Hales Group Limited

# Ewart House

## Inspection report

Ewart House
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Date of inspection visit:
26 June 2018

Date of publication:
02 August 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

We undertook an announced inspection of Ewart House on 26 June 2018.

Ewart House is an extra care housing service providing personal care to people. Ewart House is a purpose built block of flats on 3 levels, containing 47 flats. The service provides support to older people to remain independent and live in their own flat within their community. At the time of inspection the service provided personal care to 30 people who lived in flats in Ewart House.

CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

The service was previously operated by another organisation but was taken over by Hales Group Limited. The service was registered with the CQC in July 2017. This inspection on 26 June 2018 was the first inspection for the service under new management.

People who used the service and relatives we spoke with told us they were satisfied with the care and services provided. People told us they were treated with respect and felt safe when cared for by the service.

Systems and processes were in place to help protect people from the risk of harm and care staff demonstrated that they were aware of these. Appropriate risk assessments were in place and contained guidance for minimising potential risks to people. Care staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

We checked the arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that there were gaps in some of these. We also found that medicines audits failed to identify these gaps. We raised this issue with management. Following the inspection, they confirmed that they had reviewed their audit and had immediately implemented a revised format that enabled them to clearly document issues regarding the completion of MARs.

Care staff had the necessary knowledge and skills they needed to carry out their roles and responsibilities through training and monitoring. Care staff spoke positively about their experiences working for the service and said that they received support from management and morale amongst staff was positive.

People and relatives told us there were no issues with regards to care staff punctuality and attendance. They

told us that people experienced consistency in the care they received and had regular care staff. Management confirmed that the service did not employ agency staff. This ensured that people were familiar with care staff and felt comfortable with them.

Care plans included information about peoples' mental health and their levels of capacity to make decisions and provide consent to their care.

Care support plans were individualised and addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. They also included details of people's preferences.

There was a management structure in place with a team of care staff, team leaders, senior team leader and the registered manager. Staff told us that communication was good at the service and said they received up to date information. Staff were informed of changes occurring within the service through daily handovers and staff meetings where they had an opportunity to share good practice and any concerns.

There were systems in place to monitor and improve the quality of the service. The service carried out a formal satisfaction survey in April 2018. We saw evidence that the service had analysed the responses but due to the small number of responses, feedback was limited. The service had introduced another survey in June 2018 which focused on whether the service was caring. However, some feedback from people and relatives indicated that they felt they were not regularly asked for their comments and views. We have made a recommendation in respect of this.

The service undertook checks and audits of the quality of the service.

## 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 mostly safe. The majority of people we spoke with told us they felt safe amongst care staff and relatives confirmed this.

We found that there were some gaps in MARs we looked at and the medicines audit had failed to identify these gaps.

Processes were in place to help ensure people were protected from the risk of abuse. Appropriate risk assessments were in place.

Care workers were carefully recruited.

### Is the service effective?

**Good**

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and management.

People's health care needs and medical history were detailed in their care plans.

There were arrangements for meeting The Mental Capacity Act.

### Is the service caring?

**Good**

The service was caring. Care staff were aware of the importance of being respectful of people's privacy and dignity.

People received care from the same group of staff. Consistency of staff meant people were familiar with staff and appeared comfortable around them.

Care plans included information about people's individual needs including their spiritual and cultural needs and the service supported people to meet these needs.

### Is the service responsive?

**Good**

The service was responsive. Care plans included information about people's individual needs and choices.

Care plans were person-centred, detailed and specific to each person and their needs.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

The service carried out a satisfaction survey in April 2018.

## Is the service well-led?

Good

The service was well led. The service had a clear management structure in place with a team of care staff, team leaders, senior team leader and the registered manager. Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Staff were informed of changes occurring within the service through handovers and quarterly staff meetings. They told us they received up to date information.

The service monitored the quality of the service through audits.

# Ewart House

**Detailed findings**

## Background to this inspection

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

One inspector carried out the announced inspection on 26 June 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. Following the inspection, an expert by experience contacted people who received care from the service to obtain their feedback. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection, we reviewed six people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. On the day of the inspection we spoke with nine members of staff including the quality and compliance manager, senior team leader, two team leaders and five care assistants. At the time of the inspection, the registered manager was on leave and we therefore spoke with her following the inspection.

We also spoke with eight service users and seven relatives in order to obtain feedback about the service.

Requires Improvement

# Is the service safe?

## Our findings

The majority of people who received care from the service told us that they felt safe in the presence of care staff and in their flat. One person said, "I feel pretty safe – I'm happy here, quite content." Another person told us, "'I feel very safe. If I have a fall someone will come straight away." Another person said, "I feel safe. My door is locked. Carers are always around and I have an alarm to call them."

