Care at Home Services (South East) Limited

Downlands Court

Inspection report

Roundhay Avenue
Peacehaven
East Sussex
BN10 8TG

Tel: 01273063779

Date of inspection visit:
15 November 2018
21 November 2018

Date of publication:
07 January 2019

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

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

The accommodation is rented or partially owned, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The building is owned by Saxon Weald and has a restaurant on site that provides a midday meal to everyone living at Downlands Court under their service agreement. Communal areas are available on site where people can meet.

Not everyone living at Downlands Court receives the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, there were 20 people receiving the regulated activity.

This was the first inspection of the service since their registration with the CQC in March 2018, following a change in provider. Staff and the care manager (branch manager) were based in an office within the 'extra care' housing.

This inspection took place on 15 and 21 of November 2018. It was an announced visit, which meant the service was given 48 hours' notice, to ensure staff were available to facilitate the inspection.

The service had a registered manager who was also the registered manager of another service within the same organisation. 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. The registered manager was supported by a care manager who carried out day to day management of the service.

Feedback we received from people about staff and the service provided was very positive. However, the provider had not ensured suitable, accurate records were maintained in all areas. Some care plans were not complete and records relating to some medicines were not accurate. We did not identify that this had impacted on care, and the care manager took steps to address these areas following the inspection, however systems to ensure appropriate records in all areas were needed.

People were supported by staff they liked and who knew them well. Staff understood people's needs and preferences. People were visited at times they wanted and staff stayed the correct amount of time to meet their individual needs. Packages of care were reviewed and adapted as necessary. Staff recognised when people's needs changed and staff ensured health and social care professionals were involved to promote

people's health and well-being.

There were enough staff working with the right skills to respond to meet people's assessed needs. Staff had a good understanding of the procedures to follow to safeguard people from the risk of abuse and to protect people's individual rights. People's choices were assessed and staff delivered care in a person-centred way that reflected people's wishes.

People said their privacy and dignity were respected and they enjoyed positive relationships with staff. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

Staff received a rolling programme of essential training and new staff undertook a thorough induction programme. Staff were trained in the principles of the Mental Capacity Act 2005(MCA) and understood the importance of gaining consent from people. The management team knew the correct procedures to follow when people lacked capacity to make decisions.

The management were visible and accessible and were committed to improving and developing the service. People were asked for their view on the service and support they received and were aware of how to make a complaint. There was an open and positive culture at the service which had clear aims and objectives. Staff were supported and encouraged to contribute to the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risks of abuse and were supported to raise any concern. There were systems in place to report and record accident and incidents.

Risk assessments were used to identify and minimise any risk.

Recruitment systems were robust. There were sufficient numbers of staff.

People were supported with their medication in accordance with their assessed needs.

Is the service effective?

Good

The service was effective.

New staff completed an induction programme and staff undertook essential training to support them to meet people's needs. Staff were trained on the Mental Capacity Act 2005 (MCA) and worked in accordance with its requirements.

People's nutritional needs were reviewed and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, and had a friendly caring approach to people.

People were treated with dignity and respect by staff who took the time to listen and communicate with them.

Staff understood the importance of confidentiality, so that people's privacy was protected.

Is the service responsive?

Good

The service was responsive.

People knew how to make a complaint.

People received care and support that was responsive to their needs and reflected their individual needs. These were kept under regular review so support could be flexible to meet people's needs.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Some records were not accurate or completed in a consistent way to support safe and effective care. Quality monitoring systems were being established.

People felt the service and care was well managed.

Staff told us the management and leadership of the service was approachable and supportive. There was a clear vision and values for the service, which staff promoted.

Downlands Court

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 the 15 and 21 November 2018. We gave the provider 48 hours' notice of our inspection because we needed to be sure staff would be available to support the inspection process. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service such as notifications. A notification is information about important events which the provider is required to send us by law. We contacted the local authority and Healthwatch before the inspection to obtain their views about the service and care provided. The inspection was brought forward due to changes in the registered provider which had led to the service not being inspected. Therefore, the provider was not asked to complete a Provider Information Return on this occasion. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection process, we spoke with six people who used the service, and two relatives. We spoke to six staff members that included the registered manager, care manager and four care staff. We also spoke with two visiting community nurses. The inspector visited four people with a staff member in their own accommodation to gain their experiences of the care provided and to review relevant documentation. We were able to observe the support provided and interactions between people and staff.

