Housing & Care 21

Housing & Care 21 - Rotherham

Inspection report

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17 August 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 10 and 17 August 2016 and was unannounced on the first day. The service was taken over by a new provider in December 2014 and this was the first inspection since they registered as the new provider.

Housing and Care 21 Rotherham is a domiciliary care agency. The service is registered to provide personal care to people in their own homes. At the time of our inspection the service was predominantly supporting older people and people living with dementia. Care and support was co-ordinated from the office, which was based in Dinnington near Rotherham.

There was not a registered manager at the time of our inspection. 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. The registered manager had left in 2014. A new manager had been appointed to manage two locations they commenced in post on 4 July 2016. The manager had commenced the registration process to register with CQC.

We found that people's needs had been assessed before their care package commenced. Most people who used the service and their relatives that we spoke with told us they had been involved in creating and updating their care plans. The information included in the care records we saw identified people's individual needs and preferences, as well as any risks associated with their care and the environment they lived in.

We saw evidence that staff had been trained to administer medication; however staff did not always follow the procedures, which put people at risk of not receiving medication as prescribed. The provider had identified this and was taking action at the time of our inspection.

People who used the service who we spoke with told us the care staff were very good, staff were kind caring and always stayed the required time ensuring care needs were met.

We found that staff we spoke with had an understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make some or all decisions about their care.

There were robust recruitment procedures in place. The provider was recruiting staff at the time of our inspection to ensure adequate staff were employed to meet people's needs.

Staff had received supervision, although this had not always been as frequent as the provider's policies required. This was had been due to staff shortages which were being rectified at the time of our inspection. However, staff we spoke with told us they felt supported. Annual appraisals were carried out, these ensured development and training to support staff to fulfil their roles and responsibilities was identified.

People who used the service told us they were aware of the complaints procedure and said they would contact the office if they had any problems. People said, the office staff are always available and deal with any issues immediately. However people told us if they wanted to contact the office out of hours this always proved difficult and on occasions could not get hold of anyone.

People who used the service had opportunity to give feedback by completing questionnaires which were sent twice yearly. The provider also asked people's relatives and other professionals what they thought of the service and used people's feedback to improve the service.

The provider had a system to monitor the quality of the service provided. However, at the time of our inspection the provider had identified these were not effective, therefore new audits and systems for monitoring the quality of the service provided were being introduced. These needed to be completed and embedded into practice.

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 always safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the agency's procedures in place to safeguard adults from abuse.

Systems were in place to make sure people received their medication safely. However, these were not always followed. Improvements were being implemented at the time of our visit.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

We found that staff we spoke with had an understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

Is the service caring?

Good

The service was caring.

We spoke with people who used the service and staff and it was evident that all staff had a good understanding of people's care and support needs and knew people well. Staff took into account people's privacy and dignity.

People told us they were involved in discussions about their care and we saw evidence of this in care files. People confirmed that staff were caring and kind and respected their choices and decisions.

Is the service responsive?

Good

The service was responsive.

We found staff we spoke with were knowledgeable on people's needs. Care records reflected each person's needs and preferences, choices and decisions.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was given to people who used the service.

Is the service well-led?

Requires Improvement

The service was not always well led

The provider had systems for monitoring the quality of the service provided. However, the provider had identified these were not always effective. Therefore was implementing new systems at the time of our inspection.

Housing & Care 21 - Rotherham

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 checked 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 10 and 17 August 2016. The inspection was unannounced on the first day. The inspection was undertaken by one adult social care inspector.

At the time of our inspection there were 152 people who received a service from the agency. We visited two people to discuss the care provided and looked at their care records. We spoke with eight people who used the service on the telephone, three relatives and the local authority commissioners. The local authority contracts officer had carried out some quality checks the week of our inspection they visited 10 people who used the service and gave us feedback from these visits.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

During our inspection we also spoke with nine members of staff, which included care workers, care coordinators, quality administration officer, the regional manager and the new manager. We looked at records relating to people who used the service and staff, as well as the management of the service. This included reviewing five people's care records, staff recruitment, training, support files, medication records, minutes of meetings, complaints records, safeguarding and notifications. We also spoke with a health care professional to gain their views of the service

Requires Improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe when staff visited them and that staff were very good. People also told us that support workers listened to them and that they were involved in their care planning.

One person said "The regular staff are very good, they know what I need and are helpful and respectful". .Another person said, "I'm happy with the service provided and all staff good and I've got no concerns at the moment".

