Housing & Care 21

Housing & Care 21 - Seafarers Way

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 3 and 6 May 2016 and was announced. This was the first inspection of the service since it was registered with the Care Quality Commission on 13 November 2014.

The service provides an on-site domiciliary care and support service to people who are tenants within Seafarers Way extra care scheme. The scheme is aimed at people living with dementia. The scheme can accommodate up to 38 people. At the time of our inspection there were 35 people receiving a care 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 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.

During this inspection we found the registered provider had breached the regulations. Support plans did not always reflect people's current needs or the fact they were living with dementia. Support plan evaluations were infrequent and lacked meaningful information about whether support plans were still relevant to people's needs.

The registered provider was not following the requirements of the Mental Capacity Act (MCA) 2005 to support people who lacked capacity to make appropriate decisions about their care. Some decisions had not been made in line with the MCA or followed the required process, such as for the secure storage of people's medicines.

Risk assessments had not been completed for all identified risks and the controls in place to manage risks were not always documented.

Care workers had not completed all of the training they needed so that people received safe and appropriate care. In particular, training records showed care workers had not completed dementia awareness training, MCA or positive behaviour training. There was a lack of knowledge and awareness within the service of how support people positively when they were anxious or agitated.

You can see what action we have asked the registered provider to take at the back of the full version of this report.

People said they received good care from kind and caring staff. One person commented, "They are very, very good. I have great help coming in helping me and I appreciate it." Another person said, "They are very good, very helpful." A third person told us, "I can't grumble, they are very, very good." People also commented they were treated with dignity and respect.

People and care workers said the service was a safe place to live.

Medicines administration records had been completed in line with the provider's current medicines procedure. Medicines records were checked regularly to ensure they were completed correctly. One person told us, "Care workers visit at least four times a day to give me my tablets. Odd times they are late but not often."

Care workers showed a good understanding of safeguarding and whistle blowing. None of the care workers we spoke with raised any concerns about people's safety. However, they knew how to raise concerns and told us they would do so if they had concerns. One care worker told us, "The residents come first. Concerns would be dealt with. [Registered manager] is a good listener."

People using the service said there were sufficient care workers on duty to meet their needs. Care workers also confirmed staffing levels were appropriate. There were effective checks in place to confirm prospective new care workers were suitable to work with the people using the service. This included requesting references and carrying out Disclosure and Barring Service (DBS) checks.

Incidents and accidents were logged and action taken to keep people safe. People's support needs in an emergency were documented for care workers to refer to.

Care workers told us they were well supported by the registered manager and the rest of the staff team.

People were supported to ensure they had enough to eat and drink. One person told us, "They [staff] come in and prepare food for me."

Care records showed people had regular input from health and social care professionals as required, such as GPs, community nurses and social workers.

People and care workers described the registered manager as approachable. One person told us, "I had a good talk to her. She is a good listener. She is a nice person, she is good."

People had been consulted about the service and their feedback was mostly positive. Records did not confirm the action taken to address all of the issues people identified.

Quality assurance within the service required further development so that information was analysed thoroughly to identify areas for improvement and learning.

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.
Medicines administration records were completed following the provider's medicines policy.

Care workers knew about safeguarding and the whistle blowing procedure, including how to raise concerns.

Staffing levels were appropriate to meet people's needs in a timely manner. The registered provider had effective recruitment processes in place.

Incidents and accidents were logged.

Is the service effective?

Requires Improvement

The service was not always effective.
The registered provider was not following the requirements of the Mental Capacity Act (MCA).

Care workers had not completed all of the training they needed to carry out their role effectively.

Care workers received regular supervisions and appraisals.

Care workers supported people with their nutritional needs.

Is the service caring?

Good

The service was caring.
People were happy with the care they received from the service.

People said care workers were kind and caring.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Support plans required further development to ensure they met the specific needs of people.

Evaluations of care records had not been carried out regularly.

People knew how to complain if they were unhappy. None of the people we spoke with raised any concerns about their care.

Is the service well-led?

Requires Improvement

The service was not always well led.
People and care workers described the registered manager as approachable.

People had given mostly positive feedback during the most recent consultation.

Quality assurance was not effective in ensuring areas for improvement and learning were identified and acted on.

Housing & Care 21 - Seafarers Way

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 3 and 6 May 2016 was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

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. This included the PIR and notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service, the local healthwatch and the clinical commissioning group (CCG).

We spoke with six people who used the service. We also spoke with the registered manager, a senior care worker and two care workers on a one to one basis. We observed how care workers interacted with people and looked at a range of records which included care records for four of the 35 people who received care, medicines records for 10 people and recruitment records for seven care workers.

