

Places for People Individual Support Limited

Kingsway

Inspection report

Montague Street
Blackburn
BB2 1NL
Tel: 01254 776699
Website: www.placesforpeople.co.uk

Date of inspection visit: 9,10 July 2014
Date of publication: 24/10/2014

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service was last inspected in June 2013 when we found it to be meeting all the regulations we reviewed.

This was an announced inspection. During the visit we spoke with 17 people who used the service, eight

relatives, 12 staff, and a health professional. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Places for People Individual Support Ltd is registered to provide personal care for people who live at Kingsway extra care housing scheme, Blackburn. Under this registration Places for People are also permitted to

Summary of findings

provide personal care for people who live at St Margaret's Court extra care housing scheme, Blackburn. At the time of our inspection there were 48 people using the service across both sites.

People told us contradictory things about the service provided by Places for People. While most people who used the service told us they were generally happy with the care they received from Places for People staff, three people told us they felt staff were often rushed. One relative told us they felt staff were not caring enough and did not spend enough time with their family member.

People's safety was being put at risk due to the lack of permanent staff, particularly at nights. This meant people had received care from staff who did not listen to them or understand their needs. A number of medicines errors had also occurred due, in part, to the fact that some agency staff lacked the necessary knowledge and skills to safely administer medicines.

Most of the people we spoke with expressed some concern about agency staff. Although we were aware the registered manager had taken steps to improve the staffing situation, we could not be certain that people who used the service would always receive safe and appropriate care.

Although staff were aware of the need to support people to make their own decisions wherever possible, not all staff had undertaken training to help them understand their responsibilities under the Mental Capacity Act 2005 should they assess that people lacked the capacity to make certain decisions.

There were systems in place to provide staff with support, induction, supervision and appraisal. Staff told us they enjoyed working at both Kingsway and St Margaret's Court and considered they received the support they needed to effectively carry out their role.

Senior staff in the service conducted checks and audits to monitor the performance of staff. When necessary, supervision and appraisal systems were used to review practice or behaviour.

People's health needs were assessed and people were supported to access appropriate services to meet these needs. Where appropriate, staff provided support to ensure people's nutritional needs were met.

Records we looked at showed people's care plans and risk assessments were updated to reflect their changing needs. We saw people had been involved in reviewing and providing feedback on the care and support they received.

The registered manager investigated and responded to people's complaints in line with the provider's complaints procedure. All the people we spoke with knew how to make a complaint and were confident their concerns would be taken seriously.

There were a number of quality assurance processes in place at the service. The registered manager had also introduced initiatives to develop best practice in caring for people with a dementia.

Staff told us they enjoyed working for the service and were always able to approach senior staff for advice or support. All the staff we spoke with told us they would feel confident to report any concerns about the conduct of other staff. From information we had received prior to the inspection we were aware that, when any concerns had been raised, the registered manager had taken appropriate steps to thoroughly investigate the matter.

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?

The service is not safe. We found staff absences had not always been covered with appropriately skilled staff. This had resulted in people receiving unsafe or inappropriate care. In addition people told us they did not always feel safe when care was provided by agency staff. However, people did feel safe with the care provided by staff employed directly by Places for People.

Staff knew how to recognise and respond to abuse appropriately.

Although staff we spoke with demonstrated an understanding of the need to support people to make their own decisions, records showed us not all staff had completed training in the Mental Capacity Act 2005. This meant there was a risk staff might not understand their responsibilities to act in accordance with the principles of this legislation.

Requires Improvement



Is the service effective?

The service was effective as there were systems in place to support staff to develop the skills they needed for their roles. Supervision and appraisals were used to motivate staff and, where required, to review practice or behaviour.

People experienced positive outcomes with regard to their health. Where required, people received support to access relevant health or social care agencies to ensure their needs were met.

Good



Is the service caring?

The service is caring. People expressed mainly positive comments about the staff employed by Places for People. They told us their dignity and privacy was always respected by staff and that staff were caring.

Good



Is the service responsive?

The service is responsive. Care plans documented people's needs, choices and preferences. People were involved in reviewing the care they required and care plans were updated to reflect any changes in their needs. Systems were in place to ensure changes to people's support plans or risk assessments were communicated to staff.

All the people we spoke with knew how to make a complaint and were confident their concerns would be taken seriously.

Good



Is the service well-led?

The service is well-led. The service had a registered manager in post who was responsible for leading the quality assurance systems in the service. They had also introduced initiatives to support the development of best practice in the service.

