Great Hospital

The Great Hospital Domiciliary Service

Inspection report

The Great Hospital
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Date of inspection visit:
19 September 2016
20 September 2016

Date of publication:
06 October 2016

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

This was an announced inspection that took place on the 19 and 20 September 2016.

The Great Hospital Domiciliary Service is a historic charitable service. The Great Hospital Domiciliary Care Service provides support with personal care solely to people living in a variety of housing on The Great Hospital site and as such is more comparable to a supported living scheme.

There was a 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 and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living in the service. Risks to people were identified and staff took action to manage risks to peoples' safety. Staff demonstrated an awareness of adult safeguarding and knew how to report concerns.

Most areas of medicine administration were managed safely. However, there was no guidance in place for staff regarding when 'as required' medicines should be administered and handwritten entries on medicines administration records were not counter signed. The registered manager told us they would take action to address these areas.

There were sufficient staff to meet people's needs, and staff had been recruited following safe recruitment practices. Staff had the knowledge and support to meet people's needs effectively. They received regular training and staff felt supported by their colleagues and the registered manager to provide effective care.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. Staff and the management team understood the MCA and how this impacted on the support they provided.

People were supported to maintain their health and staff ensured they could access relevant health care professionals when required. Staff supported people with their meals when needed.

People and relatives were complimentary about the kind and caring nature of the staff. Staff knew the people they supported well. People and relatives felt listened to by staff. They felt able to raise concerns and complaints if needed. People were treated respectfully and their independence supported.

The support provided was individual and responsive to people's needs and took in to account people's diverse needs. This included the support provided to people to access social opportunities.

Care records did not always contain sufficient guidance for staff, there was no information regarding

people's personal preferences and how they wanted their support to be provided. The registered manager told us they will make changes to the care plans to address this.

The service promoted close positive relationships and a sense of family. This helped promote a sense of feeling from staff and people using the service that they looked after each other.

People and staff felt involved and knew what was happening in the service. People, relatives, and staff were positive about the support and leadership of the registered manager. There were quality monitoring processes in place to help monitor and identity issues that might affect the quality of the service provided.

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.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns. Action was taken to manage risks to people's safety.

Staff were recruited following safe recruitment practices and there were enough staff to meet people's needs.

People received their medicines when required. However, some areas relating to the recording of medicine administration needed to be addressed.

Is the service effective?

Good

The service was effective.

Staff were provided with the right support and training to ensure they provided effective care that met people's individual needs.

The registered manager and staff understood how the MCA impacted on the support they provided.

People were supported to maintain their health and access relevant health care professionals.

Is the service caring?

Good

The service was caring.

People and relatives were complimentary about the kind and caring nature of the staff.

People were supported by staff who knew them well and listened to them.

Is the service responsive?

Good

The service was responsive.

People received care which was personalised and responsive to

their needs.

People and relatives felt able to raise and discuss their concerns and experiences.

Is the service well-led?

Good

The service was well led.

Staff felt supported by the registered manager. They, people, and relatives spoke highly of the registered manager's leadership.

Quality monitoring systems and audits were in place to help monitor the service.

The Great Hospital Domiciliary Service

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 19 and 20 September 2016 and was announced. The provider was given 72 hours' notice because the service provides care to people in their own homes and we needed to be sure that people would be willing and available to speak with us. This inspection was carried out by one inspector.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with thirteen people using the service and two relatives of people using the service. We also spoke with the registered manager, a senior carer, four care assistants, and the onsite chef. We observed how staff interacted with people receiving the service.

We looked at three people's care records including medicines records, two staff recruitment files and staff training records. We looked at other documentation such as quality monitoring documents as well as accident and incident records, and records from staff meetings.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. One person said they, "Definitely" felt safe. Another person told us how their relative was able to go on holiday because they felt confident that they would be safe and well cared for. Relatives of people using the service also felt people were safe. One relative told us, "It's a safe environment."

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. One member of staff told us, "We know all our residents and we would know if something was wrong." Another member of staff told us there were numbers on display of who to contact if they needed to report concerns.