Requires Improvement

Is the service safe?

Our findings

Some risk assessments did not always clearly document the controls required to keep people safe. All people using the service had a generic risk assessment in place which was adapted to suit their individual needs. However, these did not capture all of the potential risks for each person. For instance, care records for one person using the service showed they regularly displayed behaviours that challenged towards other people and care workers. However, we found the person did not have a risk assessment or care plan in place to ensure situations were dealt with effectively and consistently. The registered manager confirmed this information was not available. The format used for assessing the risks of falls was a simple checklist ('Falls Risk Assessment Tool'), rather than an actual assessment of the likelihood and impact of the risk of a person falling. The falls tool did not clearly document the controls in place to reduce the risk of falls. Information about whether a person was at risk of falling was sometimes inconsistent. For example, one person's care records contained conflicting information with one assessment stating they were a falls risk but their support plan stating they weren't.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and did not raise any concerns with us about their safety. Care workers also said they felt people were safe living at the service.

Most people who received support from care workers with their medicines had them delivered in a medibox. A medibox is a container where a number of medicines (in tablet form) to be given each day are stored together. We noted the contents of the medibox were recorded on the medicines administration records (MAR) as a single entry. The registered provider's procedure was for care workers responsible for giving medicines to sign against a pre-printed number on the MAR. This corresponded to the number of medicines given from the contents of the medibox during that medicines round.

All medicines administration records (MARs) had been fully completed following the registered provider's current procedure as described in the previous paragraph. Where medicines hadn't been given, codes were used to identify the reason for non-administration. A senior care worker checked every MAR weekly to ensure it was completed accurately. The registered manager carried out a further random check of 10% of MARs. No concerns had been identified on the records audit records we checked. Medicines were administered by trained care workers whose competency had been assessed. People receiving support with medicines told us they usually received their medicines when they were due. One person told us, "Care workers visit at least four times a day to give me my tablets. Odd times they are late but not often."

Care workers showed a good understanding of safeguarding including how to report concerns. They could tell us about various types of abuse and potential warning signs to look out for. For example, unexplained bruising, money being unaccounted for and a person's bank card being missing. There had been one safeguarding concern logged. Care workers had followed the required procedure by referring the issue to the local authority safeguarding team for investigation. The issue was now closed with appropriate action

taken.

Care workers knew about the registered provider's whistle blowing procedure. None of the care workers we spoke with had raised concerns. They also said they felt concerns would be taken seriously and dealt with. One care worker told us, "Yes I would definitely speak to [registered manager] straightaway and it would be sorted." Another care worker, commented, "The residents come first. Concerns would be dealt with. [Registered manager] is a good listener." A third care worker said, "I have never had to use it [whistle blowing procedure]. If I had to I would use it."

Newly recruited care workers were checked and vetted prior to starting their employment to ensure they were suitable to work with vulnerable adults. From viewing recruitment records we saw pre-employment checks had been carried out, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks were carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people. Where prospective employees had convictions declared on their DBS declaration, a risk assessment had been carried out to confirm their suitability for employment.

There were enough care workers on duty to meet people's needs in a timely manner. One person said, "[Enough staff] I think so, being honest. The come in, do what they have to do and go. That suits me." Another person told us, "I see the carers regularly."

Care workers confirmed staffing levels were sufficient to meet people's needs. One care worker member commented, "Staffing levels are five to six. That is ample." Another care worker told us, "We have more staff in the morning. This had helped a lot. There are appropriate levels [of care workers on duty]." A third care worker commented, "We have social time with people."

Incidents and accidents were logged including the details of action taken to keep safe. Action taken included input from attending hospital, input from health professionals and referrals to falls specialist services. People's individual support needs in an emergency had been assessed.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. We found the registered provider had not followed the requirements of the MCA where there were doubts about people's capacity to make decisions.

There was a lack of awareness of the operation of the MCA within the service. The registered manager and care workers told us people had capacity to make their own decisions. However, care records did not always support this view as some decisions had been made in people's best interests without following the appropriate procedure. For example, medicines risk assessments for some people documented they did not have access to their medicines as they had been locked away. Care records stated this was because the person 'would not be able to identify any of [person's] medication [person] takes and when it would need to be taken. Therefore this is locked in the cupboard in the kitchen. The key is removed from the apartment and stored in the care office for [person's] safety'. Although this decision had been taken in the person's best interests to keep them safe there had been no MCA assessment carried out or a best interest decision documented. The registered provider had agreed to end another person's tenancy without the person's agreement following the receipt of a letter from a family member who did not have the appropriate authority to make this decision. The registered manager told us the decision had been made following a review with the person's care manager as it was in their best interests. However, again there was no MCA assessment or best interest decision recorded in the person's care records.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers had not received some of the essential training they needed to provide safe and appropriate care which met people's specific needs. Although the service specialised in providing care and support to people living with dementia, the registered provider was unable to provide evidence any care workers had completed training in dementia awareness. Care workers had also not completed any training specifically in relation to the MCA. We found when speaking with care workers some did not have a good understanding of the MCA. For example, one care worker said when asked about MCA, "I don't know, I need to look it up." Care workers told us some people displayed behaviours that challenged. However, care workers had not been given the opportunity to complete positive behaviour training so that potentially challenging situations could be resolved positively. Meeting minutes showed there was a lack of knowledge within the service of the most effective way to deal with behaviours that challenged. The registered manager confirmed a decision had been taken to cease communal activities due to people displaying behaviours that challenged