Relatives we spoke with told us they were confident people were safe when being cared for by care staff. One relative said, "'I feel [my relative] is safe. They visit five times a day and come whenever he presses his alarm". Another relative told us, "It's 100% safe. There are secure outer doors, then an admin office marshalled 24 hours."

Suitable arrangements were in place to ensure people were safe and protected from abuse. Staff had received safeguarding training and documents confirmed this. Care staff we spoke with were aware of different types of abuse and what action to take if they had concerns about a person being abused. They said that they would report their concerns immediately to management. They were also aware that they could contact the local authority, police and CQC. The service had a safeguarding policy in place and contact details of the local safeguarding team were available in the office.

The service had a whistleblowing policy and contact numbers to report issues were available. Care staff we spoke with were familiar with the whistleblowing procedure and said they would not hesitate to raise concerns about any poor practices witnessed.

Appropriate risk assessments were in place and contained guidance for minimising potential risks to people. These covered areas such as the environment, medication, falls, moving and handling, use of warfarin and use of shower. Risk assessments included details of the potential risk, control measures and details of what staff should do in the event of the assessed risk occurring. These were person centred and specific to each person and their needs. Risk assessments had been recently reviewed by management and were updated when there was a change in a person's condition.

Medicines in extra care housing should be stored in people's own flats in accordance with guidance and we found that medicines were stored in this way at the service. Each person had a lockable cabinet in their flat where they stored their medicines.

Arrangements for the administration and recording of medicines were in place. There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines and their competency was assessed. The senior team leader explained that at the time of the inspection, the service assisted 17 people with their medicines.

We looked at a sample of six people's medicine administration records (MARs). We noted that MARs included details of each medicine so it was clear what formed part of a blister pack. We found that four out of the six MARs we looked at contained some gaps. There was no documented evidence to confirm that

these medicines had been administered as prescribed. The senior team leader confirmed that medicines had been administered but that care staff had failed to sign the document accordingly.

We raised the importance of ensuring MARs were completed appropriately with management. They confirmed that they would ensure that they review their MARs more thoroughly to ensure that there were no gaps.

We noted that the service carried out audits of MARs. However, these did not identify gaps we found. It was therefore not evident that the service had effective medicine audits in place and we raised this with management. Following the inspection, the registered manager sent us evidence of their revised medicines audit and said that they would implement these immediately. The registered manager confirmed that team leaders would carry out weekly medicines audits.

Through our discussions with care staff and management, we found there were enough staff to meet the needs of people who used the service. Staff we spoke with told us they felt that there were enough staff and said that they had enough time to ensure tasks were completed. Care staff spoke positively about the service having four team leaders. They said that this ensured they had the appropriate level of support. The senior team leader explained that the service did not employ agency staff as it was important that people received care from care staff they were familiar with. This ensured people received consistency in respect of their care and that care staff knew people's care needs and preferences.

People and relatives also told us that care staff were generally punctual and there were no issues with timekeeping. We discussed with the senior team leader how the service monitored care staff timekeeping and attendance. She explained that the service had an office on site and there was always a team leader on duty during the day. This enabled management to supervise and monitor care staff. She further explained that care staff completed timesheets and communication records which detailed what time they arrived and left people's flats. The quality and compliance manager explained that the service aimed to move towards using an electronic monitoring system within the next year.

We looked at the recruitment process to see if the required checks had been carried out. We looked at the recruitment records for six members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained.

There was a record of essential maintenance carried out to ensure that people lived in a safe environment. This was carried out by the Housing Services, Harrow Council which had an office located within Ewart House. The fire alarm was tested weekly to ensure it was in working condition and this was documented.

People had a PEEP (personal emergency and evacuation plan) in place. This included information about identified risks/hazards, control measures in place and details of what action to take in the event of an emergency.

The service had an infection control policy which included guidance on the management of infectious diseases. Care staff were aware of infection control measures and had access to gloves, aprons and other protective clothing.

Good

# Is the service effective?

## Our findings

People told us they were satisfied with the care provided by the service. The majority of people who received care and all relatives we spoke with told us they would recommend the service to other people. One person said, "I think they're pretty efficient. I can't thank them enough for the things they've done for me". When speaking about care staff, one person told us, "On the whole they're pretty good." Another person said, "There are good and bad carers. Some do it as a vocation, others just as a job. Some will do whatever you ask. For example, helping me with showers. Others just rush through it."

Care staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that care staff had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding adults, infection control, first aid, person centred care, reablement, dignity and respect and health and safety. Care staff we spoke with told us that training was helpful and it helped them ensure they carried out their roles and responsibilities effectively. The service also ensured that staff completed competency assessments in various areas to ensure they had the necessary knowledge and skills. We saw evidence that staff had completed a medicines and moving and handling competency assessment.

