

Fosse Healthcare Limited

Darlison 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

Darlison Court is an Extra Care Housing scheme that provides personal care for ten people living in their own flats on one purpose-built premise.

People's experience of using this service

People received care that reduced the risk to their safety. Incidents that could affect people's safety were reported to the relevant authorities. There were enough staff to care for people safely. People received their medicine safely, although we were concerned about the high stock levels of one medicine for one person. Action was being taken to address this. Staff understood how to reduce the risk of the spread of infection in people's flats. Learning from mistakes took place to reduce the risk of recurrence.

People received care in line with their assessed needs. Staff training was up to date and staff received supervision of their practice. Where people received support with their meals, staff did so effectively and in line with dietary requirements. Guidance for staff to support a person with diabetes was not comprehensive enough should they have a seizure. Action was being taken to address this. People had access to other health and social care agencies if needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We did note one person required a further mental capacity assessment to be completed for one element of care to ensure their rights were respected

People praised the approach of staff. They found them to be kind, caring and respectful. Personal care was provided in a dignified way, maintaining people's privacy. People's independence was always encouraged. People were supported to make decisions about their care. People's records were stored securely and handled appropriately to protect their privacy.

People's care records were person-centred and contained guidance for staff to support them in their preferred way. Efforts had been made to provide people with information in formats they could understand. Innovative plans were in place to further support people with a sensory impairment. People were supported to reduce the risk of them becoming socially isolated. A robust complaints process was in place. End of life care was not currently provided.

Quality assurance processes helped the provider and the registered manager to identify and act on areas which could pose a risk to people's safety. The registered manager had a good knowledge of their regulatory requirement to report concerns to the CQC. People and staff praised the approach of the registered manager, they found him to be supportive and approachable. People's views were requested and acted on.

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

Rating at last inspection and update This service was registered with us on 11 October 2018 and this is the first inspection.

Follow up

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

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 well-led findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our well-led findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our well-led findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our well-led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Darlison 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or 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 and support service.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection. The inspection was completed in one day.

What we did before the inspection

We reviewed information we had received about the service since it registered. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection

We spoke with five people who used the service and asked them about the quality of the care they received. We also spoke with two care staff and the registered manager.

We reviewed a range of records. This included all or parts of records relating to the care of four people as well as a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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

- ☐ People told us they felt safe when staff provided care and support in their own flats.
- ☐ The provider's safeguarding policy provided staff with guidance on what actions they should take if they felt people's safety was at risk.
- ☐ Staff had received safeguarding adults training. All staff spoken with were able to explain what they would do if they felt someone was at risk of abuse or neglect. All told us they felt confident raising any issues with the scheme leader, or if needed, with the registered manager. Staff were confident both would act on what was reported to them.
- ☐ The registered manager was aware of their responsibility to ensure the local authority and the CQC were notified of any allegations of abuse or neglect.

Assessing risk, safety monitoring and management

- ☐ The risks to people's health and safety were appropriately assessed, acted on and reviewed. Risk assessments were thorough and covered all aspects of people's care. Staff had enough information to keep people safe.
- ☐ Staff worked in partnership with other healthcare professionals to provide safe care. Care plans and risk assessments were updated following professional visits to ensure the care provided continued to be in line with people's assessed risk and need. This helped staff to continue to provide safe care.
- ☐ Personal emergency evacuation plans were in place should staff need to evacuate people from their flats in an emergency. These considered people's physical and mental health and were readily available in an emergency.
- ☐ Environmental risk assessments were completed. These assessed potential risks safety in each person's flat. Where hazards were identified, these were discussed with each person and a solution was agreed with them to help reduce any risk. This reduced the risk to the safety of people and the staff who supported them.
- ☐ Equipment such as hoists and profile beds were provided by an external company. Staff monitored this equipment to ensure they were clean, in good working order and serviced when needed. This reduced the risk to people's safety.

Staffing and recruitment

- ☐ People felt there were enough staff in place to offer them care when they needed it. One person said, "It is not very often that you have to wait (long) for staff." Another person told us they did not feel rushed by staff and that staff took their time when providing them with care.

- Agency staff were not used at the service. This helped to ensure people received consistent care from staff who knew them. However, staff did raise a concern that they did on occasion feel pressure to cover shifts when other staff were on leave or were sick. They welcomed the fact that this helped people to continue to receive high quality, consistent care, but they did feel that more employed staff would be of benefit. The registered manager told us they used staff from another service from within the provider group to help reduce the impact on staff.
- Staff were appropriately vetted before they started to commence their role. This helped to reduce the risk of people being cared for by inappropriate staff.

Using medicines safely

- People received their medicines when they needed them. One person said, "They (staff) make sure that you take it."
- Medicines were stored in each person's flat. Some had chosen for their medicines to be locked away, others did not feel this was required. Storage procedures and the risks associated with them were discussed with each person. We did note one person had a very high number of paracetamol tablets stored in several open packets. There was not a system in place to address this, nor an explanation why there were so many different open packets in place. The registered manager told us they would discuss this with the person to help reduce the number stored.
- Robust medicine records were in place. These recorded when a person had taken or refused to take their medicines. These records were regularly reviewed to ensure any issues with administration could be identified and acted on before they impacted people's health and safety. Records also contained information about people's preferred way of taking their medicines and how staff should support people with medicines that were needed on an 'as needed' basis.
- During the inspection we did not observe a staff member administer medicines; however, their competency in doing so was regularly checked. Competency assessments helped to assure the registered manager that staff practice remained safe and in line with current best practice guidelines and legislation.

