

Catalyst Choices Community Interest Company Mosslands Care and Support

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 ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 November 2018. The first day was unannounced.

At the last inspection in August 2016 we found that audits had been ineffective in addressing shortfalls in staff supervision and refresher training.

At this inspection we found the provider had taken action to address the shortfalls and had improved the service to an overall rating of good.

Mosslands Care and Support provides personal care to people living in self-contained bungalows at Mosslands Sheltered Housing (Extra Care). Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

Mosslands provides 49 one and two bedroomed bungalows. Communal facilities at the scheme include a large day room where organised activities were held in the afternoon, a dining room where lunch could be purchased and assisted bathing facilities. A range of shops and other local amenities are within walking distance of the scheme and there are good public transport services. The majority of people living in the sheltered housing scheme live fairly active independent lives.

Not everyone living at Mosslands received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of our inspection the service was providing personal care to 12 people.

The service had a registered manager as required. A registered manager is a person who has registered with CQC 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 registered manager was present and assisted us on both days of the inspection.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from unsuitable staff being employed.

People told us they were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld.

People received care and support that was personalised to meet their individual needs. People were encouraged and supported to maintain and increase their independence by staff who knew them well and were well trained. People told us staff had the training and skills they needed when providing their care and support.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's right to confidentiality was protected and their diverse needs were identified and incorporated into their care plans where applicable.

People were given their prescribed medicines in a timely and safe manner.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

People knew how to complain and knew the process to follow if they had concerns.

Staff were happy working for the service and felt well managed and supported.

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.

There were sufficient numbers of staff. Recruitment processes made sure, as far as possible, that people were protected from unsuitable staff being employed.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns and how to keep people safe. Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 to ensure people's rights to make their own decisions were promoted.

People were supported to eat and drink enough and staff took action to ensure their health and social care needs were met.

Is the service caring?

Good ●

The service was caring.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

The service was responsive.

People received care and support that was personalised to meet their individual needs. The service provided was reviewed and adapted in response to people's changing needs.

People were able to influence the running of the service.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Good ●

Is the service well-led?

The service was well-led.

Quality assurance systems had been put in place to monitor the quality of service being delivered and the running of the service. These included seeking the views of people who used the service, their relatives and staff.

Staff were happy working at the service. They felt supported by the registered manager and thought the training and support they received helped them to do their job well.

Good ●

Mosslands 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 checked 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.

Prior to the inspection visit we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we had collected about the service, including previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

This inspection visit took place on 12 and 13 November 2018. It was unannounced and was carried out by one inspector. On the first day we visited the office location to see the manager and care staff. We reviewed staff and management records and policies and procedures. On the second day of the inspection we visited people in their bungalows, sought their opinion of the service and reviewed their care and medicine records with their consent. We spoke with the registered manager, a senior care worker and four other care workers. As part of the inspection we spoke with three people who used the service. We received written feedback from four other people who used the service, one member of staff and a member of the local authority contract monitoring team. We looked at three people's care plans, daily notes, monitoring records and medication sheets. We reviewed two staff recruitment files and staff training records and supervision records. We also reviewed a number of other documents relating to the management of the service, such as audits, policies, incident forms, meeting minutes, compliments and concerns records.

Is the service safe?

Our findings

We spoke with four people who used the service, who told us they felt safe from harm or abuse from their care workers. One person added, "They are lovely, really good."

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. Staff had received training in safeguarding people and knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling or related to specific health conditions such as diabetes. Risk assessments of people's homes were carried out and staff were aware of them.

Mosslands Care and Support office was situated central to the sheltered housing scheme and only provided support to those people living in the housing scheme. Staff were on site from 7am to 10pm seven days a week. Emergency out of hours cover was provided by Carecall. People living at Mosslands could alert Carecall either by using the call bells in their premises or in some instances via a pendant worn on their person. The call centre would then arrange the most suitable support for them, either family support or emergency services.

We saw that staffing levels fluctuated dependant on individuals' support needs. At the time of the inspection only 12 people were in receipt of personal care. There was always a senior care worker on duty and at least one care assistant and one general assistant who could carry out some care tasks as well as domestic tasks.

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks.

Staff were provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. People told us staff arrived on time and had never missed a call. One person complimented the service saying, "Help is always there if I need it and when I pull my cord they are here straight away."

Emergency plans were in place, such as emergency evacuation plans and plans for extreme weather conditions. Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. The log showed appropriate action was taken promptly to deal with any incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever applicable. Accidents were audited and people were referred to the community falls prevention team when necessary.

People received their prescribed medicines on time. Staff had received training and their competence had been checked by a manager observing them administering medicines. Medicines administration record sheets were up to date and had been completed accurately. Body charts were in place to show staff where prescribed creams were to be applied.

Is the service effective?

Our findings

At the last inspection in August 2016 we found that staff training provision was not fully in line with the current best practice guidance. Staff had not received refresher training in subjects such as medicines administration, health and safety, food hygiene and moving and handling. After the inspection the provider reviewed and updated their training in line with the latest guidelines. At this inspection we found people received care from staff who had the necessary knowledge, skills and experience to perform their roles. All mandatory training was up to date or dates had been scheduled where the training was due. Some staff held additional relevant qualifications. Of the total 15 care staff, nine held a National Vocational Qualification (NVQ) in care at level 2 and all four senior care staff held an NVQ in care at level 3. All new staff were enrolled on the Care Certificate, which is training in an agreed set of standards that sets out the knowledge, skills and behaviours expected of workers in the health and social care sectors. In addition, they received an in-house induction and shadowed other staff until they were deemed competent to work on their own. People who used the service thought the staff had the training and skills they needed when providing support to them.