People who used the service and their relatives we spoke with told us they felt care and support was delivered in a safe way. One relative told us, "The staff listen and take time; they know what care to provide for my relative." Another relative told us, "They (the staff) are patient and respectful."

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They told us they would report anything straight away to the care coordinator. Staff had a good understanding about the whistleblowing procedures and we saw staff had received training in this subject.

We saw care and support was planned and delivered in a way that made sure that people's safety and welfare was maintained. We looked at copies of people's care plans and day to day care records at the agency's office and the records kept in their homes. Records were in place to monitor any specific areas where people were more at risk, including how to move them safely. We saw these were being reviewed and improved at the time of our inspection. The operations manager had identified that there were inconsistencies in care records so had implemented a new care plan records and risk assessments.

The staff we spoke with showed a good understanding of people's needs and how to keep them safe. They described how they made sure that risk assessments were followed. People's records included the arrangements in place for them to enter and leave people's homes safely. In some cases this involved the use of a key safe and in others they gained access by the person letting them in. One relative we spoke with told us the initial assessment of needs and risk was very good and the staff member who carried out this assessment was very thorough. However they told us when staff turned up they were not aware of any of the assessed needs and were not clear on what was required for the person who used the service to ensure their safety.

We asked people if staff wore a uniform and name badge. Everyone confirmed that staff wore uniforms but at times we were told staff did not have on display identification badges. If it was a care worker unknown to the person who used the service it meant they could not check they worked for the company. People and their relatives also told us that staff did not always wear protective aprons or wash their hands when delivering personal care, this posed a risk of cross infection. We raised these issues with the operations manager who told us this had already been identified and was being addressed at the staff meeting. They

told us, "If staff don't follow procedures we will identify this at spot checks and quality monitoring and follow this up with staff during supervision."

People told us they were supported by a group of staff and it mostly was one of these workers that provider the care. They said mostly staff turn up on time and if they were late it was usually no longer than 10 minutes. Staff told us there was enough staff to meet people's needs as care staff and care coordinators covered shortfalls to ensure visits were undertaken so people's needs were met. The operations manager told us they had been short staffed and cover had been required but they had now recruited a manager and another care coordinator and additional administration staff to ensure there were adequate staff to meet people's needs.

We looked at three staff recruitment files. The files we contained all the required information to ensure staff were only employed if they were suitable to work with vulnerable people. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role. Staff we spoke with confirmed the procedure they went through before they commenced employment.

The operations manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The records we saw confirmed this. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.

We found people were not always protected against the risks associated with the unsafe use and management of medicines. There were policies and procedures in place for staff to follow, however, these were being updated at the time of our visit. This was to include better arrangements for the recording, safe keeping and safe administration of medicines in people's homes. The tablets that staff were administering were not recorded on the medication administration record (MAR) staff were just recording the person had taken their tablets that were in the nomad system. We also found on occasions staff did not sign the MAR to confirm the medicines had been taken. For example one person's eye drops had not been signed as administered on 13 and 14 august 2016, as this is in a bottle it was difficult to determine if these had been administered. There was nothing recorded in the daily notes or on the MAR to explain why they had not been given. It was therefore not always possible to determine if people received their medicines as prescribed. People we spoke with told us staff supported them to take their medicines and were positive that staff always gave them when required. The operations manager explained to us that it appeared it was an issue with record keeping and that was why they had improved the procedures. The new procedures were being discussed at the team meeting on 17 August 2016 and staff were being invited to training commencing on 23 August 2016.

Good

Is the service effective?

Our findings

People who used the service that we spoke with told us they thought the staff were competent in their job roles. They told us, staff understood their needs and met them. One person told us, "The staff are very good with (my relative) they are very patient." Another relative said, "It is an excellent service staff take their time and there is no rush, I am very satisfied."

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with confirmed they had undertaken an induction that had included completing the company's mandatory training at the time they commenced employment. This included moving and handling, infection control and safeguarding of adults. We saw some staff had received training in dementia awareness to ensure staff were supported to understand the needs of people living with dementia. There was a dementia champion this is a staff member with knowledge and skills in the care of people living with dementia. They are an advocate for people living with dementia and a source of information and support for co-workers.

