Housing & Care 21

# Housing & Care 21 - Dovecote Meadow

**Inspection report**

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires improvement |
| Is the service safe? | Requires improvement |
| Is the service effective? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Requires improvement |

## Overall summary

This inspection took place on 13 July 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. A second day of inspection took place on 14 July 2015 and was announced. As the service was first registered on 11 August 2014 this was the first inspection.

The service provides care and support to people living independently in 175 apartments at Dovecote Meadow. When we inspected care was being provided to 83 people.

# Summary of findings

The care service at Dovecote Meadow is provided by Housing and Care 21. People either owned their flats or had a rental agreement with Housing and Care 21. Lunchtime meals were available in an onsite restaurant managed by an external catering company.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe receiving support from the service. Staff had been trained in safeguarding and whistleblowing and were able to demonstrate a working knowledge of both. The service promoted equality and diversity, and people were protected from discrimination.

The registered provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medication was not always administered safely and as prescribed. The service had a medicines management policy but this was not always followed. Audits and spot checks by the service were effective at detecting medicines errors, but there was no evidence that action was being taken to address the causes. It was not always possible to tell from Medicine Administration Records (MARs) precisely what medication had been administered and when. We also did not find evidence that personal risk assessments had been carried out.

An emergency plan was in place to provide continuity of care in case of an emergency. This included details of key contacts and emergency accommodation. People told us that they felt safe living at the service.

There were sufficient staff to provide care which met people's needs, though there was no system in place for assessing staffing levels. Recruitment procedures were followed to ensure that only suitable people were employed.

Staff were provided with regular training, and told us they felt confident to request further support should they need it. Spot checks were undertaken of their performance. There was evidence that staff received feedback from management, but it was not always clear how supervisions and appraisals were organised.

The principles of the Mental Capacity Act 2005 (MCA 2005) were followed and staff understood the concept of consent. One person had some restrictions on their movement in place. We found that the principles of the MCA 2005 had been followed.

People told us that they were happy with the care that was provided and that it met their needs, and were complimentary about staff. Where appropriate people were supported to have a healthy diet and sufficient food and drink.

People's care plans contained some detail of their needs. However, risks to people were not always appropriately addressed. In places the plans were generic and were not relevant to the person.

Staff felt supported by the registered manager. They described an open and inclusive culture where they were able to raise any issues or concerns that they had. The management team monitored the quality and safety of the service, but it was not always clear how this fed into service improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires improvement

The service was not always safe.

People told us they felt safe and staff were able to describe safeguarding and whistleblowing procedures.

There was no evidence that individual risk assessments were undertaken, which meant that risk was not always safely managed.

There were sufficient staff to provide care which met people's needs. Recruitment procedures were robust.

Medicines were not always administered safely. Medicine errors were detected by the service, but there was no evidence that this was addressing the causes of the errors. The service's medicines management policy was not always followed.

**Is the service effective?**

Requires improvement

The service was not always effective.

The principles of the Mental Capacity Act (2005) were followed and staff understood the concept of consent.

Staff had received the appropriate level of training in some areas, but it was not clear how their competencies were assessed through supervisions and appraisals.

People told us they enjoyed the food and we saw that referrals had been made to specialists when people's assessed needs had changed.

**Is the service caring?**

Good

The service was caring.

People were positive about the way in which care and support was provided.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People's privacy and dignity were respected.

**Is the service responsive?**

Requires improvement

The service was not always responsive.

Care plans were not always person-centred, which meant that people did not always receive personalised care.

People knew how to complain and there was an effective complaints procedure in place. People and family members felt they could give feedback to the service and were given opportunities to do so.

# Summary of findings

**Is the service well-led?**

The service was not always well-led.

Staff morale was good. Staff were supported by the management of the service and described an open, friendly and caring culture where they were able to raise any concerns or issues they might have.

The quality and safety of the service was monitored regularly, but we were not shown evidence of learning from issues raised. Where action plans were raised it was not clear when they would be completed.

There had been a high number of medicines errors and the service was unable to provide us with any evidence of any over-arching improvement plans to improve the quality of medicines management.

**Requires improvement**

# Housing & Care 21 - Dovecote Meadow

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 and 14 July 2015 and was announced. The service was given 24 hours' notice because it provides domiciliary care and we needed to make sure that staff were available.

