the service.

People knew how to make a complaint and records showed that the majority of complaints had been around repairs in people's flats. The service was a new built building and had had some maintenance issues. Records showed that these had been resolved to people's satisfaction but had taken some time to do so. The responsibility was with the landlord but staff at the service supported people to contact them.

Staff said that people had a complaints form in their folder which was kept in their flat and they could come and complain to them or to the manager.

Compliment cards were sent by relatives to the service. Comments included "Care has been fantastic" and "Thanks for all the support."

## Is the service well-led?

### Our findings

People told us they were happy with the management of the service and liked them. One person said, "The manager is ever so nice, organised a birthday cake and got my money and my rent sorted out." Another person said, "I know who deals with different matters, and I know who to speak to." A third person told us, "I know all the staff by name, and they know me, apart from the new manager."

Staff told us the atmosphere and culture at the service was really good and had improved since the recruitment of the new manager. One staff member said, "Now we can see we are getting somewhere." The service had recruited a new manager who was currently in the process of registering with the CQC.

Staff were also supported by the Locality Business Manager who was available to answer questions and support people at the service. One member of staff said, "We get a lot of support from senior managers, going forward we feel it is well led." Another member of staff said, "The manager has an open door policy we can discuss any issues or what else [manager] needs us to do." Another member of staff said, "[Manager] is very supportive and has made a lot of difference."

Staff felt management of the service were open and transparent and that they were well informed of what was happening at the service. One member of staff said, "I always get told at handover what is happening and if someone has gone into hospital and their expected return date."

The service identified where improvements were needed and the Locality Business Manager explained how through an audit of the service issues had arisen that needed improving. Audit records showed how proactive the service had been to rectify issues relating to staff supervision, meetings for residents and for staff.

Staff told us they were not having regular team meetings but recent records showed that these were now taking place with the new manager. One member of staff said, "We now have them every two-three weeks and we discuss how everyone is getting on and any concerns with people at the service." This was also the same for meetings with people, these were now taking place but some people did not wish to attend.

A number of audits were carried out by the service to check the quality of care and that staff were being supported appropriately. Health and safety audits were the responsibility of one of the senior carers. Monthly MAR chart audits were completed to check whether there were any errors and there were none found. Audits of staff files were carried out to check correct documentation was on file and the training that had been completed. Audits of people's daily logs were carried out monthly to check for content.

The locality business manager told us an annual audit of the service was completed on 16 August 2016 by the Lead Business Manager of the service. Records confirmed the audit checked five staff files and five care files to assess whether the service was safe, effective, caring, responsive and well led. The audit had an action plan which the service was currently working on to improve.

The locality business manager told us they carried out spot checks of people's files which identified issues. Due to this they ensured people at the service had a support plan and records showed that everyone had one. The locality business manager was aware that improvements were needed and there were challenges the service faced but was confident all the staff had worked together to ensure improvements were made.