Good



Summary of findings

Staff told us they were happy working in the service and felt they received good support from senior staff.	
---	--

Kingsway

Detailed findings

Background to this inspection

We visited the service on 9 and 10 July 2014. We told the provider two days before our visit that we would be coming. This was to ensure the registered manager would be available to answer our questions during the inspection.

We spoke with 17 people who used the service, 10 relatives, 12 staff, a health professional and the registered manager. With the consent of people who used the service, we observed staff interactions with people in their own flats and in the communal areas. We also looked at six records about the care and support people received, five staff files and a range of records relating to how the service was managed.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert had experience of supporting older people who used community services.

Prior to our inspection we reviewed information that was provided to us by the service in the pre-inspection information pack; this included details on numbers of

people using the service, evidence of good practice schemes and the numbers of compliments and complaints received. In addition we reviewed the information we held about the service, including information of concern we had received and contacted the commissioners of the service to obtain their views.

We spoke with seven relatives of people who used the service and a health professional who regularly visited the service. This helped us to decide what areas we would focus on as part of our inspection.

Following the inspection we spoke with another relative.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe when receiving care and support from Places for People staff. No one reported any concerns about bullying or harassment from staff. One person told us, “I definitely feel safe when staff support me to have a shower”. Another person commented, “I feel safe here. I’ve never felt frightened since being here”.

All except one of the relatives we spoke with told us they felt their family member received care which was safe. The relative who had concerns told us this was in relation to Places for People staff not providing their family member with appropriate support with regard to the administration of medicines and staff not providing the required care to meet the person’s needs. These concerns had been reported to the local authority safeguarding team by the relative and were being investigated at the time of our inspection.

We asked the registered manager how they ensured there were sufficient staff on duty. The registered manager told us there had been particular difficulties over the past few months with the long-term sickness absence of staff who were usually employed to work nights. The registered manager told us as a result of this the use of agency staff during night shifts had increased and they were aware that this had caused some concerns for people who used the service and their relatives. In order to address this they told us they tried, wherever possible, to ensure one of the night staff was employed by Places for People. They had also recently made arrangements for the Team Leader from Kingsway to rearrange their working hours on a temporary basis in order to cover some of the night shifts. They considered this would improve the consistency of care for people and would also provide the opportunity for the Team Leader to review the performance of staff at night. Also, at the time of our inspection a new member of staff was due to start their induction as a night worker.

Two of the 10 relatives we spoke with told us they had concerns about the quality and consistency of care provided by agency staff. In contrast one relative told us they considered agency staff were “often superior to permanent staff”.

We spoke with 10 members of care staff and asked them about their understanding of how to safeguard vulnerable

adults who used the service. All of the staff told us they had completed safeguarding training and were aware of the procedure to follow if they had any concerns about anyone who used the service. They also told us they would be confident to report any poor practice they observed from other staff members.

We asked staff to tell us how they ensured they supported people to make their own decisions wherever possible and what action they would take if they were concerned a person lacked the capacity to make a particular decision. Staff told us they would always ask people to tell them what care and support they wanted. Comments they made include, “We ask people if everything is ok” and “We know if people aren’t happy; we talk with them”.

Staff we spoke with demonstrated an understanding of the need to support people to make their own decisions. However, records we looked at showed us not all staff had completed training in the Mental Capacity Act 2005 which provides legal safeguards for people who may be unable to make decisions about their care. This meant there was a risk staff might not understand their responsibilities to act in accordance with the principles of this legislation.

We spoke with a health professional who visited several people who used the service. They told us they considered the service was generally safe although they felt staff needed to be more proactive in seeking advice from other professionals in order to ensure people always received safe and appropriate care.

There were clear procedures in place regarding the administration of medicines for people who used the service. Medicines risk assessments were in place in all except one of the care files we looked at. These risk assessments identified the level of support people required to take their medicines safely. Where appropriate, people were supported to retain as much responsibility as possible for their own medicines.

Three of the Medicines Administration Record (MAR) sheets we looked at had missing signatures. This meant we could not always tell if people had been given their medicines as prescribed. None of the people who used the service expressed any concerns to us about the support they received from staff with their medicines. However, two relatives told us they felt the support their family member received in relation to their medicines was not always safe. This was because staff had made medicines errors in the

Is the service safe?

past and the relatives were not confident that these would not happen again. We discussed this with the registered manager who told us the relative had raised the concerns with the local authority safeguarding team. We were able to confirm with this team that an investigation had been completed and the allegation of abuse had not been substantiated.