The inspection team was made up of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch.

During the inspection we spoke to six people who lived at Dovecote Meadow and received personal care and two relatives. We spoke with eight members of staff, including the registered manager, a deputy manager, the care lead, the administrator, senior care workers and carers.

We looked at six people's care records and three people's medicine records. We reviewed four staff files, including recruitment processes. We reviewed the supervision and training reports as well as records relating to the management of the service.

Requires improvement

# Is the service safe?

## Our findings

Medicines were not always administered safely. During the last twelve months the service had notified the CQC of 15 incidents involving medicines errors. These included medicines not being administered when prescribed, double doses of painkillers being administered and Medicines Administration Records (MARs) not being completed correctly. This had resulted in incorrect doses of a controlled drug being given.

The registered provider's 'medicines management policy' stated that the registered manager must review each medication error or incident to identify the cause of the error and any training or competency issues, and that 'remedial action must be documented and effectiveness reviewed'. We found no evidence that this was done in relation to any of the errors we reviewed. For example, one member of staff had 11 medication errors documented in 'staff discussion records.' The only remedial action documented was 'continuous guidance and support'. There was no evidence of what this support and guidance was or how its effectiveness was reviewed. Another member of staff had been placed on an 'Employee Personal Improvement Plan' due to medicine errors, but there was no evidence of how or when the plan would be reviewed. The registered manager told us that spot checks were being carried out but we were not shown any evidence of this.

It was not always possible to tell from MARs precisely what medicines had been administered and when. Some people received their medicines from a particular pharmacy. The MARs provided by this pharmacy were clear as each individual medicine had its own separate entry. This allowed staff to see when each item had been administered. However, for other people Housing and Care 21 used their own MAR. This grouped several medicines together into a single entry. This meant that it was not clear which medicines had been given at which time. For example, where a resident was prescribed a 'when required' medicine like paracetamol it was not clear from the MAR if it had been administered, and when. Specifically, it was not possible to check the time that any such medicine was administered as required by the registered provider's medicines management policy. We saw that the service audited a random sample of MARs on a weekly basis, but we were not shown evidence of how the results were analysed or used to improve the service.

A protocol was in place for 'when required' medicines, but it did not contain guidance on how to assess when people needed their medicines.

Identified risks were not assessed and managed appropriately. None of the care records we looked at contained individual risk assessments. Some people using the service had specific medical diagnoses, which identified particular vulnerabilities or risks. The assessments in place for these people were generic. The controls identified to manage the risks referred staff to a series of standardised 'risk pointers', rather than being tailored to the individual needs of the person. The registered provider's risk management procedure stated these risk pointers were to be used only as an 'aide memoire' for staff. In one case, three medicines risk assessments had been carried out on the same person in a single day with each containing contradictory information. The provider had carried out an operational audit of Dovecote Meadow on 9 and 10 April 2015. The audit found that, 'Risk assessments are too generic in nature and in some cases had not been fully completed. Improvements are required to ensure that risk assessments are personalised to the individual'. A target date for implementation was 30/09/2015. We were not shown evidence that work on it had begun

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

There were safeguarding policies in place. Staff we spoke with had a working knowledge of safeguarding and were aware that policies existed. They were able to identify different types of abuse, said they knew how to raise concerns with management and were confident that they would be acted on. One staff member told us, "If I saw something that wasn't right I'd have a duty of care to act". Another staff member told us, "Abuse shouldn't happen here". One person told us, "Up to now I see feel safe. Twice a day I see the staff." Another said that staff, "See that you are alright". Records showed that staff received training in safeguarding during their induction and that this was renewed every two years. Safeguarding referrals had been made appropriately. Where these concerned medicines

Requires improvement

# Is the service safe?

errors investigations had occurred but remedial action was not always taken. For example, we were not shown any evidence of training being reviewed despite the high number of medicine errors that were occurring.

A whistleblowing policy and procedure was in place. This explained how the process worked and details of relevant contacts. Staff were aware of their obligations under the policy and said they would be confident to use it.

The service promoted equality and diversity, and people were protected from discrimination. There was an Equality and Diversity policy in place, and staff demonstrated a working knowledge of it. One told us, "We discuss discrimination at meetings. It is not tolerated". A person receiving care told us that staff, "See that you are alright, they help me."

