

Coventry City Council

Frank Walsh House

Inspection report

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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?

Good ●

Summary of findings

Overall summary

We undertook an announced visit to Frank Walsh House on 19 November 2015. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Frank Walsh House provides housing with care. People live in their own home and receive personal care and support from staff at pre-arranged times and in emergencies. At the time of our visit 28 people lived at Frank Walsh House.

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

People felt safe using the service and care workers understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service.

The managers understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles. Care workers had good awareness of how to support people who lacked capacity to make certain decisions and had restrictions on how they lived their lives to keep them safe.

People were happy with the care they received and told us they had regular care workers that were kind and caring. Care workers maintained people's privacy and treated people with respect. People were supported, where possible, to maintain their independence and live their lives as they chose.

Care workers received an induction and a programme of training to support them in meeting people's needs effectively. People said care workers had the right skills and experience to provide the care and support they required. Care plans and risk assessments contained relevant information for care workers to help them provide personalised care to people.

People knew how to complain and were able to share their views and opinions about the service they received. Care workers were confident they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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.

There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were enough care workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

People were supported by care workers who were suitably trained to support people effectively. The managers and care workers followed the principles of the Mental Capacity Act 2005 and made sure the rights of people who were unable to make certain decisions were protected. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People said they were supported by regular care workers who were kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. People were involved in decisions about their care and where possible lived their lives as they chose.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Support plans were regularly reviewed and care workers were kept up to date about changes in people's care. People knew how to make a complaint and the managers dealt promptly with any concerns

or complaints they received.

Is the service well-led?

Good ●

The service was well-led.

People and care workers said the service was well managed. People were happy with the service provided at Frank Walsh House and were asked for their opinions about the service. Care workers felt able to raise any concerns with the managers and said they were supported to carry out their roles. There were systems to monitor and review the quality of service people received.

Frank Walsh House

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

The office visit took place on 19 November 2015 and was announced. We told the provider we would be coming so people who used the service could give agreement for us to visit and talk with them. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service. We were also supported by two interpreters, arranged by the registered manager, to assist our discussions with people who used the service whose first language was not English.

During our visit we spoke with nine people who used the service, three care workers, a senior care worker, deputy manager and the registered manager.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with said they felt safe at Frank Walsh House. People told us, "The staff are very kind and good to me they look after me very well," and "I feel safe and well treated." People knew who to speak with if they did not feel safe; comments included, "If I had any worries I'd speak to the staff and I know they would help put things right if they can", and "If I was concerned I would discuss it with a staff member who speaks my language."

Care workers understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. One care worker told us, "If I have any concerns at all I would record it and report it to the managers. They would look into it and refer it to social services if needed." The managers understood the procedure for reporting allegations of abuse to the local authority and CQC.

There was a procedure to identify and manage risks associated with people's care. When people started the service, an assessment of their care needs was completed that identified any potential risks to providing their care and support. For example, some people needed assistance to move around whilst others needed support to take their medicines regularly.

People said care workers knew how to manage risks associated with supporting them to move,. Comments included, "I feel safe when the carers are moving me because they go at my pace and keep asking if I'm okay, and "I feel safe by the way they look after me as they don't want me to fall over."

Care workers had a good understanding about managing identified risks. For example, they knew how to use equipment to move people safely and where people were at risk of skin damage, they checked to make sure people's skin remained healthy. Care workers explained how they had received training to use new equipment to assist a person move from their bed to a chair. We were told two people who lived at Frank Walsh House had recently been provided with this equipment by the occupational therapist (OT), "We had never seen or heard of a Mo-lift before, but we were shown how to use this and its brilliant much easier for the person to use than the rotunda they were using." Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk.

People and staff told us there were enough care workers to meet people's individual needs. People said care workers arrived when they were expected and most had time to sit and talk with them. People told us, "They arrive on time and stay for the full amount of time," and "They are very nice carers, always having a laugh and a joke with me and I know that they are checking to make sure that everything is alright." Work schedules and staff rotas showed there were sufficient care workers to provide the care and support people required.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Care workers said they could not start work at Frank Walsh House until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists

employers by checking people's backgrounds to prevent unsuitable staff from working with people who use services. Records confirmed staff had DBS and reference checks completed before they started work.