We saw there were systems in place to regularly assess whether staff were able to safely administer medicines. Medication audits were also undertaken on a monthly basis. These audits showed senior staff had identified where action needed to be taken to improve the safe administration of medicines, although it was not clear from the records who was responsible for checking these actions had been completed.

Is the service effective?

Our findings

People who used the service told us Places for People staff had the skills and experience needed to be able to provide them with the support to meet their needs. With one exception, all the relatives we spoke with told us they considered staff employed directly by Places for People had the necessary knowledge and skills required to effectively support their family member. However, people who had received support from agency staff did not have the same confidence in their knowledge and skills.

Three staff we spoke with also raised concerns about the skills and knowledge of some agency staff, particularly their ability to administer medicines safely when on shift. We therefore asked the registered manager how they ensured any agency staff they used had the necessary training and skills to be able to provide effective support to people.

The registered manager told us they used only used staff from three agencies with whom they had an agreement and that these agencies were aware of the levels of care and support their staff would be expected to provide to people at both Kingsway and St Margaret's Court. We saw evidence of information received by the provider from the agency prior to staff being placed in the service; this included confirmation that agency staff had completed training in the safe administration of medicines.

The registered manager showed us the resource file which had been set up specifically for agency staff. This file contained a local induction checklist which all agency staff were expected to complete at the start of their shift. The file also contained information about relevant policies and procedures including safeguarding and accident and incident reporting. This should help ensure agency staff were aware of their responsibilities while supporting people at Kingsway and St Margaret's Court.

Records we looked at provided evidence that the registered manager had taken appropriate action when any concerns had been raised about the conduct or performance of

agency staff; this included informing the employing agency of the concerns raised and the local safeguarding team where necessary. This should help protect people from unsuitable staff.

The registered manager told us new staff were required to undertake a robust recruitment and induction process. This was intended to ensure they understood and were able to demonstrate in practice the values of the organisation. The files we looked at provided evidence that staff received regular supervision, training and spot checks of their performance.

We saw there were processes in place to support staff to progress within the organisation; this included the introduction of a senior carer development role. We spoke with a member of staff who was employed in this role. They told us they had been supported to undertake additional training and were now supporting the team leader in reviewing people's care plans, monitoring staff performance and mentoring new staff.

We saw care plans referred to people's health needs and provided good information for staff about the potential impact of any health conditions on the care people required. People who used the service told us staff would always contact health professionals involved in their care if they had any concerns about their well-being.

Where necessary, staff provided support to ensure people's nutritional needs were met. We observed staff ask people what they wanted to eat and prompt people to take regular drinks during the day.

From our review of information before the inspection we were aware that concerns had been raised, both through safeguarding procedures and complaints from relatives, about the conduct of some staff employed directly by Places for People. We found evidence the registered manager had taken appropriate action to investigate and address the issues raised in order to safeguard people who used the service.

Is the service caring?

Our findings

People we spoke with who used the serviced expressed mainly positive comments about Places for People staff. Comments they made to us included, “Carers are brilliant”, “Carers are all very nice and caring”, “Staff are not bad I suppose. Good staff do care. If they are carers they should care”. One relative told us they thought Places for People staff were “not caring at all” and spent little time in caring interactions with their family member, such as brushing their hair.

During our inspection we observed staff interactions with people who used the service. We saw staff were kind and patient when supporting people in their flats and in communal areas.

Staff told us they were given time to read people’s care plans and risk assessments. They told us they usually

provided support to the same people each week. This meant they were able to develop trusting relationships with people in order to provide them with the care and support they wanted.

Care files we looked at provided evidence people had been involved in agreeing and reviewing the support they received. We also saw systems were in place to regularly gather the views of people who used the service. Comments from the most recent satisfaction survey undertaken in May 2014 included, “I am pleased with everything you do for us” and “You can’t do anymore”.

We asked staff how they ensured people’s need for dignity, privacy and respect were met. All the staff we spoke with told us they would always ask people before providing any care or support. Comments they made to us included, “We ask people if they are alright and observe their non-verbal communication”, “We make sure care plans are right for people and ask them if everything is ok”.

People who used the service confirmed staff always respected their dignity and privacy when providing care.

Is the service responsive?

Our findings

Care files we looked at provided evidence that people's individual needs were assessed before the service started to deliver care. Support plans were personalised and provided good information for staff about the support people needed.

