

City of Bradford Metropolitan District Council

Fletcher Court

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

About the service:

This service provides care 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. The accommodation is rented and is the occupant's own home. 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 service. The service provided personal care to 23 people at the time of the inspection. The service model is one of enablement. This means people were supported to retain and develop their independence and manage their own lifestyles.

People's experience of using this service and what we found

The provider had clear safeguarding policies and procedures in place to protect people from harm. Staff knew what to do if they thought someone was at risk. Risks were appropriately assessed and reviewed. Medicines were managed safely. Safe recruitment processes were in place to ensure staff were suitable to work with vulnerable people. Infection prevention and control (IPC) systems were in place to reduce people's risk of infection, including COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and promoted independence; the policies and systems in the service supported this practice.

Staff received induction training and followed a programme of continuous learning. Staff said they felt well supported. People's needs were assessed, and care and support were regularly reviewed. Appropriate referrals were made to external services to ensure people's needs were met.

Feedback we received from people who used the service and their relatives was complimentary about the care staff. Staff involved people in decisions about their day to day care and consulted people regarding what they wanted.

Systems were in place to make sure the service complied with the Accessible Information Standards.

People's care records documented the level of care and support required. They were up to date and were regularly reviewed. Documentation to record end of life wishes had been sourced for when staff had completed their training. Complaints were investigated and responded to appropriately.

People, relatives and staff spoke highly of the management at the service. Systems were in place to monitor the quality and safety of the service. People were provided with the opportunity to feedback on the service they received, and any issues were addressed. The service worked well in partnership with others to ensure the best outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This was the first inspection of this service since registration in October 2019.

Why we inspected:

This was a planned inspection based on the date of registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Fletcher Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection. This was because we needed to them give time to prepare for our visit due to the COVID-19 pandemic.

Inspection activity started on 30 April 2021 and ended on 18 May 2021. We visited the office location on 5 May 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service, nine relatives and a friend of a person who used the service about their experience of the care provided. We spoke with six members of staff and the registered manager. We reviewed a range of records. These included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek any clarification we needed in relation to records we had reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. When we asked one person if they felt safe when staff visited them, they said "The service is very safe. I've had 3 falls and they are quick to get to me and really helpful".
- Staff told us they had received training in safeguarding and felt confident raising any concerns they had about people they were supporting. Staff were confident any concerns they raised would be dealt with appropriately. They told us information about safeguarding was available for them to refer to and they knew who to contact with any concerns.
- A safeguarding policy was available to staff along with a quick guide to safeguarding.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed. These assessments included risks, such as, nutrition, falls and moving and handling and medication. Risks associated with the person's living environment such as fire had been assessed. People had been involved in the development of their risk assessments.
- Where a risk had been identified, appropriate action had been taken. For example, the Speech and Language Team (SALT) had been involved when a person was identified as being at risk of choking.
- To support the enablement model of the service, positive risk assessments were completed.
- Accidents and incidents were recorded and analysed for any themes and trends. This meant that lessons could be learned and the risk of reoccurrence minimised.
- People were able to use a call bell for assistance in an emergency. If staff were not able to respond immediately, the call went through to the local authorities 'Safe and Sound' service who contacted the service to let them know if urgent assistance was needed.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- Staffing was arranged in relation to the care hours people had been assessed to receive.
- There were enough staff available to meet people's needs safely. One member of staff said there were occasions when they were "pushed for time" but management would support with care.
- There was a 24-hour staff presence within the complex to be able to respond to emergencies.

Using medicines safely

- Medicines systems were organised, and people received their medicines when they should. The provider followed safe protocols for the administration of medicines.

- Weekly medication audits were completed for medicines administered by staff. Any issues found were followed up with an action plan to address the issue.
- Risk assessments were completed for people who administered their own medicines.

Preventing and controlling infection

- People told us staff had worn PPE appropriately. One person said, "It's kept outside the flat and they put it on to come in."

Learning lessons when things go wrong

- When audits had been completed, any identified issues were used as learning points to make sure the same issues didn't re-occur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial information about people's needs was shared with the service by the referring social worker.
- Assessments of people's needs were completed, and care plans developed when people started to use the service. Some of the care plans we looked at were brief but contained the detail staff needed to support the person in the way they preferred. Care plans were kept in people's flats.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff told us they received plenty of useful training.
- Staff received regular appraisals and one to one meetings. Checks of staff practice were also completed.
- Staff said they received good support from the registered manager and said they felt listened to.
- People were complimentary of the staff, with one describing them as "very competent".

