

Coventry City Council

Harry Caplan House

Inspection report

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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	

Overall summary

We undertook an announced inspection of Harry Caplan House on 3 March February 2015. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Harry Caplan House provides housing with care. The unit consists of 32 flats; people live in their own home and

have a tenancy agreement with Whitefriars Housing. Staff provide personal care and support to people at pre-arranged times and in emergencies. At the time of our visit there were 30 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 who used the service said they felt safe at Harry Caplan House. Staff knew what they should do to keep people safe and there were processes in place to protect people from the risk of harm. These included a procedure to manage risks associated with people's care and an effective procedure for managing people's medicines.

Staff gained people's consent before they provided personal care and supported people to maintain their independence. Staff had good knowledge about the people they supported and provided care and support in the way people preferred.

There were enough suitably trained staff to meet people's individual support needs and to provide a responsive service. People were happy with the care they received and said staff were caring and friendly. Staff respected people's privacy and maintained people's dignity when providing care.

Care plans detailed how people wished to receive their care and people were involved in making decisions about their care and support. People said they were listened to and there were processes in place for people to express their views and opinions about the service. People were confident they could raise any concerns about their care or support.

Staff said they were supported by the managers and felt confident they could raise any concerns or issues. There were processes in place to assess and monitor the quality of service provided. This was through feedback from people who used the service, staff meetings and a programme of checks and audits. The managers and staff were motivated and committed to provide a quality service to people, and this was reflected in the positive comments we received from all the people we spoke with about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibility to keep people safe and there were procedures in place to protect people from the risk of harm. These included a process to manage risks associated with people's care, safe procedures for recruitment of staff and for managing people's medication. There were enough suitably experienced staff to meet people's care needs.

Good



Is the service effective?

The service was effective.

Staff were trained and supervised to support people effectively. Staff understood about consent and respected decisions people had made about their daily lives. People who required support had enough to eat and drink during the day and were assisted to manage their healthcare needs.

Good



Is the service caring?

The service was caring.

People told us staff were caring and respected their privacy and dignity. People were involved in planning and making decisions about the care and support they received. Staff had a good understanding of people's needs and supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive.

Staff had good knowledge about the people they supported and care and support was available when people needed it. The care people required was regularly reviewed and people were able to share their views about the service they received. People had no complaints about the service.

Good



Is the service well-led?

The service was well-led.

People said the service was well managed and were very satisfied with the care they received. The managers and the staff understood their roles and responsibilities and what was expected of them. Staff said they were supported to carry out their roles and were motivated towards providing a quality service to people.

Good



Harry Caplan 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.

The inspection of Harry Caplan House took place on 3 March 2015 and was announced. We told the provider before our visit that we would be coming so that people who used the service could give agreement for us to visit and talk with them during the inspection. One inspector and an expert by experience undertook the inspection. The expert by experience had experience of caring for a relative who used a care service.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked

for their views about Harry Caplan House. They had no concerns about the service. We sent 42 surveys to people involved with the service and 17 surveys were returned. This included seven from people who used the service, seven from staff who worked at Harry Caplan House, one relative and one health professional involved with the service.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

During our visit we spoke with the registered manager, assistant manager, a senior support worker and two support workers. We spoke with eight people who used the service and four relatives. We looked at care records for three people to see how they were cared for and supported. We looked at other records related to people's care including the service's quality assurance audits, records of complaints and incident and accidents records.

Is the service safe?

Our findings

All the people we spoke with said they felt safe at Harry Caplan House and knew who to speak with if they did not feel safe. People said, “100% safe, yes very confident,” and, “Oh my God yes I feel very safe, I would tell the seniors if I didn’t.”

All the staff we spoke with had a good understanding of abuse and how to keep people safe. Staff had completed training in safeguarding adults and knew what action they would take if they had any concerns about people. For example one staff member told us, “I would record it and report it to the senior or manager straight away, they would know what to do next.” The registered manager and senior staff knew how to make referrals in the event of any allegations being received.

Returned surveys showed that people who used the service felt safe from abuse or harm and staff knew what to do if they suspected abuse.