There were risk assessments in place which covered areas such as mobility and skin breakdown. These were not always detailed and lacked guidance for staff in how to manage the identified risks. However, we saw the service had taken action to manage risks to people's safety and we concluded people were not at risk. For example, we saw staff had identified that one person had an area of skin that was at risk of breakdown. They had taken quick action to report this to the relevant health professionals and ensured equipment was in place to mitigate the risk of further deterioration.

Details of incidents and accidents were captured and recorded. Incident and accident reports showed they had been analysed each month so any patterns could be identified and action taken to manage these. For example, we saw one person had fallen several times in one month. This had been identified and they had been offered equipment and a referral to a relevant health professional to help mitigate the risk of falls. The registered manager told us for any significant incident or accidents they would complete a significant event analysis. These reflected on the incident, the actions taken, and any learning needs identified. This demonstrated the service sought to learn from incidents and accidents.

Risks at service level were identified and assessed. This included risk assessments on the environment and work activity such as lone working. We saw there were regular health and safety meetings where risks to the service were discussed and reviewed.

People were supported by sufficient staff. All the people and relatives we spoke with felt there were enough staff to meet their needs. One person told us they had experienced a fall on one occasion, they had pressed their call bell and staff had responded very quickly. They said, "Within two or three minutes." Another person told us, "There's always someone on duty."

The staff we spoke with also confirmed that there were enough staff to meet people's needs. One member of staff told us this meant, "That you [staff] get time to spend with the residents." The registered manager told us that the service provided a maximum of thirteen hours of care to each person. They said they used this and the level of assessed need for each person to help them work out how many staff were required.

Staff files showed safe recruitment practices were being followed. This included the required health and

character checks, such as references and Disclosure and Barring Service (DBS) checks, to ensure the risks of employing unsuitable staff were minimised.

People we spoke with, who received support with their medicines, said staff supported them appropriately. One person told us on one occasion they had not known what a medicine was for on their prescription. They asked staff about this and said they were provided with the necessary information. Another person told us, "They ask if you want to have painkillers." Staff told us they received regular training in medicines administration and had their competency to do so assessed to ensure people received their medicines safely and correctly.

We looked at three medicine administration records. We saw these records were signed accurately to show people had received their medicines as required. One MAR had handwritten entries these had not been signed by two members of staff. Recommended guidance is that handwritten entries should be signed by another suitably qualified member of staff to ensure these were accurate and mitigate the risk of any errors. We saw there was no guidance in place for staff regarding when 'as required' medicines should be administered. We discussed this with the registered manager who said they would take action to address this. Where the service had responsibility for the receiving and storing of peoples' medicines this was done appropriately. The care co-ordinator undertook regular stock checks which included auditing for any errors.

Good

Is the service effective?

Our findings

All the people and relatives we spoke with felt staff had the skills and knowledge required to meet people's needs. One person told us, "[Staff] are so knowledgeable and helpful." Another person told us, "I can't criticise anyone for not being up to the job." A relative told us, "[Staff] look after [name] very well." Another relative said, "[Name] is looked after superbly."

The staff we spoke with felt supported by their colleagues and the registered manager, to deliver effective care to people. One member of staff told us, "Good team, we all help each other." Staff told us they received regular supervision and appraisals. They told us the registered manager was very supportive and approachable. One member of staff said, "If you wanted to know anything you can go to [registered manager]." Another member of staff said, "[Registered manager] is hands on, willing to help out when necessary."

Staff spoke positively of the training they received. They told us this helped them to have the knowledge and skills to carry out their role. One member of staff told us the provider was supportive of their learning and development. They said if staff wanted to access additional external training courses this was always supported by the registered manager and the provider. Several staff told us the registered manager made sure they kept their training up to date. One said, "We're all up to date." We saw the registered manager had a clear training plan which identified what training was required over the next year for each member of staff and when they needed their training updated.

There was a clear induction plan and checklist for new staff. This meant the registered manager could ensure new staff had covered the required learning before working on their own. A member of staff told us they had found their induction helpful and a positive experience. They said other staff were very supportive and friendly. This had helped them settle in and learn their new 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. We checked whether the service was working within the principles of the MCA.