We looked at the accident book. We saw the entries were not always descriptive. For example, one incident was described as, 'Tripped over' without any reference to the location or how the incident occurred. This meant that it was not possible to see if any remedial action had been taken. We reviewed staff handover records. These contained more detail, and in some instances where action was required the completion date was marked. For example, where it was noted that a person's mobility equipment needed replacing a further note was added when this was done. We noted that not all staff signed the book to confirm that they had read its contents at the beginning of a shift.

Staff told us there were sufficient staff to meet people's needs. One member of staff told us, "There have been busy times but I have never felt pressured". Another told us that, "On a weekend it can sometimes be a little bit scary, especially if someone phones in sick." They went on to tell us that management had addressed this by introducing a 'management on call' system which had resulted in there always being sufficient numbers of staff. One person told us staff, "Always stay for the full hour. Usually finished after about 40 minutes and then have a chat." Another said, "Staff respond quickly when we ring the buzzer. Yes they are great." We were not shown evidence on any staff level planning tools, but we saw that the staff rota was planned a month in advance to meet the demands of the service. The registered manager told us that they were in the process of recruiting additional members of staff to meet an anticipated increase in demand as vacant flats were filled.

We looked at four staff files. We saw that a robust recruitment procedure was in place. Appropriate checks were made to the Disclosure and Barring Service, two references were obtained and proof of identity was checked. A staff

Requires improvement

# Is the service effective?

## Our findings

Staff told us that they felt suitably trained to care for and support people. Newly employed care staff were required to undertake a three day induction called, 'Prepare to Care'. This included training on dementia awareness, health and safety, infection control, assisted moving, the Mental Capacity Act (MCA) 2005, safeguarding and medication. Staff were then supervised for a further three days. We were told that staff were given additional time after this if they did not feel confident to work on their own. One member of staff told us that the service was "so helpful and flexible" when it came to training. Another staff member told us, "For all I'd worked in the sector and my certificates were up to date I still had to do the Housing 21 training". One member of staff did say that they felt "there could be more training." They went on to say that they would be confident to request more and that the registered manager had said this would be fine. One person told us, "The two lasses we have know what they are doing." Another said, "I think they have been well trained in here".

We looked at the staff training rota matrix. This recorded when training had last been given, and when it was next due. We noted that 26 staff out of 56 had either not attended post-induction safeguarding training or it was out of date. We noticed that moving and handling training for one member of staff was overdue, and the manager booked her on to the relevant course. Training records showed medicines training for one member of staff was overdue. The registered manager checked this and confirmed that a course was pending and that the rota would be updated. The manager explained that Housing and Care 21 was in the process of moving all training records, bookings and courses to an online system called 'Fred'. We were shown the system and saw that it would allow staff to book themselves onto courses, as well as allowing management to monitor staff training.

We saw no evidence staff received an annual appraisal. The registered manager told us that this would be done through 'Fred' once it was fully rolled out. Staff told us they had regular conversations with management. One described the registered manager as having an "open door policy". The staff files we looked at contained evidence of supervisions and spot checks. These confirmed that staff raised issues with management, but it was not clear how those concerns were acted upon. For example, during one 'staff discussion' a member of staff stated that she had 'Been doing medication for other people as they were off medication. She says that she asked that she only does medication for clients that she has on her line'. The actions required and outcomes that were logged were, 'To receive competency checks, spot checks…to complete documentation correctly and reduce the amount of errors'. The registered manager told us that spot checks were being done but we were not shown any evidence of this or of any change in the member of staff's workload.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find.

Staff we spoke with demonstrated an understanding of the MCA as it related to care in a person's home. Records showed staff had received training on the MCA. We noted that one person had an alarm fitted at their property which alerted staff when they left their flat. We looked at the records which confirmed this decision had been in line with the MCA. For example, a best interest decision had been properly made, that the person and their family had been consulted and that the relevant lasting power of attorney powers were in place.

The service had a consent policy, and staff had a working knowledge of consent. Staff told us that they explained who they were and what they were there to help with, before asking for permission. One member of staff told us that they always asked and listened because "Preferences can change so I always offer a choice". Another told us "This is independent living and wishes are respected". People said they were asked for permission and made choices. One person said staff would ask, "What would you like for lunch or breakfast. Nothing is too much trouble." Another said, "Staff are fabulous. Lovely, caring people the people who work here".

