Orbit Group Limited

Childwick House

Inspection report

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10 April 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 27, 28 March and 10 April 2018 and was announced. We gave the service 48 hours' notice of the first day of our visit inspection as the service is community based and we needed to ensure the registered manager would be available. We arranged the subsequent days with the registered manager so they could request and arrange appointments for us with people so we could obtain their feedback.

Childwick House consists of 24 self-contained flats, three of which have two bedrooms for double occupancy. The service is situated centrally within the town of Newmarket and within close vicinity of the local amenities. The service provides support to people to live in their accommodation, with their own tenancy agreements. The aim of the service is to provide people with support they need to live as independently as possible. The people who used the service received individual bespoke support hours depending on their assessed needs.

The service 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. 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. Not everyone living at Childwick House received the regulated activity; on the day of our visit 15 people were receiving a personal care service.

At the last inspection in October 2016, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were concerned because the provider had failed to assess all risks to health and safety and failed to manage medicines. We also had concerns that the provider was failing to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff. We asked the provider to take steps to improve and complete an action plan to show what they would do and by when to improve. At that inspection we rated the service Requires Improvement overall and in four of the key questions we ask of each service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Childwick House on our website at www.cqc.org.uk

At this inspection in March and April 2018 we found improvements had been made in some of these areas however we still had concerns about staffing levels and also we had additional concerns. As a result the service has been rated Requires Improvement again. We have also made a recommendation that the provider considers good practice guidance to ensure that the service understand and meets the requirements set out in the Mental Capacity Act 2005.

There was a registered manager in post 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.'

The service was not always acting in accordance with the Mental Capacity Act 2005. People's rights were therefore not always being promoted. Staff did not always work within these principals when supporting people who lacked the mental capacity to make decisions.

There was a quality assurance audit in place however the system was not always effective because issues identified at the inspection had not been recognised during the monitoring and auditing process.

Medicines were managed in a safe way and support was offered by staff when needed. Risks to people and staff had been assessed. People felt safe and when risks to people were identified action was taken to reduce these risks.

People were protected from the risk of infection by staff that complied with their infection prevention policy.

People were happy with the support they received to eat and drink, and were supported to maintain good health and had access to healthcare when required.

Staff provided a service which was caring, respectful and promoted people's privacy and dignity. Staff encouraged people to be as independent as safely possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was a lack of permanent staff and a heavy reliance on agency staff.

There was a lack of monitoring to ensure people had their care visits as expected.

Safeguarding procedures were in place and staff were aware of the action to take in the event of concerns.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service was not always following the principles of the Mental Capacity Act 2005.

Training was provided to staff.

People were supported to maintain good health and access health and social care services when necessary.

Is the service caring?

Good

The service was caring.

People were involved in the development of their care plans and their personal preferences were recorded.

People were supported to be independent.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Good

The service was responsive.

People were involved in assessing and planning their care

People's preferences were considered and people were involved

with planning and reviewing their care.

There were procedures for making complaints about the service if needed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance systems were not effective in identifying shortfalls and making improvements to the support people received.

Staff did not feel supported by the registered manager through a significant period of change within the service.

Childwick House

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 comprehensive inspection took place on 27 March, 28 March and 10 April 2018 and was unannounced. The inspection team consisted of one inspector on all three days.

Before the inspection, we requested that the provider 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also sought views from commissioners who funded the care for some people and the local Healthwatch branch.

We looked at the care records of three people in detail to check they were receiving their care as planned. We also looked at other records including staff records, training records, meeting minutes, medicines records and quality assurance records. With their permission, we met with five people who were receiving the regulated activity of personal care. We spoke with and had contact with a total of seven care staff as well as the registered manager. We also left contact details for any relatives who may have wished to provide us with feedback but did not receive any responses.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2016 we had a number of concerns relating to the key question of 'Safe'. We were concerned that the provider was not always appropriately referring safeguarding concerns to the local authority for investigation; neither were they notifying the Care Quality Commission (CQC). We were also concerned that whilst some risk assessments were completed the information within them was not comprehensive and some risks had not been assessed at all. We also had concerns about staffing levels and a lack of consistent staffing available to support people. Finally we were also concerned at that inspection that medicines were not always administered safely and errors were identified which placed people at risk of harm.

At our last inspection there were a number of concerns about the staffing levels, retention of staff and many shifts had run with less that the required number of staff needed to support people. These concerns constituted a breach of the Regulations. At this inspection we found that whilst there continued to be an issue with staffing levels at the service some improvements had been made. The registered manager told us there were not the same staffing pressures that there had been during 2017 and that improvements had been made with the use of the same agency staff to provide consistency.