The registered manager demonstrated they understood their responsibilities and the requirements of the MCA. They were able to give us examples of where they had identified people may lack capacity in some areas and how they had worked with relevant people to ensure decisions were made in their best interests.

The staff we spoke with told us they had received training on the MCA. They demonstrated that they understood the importance of supporting people to make decisions and practical ways they could help them. Several people we spoke with told us staff made sure they sought their consent when supporting

them with their care. Care records confirmed this. For example, we saw people were asked if they consented to information about their care being shared with others when necessary.

The service offered people support with meals if this was required. People could be supported with meals in their own accommodation or they could choose to be supported with their meals at one of two restaurants on site. Several people we spoke with told us how staff ensured people were supported with eating and drinking if they required it. There was a system in place to ensure staff knew if people who required support had any special dietary requirements. This meant they could ensure these people's nutritional needs were met.

We saw some people required support to contact health professionals in order to ensure their health needs were met. In these instances we saw health professionals were contacted appropriately and when required. One person told us staff were good at picking up any health issues and supporting them to access health care services. A relative we spoke with gave us several examples where staff offered their relative support in this area. They told us staff had proactively contacted health professionals to ensure health needs were met. Care records showed, where required, staff supported people to access a range of professionals such as community chiropodists and occupational therapists.

Good

Is the service caring?

Our findings

People and relatives we spoke with talked highly of the staff. They praised their kind and caring nature. One person said, "[Staff are] very very kind." Another person told us, "They are absolutely wonderful." A third person said, "[Staff] are very caring, they'll do anything for you." A fourth person said, "I get spoilt [by staff]." A relative told us, "[Staff] are everything you would want for your mum and dad." They went on to tell us they felt staff loved and cared for their relative.

Staff we spoke with talked about people they supported in a caring manner. One member of staff told us, "I like to see our people happy and content." Another member of staff said, "I love the residents, they're all lovely, and I'll help them all out." We observed staff interacted with people in a warm and kind manner. Staff laughed and joked with people. One person told us they appreciated this, they said, "Everything usually ends up with a joke."

All the staff we spoke with talked of how they viewed people and staff as one big community or family. One member of staff said, "I feel as though [people using the service] are part of my family." Another member of staff told us, "We are kind of like a big family here." A third member of staff said, "It's like a small community." A relative told us, "It's a world, a community."

People told us staff knew them well and they had positive relationships with staff. One person told us, "You can have a relationship with them." Another person said, "I have an easy connection with staff, I get on with the carers very very well."

Staff demonstrated they knew people well in their conversations with us. One member of staff told us how on their induction their colleagues made sure they knew the small individual preferences that each person had, for example how each person liked their cup of tea made.

People told us they felt involved, supported and listened to regarding their care. One person said, "They do listen." A relative told us, "They've always got time, they listen to people." Staff told us they made sure they sought people's opinion and listened to this. One member of staff said, "Everyone is asked what they want, they're always given choices." The care plans we looked at showed people had signed to say they had read them. We saw people's care plans were kept in their own homes so they could look at these when they wanted.

People's independence was supported and encouraged. One person told us that staff respected their independence and desire to do things on their own, but knew staff would support them if they needed help. One member of staff told us, "If they can do something, and we know they can, we'll encourage them to do it."

People told us their dignity and privacy were respected. One person told us, "They're not intrusive." A relative said, "Can I just stress this, people are treated with dignity, I think that's so important." We observed, and the people we spoke with told us, that staff knocked on their doors before entering. Staff gave us

practical examples of things they did that protected people's dignity and privacy.

Good

Is the service responsive?

Our findings

The care plans we looked at showed people had signed to show they had been involved in writing them. However, not all the people and relatives we spoke with were able to confirm this. Care records contained information about people's needs and were regularly reviewed. However, they did not always have sufficient guidance and information for staff. Care plans were provided in a pre-printed format and were completed by ticking to indicate what support people required. For example, washing and dressing, they did not contain any further written guidance regarding what people's specific needs were in relation to each task. There was a lack of detail regarding people's personal preferences on how they wanted to be supported, their interests, and personal histories. We discussed these issues with the registered manager who advised they would take action to review the care plans.

