Housing & Care 21

# Housing & Care 21 - Keelboat Lodge

## Inspection report

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08 June 2016

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

# Summary of findings

## Overall summary

This inspection took place on 27 May 2016, 7 June 2016 and 8 June 2016. This was the first inspection of the service since it was registered with the care quality commission on 29 April 2015.

Keelboat Lodge provides an on-site domiciliary care and support service to people who are tenants within Keelboat Lodge extra care scheme. The scheme can accommodate up to 71 people, at the time of our inspection there were 58 people receiving a care service.

The service had a registered manager. 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.

Some risk assessments were general and did not record the specific measures required to keep people safe.

Most people's medicines administration records (MARs) were accurate. However, one person was not receiving there prescribed medicines at the time they were due. The provider was taking action to change the person's calls to change this situation. Regular medicines audits were carried out.

Recruitment practices did not reflect the provider's policy as the registered manager told us new care workers could start employment following appropriate DBS checks and receipt of one reference. Confirmation of acceptable recruitment checks was not available in staff files.

People told us they received good care from kind and considerate care workers. One person commented, "Excellent, they are perfect, they give you a hand. It is the best move I have made. They do a good job. I'll not be moving again." Another person told us, "It is good, I would recommend it to anyone. I can't find fault with it." A third person said, "It is the best move I have ever made. I can get outside now." They also confirmed care workers treated them with dignity and respect.

People and care workers told us the service was a safe place to live. One person told us, "It is very safe in here."

Care workers understood their role in safeguarding and whistle blowing, including how to report concerns. Care workers told us they did not have any concerns but would report things if required. One care worker commented, "The manager would get it sorted straightaway. We would be encouraged [to raise concerns]." Safeguarding concerns had been referred to the local authority safeguarding team in line with the provider's agreed procedure.

People and care workers said there were a sufficient number of care workers on duty. People confirmed care workers responded quickly to their requests for help and stayed for the full length of their agreed call.

There were emergency procedures and personal evacuation plans to help keep people safe in an emergency. Incidents and accidents were logged and action taken to help prevent further falls.

Care workers were well supported and received the training they needed for their caring role. One care worker told us they were "very supported".

Although care workers had not completed specific training on the Mental Capacity Act (MCA), they still demonstrated a good understanding of MCA. Where best interest decisions had made been on behalf of people, care records did not contain a record of a capacity assessment and who had been involved in making the decisions. We have made a recommendation about this.

People were supported with their nutritional needs in line with their assessed needs. We observed people were supported to visit the restaurant at their request.

Care records showed people had input from a range of health professionals, such as GPs and community nurses.

People's needs had been assessed to gather information about their support needs and how they wanted their support providing. This information was used as the basis for developing people's support plans. Support plans had been reviewed, although the record of the review was brief.

People told us they were involved in developing their support plans. One person said, "I have a care plan. Me and [my relative] were asked about everything."

Regular 'resident's meetings' took place so people had a way of providing feedback about their support and the service.

People were aware of how to complain. However, nobody we spoke with had any concerns about their support. Previous complaints had been dealt with in line with the provider's complaints procedure.

People and care workers describe the registered manager as approachable. One person told us, "[Registered manager] is a lovely person, very helpful and definitely approachable."

Quality assurance checks were carried out to help ensure people received a good standard of care. Where issues had been identified we saw action had been taken to reduce the chance of the situation happening again.

Care workers had opportunities to give their views about the service, such as regular staff meetings.

There had been two external audits of the service where recommendations for further improvement had been made. Progress had been made to implement these improvements.

## 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.
Risk assessments did not always identify the specific controls necessary to help keep people safe.

Medicines records showed most people received their medicines appropriately. However, one person did not receive their time specific medicine when it was due.

Confirmation of acceptable recruitment checks was not always available to view in staff files.

People and care workers said the service was safe. There were enough care workers to meet people's needs in a timely manner.

Care workers knew about safeguarding and whistle blowing, including how to report concerns.

### Is the service effective?

**Requires Improvement**

The service was effective.
Care workers told us they were well supported and had the training they needed. Essential training was up to date.

