

Caremark Limited

Caremark (Osmund Court)

Inspection report

Osmund Court
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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?	Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

Before this inspection we had received concerns from social services, staff, people who used the service and their relatives about the services received at Osmund Court. We found at this inspection that improvements had been made and concerns previously raised had been reduced under new management and a more stable staffing team. People told us that the service had greatly improved over recent months, although noted that this was in progress and that some aspects of the service were "not quite there yet" and were "getting there." People felt able to raise any concerns they may have openly with the staff and management team. Concerns were acted on and addressed promptly by the management.

People received their medicines safely and newly introduced monitoring systems and procedures had reduced medicines errors that had previously been reported at the service. However, we found that for some incidents, systems weren't always consistently followed. We made a recommendation about this.

People said they felt safe and reported that the care they received had improved. Staff were trained and understood how to report any safeguarding or other concerns they may have. People were supported to feel safe by caring staff that they knew well. Staff understood the individual preferences of people and were able to provide care for them that met their identified needs. One person told us, "They [staff] understand here and make sure someone comes in early to see me and we have a cup of tea and that makes me less anxious and makes me feel safe."

Systems and processes for monitoring aspects of the service had improved which provided further safety measures for people who used the service. Accidents and incidents were closely monitored and analysed by the management. Risks to people were assessed and actions taken to reduce these when possible.

People had enough to eat and drink. The landlord at this extra care scheme provided lunch time meals for people as part of their tenancy agreement. People often came together at lunch time and shared their meal in the communal dining area. The on-site care team helped people who needed support to eat their meals. This was done sensitively and was not rushed. People who had any specialist nutritional needs were supported with supplements. Care staff provided support with breakfast and tea time meals in people's individual flats when this assistance was required.

Staff had received appropriate training and the acting manager planned to source additional condition specific training to enable staff to better understand these and the impact different conditions may have on a person's daily life. Staff felt supported by the management and received supervision and were observed in practice to monitor their competence in their roles.

People had access to health and social care services. Routine appointments were arranged for people to receive at the service or they were supported to access these in the community with staff assistance. The

acting manager and staff team had worked closely with occupational therapy and other professionals including sensory loss specialists to encourage and promote people's independence.

The Mental Capacity Act 2005 was understood by the management and staff team. Where people did not have capacity to make decisions, they 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.

Activities were provided and staff had come into the service in their free time to play games with people who lived there. The care staff and management team were caring, compassionate and dedicated in their roles.

The service was managed well by a passionate and dedicated acting manager. At the time of this inspection the acting manager was in the process of recruiting a new manager for the service. We were told that the acting manager would maintain their involvement at the service with scheduled monthly quality monitoring visits to ensure that the quality and safety of the service was not compromised with further changes to the management structure.

Rating at last inspection: This was the first inspection for this location.

More information can be seen in the main body of the report for each Key Question below.

About the service: Caremark [Osmund Court] provides care and support to up to 40 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. At the time of this inspection 30 people were being supported with their personal care needs.

Why we inspected: This was the first inspection for the service which was brought forward. This was due to recent concerns and complaints that had been received from staff, people who used the service, and their relatives. There had also been safeguarding concerns raised by social services. At the time of this inspection we found that these concerns had been addressed and people's experience of the service had improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was safe

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was caring

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Requires Improvement ●

Caremark (Osmund 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 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.

Inspection team: One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had personal experience of supporting older people living with dementia who used community services.

Service and service type: This is an extra care housing scheme which provides housing and personal care. CQC only reviews the 'personal care' people receive in these services and does not inspect the 'housing' provided.

There was not a registered manager at the time of this inspection. The acting manager was in the process of recruiting to this post.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, and the acting manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from the local authority and health professionals who worked with the service. Due to technical problems on our part, the provider was not able to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Due to the recently identified concerns, the provider had put together an action plan that they had worked through with social services. We reviewed this and took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we also reviewed and spoke to;

- Four people's care records and risk assessments
- Records of accidents, incidents, complaints and compliments
- Audits and quality assurance reports
- Observed the lunchtime meal experience for people
- Spoke to; the acting manager, one field care supervisor, five care support workers
- Thirteen people using the service and one relative
- An occupational therapist [OT], a social services extra care contract coordinator, social services moving and handling advisor, a social services team manager and local authority commissioner, one social services rehabilitation officer for the visually impaired [ROVI] and one GP.

Is the service safe?