We reviewed four care records and risk assessments. We looked at three staff recruitment files, staff supervision and training records, the service user guide, staff meeting minutes, audits and quality assurance checks. We looked at medicines records, accidents and incidents reports and a range of policies and procedures.

Following the inspection visits we contacted three further health and social care professionals involved in caring for people who used the service. This included a commissioner of the service a specialist nurse and a social care professional.

Good

Is the service safe?

Our findings

People were positive about the safety of themselves and their property. They told us, "The security here is very good," and "We do not have a lot of people wandering around." Access to the building was restricted with a secure entry system. People's flats had separate individual key locks and how flats were to be entered by care staff was agreed with people. People told us they felt safe and trusted the staff. They liked the fact that staff were available at any time, and that they knew the staff who supported them. One person said, "Staff make me feel safe when they shower me," and "Staff come if you need them, when you get stuck."

There were enough staff to provide the support people wanted. There was a system to identify and review the support hours required for each person, each day. The care manager reviewed the staffing levels and availability to ensure all care visits were suitably covered. For example, extra staff including a sleep-in staff member at night had been provided in the past when specific care needs reflected this need.

There was an emergency call facility in each person's accommodation which was used to call for additional assistance outside of the visits arranged. This allowed for a flexible response to people's changing or unexpected needs. People told us there were enough staff and scheduled care visits were always completed. They knew what staff were attending as a weekly schedule was provided.

Medicines were handled safely. People told us that the right medicines were given to them at the correct times. We saw staff took care when supporting people with their medicines. They asked if they wanted any pain killers and responded to their wishes and recording what medicines were given. Staff were trained on the safe handling of medicines and had their competency assessed. They told us they felt they were adequately trained and would speak to a senior member of staff if they had any concern. Senior staff were always available to respond to any question about medicines.

We found Medicine Administration Records (MAR) charts were not always completed in a consistent way. However, this did not impact on people's care and is reflected further in the well led section of this report. A MAR is a document showing the medicines a person has been prescribed and records when they have been given. Medicines risk assessments were in place and described the risks associated with people giving their own medicines. A summary of people's medicines was also recorded and information on each medicine was held within care records for staff to refer to.

Staff knew people well and had a good understanding of risks associated with their care and support. People and any associated risks were assessed and managed safely. Risk assessments provided staff with information and actions to reduce the risk that related to the individual and the environment. For example, moving and handling assessments that confirmed the correct equipment and practice were followed. Some people had pets and risk associated with them were assessed to support safe care and support.

People were protected against the risk of abuse or discrimination because staff understood the risks and had received training on recognising any abuse or discrimination. Staff were mindful of racism or sexism and respectful of people's differences. Staff had received training in equality and diversity. One staff member

said, "We respect that some people have always lived that way and we support them to do it their way." Staff recognised that staff were also at risk of discrimination and talked about treating people fairly and equally. Where concerns about people's safety had been raised these had been reported appropriately to the local authority to ensure actions were taken to protect people. Visiting professionals were confident staff responded to any possible risk to people quickly and professionally. Information about safeguarding concerns were shared with staff.

The provider followed safe recruitment procedures to check the suitability of staff to work within the organisation. There was a dedicated recruitment team that progressed recruitment on an on-going basis. A range of pre-employment checks were completed before confirming staff employment. This included two references and a Disclosure and Barring Service (DBS) check. The DBS restrict people from working with vulnerable groups where they may present a risk and provide employers with criminal history information. Where staff had been employed by the previous provider, checks had been completed with regard to their employment history to ensure their suitability.

People were protected from the risk of infection. Staff had been trained, and were given information regarding reducing the risk of cross contamination, and infection. Staff were provided with personal protective equipment (PPE) such as gloves, aprons and hand sanitizers. Staff followed good infection control practices when supporting people. For example, using gloves when providing any personal care. This helped make sure good standards of hygiene were maintained in people's homes.

The housing provider was responsible for maintaining the building and individual flats along with all its facilities and fire safety. The care manager worked well with the housing provider manager to ensure essential checks, such as emergency call systems and lighting, fire alarm and fire-fighting equipment, were undertaken regularly. The provider had plans in place for a foreseeable emergency. Contingency plans were recorded and the care manager explained how staff would respond in the event of snow. An emergency bag was retained in the office and included emergency information on each person. This included a list of each person's medicines, their next of kin and those requiring support in the event of an emergency evacuation.