as a way of reducing behaviours. Although training had been planned for care workers, the current training plan meant that some of this training would not be available until September 2016.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers were well supported to fulfil their role. One care worker told us, "Good [support], enough to stay. We have a good team of girls. Supervisions and appraisals are all done." Another care worker said, "I have had loads of support." A third care worker commented, "I can go to other staff, they are really supportive. I could talk to [registered manager], she is really approachable." Records confirmed supervisions and appraisals were up to date at the time of our inspection.

People were asked for permission before receiving care. One person said, "I make my own decisions and choices." Another person commented, "Choices, I try to. Nobody would tell me what to do." Care workers confirmed they always asked people for consent before providing care and support. One care worker said, "People can do what they want. We ask them. It is all about choice." Care workers said they would respect a person's right to refuse support. They said if person refused help they would "record everything, give them time and pop back later".

Care records identified the professionals involved in people's care and support. This included GPs, community nurses and social workers. Where required people had been referred to the health professionals to help keep them safe. For example, one person had been referred to the 'falls team' for assessment following a recent fall.

People received support with their nutritional needs in line with their individual needs. Some people were independent whilst others had support from care workers to prepare meals or to go food shopping. People also had the choice to purchase meals from the on-site restaurant. One person told us, "They [staff] come in and prepare food for me." Support plans provided details of people's food likes and dislikes. For example, one person liked 'toast with marmalade' and 'a cup of tea with milk and sugar' for breakfast. The support plan went on to advise care workers that the person wanted to choose their own breakfast each day.

Good

Is the service caring?

Our findings

People told us they received good care. One person commented, "They are very, very good. I have great help coming in helping me and I appreciate it." Another person said, "They are very good, very helpful." A third person told us, "I can't grumble, they are very, very good."

People gave us positive feedback about the care workers providing their care. One person said, "I don't feel neglected. I have good people [staff] coming to see me. We have never had wrong words." Another person commented, "Kind staff, they are nice lasses." A third person said, "The girls are alright, they are nice lasses." A third person told us, "They are very helpful, they are very nice people." A fourth person commented, "They know exactly what they are doing, they are very good."

People were treated with dignity and respect. One person commented, "I have never found one [care worker] who put me down. We have a natter on. I have never found anyone [care workers] to be anything but courteous." Another person said, "Staff treat you very well. They are very, very friendly." A third person said, "We carry on all the time. They never once said anything they shouldn't." A fourth person told us, "They always knock first, they don't just pop in." Care workers understood the importance of treating people with dignity and respect. They described to us how they aimed to achieve this when caring for people.

Care records contained details of any special requirements people wanted for each care visit. For instance, one person wanted care workers to knock before entering their apartment, the care worker to give their name each time and to show respect at all times.

People were in control of the care and support they received. One person told us, "I work hand in hand with the care. They don't make any demands on me. I have never had anyone say you can't do that or you can't do this, nothing like that." Another person said, "You do what you want to do." Care workers aimed to promote people's independence wherever possible. Care workers told us they knew people's abilities well. One care worker commented, "We know what people can and can't do." One care worker gave an example of making a cup of tea. They said they would fill the kettle and ask the person if they would like to fill the cup. They said, "It is about getting to know the person."

Requires Improvement

Is the service responsive?

Our findings

Despite the service being a specialised service for people living with dementia, support plans did not reflect people's specific needs relating to dementia. All of the care records we viewed confirmed people had a diagnosis of a dementia, such as Alzheimer's. However, assessments and care plans lacked any reflection of the impact of people's diagnosis on their care and support. For example, in one person's care records care workers had documented 'I have dementia'. There was no further information recorded as to how this affected the person's life or the way their care should be provided. There was also a lack of information within support plans about the MCA and how to support people with making their own choices and decisions as far as possible.

