The Abbeyfield Kent Society

Watling Court

Inspection report

Ifield Way
Gravesend
Kent
DA12 5BP

Tel: 01474352201
Website: www.abbeyfieldkent.org

Date of inspection visit:
03 March 2016

Date of publication:
12 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected the service on the 03 March 2016. This inspection was unannounced.

Watling Court is a domiciliary service that provides personal care and support to tenants who live in independent living flats located in a purpose built facility. The main office is located within the living facility at Watling Court. There were 47 people receiving support to meet their personal care needs on the day we inspected.

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's views about the service they received were positive. Relatives felt their family members received safe, effective, compassionate, responsive and well led care.

Recruitment practices were not always safe, gaps in employment history had not always been explored.

Medicines were appropriately managed and administered. They were not always appropriately recorded. We made a recommendation about this.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. Capacity assessments did not follow the principles of the Mental Capacity Act.

Systems to monitor the quality of the service were not effective. Policies and procedures were out of date, which meant staff didn't have access to up to date information and guidance.

Staff knew and understood how to safeguard people from abuse, they had attended training. The registered manager had appropriately reported safeguarding concerns to the local authority but had not reported this to CQC. The local authority's policy, procedures and protocols where not available for staff or the registered manager. We made a recommendation about this.

Staff had not received regular support and supervision from their line manager. There were suitable numbers of staff on shift to meet people's needs.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People received medical assistance from healthcare professionals when they needed it. Staff knew people

well and recognised when people were not acting in their usual manner.

People's care plans detailed what staff needed to do for a person. The care plans included information about their life history and were person centred.

People had choices of food at each meal time which met their likes, needs and expectations. People were supported to be as independent as possible.

People and relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People were given information about how to complain. This was displayed in communal areas of Watling Court.

People's view and experiences were sought through review meetings and through surveys.

People told us that the service was well run. Staff were positive about the support they received from the manager. They felt they could raise concerns and they would be listened to.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people. However, the service did not have the local authority's protocols, policy and procedures in place.

There were sufficient staff on duty to ensure that people received care and support. Effective recruitment procedures were not always in place.

Risks to people's safety and welfare were well managed to make sure they were protected from harm.

People's medicines were well managed. Medicines audits took place frequently and identified areas for improvement. Records relating to medicines were not always complete.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not have all the essential and specific training and updates they needed. Staff did receive supervision, however this was not frequent. Staff said they were supported in their role.

Staff were aware of the Mental Capacity Act 2005. Records relating to assessments of people's capacity evidenced that the principles of the Mental Capacity Act had not been followed.

People were offered a choice of drinks and food.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their own care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred. Care plans detailed people's important information such as their life history and personal history.

A complaints policy and procedure was in place, this was on display in communal areas, people knew how to complain.

People had been asked their views and opinions about the service they received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality of the service were not effective. Policies and procedures were out of date.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The registered manager was aware of their responsibilities to notify CQC about important events such as injuries resulting from accidents and deaths but safeguarding concerns had not been reported appropriately to CQC.

Watling Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on the 03 March 2016. This inspection was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We also reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with four people about their views and experiences of receiving care. We spoke with three relatives on the telephone. We observed staff interactions with people and observed care and support in communal areas. We spoke with seven staff during the inspection, which included the registered manager.

We looked at records held by the provider. These included five people's care records, risk assessments, staff rotas, five staff recruitment records, meeting minutes, policies and procedures.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We last inspected the service on the 22 June 2013 and there were no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us that they liked living at Watling Court and they felt safe. Relatives gave us positive comments and said their family members received safe levels of support. Comments included, "She feels safe there"; "They are on the ball, we are looking to get some kind of package to support with medicines" and "There was a pharmacy error recently, staff rectified it".

Recruitment practices were not always safe. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. Four out of five application forms did not show a full employment history. One staff file showed a gap of 24 years. Interview records did not evidence that this had been investigated by the provider.

The failure to carry out safe recruitment practices was a breach of Regulation 19 (1) (b) (2) (a) (b) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had access to the providers safeguarding policy. However, this did not give staff contact numbers and details of how to raise a safeguarding concern. The providers safeguarding policy had not been updated since 2011. The policy did not link to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager did not know about the local authorities safeguarding policy. Safeguarding records showed that safeguarding concerns had been appropriately reported to the local authority. Staff understood the various types of abuse to look out for and knew to report any concerns to the registered manager in order to ensure people were protected from harm.