Staff accessed specific training, had links developed with organisations and utilised sector specific guidance. For example the care coordinators had recently been trained by the Tissue Viability Nurses(TVN's) to be able to 'react to red' this is an initiative to reduce the number of pressure ulcers developing in care homes and in the community. The care coordinators told us this was a very informative course and information will be disseminated to the care team to be able to ensure early identification of people at risk of developing pressure sores. We spoke with the training lead for the service they were very passionate about ensuring staff received appropriate training they said, "You put quality into staff you get quality care. So I jump at the chance to get staff on any training that would be beneficial."

Records and staff comments, showed staff supervision was taking place, although this had not always been as frequent as the provider's policies required. This had been due to staff shortages which were being rectified at the time of our inspection. However, staff we spoke with told us they felt supported. Annual appraisals were carried out, these ensured development and training to support staff to fulfil their roles and responsibilities was identified.

Staff we spoke with commented positively about the support they had received. One care worker told us, "The support is good, always has been but is better now we have a manager and another coordinator." Another staff member said "We work well as a team, we support each other."

We found staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff we spoke with were aware of the legal requirements and how this applied in practice. The provider was also updating policies and procedures in line with changes in regard to people in the community to ensure staff were aware of changes and people's needs were met.

We checked whether people had given consent to their care. People we spoke with told us staff always asked their choices and preferences before they delivered care. Where people did not have the capacity to consent, we found the requirements of the Act had been followed. People's care records showed people's capacity to make decisions was clearly recorded.

Staff told us they were involved with food preparation for some people they visited while other people did not require any assistance. Staff described how they encouraged people to choose their meal and help prepare if they were able. Staff had completed food and hygiene training as part of their induction. When staff supported people with a meal this was recorded in the daily records. This enable staff and the person's relative to check that adequate nutrition was provided and monitor that their needs were being met.

Good

Is the service caring?

Our findings

People we spoke with told us that care staff were caring and that they listened to them and showed both respect and dignity. No one we spoke with expressed any concern about the care provided.

One person said, "The staff are very kind." Another person told us "The staff take their time they go at my pace there is no rush, I don't feel pressured to hurry." Another person commented, "I am always kept informed of any changes to staff they are all very good."

People we spoke with told us that they had positive relationships with the care workers that supported them.

Relatives we spoke with confirmed that staff were caring and kind and listened to their relative. One relative said, "The staff are very considerate." Another relative told us, "The staff understand my relative's needs, I have no concerns." One relative commented that staff did not always know what they needed to do when they turned up but felt this was lack of communication from the office, as found the staff all very kind and caring.

Everyone we spoke with, people who used the service and relatives confirmed that permission was sought before assistance or care was provided. People told us that they were able to build up a rapport with care staff and that staff followed their needs, choices and wishes.

Mostly people told us they were supported by a small team of care staff who knew them well. A relative told us, "We get the same staff, which is good as (my relative) has a condition that affects their memory they don't remember names, but they know faces." The staff we spoke with demonstrated a very good knowledge of the people they supported, their needs and their wishes.

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives told us they had been involved in developing their care plans and said staff respected their decisions. One relative told us the initial assessment was very through they staff member stayed two hours and went through everything including life history to help staff have an understanding of them as a person. This meant care could be person centres and individualised.

We asked people and their relatives if staff respected people's privacy and dignity and help people to be independent. Everyone said they did. One person said, "Yes. The staff are very respectful." Staff we spoke with were able to explain how they made sure people's privacy and dignity was upheld. They told us curtains would be closed, bedroom and bathroom doors closed while personal care was being delivered. During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. This was being reviewed and developed at the time of our inspection.

The care coordinator told us they were looking at how they could meet the needs of people they supported who were at end of life. They were in the process of appointing an end of life palliative care champion. They also told us they were identifying suitable training for staff to ensure they could meet the needs of people at end of life.

Good

Is the service responsive?

Our findings

People we spoke with praised the staff and predominantly spoke highly of the care and support they received.

We looked at how new referrals to the service were assessed. The needs of people were assessed by experienced members of staff before being accepted into the service and pre-admission assessments were completed. One relative told us, "The assessment was extremely thorough." The assessment included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives. We saw that prior to any new package of care being provided an assessment was carried out with the person and their relative, where appropriate. Before care and support was provided to any person the service completed a series of initial assessments which covered areas such as health, medicines, social history, preferred activities, moving and handling and the environment. The care coordinators told us the service did not accept any new referrals until it was determined that the service could meet the needs of each individual referred.