Our findings

Before this inspection we received concerns about people's safety in relation to the safe management of medicines, safe moving and handling techniques and the culture and day to day management of the service. This meant we were not always told when things had gone wrong. Social services had investigated the concerns using their local safeguarding powers and contract monitoring processes. At the time of this inspection we were told by social services that all previous safeguarding concerns had been addressed and resolved.

People were safe and protected from avoidable harm. People said that they felt safe living at Osmund Court, supported by Caremark staff. One person said, "Yes, the fact that someone is here 24 hours a day, I can always press my button to call for someone." Another person told us they felt safe, "Because when the staff come they know what they are doing, they care and make me feel safe."

Supporting people to stay safe from harm and abuse

Systems and processes:

- People were protected by a caring, committed staff and management team who understood the principles of safeguarding. Staff knew who to contact if they were concerned about safety or wellbeing for people. This included social services.
- Staff were told about changes to systems through different systems which included staff meetings, communication books and daily handovers.
- Systems were used to monitor accidents and incidents so that clear trends and actions taken could be easily reviewed.

Assessing risk, safety monitoring and management:

- Individual risks for people were assessed and risk assessments detailed mitigating actions for staff to take that reduced risks to safer levels.
- A social services moving and handling advisor had worked with the service to review four people's moving and handling risk assessments. This ensured these were appropriate for people's needs. Some people's needs had been reassessed to have just one staff member supporting them to move safely instead of two.
- People were involved in this process which had been very supportive for one person in particular who had not wanted two staff to support them with moving.
- The acting manager said that this support and input from the moving and handling advisor had been, "Brilliant learning" and that the support had helped staff to, "Make use of the equipment they had more effectively."

Staffing levels:

- There were enough staff to respond to people's assessed needs. People were appropriately supported

when they required two staff to assist them safely during the day.

- There was one member of staff over night as there was no 'planned' care required. An 'on-call' senior member of staff was available if needed.
- The acting manager had reduced the use of agency staff. This provided people with a more consistent workforce who knew them well. One person told us, "There have been changes in the care and its better than it was. Not quite there yet. [Acting manager] has worked hard and is getting there and got rid of the agency [staff]."
- Changes to the staff and management team had improved the service people received.
- Staff were recruited safely with appropriate checks completed which ensured they were of good character.
- Staff were deployed in a structured way to ensure all people received the care they needed. The acting manager told us, "We've appointed shift leaders, with new guidelines and new paperwork to ensure that everything has been done."
- One person said, "I don't get forgotten for lunch now. I used to be left in my flat at lunch time until I called down for help."

Using medicines safely:

- People received their medication safely.
- Staff were required to check previous records entries on the medicines administration records [MARs] for people to ensure that these were completed correctly. If they identified 'gaps' in records they were accountable for asking staff responsible to complete the records and address their shortfall. The acting manager said this worked well and the incidence of gaps in records had significantly reduced since this was implemented.
- Staff received training, 'spot checks' and observations of their practice. This ensured measures were in place to monitor that staff understood how to give medicines to people safely.
- People who received medicines support told us they were happy with this. One person said, "The staff help [with medicines], they sort it all. Very good."
- The acting manager told us they were working to improve the person-centred guidance in people's care plans for medicines that were required on an 'as required' [PRN] basis. The revised information would include clear information for staff to know when a person may need medicines 'as required.' We will not be able to confirm if this action was taken until we next inspect the service.

Preventing and controlling infection:

- People were protected from infection by care staff who had received appropriate training to understand these risks.
- Personal protective equipment such as gloves and aprons were worn by care staff for personal care support with people.
- Care staff were observed in practice by senior staff. The correct use of protective equipment was monitored as part of these observations.

Learning lessons when things go wrong:

- The acting manager had worked openly with local social services colleagues to address previous safeguarding concerns and complaints.
- An action plan had been put together by the acting manager which contained the concerns and the actions taken by them to resolve these. These arrangements were effective.
- People told us that the service they experienced had improved since the concerns were raised in July 2018. One person said, "A much better atmosphere, things are improving in the last few months. You can feel it

and the carers seem happier. A better team spirit."

- The acting manager had ensured permanent staff had been given more shared responsibility in their roles and reported that they were more confident to make decisions effectively.
- New systems had been introduced such as increased monitoring of accidents and incidents with an 'incidents tracker' and improvements to medicines management procedures.
- A learning culture was promoted by the management. They told us, "I learn something new every day. I like to know that I have been able to put changes in place to help."