There were arrangements in place for recording and monitoring accidents and incidents that took place. Records included reference to actions taken following accidents and incidents and what measures were taken to reduce any risks. For example, referrals had been made to external healthcare professionals. The care manager monitored and analysed the accidents and incidents records to identify trends, triggers and common themes. This had identified that falls were the highest incident/accident that staff dealt with. The care manager had arranged for staff to attend training on the prevention of falls provided by the local authority.

Good

Is the service effective?

Our findings

People and their relatives were very satisfied with the standard of care and support provided and were confident in the abilities of staff to meet their individual care needs. People told us they had regular staff who they knew and who knew them. This ensured people had a consistent level of care. One person said, "The staff are very good they know what I need and provide the right care." Visiting professionals were complimentary about the level of care and told us staff had or asked for training to develop the skills required to look after people effectively. One professional said, "Staff are always willing to listen and are in contact when they identify any changes that need to be reviewed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

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. Senior staff understood what constituted a deprivation of liberty and how Deprivation of Liberty Safeguards(DoLS) were authorised through the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff had received training on the MCA and DoLS. People were given choices and asked for their consent before staff provided any care or support. People were encouraged to make their own decisions with staff asking them at every opportunity for their view. One person said, "Staff are very attentive and ask me what I want." Staff understood that it was assumed that people had capacity to make decisions. When there was a concern about people's capacity to make a specific decision a mental capacity assessment was completed. Relevant people including family, staff and health professionals were then involved as necessary to make a best interest decision. For example, when staff took full responsibility for handling people's medicines for their safety. The care manager kept a record of relatives or friends who had a Lasting Power of Attorney (LPA). An LPA is a legal document where a person being supported can appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. This ensured that people rights were being safeguarded.

The provider had established a training and development programme. A training manager was in post and they had recently reviewed and updated staff training within the service. This had ensured staff had completed the required training designated, and to the standard expected by the new organisation. Training records confirmed a rolling programme of essential training was undertaken by staff on a regular basis. This included training in key areas such as medicines, dementia awareness, moving and handling, infection control, safeguarding and equality and diversity. Staff told us training was both useful and interesting. "The training here is very good we have recently been updated on all our training."

New staff employed completed a three-day induction programme. The induction programme was based on

the 'Care Certificate', a common induction framework. This is a set of standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. New staff completed a shadowing period, working alongside senior staff, where they were supported in understanding people's individual needs and had their skills assessed before working on their own.

Staff were supported to develop their individual areas of interest and skills. For example, one staff member shared that they were being supported to complete a vocational qualification that they could use for career development. Another shared they were developing their knowledge and understanding of dementia. The care manager was also being supported in developing their management skills.

Staff told us they felt well supported by the staff team and the management. One staff member said, "We all work together, and support each other to get all the work done." Staff received support and supervision in different formats which included face to face supervisions, spot checks which included observations of staff practice during visits. Staff were given the opportunity to raise and discuss any issues with managers on a regular basis within a supporting environment. Staff told us senior staff or a manager were always available and could be contacted for advice and guidance at any time.

When needed staff supported people to maintain a healthy diet including adequate drinks. A restaurant was on site at Downlands Court. The restaurant was run and overseen by Saxon Weald who provided a lunchtime meal as part of the tenancy agreement. For people who were not able to attend the restaurant or who were unwell, staff ensured a meal was provided to them in their own flat. People's dietary needs were assessed and recorded, they were shared with the catering staff to ensure specific dietary needs were attended to. For example, one person wanted a soft diet. Staff contacted the catering staff directly to support this request.

Staff support people with food preparation when needed and had completed basic food hygiene courses to ensure they did this safely. Staff monitored people's diet and drinks when this was identified as a risk, recording food and drinks that were offered and consumed. Ongoing problems were discussed with the GP and other health care professionals as necessary. For example, the care manager advised a speech and language therapist (SaLT) was to be contacted for advice about a soft diet.

An assessment of people's needs was completed before a new service was offered or agreed upon. This assessment was completed by the care manager and housing provider manager. It determined if Downlands Court was the right environment for people and the level of care and support that people required.

Staff knew people well and worked with other organisations to deliver effective care and support. Staff were observant and recognised if people's needs changed. They reported to senior staff who took prompt action. People were supported to use healthcare services and receive ongoing healthcare and support. For example, staff recognised when one person became confused and needed treatment from a GP for a urinary tract infection. When people's mobility was becoming more limited, staff referred people to an Occupational Therapist. Further assessment and review ensured appropriate support and equipment was provided to enable people to live independently in their own homes. Visiting professionals confirmed a close working relationship that supported effective care for people. "Staff are in regular contact with us and always let me know when people's needs change."