Care workers showed a good understanding of the Mental Capacity Act 2005 (MCA). Care records did not document how best interest decisions had been made on behalf of some people using the service.

People were supported to have enough to eat and drink.

People had input from a range of health care professionals as required.

### Is the service caring?

**Good**

The service was caring.
People told us they received good care whilst living at the service.

People said care workers were kind and caring.

Care workers promoted people's independence through prompting and encouraging people to do as much possible for themselves.

People were treated with dignity and respect.

## Is the service responsive?

Good

The service was responsive.
People were involved in deciding what was in their support plan.

People's needs had been assessed and the information used to develop personalised support plans.

There were opportunities for people to give feedback about their support.

People said they had no complaints about the support they received.

## Is the service well-led?

Good

The service was well led.
The service had a registered manager. People and care workers tod us the manager was approachable.

There were opportunities through regular team meetings for care workers to give their views about the service.

Checks were carried out to help ensure people received good support. These had been successful in identifying some issues and ensuring action was taken.

There had been two recent external audits of the service. Action had been taken to respond to the recommendations from these audits.

# Housing & Care 21 - Keelboat Lodge

**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.

This inspection took place on 27 May 2016, 7 June 2016 and 8 June 2016 and was announced. The provider was given 48 hours' notice because the location provides an extra care service; we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the home. 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 for the service, the local healthwatch and the clinical commissioning group (CCG).

We spoke with eight people who used the service. We also spoke with the registered manager, the care team leader, a senior care worker and three care workers on a one to one basis. We observed how care workers interacted with people and looked at a range of records which included care records for five people who received care, medicines records and recruitment records for six care workers.

Requires Improvement

# Is the service safe?

## Our findings

Risk assessments were in place for all people using the service. The approach to recording the measures required to manage particular risks was inconsistent. For some identified risks care workers recorded specific measures that were relevant to the actual risk. However, for other risks the risk assessment referred care workers to generic 'risk pointers' as the control measures. These were general statements about possible control measures for certain risks but not personalised in any way to the individual needs of each person. By the end of our inspection the provider had taken action to start improving the quality of risk assessments to ensure control measures reflected the individual risks people faced.

Most people who received support from care workers with their medicines had them administered from a medibox. A medibox is a container where a number of medicines (in tablet form) to be given each day are stored together. We noted the contents of the medibox and the time of day each medicine was to be given were recorded on the medicines administration record (MAR). The registered provider's procedure was for care workers responsible for giving medicines to sign against a pre-printed number on the MAR. This corresponded to the number of medicines given from the contents of the medibox during that medicines round. This could then be cross-referenced with the information about the contents of the medibox to confirm which medicines had been given.

We found most medicines administration records (MARs) had been completed fully and accurately in line with the registered provider's current procedures. However, we found one person was not being given their medicines in line with the prescriber's directions. The person had one medicine that had to be given at specific times during the day. The person's MAR confirmed these times had not been adhered to. This meant the person was at risk of this medicine being ineffective to help keep them safe. During our inspection the provider contacted the relevant pharmacist for advice on this matter. Following this advice the person's call times were to be changed to ensure the medicine was given at the correct time.

People said they felt safe living at the service. One person told us, "It is very safe in here." Another person said, "It is very safe really, there is always somebody you can talk to. They answer your questions, they don't skirt around things." A third person commented, "Oh it is safe." Staff also told us the service was a safe place to live. One care worker commented, "People are safe because it is secure, there are staff on-site 24 hours and staff are trained to know where to go if problems arise." Another care worker said, "We have carers on-site 24/7. If people ever need us they have a pendant."

Through discussions with care workers we found they showed a good understanding of safeguarding, including how to report concerns. They could also tell us about various types of abuse and potential warning signs to look out for. For example, unexplained bruising, people going off their food, people isolating themselves and appearing frightened. Previous safeguarding concerns had been dealt with in line with the agreed procedure. Notifications had been made to the Care Quality Commission as required.

