Housing & Care 21

Housing & Care 21 - Meadowfields

Inspection report

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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

This inspection took place on 26 August 2015 and was announced. This was the first inspection of the service which has been open since May 2014.

Housing & Care 21 – Meadowfields provides personal care and support to older people who live in their own apartments. Some of the people who use the service are living with dementia. Apartments are located on one site in Thirsk around an office and communal areas. There is a café on site which can be used by the public, as well as the local library. The aim of the service is to support people to live independently. The service currently provides personal care to 26 people.

At the time of our inspection there was no registered manager in post. 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

Summary of findings

and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager left the service in June 2015 and an interim manager is in place until a new registered manager is recruited.

The system for administering medicines required improvement to keep people safe from potential risks. The system for administering medicines from blister packs did not ensure that people were taking the correct medicines. We identified an error in administration for one person which had not been picked up by the service and which could have had a serious impact on the person's well-being. The risks associated with medicine administration identified during our inspection meant that there was not proper and safe management of medicines. This was in breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. Risks to people had been assessed and plans put in place to keep risks to a minimum. People had portable alarms which they could use in the event of a problem or emergency.

There were enough staff on duty to make sure people's needs were met. The provider had robust recruitment procedures to make sure staff were had the required skills and were of suitable character and background.

Staff told us they liked working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted. There were no restrictions at the time of our inspection.

There was a relaxed and friendly atmosphere in the service. People told us that staff were caring and that their privacy and dignity respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people needed to have their needs met. People were supported to maintain their health and to access health services if needed.

People's needs were regularly reviewed and appropriate changes were made to the support people received. People had opportunities to make comments about the service and how it could be improved.

There were effective management arrangements in place whilst a new registered manager was being recruited. Staff told us that they felt supported by managers and that improvements had been made to the service during what had recently been a busy time. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

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 was not consistently safe.

People were not fully protected against the risks associated with medicines.

Staff were confident of using safeguarding procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported to maintain good health and were supported to access relevant services such as a GP or other professionals as needed.

Good

Is the service caring?
The service was caring.

People told us that they were looked after by caring staff.

People, and their relatives if necessary, were involved in making decisions about their care and treatment.

People were treated with dignity and respect whilst being supported with personal care.

Good

Is the service responsive?
The service was responsive.

People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. There were opportunities to feed back their views about the service.

Good

Is the service well-led?
The service was well-led.

There were good interim management arrangements whilst a new registered manager was being recruited.

Good

Summary of findings

Staff told us that improvements had been made to the service during what had been a busy time.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

Housing & Care 21 - Meadowfields

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 26 August 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we looked around the premises, spent time with people in their apartments and in the communal area. We looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a community care service. This included five recruitment records, the staff rota, notifications and records of meetings.

We spoke with five people who received a service and one visiting relative, as well as four members of staff and the management. Following the visit we sought further feedback. We spoke with five people and a community nurse over the phone.

Requires improvement

Is the service safe?

Our findings

Some people who used the service were unable to take their own medicines safely and relied on staff to make sure they took their medicines as prescribed. This is called medicine administration. Each person who needed their medicine to be administered by staff had a medication administration record (MAR). Some people had their medicines prepared in 'blister packs' by a pharmacist in addition to other boxed medicines and creams. Blister packs contained the tablets that needed to be taken at different times of day. However, there was no process for staff to check that blister packs contained the correct medicines before administration. The interim manager explained that they relied on the pharmacist to make sure blister packs were correct. However, this did not follow best practice to check that people were taking the correct medicines.

There were separate medication profiles for each person which gave details of the medicines taken. However, profiles did not list possible side effects or allergies and there was no information about what the medicine was for. This meant that staff may not be aware of how a medicine could affect people's health or behaviour, and it would be difficult to assess if a medicine was effective or no longer needed.

MAR charts showed each medicine to be taken as well as the dose and time of day. Staff signed the MAR after administration. Where 'as required' medicines had been administered, such as pain killers, a reason had been recorded on the back of the MAR. MAR charts were regularly checked and audited by management to identify if there had been any errors. Records showed that where errors had been identified, appropriate action had been taken. Action included contact with a GP, discussion with staff members and referral to local authority safeguarding where needed. The majority of errors had been identified promptly which meant they had not impacted on people's well-being. However we found one occasion in August 2015 where a person had been given too high a dose of a prescribed medicine which thinned their blood. This had not been identified as an error and could have had a serious impact on the person's well-being.

The risks associated with medicine administration identified during our inspection meant that there was not effective and safe management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and everyone we spoke with had a portable alarm they carried with them if they needed urgent assistance. Comments included "I have a pendant alarm to call [staff] if needed" and "I have an alarm and staff come straight away if I use it". This was one way the service supported people to live safely in their apartments. A recent survey carried out in April/May 2015 showed that all 10 respondents felt safe.

Staff had received training in safeguarding people, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Records showed that any incidents or accidents were logged and appropriate action taken.