The registered manager told us they always tried to match carers with people's preferences. People's life histories were documented when they started to use the service in order to gather information to support this matching process.

Staff told us they knew the needs of all the people they supported. They said arrangements were in place to make sure they were introduced to new people who started using the service before they were expected to provide any care or support.

Staff told us they communicated well as a staff team and were always informed by the team leader about any changes in a person's needs. Records we looked at showed us such changes were documented and care plans or risk assessments updated to reflect any changes in support which the person required.

We asked people who used the service whether they received care and support at the times they needed it. People told us they usually did not have to wait very long if they requested assistance from staff, although this could change if staff had to respond to an emergency.

Most people we spoke with told us staff would always stay for the amount of time stated on their support plan, although three people at Kingsway commented that staff sometimes appeared rushed, particularly in the mornings. One person also told us "We asked for a visit at 8pm because my relative can't wait up any longer but we were told the visit would be at 9pm. This was too late so I had to wheel my relative through to the bedroom myself". People did tell us that staff were generally flexible and, if necessary, would undertake extra 'pop-in' visits to make sure they were safe and well.

One relative had told us their family member would prefer to go to bed at a later time than what was currently recorded on their care plan but had been waiting for a 'later slot' for 12 months. The registered manager and team leader told us every effort was made to ensure care was provided at the time which people requested. Examples were also given where care had been changed to ensure people could attend appointments. The registered manager advised they were unaware of the person's request to change the time they received care and would look into this as a matter of urgency.

Staff we spoke with told us they generally had enough time to spend with people although they acknowledged they could be particularly busy in the mornings. They told us they would always inform people if they were running late and ask people if it was acceptable to change the time of their appointment slightly. The team leader we spoke with at Kingsway confirmed this sometimes happened.

We looked at the care records for six people and saw care plans included information about the decisions people were able to make for themselves as well as people's wishes and preferences about how they wished their support to be provided. Support plans provided good information for staff about how they should promote people's independence and choice. Where any risks were identified, plans were put into place to manage these. All the people we spoke with who used the service confirmed staff would always help them to maintain as much of their independence as possible.

During our inspection we saw, where care plans identified this as necessary, people were supported to access the on-site restaurant at Kingsway and activities organised by the housing providers at each scheme. This meant the risks of social isolation were reduced.

People who used the service told us they would feel comfortable in raising any concerns they had with the team leader at each site and were confident they would be listened to. Where people or their relatives had expressed any concerns about the service, we saw these had been recorded and action taken to resolve the situation.

Is the service well-led?

Our findings

All the people we spoke with told us they would contact the team leader on site if they had any queries or concerns about the service they received.

All the staff we spoke with were positive about their employment with Places for People. They told us they received good support from their colleagues and senior staff. Staff told us they felt they were treated fairly by the management team. They were confident to raise any issues with the team leader for their scheme and felt they were always listened to. All staff told us they would have no concerns about raising any issues of poor practice with senior staff and believed they would be protected if they were to do so.

We noted Places for People had a clear set of values and principles for care. These values included the need for staff to treat people with respect and work with integrity. Staff told us they were aware of these values and put them into practice in their work.

Quality assurance systems were in place for the service. These included care file audits, medicines audits and regular spot checks of staff performance. Where necessary we saw action plans had been developed to address any issues raised. We saw that these action plans had mainly been completed at Kingsway. However, at St Margaret's Court we saw that the same actions required had been identified on two consecutive care plan audits. We

discussed this with the registered manager who told us responsibility for following up on action plans had been given to a member of the organisation's quality team. The registered manager confirmed they would take immediate action to ensure all necessary actions were completed.

Records showed us regular staff meetings took place. Staff confirmed these meetings were a forum in which they could raise any issues of concern.

The provider had been successful in gaining an 'Investors in Staff Training' Award. This recognised the quality of professional development opportunities available to staff in the organisation.

The registered manager told us there were a number of initiatives in place to support best practice in the service. These included the introduction of a dementia champion. The registered manager had also undertaken training to enable them to deliver a recognised and accredited programme for staff working with people living with a dementia. We were told this was due to start shortly with a small group of staff.

We saw there were plans in place for emergency situations such as the outbreak of fire. Most staff told us they had completed fire safety and first aid training to help them understand their role in relation to emergency situations. Where training had not yet been completed the registered manager told us arrangements were in place for staff to attend the next available course.