We looked at how medicines were managed by the service. Most people needed support to manage their medicines, although some people were able to do this themselves. People who were assisted to manage their prescribed medicines said they always received their medicines when they should. Comments from people included, "They give me my medication every day and stop with me until I have taken them." "The carers make sure that I take my medication at the right times" and, "The main thing I depend upon is care workers giving me my medicines, which they do at the right times. They have never missed calling to see me and make sure I have taken it while they are here."

There was a procedure for supporting people to take their medicines safely. Where people required assistance, how they should be given their medicines was clearly recorded in their care plan. Care workers had received training to administer medicines safely which included checks on their competence. They recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. There was a procedure to check medicine records regularly to make sure there were no mistakes. Weekly checks were made by senior staff to ensure support workers had administered medicines correctly.

Is the service effective?

Our findings

People told us care workers were knowledgeable and competent when providing their care and support. Comments from people included, "I think they are well trained to do the job they do," and "They are well trained; they have to be to support me with all my needs." Another said, "When I'm ready to go to bed they come and help me, there are always two carers when I'm being moved. They know what they are doing."

Care workers said they completed an induction when they first started to work in the service that prepared them for their role before they worked unsupervised. This included training and working alongside a more experienced worker before they worked on their own. The induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

There was a programme of training considered essential for care workers as well as an expectation they complete a vocational qualification in social care. This included training in supporting people to move safely, medicine administration and safeguarding adults. Care workers told us they felt confident to support people who used the service. A care worker told us, "I have completed all the required training and have regular updates to keep my skills up to date. I have also completed an NVQ in care. I feel well trained to carry out my role."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the Act and had applied for authorisations to deprive the liberty of two people who used the service to ensure their safety. Best interest meetings had been held, as equipment had been put in place to monitor their movements due to deteriorating mental health conditions.

Care workers understood the requirements of the Mental Capacity Act (MCA). They knew why decisions had been made to deprive two people of their liberty and knew they could only do this as the people lacked capacity to make certain decisions related to their care and safety. Care workers said they asked people for their consent before they provided care. People confirmed staff asked for consent before providing care and support, one person told us, "What I do like is that carers ask me before they do anything." Records showed people had given their written consent, where possible, to agree for the care and support to be provided. All the people we spoke with told us the service helped them to be as independent as they could, which included making their own decisions.

Some of the people we spoke with prepared all their own food and drinks; others made their breakfast and

supper and bought a lunchtime meal from the dining room in the service. Two people told us care workers made them a sandwich or snack at tea time. One person told us, "They cook my breakfast in the morning and a sandwich in the afternoon and I go to the dining area for my lunch every day. They will come and make me a drink when I ask them, they are nice like that." Care workers knew how to monitor and manage people's nutrition and hydration if this was required. People's nutritional needs were being met by the service.

People were supported to manage their health and well-being. People told us care workers helped them to make health appointments if they asked them to. For example one person told us, "If I need to see my GP or other professional the care staff would arrange it for me." Care workers and managers confirmed they liaised with health care professionals on people's behalf, for example the GP, dentist, optician or chiropodist who visited people in their flats if required. Health professions visited some people to assist them manage their health conditions, for example, a District Nurse or Community Psychiatric Nurse. We spoke with a health professional who visited the service while we were there. They were complimentary about the care workers and the support provided to the person they were visiting.

Is the service caring?

Our findings

We asked people if care workers were friendly, caring and treated them with respect. People said, "The carers are very kind," and "They are kind compassionate and committed to their jobs." Another said "The carers are very good to me and I'm happy with the way they treat me."

People lived in their own flats so we were unable to observe care directly. However people told us care workers respected their privacy and treated them with respect. Comments included, "I do feel I'm treated with dignity and respect. When the carer showers me they respect my privacy by keeping the door closed so no one can see me." Another said "When I have my personal care they are so sensitive to me, making sure my privacy is respected."