At the last inspection we also found that staff were not receiving regular supervision. At this inspection we found that staff were provided with regular individual and group supervisions to make sure that their competence was maintained and that any training, learning and development needs were identified and supported. Staff told us they had regular supervision which they felt enhanced their skills and learning.

People received effective care and support from staff who knew how they liked things done. People told us that they always had the same staff and they never received support from people unfamiliar to them.

People's rights to make their own decisions, where possible, were protected. One person told us, "The staff are lovely, they always ask what I want. They never do anything without asking me." Staff received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. 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 interests and as least restrictive as possible. The registered manager had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. One member of staff told us, "Care planning is a two-way process, involving a discussion between the person using the service and the senior care worker, but unless the person has been assessed otherwise, you have to presume the person has the capacity to make their own decisions and their wishes are paramount."

Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light. Staff received a handover of any changes in people's needs since they had last been on duty and a record of changes in people's care plans was kept.

People received effective health care support from their GP and via GP referrals for other professional services. Social workers reviewed people's care needs annually or more frequently if the staff at Mosslands notified them that people's needs had changed.

Where part of their care package, people were able to choose meals of their choice. Staff supported people to obtain foods to meet their individual taste and diverse needs. Where there was concern that someone was losing weight, staff made referrals to the GP. Where nutritional intake was a concern, food eaten was recorded in the daily notes. The care plans incorporated advice from dietitians and speech and language therapists where people were on special diets or swallowing problems were a concern.

Is the service caring?

Our findings

People told us the care workers were caring and kind. We saw that staff acted in a supportive manner and people who used the service were comfortable with them.

Staff knew the people who used the service and how they liked things done. Staff told us the time allowed in the care packages enabled them to complete all the care and support required by the people's care plans.

People told us they received care and support from staff they knew and who knew them. Staff were respectful of people's diverse needs. Staff we spoke with told us they enjoyed supporting the people at the service and were able to tell us a lot of information about people's needs, preferences and circumstances. This showed that staff had developed positive caring relationships with the people they supported.

People said staff treated them with respect and dignity. Staff were able to describe actions they took to ensure that people's dignity and privacy were maintained.

People said the support and care they received helped them to be as independent as they could be. The care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The care plans gave details of things people could do for themselves and where they needed support.

People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction training. People's personal records were kept in a locked office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

We saw a number of compliments sent to the service over the previous 12 months. Compliments from people included, "We just wanted to provide some feedback on the wonderful care and patience of all the staff at Mosslands. Nothing is too much trouble, they are so kind and caring with X every day and enable her to retain her independence and dignity."

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People said they received the care and support they needed, when they needed it.

Comments we received and compliments we saw demonstrated the service and staff were responsive.

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal care. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done. People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to their senior or manager so that the care plans could be updated. The care plans we saw were well written and up to date.

People who used the service and their relatives were invited to attend monthly meetings where they could raise issues important to them and provide feedback on the service. Everyone received minutes of the meetings.

People and their relatives knew how to raise a complaint and were confident the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. The right to complain and whom to complain to was set out in the service user guide and a copy was available in each person's care file. The complaints procedure included contact details of other bodies people could raise a concern with. Records showed us that no complaints had been received since the previous inspection. However, one person who used the service did raise a complaint on the second day of the inspection. This was addressed and documented the same day by the registered manager.

Is the service well-led?

Our findings

At the last inspection in August 2016 we found that the service required improvement because although the registered provider had identified that training and supervision was not up to date, nothing had been done to rectify the situation. At this inspection we found the provider and registered manager had taken the action they needed to ensure that staff received the appropriate support to enable them to carry out their duties effectively.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. The current manager had been registered with CQC to manage the service since December 2017.

Senior members of staff were responsible for the running of the service on a daily basis in the absence of the registered manager. Senior staff led by example and worked alongside staff to provide the care. People receiving support told us that all senior staff were approachable and available if they needed to speak with them.

It was clear that staff at provider level, the registered manager and all service staff had been working hard, and were fully committed to making improvements at the service. Various checks and audits had been introduced and were effective in monitoring the quality of the service provision. Where any issues were identified we saw action had been taken promptly.

There were systems in place to seek the views of those using the service, the staff working in the service and stakeholders; this happened at reviews and as part of a formal annual satisfaction survey. We saw evidence that the last satisfaction survey had taken place in December 2017, responses had been collated and action plans formulated to address any comments and concerns raised. These had been shared with people in April 2018. However, the registered manager said she had been disappointed with the response rate and had recognised this was because the questionnaires were too lengthy. She was working on simplifying them for this year's survey.

People received a service from staff who worked in an open and friendly culture and who were happy in their work. The staff we talked to spoke positively about the leadership of the agency. They said their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. They said they were asked what they thought about the service and felt their views were taken into account. Comments received from staff included, "The manager is very approachable" and "They're a great team to work with, everyone pulls together".

People who used the service and staff said they would recommend the service to another person. Comments received from people who use the service included, "I get on really well with them. Nothing is too much trouble. They are very good." Compliments we saw included, "Thank you from the bottom of my heart for everything you did for my nan; I will be forever grateful" and "Thank you for looking after my mother; she

has enjoyed her time here".

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.