The registered manager was still facing challenges with the recruitment of permanent staff and the use of agency staff at the service remained high. We saw from the staff rota's that over the course of three months, there was a significant use of agency staff with some shifts run entirely with agency. The registered manager and staff told us that there were no missed care visits and people always received their care as expected and scheduled. We saw however one recording from a person's daily care logs that stated the person was, 'concerned as [they] didn't get their last call [visit] yesterday evening'. We asked the registered manager and senior staff about this however they told us they were not aware of this missed visit but were now going to look into what happened.

People told us they received their care visits as they needed them and that staff were reliable but sometimes delayed where other people had care needs. One person said, "They [staff] always turn up, they might be late sometimes but they always come." Another person said, "Sometimes they are late but only if someone else is unwell."

The registered manager told us there were two staff available to provide people's support hours. They said that whilst there should ideally be a senior carer on shift, they could not always achieve this. A member of staff told us, "Most of the time two staff members is enough, but a situation can arise where a third staff member is needed. An example is; if a [person] should be so unwell there is immediate need for expert medical help and they can't be left. My colleague would have to be left to give morning care and visits to the other [people] at the risk of not having the usual time to carry this work out, [people] can be very sensitive to changes in the usual routine."

We received mixed feedback from staff about the staffing levels. One member of staff told us, "[People] I think are safe [with their care] until we have an emergency to deal with as there are only ever two members

of staff on and rarely any management or senior on duty. This is especially the case weekends and bank holidays." Another member of staff told us, "Agency staff have not always been reliable. So many times there has seemed to be lack of communication between the office and the staff working for them. We [staff] would have to stay sometimes and work longer because [people] cannot suffer. I will say that this has not been a problem recently."

We recommend the provider review staffing levels using an effective tool and put in place a reliable system for monitoring care visits and any missed visits that may occur.

At this inspection we found that improvements had been made to safeguarding practices and systems were in place to report safeguarding concerns appropriately if needed. Staff told us that they had received training about safeguarding and how to recognise safeguarding concerns. One member of staff told us, "Safeguarding; we would report any suspicions to our line manager and see that it is acted upon if necessary." Another member of staff stated, "If I had a safeguarding issue I would go to my senior and if not report it myself."

At our last inspection we found that the information contained within risk assessments was not detailed and some risks had not been assessed at all. At this inspection we found some improvements had been made. Each person's care plan contained information about their support needs and the associated risks to their safety. Guidance was in place about any action staff needed to take to make sure people were protected from harm. Risk assessments however did not cover potential risks to staff from working in people's individual homes. Environmental risk assessments are important in respect of people's home for their safety and for the staff visiting them. After our visit the registered manager told us the risk assessments for people's individual flats were held in the generic risk assessment file for the service.

People's medicines were managed safely. Improvements had been made to the management of medicines following our last inspection. As part of the action plan submitted to CQC by the registered manager we were told that the 'medication system was being reviewed in its entirety'. We saw in people's care records that a medicines assistance and assessment tool was in use. In one person's care plan they had two versions of this document, an older one and a reviewed version which could cause confusion, however the registered manager removed one once we had highlighted it.

People required varying levels of support with their medicines. Some were able to manage and administer their own medicines and other people needed some support from staff. People did not raise any concerns with us about how they were supported with their medicines. One person told us, "Staff help me with my medicines, they get my [pain relief] four times a day, they come regularly and on time to do that."

People stored their own medicines and if they required staff support, this was recorded on the medicine administration record (MAR). MAR are used to record when a person has taken or has declined to take their medicines. This enabled the registered manager to identify and act on any issues which could affect people's well-being and health. One member of staff told us, "I support [people] daily with their medication either prompting or administering. Always following policy and procedure. Checking correct person, medication, dose and route."

Before staff were allowed to help anyone with their medicines administration they completed training in the subject and underwent a competency check of their practice to ensure they were competent. These checks included agency staff who worked at the service and who helped people with their medicines.

People we spoke with told us they felt safe when staff supported them in their flats. One person said, "Oh

yes, I feel safe. They [staff] are such nice people, very nice and they do take care of you." Another person said, "I feel safe, and I've got this pendant to wear so I can call for help if I need to."

Where there were accidents and incidents, these were recorded and managed appropriately and the registered manager or seniors detailed investigations undertaken and learning to prevent reoccurrence.

The service had measures in place to manage the control and prevention of infections well. Staff had access to policies and procedures on infection control and received training as part of the provider's training programme. Staff were provided with personal protective equipment (PPE) as necessary, in order to prevent the spread of infection. This included gloves, aprons and hand sanitising gel.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in October 2016 we were made aware of an incident where a person had not been provided with prompt healthcare support and this had had a serious effect on their health. We judged at that time that the level of information in care plans about people's healthcare needs meant that plans did not give sufficient guidance to staff. We also found that some records relating to a person's healthcare appointments were not complete. We found at this inspection that whilst improvements had been made in this area we now had concerns about compliance with The Mental Capacity Act 2005 (MCA).