There was a procedure in place to identify and manage risks associated with people’s care. For example, people who needed assistance to move around, had plans in place to manage or reduce these risks. Staff were aware of associated risks and how they were to be managed. One person told us they needed a hoist to transfer from bed into a chair. We observed staff assist the person to transfer during our visit. Staff were competent in using the hoist and the person was transferred safely. The person told us, “I don’t like it when I am hoisted but the staff are very good.”

People told us there were enough staff available when they needed them. One person told us, “Yes there is enough staff. They come when they are supposed to and respond if I press the call alarm.” Staff we spoke with said there was usually enough staff to meet people’s individual needs. The registered manager told us staffing could be increased at busy times if people’s needs required this.

Staff had checks and references completed during their recruitment to make sure they were safe to work with people who used the service. Staff told us they had to wait until their DBS (Disclosure and barring scheme) and reference checks had been completed before they could start working for the service.

Most people who used the service needed support to manage their prescribed medicines. People said they always received their medicines when they should. One person told us, “They never forget to give me my tablets.”

A health professional survey told us, that the professional’s responsibility was the supply of medication for the tenants of Harry Caplan House. Their experience was that the medication was handled and given correctly to the service users. Medication was ordered on time and checked in well before the next cycle change and that staff always followed the changes made by the person’s GP.

The Provider Information Return (PIR) which had been completed by the registered manager told us how the service handled people’s medicines. “A medication policy and guidelines are in place to support staff in the safe administration of medication including forms to complete when errors occur. Audits are completed weekly by staff. Service user’s medication is reviewed by the GP and stored safely in the service users own home.”

We looked at how people’s medicines were managed and found there was a safe procedure for supporting people. Where people were supported, this had been clearly recorded in their care plan which made sure staff had the correct information to support people consistently and safely. Completed medication administration records (MAR) showed people had been given their medicines as prescribed. Weekly checks were made by staff to ensure people had received their medicines. Staff had completed training to administer medicines and had their competency checked by senior staff to ensure they were doing this safely.

Is the service effective?

Our findings

People told us they were supported by staff who were knowledgeable and competent when providing their care and support. Comments from people included, “I need assistance with shaving, staff know what they are doing but some are better than others,” and, “Are staff properly trained, yes definitely.” Staff said they had completed an induction when they started to work in the service, which included training and working alongside a more experienced worker before they worked on their own. Staff told us they had regular training, supervision and appraisals that supported them to provide effective care to people. Staff we spoke with told us they felt confident and competent to support people who used the service. One staff member told us, “We have mandatory training and regular updates; some of it is done on the computer others at Lamb Street [the training centre]. I enjoy training as it increases my understanding and helps me improve my practice.”

The PIR told us how the provider ensured staff were trained and supported to carry out their roles effectively. “All staff complete a full induction and probationary period. Staff complete training to update their skills and knowledge to keep abreast of new techniques. Staff also complete a diploma in care or NVQ qualification. A training matrix is completed to evidence staffs mandatory and specialist training. Staff receive regular supervision, attend team meetings and have visual observations completed on care practices.” Responses from the staff surveys and conversations with staff confirmed this information was correct. Records we viewed showed staff completed regular training to keep their skills up to date.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. All staff spoken with had completed MCA training and understood how to uphold people’s rights to make certain decisions. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions.

Staff told us they gained consent from people before they provided care. One staff member said: “You have to ask people if it’s ok with them before you do anything.” Another said, “I never assume people want me to do things I always ask. Even people I know well can change their minds about having a wash or getting dressed if they are not feeling good. The benefit of living here is staff can always go back later.” People confirmed staff asked for their consent before supporting them.

Most of the people we spoke with prepared their own food and drinks in the mornings and evenings and had the option of purchasing a meal at lunchtime from the unit’s dining room. Some people needed staff support to prepare meals and two people we spoke with relied on staff to prepare all food and drink. We were told staff visited people when expected to make them something to eat and drink and always made sure they had access to a cold drink before they left. This made sure people who required assistance with food and drink had regular meals and remained well hydrated.

People told us most of their health care appointments were arranged by themselves or their relatives. If requested, staff liaised with health care professionals on people’s behalf, for example the GP, and also arranged routine healthcare appointments with a dentist, optician or chiropodist.

Is the service caring?

Our findings

People told us staff were kind and caring and treated them with respect. Responses included, “Yes they are very caring and very friendly.” A relative told us, “The staff are lovely, they are always popping in to see if mum is okay.”