Care staff had undergone a period of induction to prepare them for their responsibilities. The induction completed was in accordance with the Care Certificate and included information on health and safety, administration of medicines, communication and equality and diversity. Newly recruited care workers spent time shadowing more experienced staff as part of their induction before providing care on their own. This enabled people who used the service to become familiar with new care staff whilst accompanied by care workers they were familiar with.

Care staff told us they worked well as a team and received the support they needed from their colleagues and management. The senior team leader explained that management monitored care staff through a combination of spot checks and supervision sessions and these were documented. We also saw evidence that staff had received an annual appraisal where necessary.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had knowledge of the MCA and we saw documented evidence that they had completed MCA training. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Care support plans included a "my capacity and consent" and "my communication needs" section. This

included information about people's levels of capacity to make decisions and provide consent to their care and details of how they communicate with people. We found that care plans were signed by people or their representative to indicate that they had consented to the care provided.

People were not restricted from leaving the service and were encouraged to go out into the community. On the day of the inspection we noted that some people went out to various places.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. We saw evidence that healthcare professionals were involved in people's care and this was documented. Care plans contained information about people's health and medical conditions so that care staff were aware of people's needs and how to support them.

We spoke with the senior team leader about how the service monitored people's nutrition and they explained that as the service was an extra care housing service, people prepared their own meals in their flat. She explained that staff helped individuals prepare their meals if they required support and this was detailed in people's care support plans. She explained that if they had concerns about people's weight they would contact all relevant stakeholders, including the GP, social services and next of kin. We saw documented evidence that staff had completed training in food hygiene, fluids and hydration and food and nutrition.

Good

# Is the service caring?

## Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care staff. One person said, "The carers are very good. Anything you want, they will help with. They come on time and stay for the time they should. They help with bathing and getting dressed. I'm treated with kindness." Another person told us, "Carers are very nice and good". Another person said, "I want to praise the carers from the start. They help with morning care, showering and bathing. They come at the right time and if they're sometimes late they always explain. They spend time with me and keep me company. They do anything I want. I'm blessed the way they care."

Care plans included information that demonstrated that people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included a section about people's "ethnic origin" and "religion". This provided information about people's cultural diet needs and information about cultural practices. For example, some cultures find pointing fingers to be rude, some women don't shake people's hands and some people do not cut their hair. This was clearly documented in care support plans. The service also had a policy on ensuring equality and valuing diversity. Care staff we spoke with were aware of the importance of respecting people's individual cultural needs and supporting people with this where necessary.

We discussed how the service promoted equality and diversity with the registered manager. She explained that the service ensured they respected each individual and ensured that they helped support people to meet their needs. She explained that they always tried to accommodate people and provided us with some examples of what the service did to ensure this. For example, the service changed visits times to ensure one person was able to visit a Mosque with their family members on Fridays, care staff ensure that a Jewish person helped a service user clean their kitchen work tops in a manner which reflects their religion.

Care staff we spoke with had a good understanding of the needs of people and their preferences. This ensured that people received care that was personalised and met their needs. Staff provided prompt assistance but also encouraged people to build and retain their independent living skills and daily skills. Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care worker said, "I ask people how they feel and what they like. I communicate with them. I ask what their choices are and make sure they are comfortable." Another care worker said, "I always make sure people are comfortable. I knock on doors and call them by the name they prefer. I talk to them and ask what they need and like." Another member of staff told us, "I always respect people's dignity and try and go over and beyond to help them."

Care support plans set out how people should be supported to promote their independence. People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Care plans were individualised and reflected people's wishes. Care plans included an "About me" section which included information about people's life history. There was another section titled "My Future", this included information about people's aspirations

and what they wished to achieve.

The senior team leader explained to us that people were supported by the same group of staff. Consistency of staff meant people were familiar with staff and appeared comfortable around them. This also helped ensure that staff were fully aware of people's individual needs and what support they required. The registered manager explained that the service tried to ensure care staff were matched to people with the same type of interest and background so that they had things in common. Where possible, care staff were matched with people who could speak their language. This enabled care staff and people to communicate more easily.

In June 2018 the service had introduced a survey titled, "Are we caring?" The registered manager explained that this would be carried out quarterly and people were provided with an opportunity to provide their feedback. Questions included whether people feel cared for by the team, whether care staff respect people and maintain their privacy and dignity.

Good

# Is the service responsive?

## Our findings

The majority of people we spoke with and relatives spoke positively about the care provided and said that they did not have complaints. One person said, "I don't have any complaints to do with my care." Another person told us, "I've no complaints at all."