People's support plans included details of potential safeguarding issues where appropriate. For example we saw information about one person's ability to manage their finances safely. Another person was at risk due to forgetting their alarm pendant. There was clear information for staff about the risks, what could be done, and who was responsible. Up to date risk assessments were in place regarding other areas, such as personal care, home environment and mobility. A personal evacuation plan had also been written for each person in the event of an emergency at the service.

Recruitment records showed that all the necessary background checks were carried out before new staff were able to start work. These included a criminal records check, references and proof of identification. There was evidence that references were thoroughly checked and any questions arising from them had been followed up before recruitment took place. Application forms and interview notes showed how the provider assessed new staff to have the skills and experience to work at the service. Although there was not always a photo of the employee in their recruitment records, we noted that all staff wore ID cards, which included a photo, whilst they were at work.

Requires improvement

Is the service safe?

There were sufficient numbers of staff on duty to meet people's needs and keep them safe. All the staff we spoke with felt that the staffing levels allowed them to meet people's needs. They told us that although it had been a busy period, staffing levels had been appropriately maintained during the recent period when there has been an increase in people using the service. We noted that staff did not appear rushed and were able to respond to people's needs as they arose. A shift planner was drawn up for each day so that staff knew what they were required to do. At night time there were currently two waking members of staff on duty to respond to any situations and keep people safe. An emergency on call system was in place and night staff had an alarm which would call out an ambulance if required.

Good

Is the service effective?

Our findings

Staff spoke enthusiastically about their roles and responsibilities. Comments included "I enjoy it here. It's a good team", "I absolutely love it. We all know what we are doing" and "I love it here. Everyone gets on". People who used the service made positive remarks about the staff team, including "Staff are very good" and "Staff are wonderful".

Staff told us that they had the information they needed to provide a service that met people's needs. Each day staff were given a worksheet which gave clear details of who they were supporting, the times and tasks required. One member of staff said "I know exactly what I am doing and where". We were told that the worksheets had been particularly useful recently due to an increase in the number of people using the service. Feedback from staff included "A lot of new people have recently moved in and so a lot has been happening", but that "I always get told what is happening. The increase in workload has been managed well".

Staff received the support they needed to provide effective care. Staff members told us they received a suitable induction when they started working at the service. This included two weeks shadowing other staff and three days training. During their induction staff were trained in core skills such as moving and handling, medication, infection control and safeguarding. There were also opportunities to attend specialist training such as dementia awareness. One member of staff told us they were completing a National Vocational Qualification in Care. The manager explained that refresher training was due for a number of staff and they were currently completing a training plan so that it could be provided as needed.

Staff received regular supervisions where they could discuss any issues in a confidential meeting with the manager. Supervision records showed that they took place approximately every three months and included actions to be followed up at subsequent meetings. There were also team meetings every one or two months where the team could share information and discuss issues together.

The staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction. There was an up to date policy in place regarding the MCA and Deprivation of Liberty Safeguards (DoLS). The manager explained that people were supported to live independently in their own apartments and there were no current issues about depriving people of their liberty. However, they recognised that there were an increasing number of people who used the service who were living with dementia. They explained that as a service they needed to be sure that they were operating within current legislation and had arranged for managers to attend local authority DoLS training in the Autumn.

There were signed consent forms in people's care plans where needed. These included consent for medicines to be administered and consent for staff to enter people's property. For some people who used the service there were issues around their capacity to make some decisions. Best interest meetings were held where important decisions had to be made about care and welfare. A best interest meeting is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person.

There were currently no people who required assistance with eating or drinking. People were able to cook independently in their flat or could choose to have a meal in the café at lunchtime. The registered manager explained that the service continually monitored people's well-being and that if there were any concerns about diet or nutrition they would consider how best to support them. For example, a best interest meeting had been arranged to discuss one person's eating habits which were affecting their health.

People were supported to maintain their health and had access to health services as needed. One person confirmed this and said "I have a nurse that comes to look after my legs". Support plans contained clear information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist and district nurse. People living with dementia received support through specialist teams and had access to a social worker. We spoke with a Community Nurse who visited the service regularly. They told us that relationships with the service were good and that staff "Go out of their way to support people".

Good

Is the service caring?

Our findings

All of the people we spoke with talked positively about the service. Comments included “They look after me well. Staff are kind and there when you want them”, “I like it here very much” and “The staff are friendly. They look after me properly”. A visiting relative said “I think it’s a lovely place. [Name] is happy here. The staff are marvellous”.

The atmosphere in the service was relaxed and light hearted. Although we did not observe any personal care tasks being carried out, we did see that staff spoke with people in a friendly manner and were attentive to people’s needs. The staff we spoke with were enthusiastic and talked about the people they supported as individuals. They demonstrated a caring attitude when talking about people’s needs. The interim manager told us that one way the service cared for people was by using an intercom to call every person each morning to check they were alright. This meant that those people who might be isolated in their apartments had the security of knowing that they would receive a welfare check each day.

People were treated with respect and dignity. We observed that doors to peoples’ flats were kept closed and a door bell was used by staff before waiting to be admitted. Some people chose to allow staff to let themselves in and had signed consent forms to agree to this. People told us that the staff treated them with courtesy and respect, for example calling them by the name they preferred. The Home Care Guide also highlighted the rights of people who used the service, which included, respecting privacy and championing dignity.