The 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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in the community are via the Court of Protection.

Staff told us that they thought the people receiving care from Childwick House had the mental capacity to make their own choices and decisions. We found however that the registered manager was not fully aware of whether people currently in receipt of the regulated activity of personal care lacked the mental capacity to make their own decisions or not. We were told that a person who had very recently left the service had lacked the mental capacity to make their own decisions and yet there had been no consideration of this within their care plan. MCA assessments had not been carried out for specific decisions related to people's care needs. The registered manager confirmed that this was the case and told us that they didn't carry out any MCA assessments. The registered manager also stated that the provider did not have a policy or guidance for staff around MCA.

We recommend that the provider considers good practice guidance to ensure that the service understand and meet the requirements set out in the Mental Capacity Act 2005.

People's physical, mental health and social needs were assessed prior to them starting to use the service. Care plans were then put in place with subsequent care and support provided in line with current legislation and best practice guidelines.

Staff had the required skills, knowledge and experience to deliver effective care and support. We looked at the staff training matrix and saw that the training considered mandatory for care staff included a range of subject areas such as first aid, equality and diversity and fire safety. Staff we spoke with or contacted were positive about the training they received. One member of staff told us, "We do a lot of training, sitting in a room with a trainer or e-learning. Mine is all up to date." Another member of staff told us, "Training is thorough and up to date."

Staff told us they felt supported locally by the senior carer who was based at the service. They told us they had received supervisions (one to one meeting) with their line manager who was also the senior carer at the service. One member of staff told us, "[Senior carer] does my supervisions; [they] know how I feel and what it's like working here."

We saw there was good teamwork and communication between staff was good. A member of staff told us, We as a team have kept Childwick House up and running with only one permanent senior who I have to say is brilliant. We have a very dedicated team." Another member of staff told us, "We usually work well as a team and do consider each other to high degree."

People's nutritional needs and preferences, and any assistance people needed with meals were recorded in their care plan. Some of the people we spoke with received support from staff with food preparation and they were happy with the support they received. One person told us, "I keep my own frozen meals in and staff prepare them for me, it's all okay." A member of staff told us, "We only really prepare microwave meals but I try my best that every meal breakfast, lunch and tea are enjoyable and look appetising to [people]."

People had access to a range of health professionals including GP and district nurses. Relatives told us they were happy with the contact they had from the provider about their relation's health needs and people said they always saw a doctor if they asked for one. One person told us, "The staff would always call my doctor for me, they are very good and I've not any complaints."

Good

Is the service caring?

Our findings

At our last inspection in October 2016 we rated this key question Good. At this inspection we found that the service had sustained this rating.

People spoke positively about the care and support they received from staff. Everyone we spoke with felt staff were pleasant and kind. One person said, "Staff are all nice and never unkind. I've never see any staff be unkind to anyone." Another person told us, "All staff are lovely, I'm very happy." A third person commented, "Staff are very kind, I can't say anything bad about them, we have a joke together."

Care staff knew about people's individual preferences and needs and spoke about people in a caring manner. One member of staff told us, "I hope that I give out a caring nature and I give 100 per cent." Another member of staff said, "We look after people well, we make sure they are happy and okay."

Care records included people's wishes and preferences with regards to how their care and support was provided and staff had a good understanding of them. This included people's preferred name and their preferred gender of carer. One person told us, "I didn't like having a male carer; it was embarrassing to me so I told them and now I never have a man turn up. I don't mind them cooking my dinners but not washing me so it never happens."

People told us that staff respected their privacy, dignity and independence. One person told us how they liked their front door left a little ajar and staff respected that but always still knocked and asked permission before entering their home. We observed that staff consistently knocked on people's front doors and also asked verbally if it was okay for them to enter a person's home.

Staff promoted people's independence and gave examples of how they encouraged and enabled people to maintain this. One member of staff told us, "I promote independence by encouraging [people] to do as much for themselves as they can." Another member of staff told us, "We encourage people to do as much as possible themselves."

People's care records were treated respectfully and stored in the office away from communal areas to ensure the information within them was treated confidentially.

Good

Is the service responsive?

Our findings

At our last inspection in October 2016 we were concerned that whilst people had care plans in place these only contained brief information for staff and did not always document people's preferences and specific requirements. As a result we rated the key question of Responsive Requires Improvement. We found at this inspection that the registered manager and senior staff had made efforts to improve the level of information and detail within people's care plans. We rated this key question Good at this inspection.