However, it was clear through talking to people, relatives, and staff that this information was known and understood by staff. People and relatives were also able to tell us that the support provided was individual and responsive to their needs. One person told us, "They know exactly what my wishes are and they do it." Another person said, "If I want anything done, they're ever so good." A relative told us staff were responsive in meeting their relatives particular health needs, "Everything is done, I can't think of anything that needed to be done that hasn't happened."

Staff and people we spoke with gave us examples of how the support provided was tailored to people's individual abilities and religious beliefs. Several staff told us how they knew people's spiritual and cultural needs and supported them with these where required. For example, by ensuring people were supported to access church services if they could not do this without support. One member of staff said, "People go to church and we're supportive with that." Another member of staff said, "They all know we'll take them if they want to go."

The service was proactive in addressing the risks of social isolation and understood the importance of offering opportunities for people to socialise and form friendships with other people using the service. Staff told us they recognised the need to interact with people and encouraged them to participate in social opportunities in order to protect against social isolation.

People who could not access the community or social events without assistance were supported. A newsletter was sent to people using the service, which listed events and activities taking place on the site. This meant people, who could not access this information independently, knew what was taking place. They could then discuss with staff what support they required and when in order to access these events. For example, on one of the days we visited we saw one person had decided they wanted to attend an event that was due to take place that day. We saw they contacted staff and requested assistance to attend, this was quickly organised and provided.

The service had systems in place to encourage feedback about the support provided. We saw people were asked to fill in a yearly survey to provide feedback on the service. The registered manager told us people felt comfortable coming to the office to provide any feedback or discuss issues with them when needed. People

we spoke with confirmed this. One person said, "If there's something I need to say I can go and see [the registered manager] and they'll sort it out."

We saw the service had not received any formal complaints in the last twelve months. Relatives and people we spoke with told us they had never needed to raise any formal issues or complaints. They said they felt comfortable to do so if required and confident the registered manager would take action to resolve any concerns. Two people we spoke with gave examples where the registered manager had responded promptly to issues they had raised.

Good

Is the service well-led?

Our findings

Everyone one we spoke with talked highly of the service and the support provided. One person said, "It's a wonderful place." Another person said, "I would say the care is excellent." A third person told us, "The care is so good." A relative said, "I have to say we've found [the care] faultless." A second relative told us the service was a model to other services of what they should provide. Staff told us they enjoyed working at the service. One member of staff told us, "It's a sought after place to work."

We saw the service promoted close positive relationships and a sense of family. A member of staff told us the service was about, "Family values" and promoting a good quality of life for people using the service. This helped promote a sense of feeling from staff and people using the service that they looked after each other.

People and staff told us they felt involved in the service and knew what was happening. One member of staff said, "[Registered manager] does listen, and will put things in to practice, especially if they thinks it's in the best interests of the [people receiving a service]." Another member of staff said, "[Registered manager] gets us all involved." We saw the service had a newsletter which informed people of any changes or information they needed to know. The registered manager said if there was information they wanted to people know, before the newsletter was sent, they would ensure letters would be sent out to all people receiving the service. The people we spoke with confirmed this and showed us some of these letters.

People, relatives, and staff were positive about the support and leadership of the registered manager and provider. One person told us, "In my opinion it is managed wonderfully well." A relative said, "Very well managed indeed." Staff told us the registered manager was approachable and supportive. One member of staff said, "[Registered manager] is a good boss, they're brilliant really." One member of staff told us that feedback and issues were dealt with in a constructive manner. They said, "[care co-ordinator] will tell us in a nice way and how to put it right."

There were audits relating to medicines, and accidents and incidents to help monitor and improve the quality of the service. A yearly survey was also completed with people using the service. We saw these were analysed to ensure any issues or trends were identified and could be addressed. People, relatives and staff told us the registered manager was visible and knew what was going on in the service. A relative told us, "[Registered manager] has got their finger on the button, don't think there's much that gets past them." A member of staff told us, "It means you get a chance to work beside management, they get to know you and you them." This showed the registered manager also ensured they informally monitored the quality of the service on a day to day basis.

The registered manager was proactive in ensuring they kept themselves up to date with good practice and to ensure they could help support and develop the service.