An external catering company provided meals in the restaurant which people could choose to attend. Care staff assisted people with mobility needs to access the dining room and provided support with eating if required. Records confirmed that during the induction process staff were observed supporting individuals to eat and drink. The manager told us that nobody receiving personal care at the time of our inspection required assistance with nutrition.

We saw that the provider had relationships with external health care professionals and received on going healthcare

Requires improvement

# Is the service effective?

support. For example, one person had been appropriately referred to the falls team following a number of accidents. The service sought advice from a nutritionist in relation to another person.

Good

# Is the service caring?

## Our findings

All of the people we spoke with were very happy with their care. One person said, “If I had to choose somewhere to spend the rest of my days, it would be here. It is the best move I have ever made.” Another person said, “We are happy here, we love it.” One family member said, “I couldn’t fault this place, I couldn’t, I would be telling a lie”, and, “I knew on the first day that I was going to be happy. It felt like coming home. I knew I was going to be alright here.”

People said they were in control and staff listened to them. One person said, “The staff don’t come in and boss you around. They ask what do you want to eat, what do you want to wear? We work together.” Another person said, “We discover what we need to know about each other through trial and success.” One family member said staff had asked them, “How do you like things to be run.” They went on to say they, “Definitely feel listened to.”

People said they were treated with dignity and respect. One person said staff were, “Always well-mannered.” They went on to describe staff as, “Really nice, very polite.” Another person said the staff were, “Brilliant, they treat me with dignity.” Another person said, “I never feel embarrassed.” One family member said staff were, “Respectful towards [my relative]. Definitely respectful.” People said they felt comfortable with the staff delivering their care. One person said they could, “Have a joke with them [staff].” Another person said, “I feel comfortable with them. They have always been canny [nice].” Another person said there was, “Always a laugh and a giggle.” Staff we spoke with told us that they treated people with dignity and respect. One member of staff told us, “We let them do what they want to do and feel that they can do”. Another said, “As a first step we ask what people want to be called, explain what we’re there for and ask what they want. At the end of the day it’s about what they want”.

Staff knew people well. One member of staff told us, “We try to keep everything nice and homely. It’s about getting to know people”. Another said, “[We] look at the individual needs in the pen portrait in the care plan. That’s the groundwork. Then you chat to them and get to know likes and dislikes. You learn through talking”. One person said, “Staff get used to you. They know what you like.”

Requires improvement

# Is the service responsive?

## Our findings

The quality of people's care plans was inconsistent. Although all people had care plans, we found they were not always person-centred to the individual needs of each person. For example, some people had specific medical diagnoses, such as dementia and physical disabilities. The registered provider had received referral information prior to people accessing the service which identified particular needs they had. We found support plans we viewed did not address these needs. They also made no reference to the individual strategies required to support these people effectively. Another person's care plan contained contradictory information about the night-time mobility needs. However, other support plans did record detailed information about how people wanted to be supported. For example, one person had particular preferences about how they wanted their meals presented. We saw the person's support plan described in detail the person's requirements. This meant people may not receive consistent and appropriate care to ensure their safety and well-being. We also saw staff had recorded on people's support plans, 'Special Requirements for each visit.' However, these were general statements which were identical for each person regardless of their needs. For example, 'respect privacy and dignity', wash hands', and, 'promote and encourage independence.'

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

We viewed the care records for six people. We found these contained personalised information about each person, such as their preferred name, their medical history and preferences relating to how they wanted to be supported. For example, one person wanted to be offered a bath and support to make their breakfast each day. Each person had a 'Pen Portrait' which provided staff with information about their life history, including their previous career and hobbies. In this way staff had access to information to help them better understand the needs of the people they supported. Most people we spoke with were either aware they had a care plan or confirmed staff kept records. One person said staff, "Write in a book every day."

Most of the support plans we viewed had been reviewed. Family members confirmed they were involved in reviewing their care plans. One family member said staff were, "Always reviewing." They went on to say, "[Staff member's name] updated the records about a month ago."

People could take part in activities if they chose to. They said there was bingo every night and entertainers. One person said, "There is always something to do." Another person said, "Sometimes I go out." They also told us they played skittles with the staff. Another person said, "The staff take us out. We do a bit of shopping. They take us all over."