Care workers told us that 'caring' meant, "Making sure people are happy and safe and have no worries about who is looking after them." Another said, "Being respectful and treating people as we would like to be treated. I treat the people here like I would my grandparents but I maintain a more professional relationship."

People received care and support from a consistent staff team that they were able to build relationships with. Work schedules showed people had allocated times for their care to be delivered and care workers said they had sufficient time to carry out all their tasks without rushing. One care worker told us, "We have time to sit and talk with people and get to know them. Having staff they know and trust is very important to people." People confirmed staff took their time and did not rush, "They stay as long as is needed and they don't rush around which I like."

People said they were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. One person told us, "They try and maintain my independence as much as they can by only doing the things that I can't, and that can vary from day to day." Another said, "They don't do anything for me as I'm completely independent. They pop in to see if I'm alright twice a day and that's it." Other people said, "I do all my own personal care," and "All the support they give helps me to remain mostly independent."

People told us they had been involved in planning their care, and that their views had been taken into consideration and included in their care plans. People were satisfied with how care workers provided their care and support, comments included, "I'm so pleased with all my carers," and "The carers are lovely people I don't know what I would do without them I'm happy with all that they do for me."

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure.

Care workers told us that the management team cared about their staff. We were told of a recent event in the home which had been extremely upsetting, not only for those involved but for all the staff team. Care

workers told us they were offered "great support" from the managers, and that counselling had been made available for staff.

Is the service responsive?

Our findings

People received consistent, personalised care and support. People told us their support needs had been discussed and agreed with them when the service started. People who lived at Frank Walsh House required different levels of support and confirmed the support they received met their needs. One person said, "I'm really dependant on the staff here due to my disability you see there is very little I can do myself. They come and get me up in the morning, wash me and help me to get dressed. They then cook my food and give me my medication." This person said they were very happy with the support received from the care workers. Another said, "I'm fairly independent so I don't really ask much of the carers. I do my own personal care, cook my own food and they do my cleaning and they make an excellent job of it too."

People had an assessment completed before moving to Frank Walsh House to make sure the service was able to meet their needs. Assessments detailed the support people required and were used to inform a care and support plan so people received a personalised service. Staff we spoke with had a good understanding of people's care and support needs and people confirmed care workers knew how they liked to receive their care.

Care workers told us they had time to read care plans and sit and talk with people. A care worker told us that everyone had an 'At a Glance' form that told them how people liked to receive their care, and included times they liked to get up and their likes and preferences in regard to personal care and meal choices. We were told, "It also tells us a little about the person's interests so we are able to discuss these with people and get to know more about them." Care workers told us they were given a work schedule when they came on duty that identified the people they would support during their shift. One care worker said, "We have work schedules that tell you who we need to visit, at what time and for how long. It also tells you what to do on each call, for example if the person needs help to get up in the morning and if we need to give medication. Or what help the person needs to move around like using a frame or a standing aid. It will also tell you what assistance they need with personal care and if we need to check peoples pressure areas." Call schedules and daily records of calls confirmed people received care as detailed in their support plans. People told us they received their care at the times expected.

Staff understood people's communication where their first language wasn't English, one care worker told us, "We have several staff who speak people's languages so if we don't understand we can always ask someone for assistance. We also have access to translators for reviews and people's family will always help out if needed. But we can communicate well enough with everyone to know if they were in pain or unwell," and explained how one person would touch their forehead or stomach if they were feeling unwell.

People had copies of their care plan and told us they were involved in reviews about their care and support. One person told us, "My care plan is in the folder which is reviewed every now and again and it's signed by us all." Care plans we viewed had been reviewed and updated regularly and people and their relatives, if people requested, were involved in reviews of their care.

Care workers had a handover meeting at the start of their work shift which updated them with people's care

needs and any changes since they were last on shift. A record was kept of the meeting to remind support workers of updated information and referred them to more detailed information if needed. One care worker told us, "Handovers tell you what's happened since you were last here. These are written down, and if there are changes with people's care what running records you need to read." This supported care workers to provide appropriate care for people.