An assessment was completed for any people wanting to start using the service. This identified the care and support needs of the person to ensure staff were able and equipped to safely meet their needs. As a result of the initial assessment, care plans were developed. Care plans we viewed included some person centred detail and the detail to describe to staff how they should deliver care tasks. For example, each person had a pen portrait which outlined their life history and they proceeded to state how they wished to be supported currently. We saw staff were reminded within the care plans to ensure people remained as independent as possible. One person told us that they had participated in regular reviews of their care plan. Staff told us reviews took place however these were usually carried out with people by the registered manager or senior carer. One staff member told us, "As far as I am aware a [person] will be present at a review also a family member if necessary. I have not been present at any reviews; it is usually a senior member of staff or the manager."

We spoke with people about how staff strived to meet their preferences; they told us that they generally had their choices for what time they had their care delivered. However people recognised there were compromises where others requested the same. People we spoke with were happy that their preferences were being met with one person telling us, "Oh yes I've always known that they always come at the time I like, sometimes it's a little later than that but generally only if someone else is unwell which they can't help."

The registered provider had a complaints procedure which was made available to people in their homes. The procedure required all complaints to be acknowledged, investigated and responded to in a set timescale. People told us that they had no complaints but were confident about complaining should they need to. One person told us, "I don't have any complaints but if I did I would tell the staff, they would listen." Another person said, "I'm quite satisfied and don't want to complain about anything."

There was no information included within people's care plans about their end of life wishes. The registered manager told us that the service did not provide end of life care to people however some staff had attended training with a local hospice to look at end of life care. The registered manager told us that because if a person was unwell or considered by their doctor to be nearing the end of their life this is something they would look at. We found that this approach did not cover the death of a person where this was unexpected and that the person had not been unwell. The registered manager told us at the staff team were aware of the protocol the provider held in this circumstance however they also agreed to look into the end of life care plans in more depth and explore how they can support people with this.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2016 we rated this key question 'Requires Improvement'. We found that record keeping across the service needed improving and quality assurance systems to monitor the delivery of the service were not always effective. At this inspection we found that improvements were still needed.

A registered manager was in post at the time of our visit. 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.

We recognised that there were a number of challenges being faced by the registered manager. The contract for the provider of the regulated activity of personal care was being re-tendered to another provider and the future for staff was unclear. This, which whilst out of the registered manager's control, was resulting in staff feeling unsettled and unsure of their jobs. Staff however also told us that during this process they were not feeling supported or listened to by the registered manager or provider. After our visit the registered manager told us they worked at the scheme at least once a week and that senior carers were available regularly and staff were offered support through regular one-to-one meetings. A senior manager within the provider company also contacted us to let us know that they were also providing support to the staff team.

The registered manager was working across a number of sites and as such spent one to two days at Childwick House. We were told by many staff that there was insufficient support in place for them to share their views and concerns. Feedback information we received from a number of staff showed that they felt their views were not taken into account and acted upon. Optimism amongst the staff team was clearly low and may also have been related to the imminent change in care provider. One staff member stated, "As a team, morale is at rock bottom. We have no support from management." Another member of staff commented, "It has been hard enough for us staff as it is. With the lack of support covering numerous issues and situations. I am aware of my colleagues feeling the same as myself. I personally feel we're heading for a disaster." Whilst many staff were feeling a lack of support, some staff gave a different view, "Generally morale is good at Childwick House but forthcoming changes in our employment are affecting us negatively. We usually work well as a team and do consider each other to high degree."

There were systems in place to monitor the quality of the service provided they did not highlight the concerns that we did during our visit. We saw a 'very sheltered housing monthly scheme audit tool' was completed along with a 'registered scheme audit' by the area manager for the provider company. Records showed areas reviewed included care plans, risk assessments, complaints and staffing. Any short-falls were highlighted with an action plan put in place which showed improvements were made. However there had been a failure to address the concerns we found during our visit.

We found the registered manager was responsive to making any necessary improvements. They listened to the feedback we provided throughout our visit and were receptive to our findings and keen to share their plans for developing the service further. Improvements were needed to ensure monitoring of people's care

calls is effective, consistency of staffing and compliance with the Mental Capacity Act 2005.

The provider sought feedback through customer satisfaction surveys. We looked at the results from the most recent survey where the provider had received nine responses. Comments were mixed around caring staff but noting a lack of time for carers to sit and talk to people. We noted that 67% people had stated they felt involved in their care and 33% had stated they did not. An action plan was in place to address the feedback received.

The registered manager understood the legal obligations relating to submitting notifications to the Care Quality Commission. A notification is information about important events which affect people or the service.