We recommend that the provider and registered manager ensure that staff have clear guidance in relation to safeguarding and follow the local authorities' multiagency policy, protocol and procedure.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place which were dated May 2012. The procedures set out directions for staff about administration of medicines, this included information about over the collection of prescriptions, records and medicines error reporting. Staff were clear about their responsibilities regarding medicines, they told us that they had received assessments from the management team to check they were competent to administer medicines. Staff had not always made accurate records of medicines taken on medicines administration charts (MAR) and medicines records. Completed medicine records were checked and audited by the care team leader when these were returned to the office at the end of each month. Relevant actions had been taken as a result of the audit. Staff file records, meeting records and referrals to human resources had been made for repeated staff recording errors and concerns. One MAR chart seen during the inspection did not state the month or year that the medicines related to. This meant that medicines records were not clear. However, there were good systems in place to ensure people received their medicines safely.

We recommend that the provider and registered manager ensure that adequate records are maintained in relation to people's medicines.

People's care plans contained individual risk assessments in which risks to their safety were identified such as falls, pain, sleep, eating, use of continence aids, medicines and mobility. The risk assessments had been reviewed regularly and updated when required. Therefore staff had appropriate guidance and support to support people safely.

Accidents and incidents were reported to the management team, who reported a summary of these to the provider on a monthly basis. Appropriate action had been taken when there had been accidents and incidents. For example, people had seen their GP or the hospital, relatives had been informed and when people frequently fell they were referred to the falls clinic for review and assessment.

There were suitable numbers of staff on shift to meet people's needs. The registered manager explained that the staffing rota was put together based on people's assessed care needs. There was always staff situated in the building when they were not providing care and support as staff also had the responsibility of answering the call bell system. People and relatives told us that the staff on duty were responsive when the call buzzer was pressed. They explained that if all of the staff were busy providing care and support for other people a staff member would answer and explain that they could not get there straight away. One person told us that on occasions they have had to press the buzzer a number of times because the staff member who had answered them had then forgotten to go to them and had started to provide care and support to other people.

Requires Improvement

Is the service effective?

Our findings

People told us they were supported to make their own choices. One person told us, "I chose my own flat" and told us they were able to choose different meals each day, "The chef will always do you something else if you don't like it, I often have a salad and a dessert".

Relatives told us their family member's health needs were well met. One relative explained that if their family member had suffered a fall, "They've rung the ambulance". Another relative explained that they had been "Involved in decisions" and another relative said, "Staff are good and experienced".

Staff and the registered manager showed they had a good understanding of the Mental Capacity Act 2005 (MCA). However, mental capacity assessments for all the care files we viewed were not decision specific, which did not follow the principles of the Mental Capacity Act. Some capacity assessments conflicted with other information found in people's care files. For example, one person's care plan had been completed to state they did not have capacity, the care plan did not state what decision this was in relation to. Another assessment form in the person's care file showed they did have capacity. Capacity had not been assessed in line with the MCA, and the overarching theme of assumption of capacity. The registered manager acknowledged that the assessments did not meet the principles of the Mental Capacity Act and advised that the provider was looking at putting together new forms which were decision specific.

The failure to act in accordance with the Mental Capacity Act (2005) is a breach of Regulation 11 (1)(2)(3)(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had good knowledge and understanding of their role and how to support people effectively. Staff had not received all of the training and guidance relevant to their roles. The staff training records showed that essential training such as fire training, health and safety, moving and handling, Mental Capacity Act 2005 and medication had been undertaken. Some areas of the training records were blank. There were 19 out of 22 members of staff that had undertaken training in these areas. There were a number of people who received support who lived with dementia. Only 13 staff had attended dementia training. Staff provided support to people who had catheters in place, however they had not had training. This meant they may not recognise the signs when a catheter is blocked or not draining properly. This would impact on people's health. One staff member had only completed three out of 17 training courses and another two staff had only completed one training course each out of 17. All three of these staff started work in 2015. This meant that some staff members had not received all of the training they needed to meet people's needs.

Staff gave us mixed feedback about the support that was available to them. One staff member told us they had received supervision recently and that they had them regularly. One staff member told us they had been in post for two years and had not had a formal supervision with their line manager and had not had an appraisal within the last year. However, they did say they had plenty of informal support daily. The registered manager told us that supervisions meetings were held every three months. Records showed that supervisions, took place infrequently. One staff member had been in post since 2014 and had only received one supervision. This meant that staff did not have opportunities to discuss their performance, training,

support requirements formally.

This was a breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had systems in place to monitor and record care practice through observations. Records in staff files showed they had been carried out yearly and feedback had been given to staff following the observation to ensure practice was improved (if required).

Staff and managers effectively communicated with people in a polite and friendly manner. Records showed when people's health needs changed the management team communicated with relevant professionals. The registered manager had also appropriately reported when people who lived in Watling court who received care from other services, had not been given the care and support they had been assessed for. Relatives told us that staff communicated effectively with their family members. One relative said, "I think the staff have good training and make correct decisions".