The service people received was flexible and responsive to their needs. People told us if they were unwell or chose not to get up at the prearranged time staff would come back later to assist them. People also said if they had appointments they could change their call times. The service used assistive technology to support people to remain independent and to monitor safety so staff could respond to people between scheduled calls if they needed to. For example, some people had bed sensors to alert staff when they got out of bed or room sensors so staff could monitor where the person was in their flat. These were used to monitor if the person retired to bed, or got out of bed during the night as they were at risk of falling or the time a person spent in the bathroom to know if personal care had been carried out effectively. People had access to a call system, and some people had personal alarms that staff responded to in between scheduled call times. People told us, "When I pull the alarm call if I'm poorly staff come and help me straight away." This meant people could get urgent assistance from staff if they needed.

People we spoke with told us they had no cause to complain but knew who to complain to if needed. Comments included, "If I needed to complain or have worries I would speak the staff in the office. Another said, "If I was concerned or worried about anything I would talk to the carers who can speak my language."

Care workers said they would refer any concerns people raised to the managers or senior care workers and they were confident concerns would be dealt with effectively. We looked at records of complaints; records showed concerns and complaints had been investigated in a timely manner. People had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

Is the service well-led?

Our findings

We asked people what it was like to live at Frank Walsh House. People were positive about the support they received and told us, "The managers and staff are very good to me and I'm really happy here," and "It's a very nice place to live in and I wouldn't change a thing." Another said, "The service is very good, very nice carers and we are both happy here."

The service had a clearly defined management structure which included a registered manager and deputy manager. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to inform us of any incidents that had happened in the service. The registered manager had responsibility for managing two housing with care units. The deputy manager deputised when the registered manager was at the other unit, they were aware of the registered manager responsibilities and undertook them in her absence.

Care workers told us they felt well supported by the management team that consisted of the registered manager, deputy manager and senior care workers. Senior staff understood their roles and responsibilities and what was expected of them. Care workers were aware of the provider's whistle blowing procedure and confident about reporting any concerns or poor practice to the managers. One care worker told us, "If I had any concerns I would let the managers or the duty officer know. They would definitely take it seriously and look in to it." People we spoke with told us they knew who to speak to if they had any concerns. One person said, "If I had any concerns I would talk to the managers who will help me." Another said, "If I had any concerns I would speak to the staff who understand my language they are very kind to me."

We asked care workers how they were supported in their roles. They confirmed they had regular work supervision, staff meetings and handovers on each shift where they could raise any issues. Care workers told us senior staff observed how they worked and gave feedback if they noticed areas that needed improvement.

The provider's quality assurance process included checking that people were satisfied with the quality of their care and support. This included people's feedback about the service provided. People had regular reviews of their care and support, monthly tenants meetings and were sent questionnaires where they could share their views and opinions about the service. The registered manager told us that as English was not the first language of several people who used the service they held tenants meetings with interpreters so people were fully informed and involved about what was being discussed. Comments from people included, "I attend the tenants meetings and feel that staff do listen to the tenant's views," and "I have attended the tenants meetings and I feel listened to through my interpreter."

Additional quality assurance systems were in place to monitor the service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were systems to monitor any accidents and incidents. Incident forms were completed and reviewed after each occurrence for trends and patterns. If patterns were identified these were acted on, for example people prone to falling had been referred to the GP and the 'falls clinic' to find

out if there was a reason for this. There were regular health and safety checks carried out by the organisation and visits from the local authority contracts department to monitor the care and support provided. The local authority contracts officer for Frank Walsh House had no concerns about the service provided.

All the staff we spoke with were happy working in the service. Care workers said the service was well managed and there was nothing they could think of that would improve the service. Comments included, "We are always looking at how we work and if we could do things differently to improve people's lives and the service we offer. But I can't honestly think of anything that the managers could do differently, it works very well," and "I love working here, I enjoy all the different cultures."