People lived in their own flats so we were unable to observe care directly, although on two occasions we were talking to people in their flats when staff arrived. Staff rang the bell or knocked the door before entering and spoke to people with courtesy and respect. All the people we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. While we were visiting one person, staff arrived to transfer the person from their wheelchair into an armchair using a hoist. The person was happy for us to stay during the transfer. We observed the two staff members reassured the person and explained every manoeuvre that was to take place. It was clear that the staff members had experience of moving this person and they demonstrated compassion, respect and maintained the person’s dignity. They gently placed the sling around the person’s body asking them to assist where possible. They covered their legs and lap with a blanket and offered reassurance throughout the transfer.

All the completed surveys from people who used the service stated staff were kind and caring, and treated them with dignity and respect.

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. People told us they were able to continue to do

things for themselves. One person explained, “I can do most things for myself, I need help to take my medicines but other than that I am quite independent. Staff do pop in regularly to see if I’m okay, which is reassuring.” Another person told us, “Staff help me to get washed and dressed in the morning, make my breakfast and give me my tablets. I can do some of this but like to have someone there. I do most other things myself. During the day they [staff] always ask if I want them to help with anything, they are all so good to me.”

People told us they had been involved in planning their care. Comments from people included, “Yes they do this regularly, about once a month I think, they come to the flat and ask about my care and if everything is still okay.” People said they felt listened to and their views and opinions had been taken into consideration in the care they received. People told us they were asked if they wanted relatives involved with reviews. One relative told us, “They always let me know about reviews. I’m here regularly so often sit in on the monthly update visit. They make sure Mum is looked after properly.”

Some people had support from relatives or advocates to help them with certain aspects of their lives. For example to manage their finances.

Staff were mindful of respecting and maintaining people’s confidentiality. One staff member said, “I never talk about anyone in the ear shot of other tenants. In handovers and when we are in the office we make sure the door is closed so we can’t be overheard. It’s important that people know that we take confidentiality seriously.”

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when they moved into their flat at Harry Caplan House. People had an assessment and a care plan completed that detailed the care they required. This made sure the service was able to meet the needs of people who lived there. People told us care plans were reviewed with them regularly and changed if needed. One person told us, “My care plan is in the folder in the kitchen, they talked me through it when I moved in, they update this when they need to. A while ago I wasn’t well and needed help to get up in the morning. They changed my care plan to show this. I’m ok again now so they changed it back.”

Staff we spoke with had a good understanding of the needs of people they supported. They were aware of people’s likes and preferences, as well as people’s health and support needs. For example one relative told us, “Mum had a hospital bed delivered as she was uncomfortable in the one that was provided; they were straight on it, no problem.” People said they had been asked to contribute to their care plans and their likes and preferences had been discussed and recorded. We were told staff provided support in the way people liked. A relative told us, “Mum has been here for several years, they know her very well. They know what she likes and how she likes things done.”

People said they received their care at the times expected. People told us the service was flexible and care staff responded to their requests to change their care times. For example, one person told us, “There is never any problem, if I am not feeling well and don’t want a bath they will arrange to do it another time.” Staff told us they had work schedules which identified the people they would support during their shift and the time and duration of the calls. Records of calls confirmed people received care as recorded in their care plans.

People at Harry Caplan House had access to a call system that staff responded to between scheduled call times. This meant people could get urgent assistance from staff if they needed. We asked people if staff responded to call bells. Responses included, “When I press my call button they always come,” and “Yes they do, quite quickly.”

Staff had a handover meeting at the start of their shift which updated them with people’s care needs and any changes since they were last on shift. Staff told us this

informed them when people’s care needs had changed and supported them to provide appropriate care for people. A record was kept of the meeting to remind staff of updated information.

We looked at the care files of three people who used the service. Care plans and assessments contained detailed information that enabled staff to meet people’s needs in a way they preferred. For example, what time they liked their care provided and how they wanted this carried out. The service also devised an ‘At a Glance’ document for each person. This provided staff with an overview of the care people required, how they liked their care provided and any risks associated with the person’s care. We found people had the same information in plans kept in their home and in the office which made sure staff had consistent and up to date information about the support people required. There was evidence to show plans were reviewed and updated regularly. The records showed that people and their relatives were involved in reviews of their care.