Good

Is the service caring?

Our findings

People and relatives told us staff were kind, polite and caring. They felt staff had a pleasant approach and cared about them. One person said, "The care staff are marvellous." Another said, "I like all the care staff they are so kind and so is the manager." Relatives and visiting professionals were confident staff were kind and caring towards people. A relative said, "The staff are always very kind to her." Visiting professionals were complimentary about the staff and said, "Staff make themselves available and are always friendly and helpful.

People told us they liked the staff who came to them. If for any reason people did not get on with staff, alternative staff were allocated. This supported excellent relationships between people and the care staff. Interactions between them were genuine both showing and interest in each other and what each other had to say. Supportive and trusting relationships were made between people and staff in which they felt safe to share thoughts and any problems. For example, one person was able to share a possible safeguarding concern. One staff member had also visited a person while they were in hospital, "Just to check that they were okay and to show we had not forgotten about them." This demonstrated the caring approach and genuine interest in people's well-being.

Staff knew people well and people benefited from a consistent staff team. Although some of the visits were short people told us they did not feel rushed and staff spent the correct time with them. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like, the people and other things that were important to them. The assessment process took account of people's preferences and these were recorded. For example, people were asked if they minded the gender of staff who provided personal care.

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. Staff told us they treated everyone the same. Some people had pets living with them in their flats and ensuring they were well looked after was very important to them. Staff supported them to arrange and complete the tasks to ensure pets were well cared for.

There was an emphasis on independence and emotional support. Staff described how they promoted people's independence and gave them the support to live in their flats where they wanted to be. One staff member said, "It's rewarding to help people stay in their own homes." Another staff member talked about, how important it was to recognise changes in people's mental health. An example was shared where staff had referred, with the person's consent, to the GP for suitable medication.

Staff were respectful of people and protected their privacy, dignity and rights. Staff ensured people's flats were only entered with people's consent and they respected they were visiting their home. Care records recorded how people liked staff to enter their flats, including calling out when entering. Staff explained how they protected people's privacy and dignity. They ensured steps were taken to protect people. For example, doors and curtains were closed when personal care was provided. One person told us, "Staff take me to the toilet and leave me with the door closed. They knock on the door and check if I am alright and if I am ready."

The management team demonstrated a caring approach of their staff. Staff told us, "The manager treats you fairly." Staff felt valued and told us the management team supported and cared for them as well as people using the service. One staff member shared when they had personal problems the managers listened and supported them.

Staff understood their responsibilities in managing people's sensitive information and maintaining confidentiality. The office computers were secure and access to the office was limited to ensure people's written information and any confidential conversations between staff were not overheard by people.

Good

Is the service responsive?

Our findings

People told us the staff were responsive to their needs and offered an individualised service. People told us they were involved in planning the care and support they wanted and required. One person said, "We talked about all my needs before I moved here." Another said, "The staff refer to the care plan but they know what I need." Visiting professionals told us staff were responsive to people's physical and emotional needs. One told us, "Staff are very on the ball and attentive to people's needs." Staff kept in regular contact with professionals one said, "Staff are always responsive and keen to work together to reach the best outcomes for people."

People received care that was personalised to their needs. They were also offered the opportunity of having another care agency provide their package of care if they wanted. The care manager confirmed all the care documentation had been reviewed and updated since the change in provider. This review was completed in consultation with people and where appropriate their representative. People's care plans included information such as, medical and life history, communication, emotional needs, preferred morning and evening routine including information about their wishes and preferences in relation to these areas. Each person had a copy of their care plan, which they retained within their flats.

The management team had regular and in-depth communication with the care staff and met with people often. In this way they constantly reviewed people's needs and maintained an accurate oversight. People's visits were changed according to their needs. Staff were flexible and adapted their work to people. For example, one person had two extra visits undertaken each day. This was to provide further supervision and checking over a time when they were unwell. This gave reassurance to the person and their family. Staff also responded to specific individual needs to ensure responsive care. For example, one person needed an X-ray but did not want to go to hospital for this. Staff arranged with the GP for an alternative location and attended the appointment with this person. The enabled any condition to be diagnosed effectively and responded to quickly.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they were attentive to people's communication needs. Communication was an important part of each person's individual assessment. These were then recorded and responded to. For example, staff ensured people had any communication aides to hand including call bells and glasses. Staff also checked if people could hear them and repeated themselves sensitively if they thought they had not been heard or understood. The care manager told us documentation would be produced in easy read format including large print if wanted.