People and family members were aware of the complaints procedure. One family member said there was, "A complaint form in the back of the book. I don't think anybody can complain about anything in here." They told us they knew how to complain and would do so if they needed to. One person said, "If I was unhappy I would speak with one of the girls or the head person." One family member said, "If I thought anything was wrong, I would see the manager straightaway." From viewing the complaints log we saw four complaints had been dealt with. We found action had been taken to address the concerns raised. This included additional training for staff and more frequent supervisions. Records we viewed confirmed this action had been completed.

People and family members had opportunities to give their views about the service. One family member said, "[Staff member's name] is always asking are you happy?" One family member said there was, "A meeting every month for residents." We saw the registered provider had received lots of compliments about the support provided at Dovecote Meadow. We viewed the minutes from previous meetings and saw that areas for improvement had been identified, such as a bigger notice board and new patio furniture. People also had the opportunity to attend meetings with people from other Housing and Care 21 services.

Requires improvement

# Is the service well-led?

## Our findings

The service home had a registered manager. They had been pro-active in submitting the required statutory notifications to the CQC. People and family members said the registered manager was approachable and managed the service well. One family member said the registered manager was, "Pretty straightforward, a good manager. She does really well." Another family member said, "She [registered manager] is lovely, always smiling." Staff told us that they felt supported by the registered manager. One member of staff told us, "I've never been turned away by management. I feel supported". Another said, "Management are approachable and helpful. [Management are] there for you as soon as you ask for a word"

There were regular team meetings. We viewed the minutes from previous meetings and found these were well attended. Meetings were used to raise staff awareness of important issues affecting people's safety and welfare. For example, in one meeting the high incidence of medicines errors had been discussed. The format for the meeting minutes allowed an action plan to be developed after each meeting. However we found this was usually left blank. Staff also told us they felt confident to raise issues or give feedback outside of meetings. One member of staff told us, "[I] would raise issues. [I] don't feel frightened to knock on the [manager's] door". Another said, "[They] always listen to what we say".

People said there was a good atmosphere within the service. One person said, "Everybody gets along well. I haven't met anybody I yet that I didn't get along with. There is a good mixture of residents, that's important." One member of staff told us, "[I] love working in the home, love the residents. [There is a] jolly atmosphere here. One of the best companies I've worked for". Another said, "I think it's great and like all of the residents".

The registered provider consulted with people as part of the quality assurance processes in place at the service. One person confirmed they had received questionnaires and they had completed them. We viewed the feedback from the most recent consultation. We found 40 surveys had been returned. People and family members were asked for their views about the manner and skills of the support staff, whether they were treated with dignity and respect, confidentiality and whether they felt safe. People and family members had scored the service either four or five out of five. Some people and family members had made specific comments including: 'The service is really good. Very happy with the care [my relative] receives'; 'Always very obliging'; and, 'Very well trained, excellent knowledge of care.' We saw that one person had made a negative comment about not receiving calls at a time convenient to them. The registered manager was unable to confirm whether this had been investigated or whether any action was taken upon receiving this feedback.

There had been a high number of medicines errors and issues at the service. This potentially placed vulnerable people at risk of not receiving their medicines safely. Although action had been taken on an individual basis to deal with these issues we found no evidence of any lessons learned or comprehensive action taken to identify the reasons for the errors and to prevent them from happening again. The registered manager was unable to provide us with any evidence of any over-arching improvement plans to improve the quality of medicines management.

We viewed the findings from an operational audit that an external auditor had carried out in April 2015. This audit had identified shortfalls in the quality of the support delivered at the service. In particular, it identified that risk management required improvement as risk assessments were too generic and not always fully completed and support plans required more personalised information. It had also identified improvements to medicines management. The registered provider was working on an action plan to improve these areas. However, the timescale for completion of this work were not specific with the action plan stating, 'immediate and on-going.' This meant we were unable to establish when this improvement work would be completed.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Medicines were not always administered safely. Medicine errors were detected by the service, but there was no evidence that this was addressing the causes of the errors. The service's medicines management policy was not always followed. Regulation 12(2)(g).<br><br>There was no evidence that individual risk assessments were undertaken, which meant that risk was not always safely managed. Regulation 12(2)(a). |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>Care plans were not always person-centred, which meant that people did not always receive personalised care. Regulation 9(3)(a). |