We looked at five care and support plans in detail and found the care files mostly reflected people's needs and preferences. A copy of the plan was also kept in people's homes; we evidenced this when we visited people. We also spoke with the local authority contracts officer who had visited ten people in their homes the week of our visit. They confirmed that care files were in the homes of people they visited. There were also systems in place to record what care had been provided during each call or visit. Care plans in people's homes contained a daily information sheet, which was completed by staff at each visit. This recorded when care and support had been provided. We checked these documents and found they were being filled in correctly by staff and were signed and dated.

The care files were all being reviewed and rewritten at the time of our inspection. The operations manager had identified the files were inconsistent and lacked detail when they were audited so was introducing new paperwork to ensure consistency and that all peoples needs would be identified. We looked at two new files, these included detailed information about the areas the person needed support with and how they wanted their care delivering. These plans were easy to understand and provided good detail about the person's needs, likes, dislikes and interests. The quality administration officer was involved in the reviews and audits. They told us they would expect all care files to be initially reviewed by the end of September, then form this files would be prioritised and all would be transferred to the new paperwork and completed by the end of the year.

The company had a complaints procedure, which was included in the statement of purpose given to people at the start of their care package. We saw these were in the people's care files who we visited. We checked the complaints file. There was a system in place to document concerns raised, what action was taken and the outcome. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

The people we spoke with told us they would feel comfortable raising a concern if they needed to, either

with the care coordinators or they would call the office.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager in post since 4 July 2016 who was going through the process to become a registered manager with the Care Quality Commission. There had been a number of management changes within the service, including a period of time when there was no registered manager at the service and other vacant posts including a care coordinator and senior care staff. This had impacted on the service provided. The operations manager assured us the staffing structure was now in place; the manager would cover two locations with a deputy at the service, two care coordinators and a new post entitled quality administration officer. They had one senior care worker post to fill which was advertised at the time of our inspection. The operations manager acknowledged the staffing shortages had impacted on the governance of the service; many improvements had now been identified as required and were being implemented at the time of our visit.

The provider had systems in place to monitor the quality and safety of care and support the service was providing. However, these had not always been effective. The operations manager told us they had recently improved the quality assurance systems as they had identified shortfalls, for example in care plan documentation and medication. The new audits and systems had not yet been implemented fully so staff were not familiar with them and they had not been embedded into practice. For example we still identified shortfalls in medication administration. The operations manager told us the new audits and quality monitoring would be fully completed by the end of September 2016, following this any actions identified would be detailed on an action plan with clear timescales for completion and who would be responsible for completing the actions.

We also identified that safeguarding referrals were not well organised, staff had not always detailed the date referred, received, investigations or outcomes. We found a number of referrals had not been notified to CQC. The operations manager was aware of this and was in the process of auditing the safeguarding's and implementing new systems to ensure all staff were aware of the need to report. This had been completed on the second day of our inspection and the operations manager was following up with staff to make the necessary referrals to CQC.

We found the new manager and operations manager to be open and transparent and willing to address the areas that required improvement in the service. They told us they were committed to supporting staff and ensuring people received a good quality service.

The local authority contracts officer told us that the service had improved over the last year as they had issued a default notice in 2015. This meant they were monitoring the service as they were not meeting the requirements of the contract. This had been lifted in August 2016 as they had complied with the areas of improvements required. The local authority still regularly monitored the quality of the service provision. They visited people on 9 August 2016 and feedback was predominantly positive but raised two minor contract concerns which were responded to appropriately by the new manager.

We found people who used the service, relatives, and health care professionals were actively encouraged to

give feedback about the quality of the service. People indicated they were mostly happy with the care and support provided and this was confirmed by the completed questionnaires. We saw the results of the last satisfaction survey dated May 2016 and the overall satisfaction score was at 71%, the previous year had had been only 51%, this showed an increase in satisfaction form people who used the service. We received mostly positive feedback form the people we spoke with. However, they said that there was a problem with getting hold of staff out of hours one person said, "At the weekend I tried all day to call the office and I could not get through." We discussed this with the operations manager who told us the call go to a central call centre and they can be in a long queue to be answered. They were looking at ways to improve this and bring on call back to location level.

Staff told us regular meetings had taken place and communication was mostly good. Staff told us that the meetings gave opportunity to be able to raise concerns or discuss issues to ensure all changes and any updates were effectively communicated to staff. Staff said they were also able to have informal chats with the care coordinators when they needed to talk something through or required additional support.