People lived in their own flats. However there was a communal kitchen and dining room at Watling Court where most people chose to eat. Staff supported people with mobility difficulties from their flats to the communal area. Some people chose to have their meal delivered to their flat. We observed that people sat where they wanted to and had a choice of food available to them. Staff had a good understanding of meeting people's dietary needs. Staff explained that the kitchen staff were informed about people's allergies and diets. People and their relatives were complimentary about the food. Comments included, "The food is really good"; "I think the food is good"; "It's nice food, dad eats all of it" and "Mum loves it, really enjoys food and never complained".

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required and had contacted relatives of people to inform them that their family member required medical attention. Records demonstrated that staff had contacted the GP, ambulance service, occupational therapists, physiotherapists, hospital, care managers and relatives when necessary. People who were at the end of their life received support from the palliative care team. Where people had pressure areas, appropriate action had been taken to ensure they had the right equipment to meet their needs. District nurses visited people in their own flats to monitor, assess and redress pressure areas when required. Suitable systems were in place to monitor people's health.

Good

Is the service caring?

Our findings

We observed that people were spoken with kindly and compassionately by staff. One person told us, "It's marvellous here I can't fault it". Another person said, "Staff treat me ok, I can't say a bad word" and "I go out when I want".

Relatives told us the staff were kind and caring towards them and their family members. One relative said that staff are, "One hundred percent kind and caring, they're friends to him and have a good relationship. They know him well". Other comments included, "They do a fantastic job"; "Staff are kind"; "Dignity is respected" and staff "Knock on the door and use keys to go in".

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff explained that they would close the curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people fee valued. All of the staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity.

Staff knew the people they supported well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support. Relatives told us, "All the staff should be credited for what they do" and "Those girls [staff] do absolutely everything".

People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs. One staff member explained how they ensured they took an interest in each person they supported. They said, "I make time to sit with the person, ask them about their day, sleep, family and take an interest in their lives and what matters to them".

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. For example, one person's care plan showed they needed four care visits a day to have support with their personal care, taking medicines, eating and drinking. The daily records evidenced that the person received four care visits each day as detailed in the care plan. The records noted what the person had eaten and that staff had time to chat. All the staff we spoke with said they were able to spend time with people to chat and give them quality time as part of their support.

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us, they chatted to people to find out what they wanted. Staff detailed how they encouraged people to independently wash areas of their body and they only stepped in to provide care when the person needed help. One staff member told us, "I treat people like I'd treat my parents".

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the manager's office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password.

Good

Is the service responsive?

Our findings

People told us the staff were responsive to their needs. People told us that there were plenty of activities and events held in the communal areas of Watling Court which they could access if they wished. One person said, "I don't get involved in activities, I don't like to". Several people told us they enjoyed the knitting activities. One person told us that the registered manager visited them to ask them questions about the care service and had given them a survey to complete.

Relatives told us the service was responsive to their family member's needs. Relatives knew how to raise concerns and complaints. Comments included, "It's fine, no complaints at all" and "I was involved in setting up the care plan, came up with the plan together". One relative explained how the staff team had helped to reunite two family members who had been separated.

Staff told us that when they started to provide support to people there was always a care plan and risk assessments in place and they had all the information they needed to provide care and support. People's care plans detailed their life history and important information about them. Such as previous occupations, places they had lived and important people in their lives. The care plans provided clear detail to staff about what they had to do for a person. People and their relatives had signed their care plans to state they agreed with the packages of care. Relatives explained that their family member's care needs were reviewed regularly. Comments included, "A review was held a couple of weeks ago with social services" and "In the process of reviewing dad".

People were supported to be as independent as possible. Most people went out into the community as and when they wanted. One staff member said, "It's really important that people have a life outside". Activities took place in the communal areas of Watling Court. These were in place to encourage people to engage and interact with others and provide stimulation. The communal lounge contained music, a television, a piano, bingo equipment, dominoes and cards. Watling Court also had a hair salon. A hairdresser provided a service from the salon one day per week. Activities included; knitting, quizzes, tea/coffee and cake events, arts and crafts, flower arranging and a monthly church service. One person said, "I do knitting and in the summer we sit in the garden doing it". Another person said, "I join in with quizzes occasionally". Relatives were complimentary about the activities. The management team told us that staff had helped people to plan and attend events such as the Queens 90th birthday event, garden parties, and takeaway evenings. Some of the time staff had provided this level of support, "Off their own backs and in their own time" because they cared.

Staff had a good understanding of their roles and responsibilities with regards to complaints. The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within the 'service user guide'. The procedure was on display in communal areas. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included, The Care Quality Commission (CQC) and the Local Government Ombudsman (LGO).

Complaints records showed that issues had been fully investigated and responded to by the registered

manager and provider within appropriate timescales. People had received an apology when one was required. The registered manager explained that complaints were discussed with staff when they were on shift and messages were left in the communication book to ensure lessons were learnt. This was because staff meetings took place three monthly.