Records showed that people, and where appropriate, their relatives, had been involved in making decisions and planning their own care. Before people moved in an assessment was carried out which looked at people’s overall needs and how the service could support them to live independently. Assessments took account of people’s views about the support they needed. There were also opportunities in reviews for people to discuss their views and make decisions about future support. Reviews were meetings between people and key staff at the service to look at whether support met was meeting their needs or if there needed to be any changes.

When people first started using the service they were given a Home Care Guide which gave information about the service. This included details about what people could expect, aims and objectives, useful contacts and relevant policies such as confidentiality. The guide was available in other formats such as large print or Braille if needed.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Care and support plans were detailed and focussed on individual preferences. There was a 'pen portrait' for each person which provided a personal history and gave staff an understanding of their character and background. Support plans were written from the perspective of each individual and included their preferences for how they wanted care and support. The manager explained that care plans had been rewritten recently to make them more personalised and informative. A member of staff commented on this saying "Support plans are a lot better now".

Support plans were up to date and reviewed as necessary. Areas covered included health, mobility, personal care and medicines. There was a clear picture of peoples' needs and how they were to be met. Staff members told us that support plans contained sufficient detail and were reviewed regularly. People and their relatives were involved in reviews and that the service took appropriate action where changes in needs were identified. For example, there were recent concerns about one person's diet and their care plan reflected this. There was evidence that the views of the person, their relative and relevant professionals had been taken into account in agreeing an appropriate response to meet their needs.

People were encouraged to develop social relationships to avoid being isolated. The service had a communal café and dining area which was open to member of the public. The local library was also located at the service and the manager explained that the local residents were encouraged to make use of the facilities so that the service became part of the community.

People told us they knew how to make a complaint if needed. One person commented "If I have a complaint I go to the manager" and another person said "If I'm not happy about anything I tell the staff". The majority of people we spoke with told us they had "No complaints" when we asked them about the support they received. We looked at the record of complaints which had no entries over the last year. This was despite some people telling us about complaints they had made in the past.

We asked the manager about this who told us that there had been a lack of recording of complaints by the previous manager. They explained that this had already been identified as an area that needed improvement and a new complaints procedure was now in place. We noted that the complaints procedure was available in the Home Care Guide and was posted on noticeboards around communal areas. The procedure gave clear information about how to complain and who to complain to. This included details and contact numbers of the CQC. The manager explained that one of the changes in the new procedure was that complaints would come directly to the manager to act on rather than be sent to Head Office. This meant that complaints would be responded to more promptly and flexibly.

The service carried out regular surveys of people who used the service as a way of seeking further feedback about the quality of care. The last survey was completed in April/May 2015 and the 10 responses were all broadly positive about the service received. The manager explained that if surveys suggested there was a need for improvement then a plan of action would be put in place.

Good

Is the service well-led?

Our findings

The registered manager left the service in June 2015. We spoke with the manager who was in place until a new registered manager was recruited. They told us that applicants for the manager post were currently being shortlisted.

Staff told us that they felt supported by management and that there had been improvements to the service since the registered manager left. One staff member said "It's being run well despite not having a registered manager" and another told us "Management are approachable". This was confirmed by one person who commented "Now there is new management I find that the service is much improved".

The manager told us they had identified areas that required improvement following the departure of the registered manager. They explained that their temporary role was to make sure the service was running effectively. They said that the last few months had seen an increase in the number of people who used the service and it was a particularly busy time.

Staff feedback was positive about how the increase in people using the service had been managed and that they were kept informed about developments. For example, they told us that team meetings were happening more frequently at the moment. This was to make sure that information was shared effectively and that staff were involved in service delivery.

There was a positive, caring culture at the service. Staff demonstrated a commitment to provide person centred care in line with the ethos of the service. There was clear information about the aims and objectives of the service in the Home Care Guide which described the focus being on "Promoting independence and choice for people through quality housing, care and support services". The manager told us that they wanted "To develop an excellent service" for the people that used it.

The Home Care Guide included a section on quality assurance which encouraged people to give their views and feedback in order to make continuous improvements to the service. People told us they were able to approach the manager with suggestions or comments if they wanted. There were regular tenant meetings where people could discuss issues and ideas in a group setting.

There were suitable systems in place to monitor and improve the quality of care provided. The provider had recently introduced a new quality assurance system which focussed on the CQC domains of safe, effective, caring, responsive and well-led. A visit would be carried every six weeks by an external manager and included a comprehensive review of the service. Actions for improvement would be identified and reviewed at subsequent visits.

The manager explained that their main priority currently was to ensure a smooth introduction for new people whilst making sure that the service maintained standards in the care provided. We saw that one way this was being achieved was by making sure staff had clear direction about the support they were expected to provide. In addition, care plans were audited to make sure they were up to date, clearly written and personalised so that staff had the information they needed to provide consistent support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services are not fully protected against risks associated with medicines due to the lack of effective and safe management systems. Regulation 12 (2)(g).