People said they had been given information about the service and how it worked. People had a tenants guide in their home folders that told them about the services provided at Harry Caplan House. People told us they could share their views and opinions about the support they received. One person said, “They (the staff) ask me regularly if I am ok and how things are going.” Another person told us, “They are friendly here; you feel you can ask them anything.” People told us there was a monthly tenant’s meeting they could attend if they wished.

People we spoke with, or who had returned surveys, knew how to make a complaint. People told us they had never had cause to complain but would speak to the managers or seniors if they needed to. Staff said they would direct people who raised concerns to the complaints procedure. They knew a copy of this was available in people’s home folders. Staff said they would also refer any concerns people raised to the staff in the office. We looked at records of complaints and saw that there had been no formal complaints received in the past 12 months. We saw minor concerns had been recorded and dealt with which were mainly around issues with food and the laundry.

People had regular meetings and were sent satisfaction questionnaires to obtain their views on the service

Is the service responsive?

provided. Completed surveys and records of meetings indicated people were satisfied with the care and support they received. Comments from people included, "All staff are excellent, most professional and extremely helpful."

Is the service well-led?

Our findings

We asked people about the leadership at Harry Caplan House and if they thought the service was well managed. All the people we asked said it was. Comments from people included, “Yes oh definitely,” and “I cannot fault it, mum has improved, she is so much better. People said there was a positive atmosphere at Harry Caplan House, “The atmosphere is brilliant, the staff are terrific. There is nothing I can fault about it.”

The service had a clearly defined management structure in place. There was a registered manager in post who had responsibility for managing two housing with care units and there was an assistant manager who deputised when the registered manager was at the other unit. Staff understood their roles and responsibilities and what was expected of them. Staff knew the management structure and who their line manager was. All the staff we spoke with said they enjoyed their work. Comments from staff included, “The service is very well managed, we have a good staff team who work well together and support each other. We are asked for our opinions about the service so feel involved in what happens. I was sent a staff questionnaire recently, this was the first time they have done this which is good.”

The registered manager told us there had been several changes to the service in the past 12 months. There was a new staff team that worked well together, they had implemented further systems to monitor people’s satisfaction of the service including monthly meetings with people, and people were happy with the care and support they received. “I am proud of the staff team and the achievements we have made in the past 12 months. Staff morale has improved and this has had an impact on the service we provide. Service users are happy and the feedback we have had from them and their relatives has been wonderful.”

We asked staff about the support and leadership within Harry Caplan House and if they felt able to raise any concerns they had. Staff told us they had regular work supervision with a senior or one of the managers, regular team meetings and handovers on each shift where they could raise any issues. Staff told us the senior staff observed how they worked and gave feedback if they noticed areas that needed improvement. Staff knew about

whistleblowing and said they would have no hesitation reporting poor practice to the manager or senior staff. They said they felt confident concerns would be thoroughly investigated. Staff said the service was well managed and there was always someone available in the office to give advice and support. One member of staff said, “We are a new team and now work together very well. I have a good relationship with [registered manager and assistant manager] and am quite comfortable and confident to raise any concerns with them.”

During our visit staff morale was very good and there were positive relationships within the staff team. The managers and staff were motivated and committed to provide a quality service to people. This was reflected in their conversations with us and supported by the positive comments we received from all the people we spoke with about the service. Three relatives specifically asked to speak with us while we were there to pass on their compliments about the service their family member received.

There were systems in place to monitor the quality of the service. This included regular care reviews with people; observations of staff practice, staff and tenants meetings and satisfaction questionnaires.

There was a process in place to audit records to make sure people received the care outlined in their care plans. This included audits on medicine records and care records. Incidents and accidents were also recorded and monitored for trends and patterns. If a pattern was identified action was taken to reduce this reoccurring, for example if people had fallen, chair and bed sensors were put in place with people’s consent to alert staff if the person got up or out of bed during the night so staff were aware of this.

The service had regular health and safety checks carried out by the organisation and visits from Coventry contracts department to monitor the care and support provided. We saw plans had been put into place to meet any recommendations from these checks.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by our Regulations. We found the information in the PIR was an accurate assessment of how the service operated.