We looked at six people's care plans as part of our inspection. Care plans consisted of a comprehensive support plan and risk assessments. Care support plans were divided into ten sections and provided information about people's medical background, details of medical diagnoses and social history. People's care plans included information about people's life history and interests. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans were person-centred, detailed and specific to each person and their needs. They also outlined what support people wanted and how they wanted the service to provide the support for them.

Care support plans provided detailed and appropriate information for care staff supporting them whilst also detailing what tasks they were able to do by themselves. Staff we spoke with informed us that they respected the choices people made regarding their daily routine. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. Care plans clearly detailed what tasks needed to be done each day, time of visits, people's needs and the necessary action to take to meet their aims in respect of their care.

As part of the monitoring process, the service monitored people's progress through daily communication records. These recorded visit notes, daily outcomes achieved, meal log and medicines support.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. The service carried out reviews of people's care plans every six months. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

There were clear procedures for receiving, handling and responding to comments and complaints. The service had an electronic complaints system tracker which recorded complaints received. We noted that the service had received one complaint since the service registered in 2017. The service recorded the complaint appropriately and detailed correctional action was taken and details of lessons learnt.

The service carried out a formal satisfaction survey in April 2018. We saw evidence that the service had analysed the responses but due to the small number of responses, feedback was limited. The quality and compliance manager confirmed that the service would carry out another survey in due course and the service were looking at ways to encourage people to respond.

Meetings were held quarterly for people who used the service where they could give their views on how the service was run. We saw evidence that these meetings were recorded and people were encouraged to raise concerns and issues and had an opportunity to voice their opinion through these meetings.

Good

# Is the service well-led?

## Our findings

The service had a manager registered with the Care Quality Commission. 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 majority of people and relatives we spoke with told us they thought the service was well managed. One person said, "The management is good. If I have any queries they look into it." Another person said, "I'd say it's fairly well run. There have been at least three different managers while I've been here." One relative said, "Management are friendly and I can give feedback. I can email team leaders and they will respond. They're easy to contact as they have a mobile number on the move which I can use". Another relative told us, "No cause for complaint. We do get managers coming up to see us or I go down for a chat."

There was a management structure in place which was made up of the registered manager, one senior team leader, three team leaders and care workers. Staff spoke positively about management and said that team leaders were approachable. They told us that they felt supported by their colleagues and management. They said that communication between care staff and management was good and they spoke positively about working at the service. One member of staff told us, "This is a nice place to work. There is good coordination with my colleagues. No miscommunication and the support is good. Another member of staff said, "It is good working here. We have four team leaders. It makes a difference. The support we get is excellent. We work really well together. We share work and talk openly between us [colleagues]." Another member of staff said, "It is a nice environment. It is a good place to work. The team leaders help us. I can report things to them. I can talk to them."

Staff were informed of changes occurring within the service through daily handovers and quarterly staff meetings. They told us they received up to date information and felt able to raise issues without hesitation during these meetings.

The senior team leader explained to us that it was important that all staff knew what their responsibilities and tasks were daily. She explained that at the start of a shift, the team leader had a detailed allocation sheet which detailed a list of people's names and what care they required and the tasks care staff needed to complete. The team leader was responsible for allocating work to care staff accordingly and then overseeing the care provided to ensure all people receive the necessary care.

The quality and compliance manager explained that the service had incentives to encourage and recognise the work carried out by staff. This scheme was called "Hale's Hero's" and helped to ensure staff felt valued and recognised. Staff we spoke with told us they felt valued working at the service. One member of staff told us, "They encourage me. They want me to progress here."

The service had some systems in place to monitor and improve the quality of the service where necessary. The service had introduced a survey in June 2018 titled, "Are we caring?" in order to obtain feedback from

people. The registered manager also explained that the service had an office on the premises. This meant that staff were always accessible to people and relatives. We noted that people were provided with a contact number to reach the office if they had any queries or concerns. We observed on the day of our inspection people telephoned the office to ask questions and staff responded to these calls and assisted people.

However, feedback from some people indicated that they felt that they were not regularly asked for their comments and views. One person said, "We used to be asked for feedback once a month, now it's every three months. It's pretty pointless. Nothing is ever really addressed." One relative told us, "There are no formal feedback processes and no one has made any approaches to me. They told [my relative] that he can call the office is he has any concerns but he says he often doesn't feel listened to, so he raises issues with me instead".

We discussed the above feedback with the registered manager and she confirmed that she would look into this and speak with people and relatives.

We recommend that the service review their processes in respect of obtaining feedback from people and relatives.

The service undertook some audits of the quality of the service. Audits had been carried out in relation to care support plans, risk assessments, staff files and staff training. The service had an audit in place to check MARs and we have detailed this under "Safe" above.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.