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

Effectiveness of care, treatment and support: outcomes, quality of life

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

- People were supported with a range of different conditions which included, mental health, physical disability, Huntington's disease, Parkinson's disease, diabetes, dementia and sight and hearing loss. People were treated equally and fairly, regardless of their age, gender or disability.
- People were involved with their care planning and their individual choices and needs were assessed and known by regular staff who knew them well.
- Care plans provided staff with appropriately detailed information to enable them to support people how they chose to be.
- People's files also contained personalised background information and medical histories.

Staff skills, knowledge and experience:

- A diverse staff team were employed to be 'matched' with people's preferences. There were male and female staff on shift during this inspection which ensured those who chose to have care from a male or female carer could do so.
- Staff received appropriate training and supervision. Staff were 'spot' checked and observed in practice which ensured they were competent in their roles. Staff said they felt supported by the current management.
- The acting manager was developing further condition specific training for care staff.
- New staff received an organisational induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- A new staff member said, when asked about their new role, "I'm loving it. It's so much better than I imagined."

Eating, drinking, balanced diet:

- People were provided with their lunch time meal as part of their tenancy agreement which was provided by the landlord and not the care provider at this service.
- People were seen to enjoy a shared meal experience at lunch time in the main communal dining room. Care staff supported them with their meal. Some people required support to eat their meal with staff assistance. This was done sensitively and was not rushed by staff.
- One person said, "I do like going down to eat with everyone and the choice is good. It is a nice family feeling everyone being together and you can chat to who you want to."

- Care staff also provided people with breakfast and evening meal support as they required.
- One person required nutritional supplements to support their dietary needs. This was given with the support of the care staff.

Staff providing consistent, effective, timely care:

- People received access to healthcare when they needed this intervention. A person told us, "They [staff] always get the doctor when you need him." Another person said, "The doctor comes every week and we can ask to see him. I can always get to see him if I need to."
- Referrals were made by the acting manager to external health and social care professionals including occupational therapists [OT] and a rehabilitation officer for the visually impaired (ROVI). This ensured that people were proactively supported to access services they needed to positively benefit their quality of life.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). If a person is living in another setting, including in supported living or their own home, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. 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.

- Where people did not have capacity to make decisions, they 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. The provider met the legal responsibilities under the MCA legislation.
- Only one person who lived at the scheme lacked the mental capacity to consent to their care and treatment at the time of this inspection. Staff had contacted social services to ensure they were appropriately supported. An advocate was also being sought for them. Advocates provide independent support and advice to people.
- Staff sought consent appropriately from people.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Treating people with kindness, compassion, dignity and respect.

Ensuring people are well treated and supported:

- People were treated with kindness by caring and dedicated care staff. People told us that care staff were, "Very special. You can tell how much they care by the way they do things and are so thoughtful and kind." Another person said, "Nothing is too much trouble for them they are so kind and caring."
- Care staff demonstrated a compassionate approach towards people and worked well together as a team.
- Staff responded appropriately and sensitively when people needed support.
- One person had become anxious and staff knew that speaking quietly with them in the main office would reassure them. The person was facilitated by their key worker staff member to telephone their relative which we saw made them feel happier and calm. They were heard speaking happily with staff and their relative.

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

- People felt care staff took the time to care for them and listen to them. One person said that care staff were, "Very kind and caring. They take time to listen." Another person said, "So nice here and everyone is caring and listens to me, the staff are thoughtful."
- One person was being supported to access an advocate to support them to be as involved as they were able to in decisions about their care.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected. Care staff always knocked before entering a person's property.
- Confidential records were held securely in a locked cabinet in the office. Staff showed awareness of respecting private discussions about people's needs which often took place in the private office.
- Independence was respected and promoted. The acting manager provided positive examples of how they had actively supported people to access occupational therapy and a social services moving and handling specialist to provide equipment and techniques to enable people to move more independently, as they preferred.
- The provider ensured that people's visitors were positively welcomed to stay at the service. One person told us, "My daughter stays in the guest suite which is such an important thing to have. We can always talk to the manager if there are any problems, she is very caring and helpful."

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

How people's needs are met.

Personalised care:

- Staff knew people and their likes, dislikes and other preferences well. Care needs were reviewed and updated with people when things changed for them.

Staff understood the principles of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were assessed and met in a way that meets the criteria of the standard. This includes recording people's communication needs in their care plans.