Care workers knew about the provider's whistle blowing procedure. The care workers we spoke with told us they had not needed to use the procedure whilst working for the service. They went on to tell us they

believed concerns would be dealt with effectively. One care worker told us, "The manager's door is always open." Another care worker said, "We have a good team and we all work together. If there are any problems staff would come forward and say. They would deal with concerns straightaway." A third care worker commented the registered manager would be "spot on with it." They went on to say, "The manager would get it sorted straightaway. We would be encouraged [to raise concerns]."

There were enough care workers deployed to meet people's needs in a timely manner. One person commented, "There is a lot of staff on [duty]. When I have pressed my pendant they are straight on the intercom to ask me what is the matter." Another person told us, "There is a lot on [number of care workers]. They come straight up and help us."

Care workers confirmed staffing levels were appropriate to meet the needs of people currently using the service. One care worker told us, "We have eight on a morning, we are okay for staffing levels." Another care worker said, "There is enough staff." A third care worker commented, "Staffing levels are okay." A fourth care worker said, "Staffing levels are fine, we can respond quite quickly. We are able to complete calls without rushing."

People received their care from a reliable and consistent team of care workers. One person said staff were, "Very reliable, they always stay the full length of time." Another person told us, "They turn up on time and stay. They don't cut corners short because there is no time left."

Recruitment checks were carried out to confirm newly appointed care workers were suitable to work with vulnerable people. From viewing electronic records and staff files we saw pre-employment checks had been carried out, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people. DBS checks were in place for all care workers. Current practice at the service did not reflect the provider's recruitment policy dated November 2015. The policy stated 'A new starter should only be allowed to begin working for Housing and Care 21 once recruitment have confirmed they have passed their pre-employment checks'. This confirmation was not always evident in staff files available to view. The registered manager confirmed this approval had been given.

Care workers were knowledgeable about the emergency procedures within the service. One care worker said, "Everyone has an assessment." We also saw care records contained information about each person's support needs in an emergency. This meant guidance was available for care workers to refer to about people's support needs during an emergency situation.

Incidents and accidents were logged including the details of action taken to keep safe. There had been no falls logged since January 2016 which the care team leader confirmed was accurate.

Requires Improvement

# Is the service effective?

## Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We saw from viewing care records and speaking with care workers decisions had been made in people's 'best interests'. For example, keeping one person's care file locked in the office or keeping people's medicines in the office. Another person, who sometimes lacked capacity, had been provided with a specific item at the request of a third party. The care team leader told us this decision had been made jointly between the person's solicitor, the person and care staff. The Mental Capacity Act 2005 Code of practice states 'The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual
at the time the decision needs to be made. This means that different people will be involved in assessing someone's capacity to make different decisions at different times. For most day-to-day decisions, this will be the person caring for them at the time a decision must be made....' However, we found no record within people's care records of any capacity assessments having been carried out before making these decisions.

Although care workers had not completed specific MCA training, they still had a good understanding of the principles of the MCA. This included their role in supporting people with making choices and decisions. One care worker commented, "It is where they [people] haven't got capacity to make their own decisions. We can only make decisions in their best interests. If they can't decide on what they want to wear we would suggest their favourite piece of clothing or favourite colour. We can also ask family, friends and their social worker."

People gave us positive feedback about the skills of the care workers. One person commented, "They definitely know what they are doing." Another person told us, "They know what they are talking about."

Care workers told us they were well supported to carry out their caring role. One care worker said, "I feel fine. If I ever need help I ask [registered manager]." Another care worker told us they were "very supported". They went on to tell us, "If the manager is not in I can phone him whenever I get stuck. If the manager in unavailable other managers from other schemes will help. I'm happy with the support." A third care worker commented, "Really good. If I have needed to speak to the manager I have been able to." Training records confirmed training the provider deemed as essential had been completed and was up to date. This included safeguarding, moving and assisting and first aid.

People received the care and support they had consented to. One person told us, "They [care workers]

always ask for permission first." Care workers said they would always ask people for permission before providing care. One care worker said, "I ask them what they would like. I ask what would you like me to do first." Care workers went on to tell us about how they would respect a person's right to refuse. One care worker told us, "I would try and encourage people if I could see that they needed help. I would chat with them and just check they were sure. I would record everything in the book if they refuse. I respect people's right to refuse."