Learning lessons when things go wrong

- There was a process in place that ensured accidents and incidents were recorded and investigated. Where needed, actions were recommended by the scheme leader or registered manager and then followed up to check they had been completed.
- Regular analysis of any accidents or incidents was provided to the local authority commissioners. This open and transparent approach helped the provider to assure commissioners that safe care was being provided, and, where accidents had occurred, sufficient action was being taken to reduce of recurrence.
- Where there was any learning required from these incidents, this was discussed with staff during supervisions, or collectively in team meetings.

Preventing and controlling infection

- Staff had received training to help reduce the risk of the spread of infection in people's flat. When we visited people in their flats, we did not identify any risks that needed to be addressed to reduce this risk.

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.

- People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. Where people needed support with specific health conditions, staff acted to support people with their health needs. People's protected characteristics were considered when care was planned, and risks assessed.

Staff support: induction, training, skills and experience.

- People felt staff were well-trained, knowledgeable and had the experience to care for them in line with their assessed needs. One person said, "Their attitude is fantastic." Another person said, "Staff have enough time to get to know me."
- Records showed staff had completed training the provider deemed mandatory for their role. Staff received regular supervision and observation assessments of their practice. Staff felt supported by the scheme leader and registered manager and able to ask for additional training or support if needed. This helped staff to have the confidence to continue to provide people with safe and effective care.
- Staff were encouraged to develop their role through gaining externally recognised qualifications such as diplomas in adult social care. The registered manager told us all staff had either completed or were in the process of completing their diplomas. This will provide staff with further training, skills and experience to provide people with high quality care.

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

- Some people required support from staff with their meals. This support was provided in two formats, either support in their own flats, or meals provided in the communal areas of the scheme.
- A 'lunch-club' was provided for people. This was in place to offer people the option of a hot meal but also to aid social inclusion by meeting others living at the scheme. A person who used the lunch club said, "They (meals) are very nice. I never get a meal that I do not like." People were charged a small fee for the meal and all profits were then placed into an 'activity fund' to be used again for more events that encouraged social inclusion.
- Staff were aware of the risks associated with people's diet. Care plans and risk assessments were in place to help to reduce the risks to people's health. We noted that a person had Type 1 diabetes. This meant their diet must be closely monitored to reduce the risk of them having a seizure due to too high or low blood sugar levels. We did note that guidance was not in place for staff on how the person wished to be supported should they have a seizure. The registered manager told us they would address this to reduce the risk to people's health.

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

- Support with visits to GP's, dentists and other healthcare agencies would normally be carried out by the relatives of the people who used the service. If required, there were occasions when staff would support people with these visits.
- When other healthcare professionals were involved with people's care, they worked in partnership with care staff to provide people with care and support they needed to help them to lead healthier lives. Care records and risk assessments were amended following feedback from healthcare professionals. This ensured people continued to receive consistent and effective care.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The application of the MCA was effective. Where there were concerns with people's ability to make decisions for themselves, mental capacity assessments had been carried out with input from relatives and professionals where needed. This ensured that decisions continued to be made in people's best interest. We did note one assessment was not in place for one person with regards to staff accessing their flat. The registered manager told us they would address this to ensure that all people's rights were respected for all decisions.

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; equality and diversity

- ☐ People found staff to be kind and caring and they felt well treated. One person said, "Their attitude is fantastic." Another person said, "They are a good lot."
- ☐ Although people only received care for a set number of hours per day and week, when staff were with them, people felt staff provided them care and support in a positive and friendly manner. People told us they felt listened to and staff treated them with respect.
- ☐ Our observations of staff interaction with people throughout the day were limited; however, when staff were interacting with people we found staff to be positive, polite and caring in their approach. It was clear they had built positive relationships with the people they cared for.
- ☐ People's diverse needs were discussed with them during their initial assessment stage to determine if they had any specific requirements of the staff that supported them. This could include any aspects of their religious or cultural backgrounds. At the time of the inspection, no person had any specific diverse needs; however, the registered manager told us they took this issue seriously. They and their staff would welcome and embrace people's choices to support them with their care.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were provided with a variety of formats to inform staff about decisions about their own care. When people first started to use the service, care plans were formed with them and decisions made and agreed with them about how they would like their care to be provided. Regular reviews of people's care also took place to ensure that if people wanted to change the way their care was provided, this could be accommodated.
- ☐ We observed staff listening to people and acting on their comments. This included when people received support with their meal or when taking part in activity. Within the service a 'community social group' had been established. This group was led by a resident of the scheme, who did not receive personal care from this provider. People who did receive personal care were invited to attend and feedback from this group was provided for staff. If the feedback was relevant to the aspects of the care provided, the registered manager told us they addressed any issues raised.
- ☐ Information about how people could access an independent advocate was provided for people. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard. At the time of the inspection, no advocates were used.