There was a system in place to deal with complaints and concerns effectively. People told us they knew how to make a complaint and would be comfortable to do so if needed. There had not been any formal complaints since the new provider took over. Staff raised any concerns with the care manager so they were resolved quickly. The care manager was keen to receive any feedback and had also worked with people to

make complaints about other organisations.

Staff supported people to engage in social and leisure opportunities. The care manager was committed to promoting a vibrant community at Downlands Court where people enjoyed living. She was working with the housing provider manager to develop social interaction. The care manager had already approached local schools to arrange shared activity. Staff engaged with people in the community setting, for example, one person arranged a fish and chip evening that staff were invited to. Some were attending and supported the event.

At the time of inspection, no one required support with end of life care. When people had made choices and decisions around resuscitation these were clearly recorded and staff knew about these decisions. The care manager told us they would work with people, their relatives and health professionals to ensure any end of life care meets people's individual needs. The care manager recognised the need to support people and their relatives through dying and planning for a death. She had recently completed a visit to the crematorium to gain a greater understanding of what took place following a death.

Requires Improvement

Is the service well-led?

Our findings

The management systems had not been fully established to ensure suitable, accurate records were maintained in all areas. For example, one care plan referred to a person completing their own blood tests when they were not able to do this. Another person did not have a care plan to guide staff on action to take if they had a seizure. We also found, some medicine records were not accurate or complete. One person who was being supported with topical creams did not have the correct cream documented to use. The medicine policy and procedure did not provide guidance to staff on how to manage all medicines safely. For example, how topical creams were to be managed and how 'as required' medicines were to be fully documented." Quality and auditing systems had not been used to ensure appropriate records had been maintained in all areas. We did not identify that this had impacted on care, however this is an area that needs to be improved and was discussed with the registered and care manager.

There was a registered manager and a care manager in post. The care manager worked each day from the service and the registered manager was available for advice. The operations manager was also based locally and provided on-going support. There was a clear management structure with identified roles and responsibilities within the services. The care manager carried out day to day management of the service. She was supported by senior carers one of which headed up the team of care staff completing visits each day.

People and their relatives told us they were confident with the management of the service. They knew who the managers were and felt they could approach them at any time. They were satisfied with the service provided and were comfortable with any contact made with the staff in the office. We saw people coming to the office to speak to the managers and senior staff throughout or visits. People were well received and listened to. Social and health care professionals had confidence in the management arrangements and told us they worked well together.

Staff were kept informed about matters that affected them and the service. The culture within the service promoted staff inclusion and appreciation. Staff attended regular staff meetings and the care manager used memos to reinforce and confirm key themes and information. Staff were encouraged to get involved and share their views directly with the managers or through the meetings. Staff told us they liked and respected the managers and felt they appreciated them and their work. The care manager recorded thanks and compliments from the management team within team meeting notes and memos. Staff told us, "I love working here, we all work as a team and pull together." Another said, "I trust the manager, she is transparent in her approach and very fair. She genuinely cares about staff."

The managers understood the objectives and values of the organisation and worked with staff to meet these. They had spoken to staff and people about the focus and vision of the service to ensure people's expectations were in line with the service offered. Staff understood their roles and responsibilities and were committed to providing individual care to a high standard and to promote people's independence. Staff were positive about the care and support they provided to people. One said, "I love working with people who live here, all staff love working here. Being there for people is important. Its great they can live

independently here."

The service worked well with external organisations for the benefit of people. Regular meetings were held with the local authority's commissioners of care to support the good working relationship established. The registered and care manager attended these to share and promote ideas to improve and develop the service. For example, the care manager described how ways of raising people from the floor after a fall were being explored. This would enable staff to support people safely without them having to wait for an ambulance crew to attend.

There were systems to gain feedback on the quality of the service and these were being developed further. The managers had regular contact with people to ensure they were happy with the service they received. People were contacted routinely to check on their view on the standard of the service received. People were also encouraged to provide feedback through a monthly meeting held within Downlands Court. An action plan had been written following the change in provider. This had recognised many issues that required improvement and demonstrated the management was working to improve the service and ensure compliance with the regulations. For example, it was identified care staff needed to attend update training, this was scheduled and provided by the internal trainer. There was no record of people who had pressure area skin damage and this was addressed to ensure staff could demonstrate the appropriate care was being provided.

The registered manager and care manager were aware of what was required to be reported to CQC by law. We had received notifications when they were required.