People were supported with their nutrition in line with their assessed needs. Some people required assistance with preparing and making meals. Care workers told us people were independent with eating and drinking. People could purchase meals in the on-site restaurant if they chose to. We observed care workers supported people to come down to the restaurant when required.

From viewing care records we noted people had regular input from a range of health professionals in line with their needs, such as GPs, community nurses and occupational therapists. We observed some of these professionals visiting people during our inspection.

We recommend the provider refers to the Mental Capacity Act 2005 Code of Practice and takes action to update their practice accordingly to ensure the requirements of the Mental Capacity Act 2005 are followed.

Good

# Is the service caring?

## Our findings

People we spoke with were happy with the quality of the care and support they received. We received consistently good feedback from all of the people we spoke with." One person commented, "Excellent, they are perfect, they give you a hand. It is the best move I have made. They do a good job. I'll not be moving again." Another person told us, "It is good; I would recommend it to anyone. I can't find fault with it." A third person said, "It is the best move I have ever made. I can get outside now."

People said they received care and support from kind and considerate care workers. One person told us, "This is lovely, people [care workers] are lovely, they talk to you. They are lovely lasses." Another person said, "They are there for me. They [care workers] are really good to talk to, easily approachable." A third person commented, "The staff are nice." A fourth person said, "The staff couldn't be friendlier, staff are brilliant. They are like family, you would think you had known them all of your life."

People were treated with dignity and respect. One person said care workers were "very respectful". They went on to say, "I am at ease with them." Another person commented, "They treat you okay, they do. They are kind." A third person told us, "None of them have been nasty." We observed throughout our visits to the service that care workers were always polite and courteous towards people using the service.

Care workers understood the importance of providing care and support in a dignified and respectful way. Care workers described how they adapted their caring approach to achieve this. For example, keeping people covered up as much as possible, chatting throughout the call, asking people if they feel okay and closing the blinds. One care worker said, "We sit and chat with people, we make sure they are not on their own."

Support plans included details of how each person wanted their care and support to be provided. They also included details of any particular preferences people had. For example, one person wanted care workers to knock on their door and introduce themselves at each visit.

People were supported to be as independent as possible. One person commented, "I make my own choices." Care workers told us they would always seek to promote independence when providing care. For example, one care worker said they would "make sure people were involved and we do not take their independence away".

Some information had been made available for people in easy read and pictorial formats. For example, the 'Keelboat Courier' contained pictures and photographs to support the information in the newsletter. Information about how to make a complaint had also been made available in an easy read format.

Good

# Is the service responsive?

## Our findings

People were involved in developing their care plans. One person said, "I have a care plan. Me and [my relative] were asked about everything." Another person told us, "I was asked for my opinion." Care workers said they asked people about their history, preferences and completed a 'pen portrait' for each person. One care worker said, "We go over it [care plan] before we type it up." Another care worker told us, "We sit with the person and a family member. We always put in their choices and preferences. It is all about them not about us."

Care records contained background information about each person to help care workers gain a better understanding of people and their needs. This included a brief 'pen picture' with details of the person's childhood, their personality, family and friends and hobbies and interests. For example, one person had always lived in the local area and was interested in knitting and sewing. Another person particularly liked watching TV and going to the theatre. People's needs had been assessed across a range of areas to identify what support needs they had. This included mobility, communication, medicines, personal care and day to day living.

Support plans we viewed were personalised to the individual needs of each person. They also provided a detailed summary of the support to be provided at each visit and prompts for care workers to ensure people's wishes were met. For example, one person wanted care workers to ask at each visit if they would like to have a shower. Another person wanted care workers to help them pick out clothes to wear each day. Other support plans contained prompts to help maintain people's safety. For instance, for care workers to check people's 'pendants' were working (the method the provider used for people to request assistance from care workers).