Supporting people to eat and drink enough to maintain a balanced diet

- Part of the agreement with the housing provider was that people would use the on-site restaurant for a daily three course meal. During the pandemic, the restaurant had been closed so staff had delivered the meals to people in their flats.
- A detailed care plan was in place to support a person who received their nutrition through a feeding system.
- People had food and fluid intake charts within their care records. However, these were not consistently completed as people lived independently and staff were not always aware of their food and fluid intake. We discussed with the registered manager about maintaining records for people where they had been identified as at risk nutritionally, rather than for all people.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- A list of involved health and social care professionals and their contact details was included in each person's care file.
- Advice from health care professionals was included within people's care plans.
- People and their relatives told us staff supported them to contact health care professionals as needed.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- None of the people using the service lacked capacity to make decisions about their care.
- Where people had given consent, for example for staff to administer their medicines, this was included within care files.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity: Supporting people to express their views and be involved in making decisions about their care

- All the people we spoke with were complimentary of the care they received. One person said the service was good and described staff as "Helpful, caring, very pleasant". They said, "I can't fault anybody." A relative told us about staff who have gone "above and beyond" to support their family member.
- All the care staff we spoke with were enthusiastic about their jobs and really enjoyed providing care and support to people. One said. "Staff do a fantastic job."
- Staff spoke about getting people's views about the care and support they received and how they preferred the support to be given.
- A caring action plan had been put in place in relation to supporting people's emotional health and wellbeing during the pandemic.

Respecting and promoting people's privacy, dignity and independence

- Enablement is provided for all people using the service. Each person started the service with a goal to assess and promote their independence.
- People we spoke with gave examples of how staff made sure their privacy and dignity needs were respected and met. One person said, "They always ask if it's OK for them to help me. They make me comfortable. I don't feel uneasy at all".
- People's choices in relation to the gender of staff they preferred to receive support from were recorded in their care files.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives gave us examples of how they had been involved in the development and review of their care and support plans.
- Staff told us they had discussions with people about the way they liked to receive their support. They said people's care and support plans were updated to include people's choices.
- Each person's care file included an 'All about me' document which gave details about their lives, experiences, likes and dislikes and preferences about the care and support they received.
- The registered manager gave examples about plans they had in place to support people to increase their independence as restrictions due to the pandemic eased.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had worked closely with appropriate professionals to support a person with visual impairment. This enabled the person to access information much easier.
- The registered manager had established systems for documentation to be produced in different formats or languages as needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care and support plans included details of their interests and social preferences. However, due to the pandemic, staff were very restricted in the support they could offer.
- As an enablement service, the registered manager had plans to explore social, recreational and meaningful activities, as restrictions were lifted.

Improving care quality in response to complaints or concerns

- Complaints to the service were managed well. Records showed any concerns raised were investigated and resolved in a timely way.
- None of the people we spoke with had needed to raise any concerns, but said they would speak with staff if any arose.
- Staff said they would take any concerns people raised with them to the manager.

End of life care and support

- Training had been arranged for staff to support them in speaking to people about their end of life wishes.
- Documentation for people to complete about advanced care planning and end of life wishes had been sourced and was ready for use when staff had completed their training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care.

- There was a registered manager in post who provided leadership and support. The registered manager supported some other of the provider's services which meant they were not always available at the service. However, they were contactable by telephone. The registered manager was supported by a locality care manager who managed the day to day running of the service and was the direct line manager for care staff.
- The quality assurance systems in place to monitor the quality and safety of the service were effective. Monthly audits were completed, and related action plans developed based on the outcome areas of safe, responsive, caring, effective and well led.
- The registered manager understood their regulatory requirements. They understood when to inform CQC of events that happened in the service as required by regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and their relatives were asked for their feedback on the care and support they received. The registered manager told us they were eager to gain the views of health and social care professionals involved in people's care, but this had been made difficult due to the pandemic.
- Staff felt their views about the service were sought and listened to. They said they were able to make suggestions about the running of the service.
- People were complimentary of the management team and said they were responsive and supportive. One said, "They are very busy, but I can't fault them". Only one person said they hadn't been introduced to the management team.

Working in partnership with others

- Staff worked in partnership with health and social profession and staff from the housing team to provide people with the support they needed.
- The registered manager had plans to support people to get to know and become involved with the local community as restrictions due to the pandemic were lifted.