- Staff understood people's information and communication needs through an assessment. Details were highlighted in care plans and records so staff knew how these needs should be met. This information was shared with other health and care organisations as required.
- Staff involved people in their care plans. One person who was visually impaired told us, "They [staff] go through it with me. they read it to me." This showed that staff understood how to support people's needs when they lived with sensory loss.
- The acting manager worked proactively with health and social care professionals such as occupational therapists [OT's]. An OT said to us that the staff and management were, "Working with people for independence. I feel things have improved. It's reassuring for me to know that I'm speaking to a consistent person who knows what they're doing."
- People were supported to take part in activities. One person said, "We started a quiz. Something for everyone, everyone can join in does not matter how much education you have or what you used to do we make it very inclusive. There are chocolate biscuits for prizes." Another person said, "Lots to do, always something on."
- Staff supported people proactively to access services that would support them to improve their quality of life. This was the case for one person who experienced pain. They said, "The manager is trying to arrange some hydrotherapy sessions for me. I just love lying in the warm water and floating it helps with my pain and she does understand and is trying to sort that out."
- The acting manager was also able to clearly describe the positive support provided to a person who had become very anxious when they experienced crisis with their mental health. Input had been arranged with a community psychiatric nurse and the acting manager told us how they had, "arranged for someone to visit two weekly to massage [person's name] hands and feet." They said, "He [person] loves it. The first time she did it he smiled and dozed off." They also said that staff had taken them to the pub at their request. The

acting manager told us how the person was, "laughing and giggling" and that they telephoned the person's close relative, so they could hear them happily enjoying themselves with the staff.

Improving care quality in response to complaints or concerns:

- People said they felt able to raise any concerns they may have with the care staff and acting manager. One person told us, "I always raise any concerns and I would talk to the staff and the manager."
- An external social care professional [extra care coordinator] said, "I haven't had the level of complaints. They have gone right down [since July 2018]."
- Records of complaints were seen to have been appropriately responded to in a timely way. An honest and open response to a person's relative's complaint was reviewed which described positive solutions to the concerns that had been raised. The relative and the person were satisfied with the outcome.

End of life care and support:

- People were not receiving end of life care at the time of this inspection. The acting manager told us that people had not been supported at the end of their lives throughout the last 12 months at the service.
- Systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.
- Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Is the service well-led?

Our findings

Leadership and management did not always assure person-centred, high quality care and a fair and open culture.

Leadership and management:

The provider plans and promotes person-centred, high-quality care and support, but did not always understand and act on duty of candour responsibility when things go wrong. Managers and staff were not always clear about their roles, to understand quality performance, risks and regulatory requirements.

- People told us they felt more positive and safe about the care they received at the service, but that time was required for the changes to be embedded in practice.
- One person told us, "We're on the up, we went through a pretty bad time and it's getting better now. It's not quite there yet but getting there."
- Medication errors had not always been reported. The acting manager told us this was because people did not always want action to be taken when errors had happened. Harm had not come to people as a result of the errors. This was addressed with the acting manager who informed us they would report all medicines errors under their contractual agreement with social services.
- The errors consisted of 'gaps' in records where staff had not signed for medicines given to people. Errors that had resulted in medication being 'missed' had been reported appropriately with action taken by staff which ensured people had been protected from harm occurring. Practice had not always ensured that staff followed systems effectively which had resulted in gaps in records. Medicines errors had not always been reported to the appropriate external agencies as required under contractual agreement. This is an area that required improvement.

Engaging and involving people using the service, the public and staff; continuous learning and improving care:

- People were aware of the newsletter shared with them each month which also included a range of activities provided each month. People were asked for their views of the service and felt that management listened to them. One person said, "I have filled something in, there is a newsletter and the staff and manager do listen."
- The acting manager had asked care staff and people to complete a satisfaction survey following concerns and dissatisfaction with the service that had been raised before this inspection. The outcomes were analysed, used to review the service as a whole and to make positive changes to improve the service provided to people and working arrangements for staff. People and staff said that positive changes were happening across the service. One person told us, "Well in the last few months it is starting to get better with more things to do and a better feeling about the place."
- Success was recognised. Staff positive contribution was rewarded with a 'care and support worker of the month' award. Staff who had been awarded were congratulated within the service newsletter each month. People were asked to vote for which carer they felt had excelled in their role.

Working in partnership with others:

- The new acting manager worked positively with external professionals to improve the service people received at the service. A social services extra care coordinator told us that aspects of the service had improved since the acting manager had been in post. They said, "Seems a lot better. I think they are doing better."
- The moving and handling advisor told us, "[Acting manager] made huge improvements all round and managed to improve many issues while she covered the manager post. Care plans improved, staff were employed to reduce the need for agency, staff morale appeared to be raised."