Support plans had not been evaluated regularly to ensure they reflected people's current needs. For example, one person's support plans had been written in September 2014. The only recorded evaluation was dated March 2016. The registered manager confirmed there had been no reviews in between. Another person's support plan had only been evaluated once. The evaluation contained a brief statement '[person] gets everything [person] needs, no changes required'. However, the person's care records showed the person needs had changed considerably since their support plan had been written. Another person displayed behaviours that challenged others. We found there was no support plan in place to guide care workers as to the most effective strategies to help and support the person when they were anxious or agitated.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers had access to information to help them develop a better understanding of people's needs. Care records contained background information about each person, such as their next of kin, their GP, a medical history and a 'pen portrait'. Pen portraits contained information about people's life history and their preferences, including hobbies, interests and food likes and dislikes. For example, one person liked reading, looking at magazines and watching TV. Care records included a calendar of the scheduled calls the person had and a brief description of the support to be provided during the visit. Where people had specific preferences these were recorded as a prompt for care workers. For instance, one person had requested to have their showers on particular days of the week. Care records described in detail the support to be provided at each visit.

People told us care workers responded to their requests for help and support. One person said, "If you want anything you just ask them [care workers]."

People we spoke with were happy with their care and nobody raised any concerns with us. One person commented, "If I was unhappy I would speak to any care worker or ask for their supervisor." They went on to say, "[Complaints] none and I mean that. I feel grateful and that is important." Another person said, "I haven't any complaints at all." A third person told us, "Complaints, none at all." There had been one complaint received about the service. We viewed the registered provider's complaints log which confirmed

the complaint had been investigated thoroughly.

Requires Improvement

Is the service well-led?

Our findings

The service had a new registered manager who had been registered with Care Quality Commission since April 2016. We received positive feedback about the new registered manager. People told us she was approachable. One person told us, "I had a good talk to her. She is a good listener. She is a nice person, she is good." Another person said, "She is very nice. All of them are." Care workers also confirmed the registered manager was approachable. The registered manager had submitted statutory notifications to the CQC as required.

There were opportunities for care workers to give their views about the service, such as regular team meetings. One care worker said, "They [team meetings] are monthly, everyone airs their issues. There is a notepad to pass across to [registered manager]." A notepad was used for care workers to record any information they wanted to feedback to the registered manager. Another care worker said, "Every month we have staff meetings, all staff try to attend. We have a book to make notes. I would go to [registered manager] anyway."

People were consulted to gather their views about the service. We viewed the most recent feedback which was mostly positive. The feedback had been collated and action taken to address some themes that had been identified. For instance, a small number of people had found difficulty contacting the office, care workers not being polite and not respecting their wishes. The registered manager had added a contact list to the service newsletter and had discussed people's feedback about politeness with care workers. However, we found no evidence that action had been taken to address people's view that their wishes had not been respected.

The registered provider carried out a range of quality checks and audits. These included a review of falls within the service, medicines audits and care file audits. Although these had been done regularly we found little evidence to show the audits were used to drive through improvement and learning within the service. For example, the falls analysis included basic information about the number of falls each month. There was no in-depth analysis of the information to look for particular trends and patterns to ensure people remained safe.

This was an area for development following the most recent Operational Audit Report carried out by the registered provider's internal audit and risk department. The report stated 'we did not find any evidence of analysis of trends and themes being carried out'. A three monthly audit had been introduced to look at trends. Although two audits had been carried out since that report, the section to record trends on the first audit was left blank. This meant that further work was required to ensure in-house quality assurance was effective. Other areas identified in the report were consistent with some of the findings from our own inspection, particularly further development of support plans and ensuring care workers completed the training they needed. An action plan had been developed which the registered manager was still working through.

Care file audits had not been successful in identifying shortfalls within care records. For instance, infrequent

evaluations of support plans and risk assessments and the lack of support plans in relation to some people's identified needs. It was also unclear what the outcome was from the care plan audits as there were no findings recorded just the date the audit took place.

A CCG and local authority joint clinical audit had been carried out in February 2016. A separate action was in place following this audit which the registered manager was working through. Areas for improvement identified during this audit included a lack of MCA and dementia awareness training and improvement to people's support plans. The registered manage had completed some actions to date, such as implementing individual development plans for care workers. Training had been planned in advance and was still to be completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care was not planned in such a way as to reflect people's current needs. Regulation 9 (1)(b) and 9(3)(b).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider was not following the requirements of the Mental Capacity Act 2005 where people lacked capacity to make decisions. Regulation 11(2).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not always identified, assessed and mitigated to ensure people were kept safe. Regulation 12(1)(a).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Care workers had not completed all of the training they needed to provide appropriate care. Regulation 18(2)(a).