Respecting and promoting people's privacy, dignity and independence

- ☐ People felt staff treated them with respect and provided personal care in a dignified way. One person told us that staff did not rush them during personal care and always spoke to them during the process. They welcomed this approach.
- ☐ Staff spoke respectfully about the people they cared for. They told us they enjoyed their role and focused on providing people with care in a dignified way. One staff member said, "Care is taken very seriously here."
- ☐ People told us staff encouraged them to do as much for themselves as possible, including during personal care. A staff member explained how they had encouraged a person to make their own breakfast in the morning which the person responded positively to. Another person was also encouraged to make meals for themselves, but with additional support from staff where needed. This meant people's independence was encouraged and promoted.
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

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.

- ☐ Before people started to use the service, an assessment was carried out to ensure staff could provide them with the care and support needed. A review was also conducted as to whether an Extra Care Housing scheme was appropriate for each person. Once it was determined that people could receive the care they needed, detailed care plans were formed, with people's input, to agree what care would be provided.
- ☐ These records covered all aspects of people's care needs which meant staff were able to respond effectively to changes. People's likes, dislikes, personal choices and preferences were recorded. The assistance people wanted with the meals, the times they would like their calls and the level of support they needed with personal care, were some of the decisions that were made with people.
- ☐ People told us they were happy with the way their care was provided and staff understood their care needs and provided care for them in their preferred way. Staff spoken with were knowledgeable about people's care needs. They found the care records were detailed, enabling them to provide safe and effective care for people.

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

- ☐ An aim of the provider was to aid social inclusion and to reduce the risk of people becoming isolated from friends, family and their local community. A variety of events were put on for people; friends, family and other residents from within the scheme were invited. The regular 'Lunch Club' was well attended. The lunch club funds other events, with the next one being a Halloween party. The registered manager told these events had been a success and one person who had been reluctant to take part and leave their flat, now attended regularly. This had improved their quality of life.

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.

- ☐ The provider had made provisions to ensure they were compliant with the AIS. Efforts had been made to provide documentation in formats that people could understand and were personal to them. Larger font documentation was available where needed. The provider had plans to move all records to a digital format. The registered manager told us this offered more opportunities to provide information for people in a wider

variety of formats. Future changes will include providing care plans on CD-ROMs which will enable records to be provided for people who were registered blind or partially sighted to have their records spoken to them. These systems will help to ensure that people are not discriminated against because of a disability or sensory impairment.

Improving care quality in response to complaints or concerns

- ☐ People were aware of the complaints process and were confident the registered manager or other relevant staff members would act on any issues or complaints raised.
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- ☐ Due to the type of service end of life care was not currently provided; however, provisions were in place to support people and families should care be needed. The registered manager told us they planned to have more detailed discussions with people about this element of care to ensure their needs could be met when needed.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ The registered manager and their staff had a clear understanding of their roles and how they contributed to providing people with high quality care. Staff felt empowered to provide people with care in line with their assessed needs. They felt supported by the registered manager.
- ☐ The registered manager understood the regulatory requirements of their role. When required, they ensured appropriate authorities such as the CQC and local authority were informed of any incidents or concerns about people's safety. This ensured people continued to receive high quality care when they came to stay.
- ☐ Quality assurance processes ensured that key areas of care were regularly reviewed to ensure high standards. Staff competence was regularly assessed to ensure people received high quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- ☐ People praised the approach of staff and were happy with the quality of the care they received. People found the staff to be caring and supportive and this led to them receiving positive outcomes. A person described how they preferred living at the scheme than at their own home as staff made them feel safe and cared for them in the way they wanted.
- ☐ People and staff praised the registered manager and would recommend the service to others.
- ☐ Staff have been supported to provide care in line with the provider's aims and values. These are discussed during staff supervision to ensure that all staff are providing people with consistent care, in a positive, open and inclusive environment.

Continuous learning and improving care

- ☐ Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. Learning from incidents that had occurred was discussed with staff during supervisions to ensure that the quality of the service people received did not affect their safety.
- ☐ The registered manager was held accountable for the performance of the scheme. They were required to provide regular updates to the provider and the local authority about factors that could affect care provision. This included accidents and incidents, safeguarding and staffing levels. The registered manager also attended regular meetings with other managers from within the provider's group of services. At these

meetings aims and objectives for the group were discussed and agreed with an expectation that these would be passed on and implemented by each registered manager.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

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

- ☐ People and relatives felt able to give their views about the service and that they would be acted on. Quarterly quality checks were carried out with people. If their responses fell below a minimum score, then action plans were put in place to address their concerns. An annual survey was due to be sent to people and where applicable, their relatives, to gain their views about the quality of the care provided. This would help the provider to address any wider themes that could affect the care people received.
- ☐ Staff felt able to raise any issues with the registered manager and that any concerns would be acted on.

Working in partnership with others

- ☐ Staff worked in partnership with other health and social care agencies to provide care and support for all.