Care records confirmed support plans had been reviewed. However, we found review records were brief and did not provide a meaningful update as to whether the support plan was still reflective of the person's current needs. The registered manager told us the provider was changing the way reviews were to be recorded in the future with a focus on outcomes for the person.

People had regular opportunities to give feedback about the support they received from the service. Regular 'residents' meetings' took place. The minutes showed people were encouraged to give their views and these had been recorded in the minutes. Actions agreed at the meetings were logged, such as looking into the possibility of an exercise class and the frequency of meetings. It had been agreed following a recent meeting that future meetings would be bi-monthly with a newsletter in between.

People knew how to make a complaint if they were unhappy with any aspect of the service. None of the people we spoke with raised any concerns with us during our inspection. When we discussed the complaints procedure with one person they commented they had "none at all". Another person said, "I am quite happy here. If I had any trouble [my relative] would see to it that it was put right." A third person told us, "Complaints, yes I was told about it. I have no concerns I trust them all." The provider kept a log of complaints which confirmed there had been one complaint made about the care service. This had been

dealt with and feedback provided to the complainant. There had been 11 compliments and thank you cards sent to the service in the past 12 months.

Good

# Is the service well-led?

## Our findings

The service had a registered manager. People using the service gave us very positive feedback about the registered manager. One person told us, "[Registered manager] is a lovely person, very helpful and definitely approachable." Another person said, "[Care worker] is brilliant. [Registered manager] is lovely, easy to get on with." Care workers also confirmed the registered manager was approachable. One care worker told us, "The manager's door is always open, he is there to help you." Another care worker commented, "Very approachable, an open person. Anybody can go to him. He is somebody you can talk to, really understanding." Statutory notifications had been submitted to the CQC as required.

Care workers described the service as having a good atmosphere. One care worker told us the atmosphere was "alright". They went on to say, "Everyone is always happy. The staff team get on well."

There were regular opportunities for care workers to share their views and ideas about the service. One care worker said, "We have one to one, if we have any problem or need any extra help. If I have any other problems I can see the manager or team leader. We have staff meetings if there is anything to say. These are quite often, whenever there is a change. We are able to give views." We viewed the minutes from staff meeting which confirmed these were held regularly. The meetings were used as an opportunity to discuss people's care and support and changes to policies and procedures. For example, the updated medicines policy had been discussed at a recent meeting.

People were consulted about the service including their views about the care they received. We viewed the finding from consultation carried out in December 2015. 34 questionnaires had been issued with 11 responses received. People gave very positive feedback about how well trained and courteous the care workers were, whether they were treated with dignity and respect and how safe they felt. Some people had given specific feedback, such as 'service is first class, I would certainly recommend Housing 21 it's a real home not an institution'. Further consultation was competed in May 2016 with equally positive feedback given.

The provider had audits in place to monitor the care and support people received. These were up to date at the time of our inspection. For example, medicines records and falls monitoring. We viewed a record of 'falls monitoring' which recorded the action taken to help keep people safe. This included referrals to the falls team, the provision of specialist equipment and GP input. People who had fallen three or more times had been referred to the falls team for additional advice and guidance.

There were checks in place to check on the quality of medicines records. Senior care workers checked every MAR each week to ensure it was completed correctly. The registered manager carried out a further random check of 10% of MARs. We saw these had usually identified issues with medicines records, such as gaps in signatures on MARs. However, they had not identified the issue relating to the time specific medicine. Where an issue had been identified a record was made of the issue and the action taken to deal with the matter. For example, action taken usually included one to one conversations with the relevant care workers. The care team leader kept a spreadsheet which contained a log of all errors. This allowed the provider the

opportunity to monitor medicines errors and identify any trends and patterns. The care team leader confirmed that if a care worker made three errors with medicines further action would be taken. However, the records we viewed showed this had not yet been required.

There were external checks carried out on the quality of people's support. We viewed the 'Operational Audit Report' carried out by the provider's internal audit and risk department in December 2015. This had graded the service as 'good'. An external clinical audit had been carried out in March 2016. An action plan had been developed following the audit. For example, the audit identified a lack of MCA training within the service. We viewed the latest version of the plan which showed good progress had been made.