Compliments records were maintained. These records contained letters and cards from people and their relatives. Compliments read, 'Wonderful time and a very lovely room. Thank you'; 'I really like staff and reception. No complaints about anything'; 'Staff are very helpful'; 'To the staff thank you for your help and keeping us safe' and 'Thank you all for your care and understanding with my mum'. We viewed one compliment which was from a large number of the people receiving a service. They had sent a thank you card to the staff member who had set up the knit and natter group.

People were encouraged to provide feedback about the service. The management team met with people to ask them feedback twice a year. We viewed a number of these summary completed surveys. Comments within the completed surveys included; 'Very happy with care provided. Prefer female carers'; 'Very happy no complaints'. The registered manager explained that people and relatives received feedback surveys to complete from the provider. Some relatives we spoke with confirmed that they had received these.

Requires Improvement

Is the service well-led?

Our findings

People knew the management team well, during the inspection people visited the office area to make requests and ask for help to do things. The management team were responsive and supportive and clearly knew people well.

Relatives were complimentary about the service and the management. One relative said, "I can't blow their trumpets enough, it's peace of mind for me". They went on to explain that the management team, "Are marvellous in what they do and how they organise everyone". Another relative told us, Watling Court was a "Fantastic place".

The majority of policies and procedures were out of date. The policies and procedures had not been reviewed and updated regularly and therefore had not kept up with changes in legislation. Policies relating to the recruitment and selection of staff detailed that employment histories will be collected to evidence the last 10 years of employment. This does not reflect the regulations which states that a full employment history should be obtained. The registered manager told us that the provider was in the process of developing new policies and procedures, however the provider was focussing on the policies and procedures for its residential services first. This meant that staff did not have up to date guidance and support to follow while delivering care.

Quality assurance systems were in place. The management team carried out audits of fire safety, care plans, medicines and health and safety on a monthly basis. The care plan audit completed in February 2016 had not identified any concerns with the care documentation in relation to mental capacity assessments. The provider did not have audit systems in place to pick up the issues we found during the inspection relating to staff recruitment records, staff supervision, training and safeguarding.

The registered manager had support from an area manager who provided occasional formal supervision. The registered manager felt they needed more support from the provider in relation to adapting systems, forms and processes from the provider's residential services so they fitted with the service at Watling Court. The registered manager was isolated from peer support as other registered managers for the provider ran residential services so information provided was often not relevant to extra care housing.

Records were not always accurate and complete, for example one person's care plan was not complete. Their care file detailed they should have four care visits per day, however the care plan only provided staff details about what to do for the person for two care visits.

The examples above evidence a breach of Regulation 17 (1) (2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records relating to people's care and the management of the service were stored securely. People's care files and personal information had been stored in locked cabinets in the office and people had a copy in each of their flats for staff to follow on a day to day basis.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths and serious injuries. The provider had not always notified CQC about safeguarding events that had occurred. We found records relating to suspected financial abuse that had not been appropriately reported to CQC.

We recommend that the provider and registered manager notifies all relevant parties of important events and incidents.

The registered manager and staff told us that communication between all staff was good. Formal handovers were not given but important information, changes in people's health needs and appointments were recorded in a diary.

Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to. Staff told us that they were aware of the home's whistleblowing policy and that they could contact other organisations such as the Care Quality Commission (CQC) and the local authority if they needed to blow the whistle about concerns. Posters advising staff how to whistle blow were displayed around Watling Court. Staff meeting records evidenced that staff discussed a range of subjects and felt confident to ask questions and make requests. The staff were confident about the support they get from the registered manager and senior staff, this included out of hours support during evenings and weekends.

Staff had received surveys from the provider to ask for their feedback, the registered manager told us these were sent out on an annual basis. We were not able to view any completed surveys as these were at the providers head office. Staff told us that the chief executive of the provider organisation held quarterly lunches which staff could apply to attend so they could meet and discuss important issues. Staff told us that the provider kept them up to date with information through emails and information was put up for them in the staff room on notice boards. One staff member explained how the service shared good things with the head office such as special events and parties and these were displayed on the website and social media websites.

The values of the service were to treat people with compassion, dignity and respect, act with integrity, be people focussed and be open and adaptable. We observed that the staff had embedded these values into their work.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the Mental Capacity Act (2005) when assessing people's capacity. Regulation 11 (1)(2)(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that leadership and quality assurance systems were effective to make sure people were safe and they received a good service. Records were not complete and accurate. Regulation 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not operated recruitment procedures effectively. Regulation 19 (1)(a)(b)(2)(a)(3)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff were

suitably trained and competent to provide safe and appropriate care.

Regulation 18(1)(2)(a)