

Housing & Care 21

Housing & Care 21 - Rokeby Gardens

Inspection report

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Date of inspection visit:
02 August 2016
03 August 2016

Date of publication:
07 September 2016

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on 2 AND 3 August 2016 and was announced.

Housing and Care 21 - Rokeby Gardens is a domiciliary care service providing personal care to people in their own homes.

Although under one CQC registration the service runs two services independent of each other, each with a manager, both of which are in the process of registration. One delivers personal care to people in their own homes in the Doncaster area, whilst the other delivers personal care to people resident at the 52 bed Rokeby Gardens extra care scheme. At the time of our inspection there were 112 people using the service.

There were two managers in post in the process of registration. 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.

During this inspection we found the registered provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to governance and care planning. The provider did not fulfil the statutory requirement to send the Care Quality Commission (CQC) notifications of certain incidents. Quality assurance procedures at the service were not always sufficient to help them to assess, monitor and improve the quality of care being provided.

People felt involved in their care planning. Care records reflected people's preferences and other important details relevant to their care needs. However, this needed to be more consistent across the service.

Communication between care workers and the management team were effective in ensuring risks to people were understood.

Feedback received from people was very positive. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

Staff were trained in subjects relevant to the people they were caring for, and there was an induction plan for new staff which ensured they were confident to perform their role.

Systems were in place which safeguarded people from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe and took action when needed.

The service was flexible in meeting people's needs. Staffing levels ensured people received their care at the times they requested.

People received their medicines in a timely manner, but documentation was not always completed correctly. This was however identified during audits.

The managers and area managers were committed to achieving a service which provided high quality care to people. They accepted our findings and the need to improve documentation.

People told us they knew how to complain, and that they communicated regularly with the management team.

Training records we looked at showed staff were up-to-date with their training programme. Staff received supervisions and appraisals as part of their on-going support. People were supported by staff to have access to food and drink of their choice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse. Staff had received safeguarding training.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before they were supported.

The provider had appropriate guidance in place about the Mental Capacity Act 2005

Care staff were supported to have the appropriate skills and knowledge to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively about the staff who provided care and support.

Staff knew how to protect people's privacy and dignity and people confirmed this happened.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were not always reviewed, documents were not always signed or completed

People were involved in the assessment of their needs and they were able to share their views.

The provider had a complaints process available for people to use where they had concerns.

Is the service well-led?

The service was not consistently well-led.

Quality assurance processes were in place. However, these systems were not always robust.

Statutory notifications were not always submitted to CQC.

The service had a positive, person-centred and open culture.

Staff received regular and valued supervision.

Requires Improvement 

Housing & Care 21 - Rokeby Gardens

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 3 August 2016 and was announced. The inspection team consisted of one adult social care inspector. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

As part of the inspection, the provider had completed a Provider Information Return (PIR). This form 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 information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

We spoke, in person, to five people who used the service and four people by telephone. At the service we spoke with two managers, two operations managers, and four members of care staff. We looked at the care records of 12 people to see how their care was planned. We also looked at four staff files, medication records, staff observation (spot check) records, complaints and compliments logs and checks and audits records.

Is the service safe?

Our findings

We spoke with nine people, all of whom told us they felt safe with the care staff coming into their homes and providing care. One person told us they felt assured when staff arrived and said, "Staff always shout out when they arrive so I know they are here." Another person said, "I feel very safe indeed."

All staff we spoke with demonstrated a good understanding of the types of abuse people could be at risk from and confirmed that they had received training in safeguarding people. They were clear about the steps they would take if they had any concerns and knew what to do if they suspected a person they supported was being abused or was at risk of harm. They also confirmed that they felt people they supported were safe. Staff told us they were confident to report any concerns with people's safety or welfare to senior staff or the managers and that action would be taken.

We found that risk assessments were being used to identify how risks to people should be reduced or managed. Care staff we spoke with were able to confirm that risk assessments were used to reduce risks and explain how risks to people were managed. For example, we saw that risk assessments in manual handling tasks, handling medicines and the environment where people lived were all carried out. However we found examples of risk assessments which had not been signed by the person completing the assessment. It was therefore not possible to determine if they were qualified and competent to undertake such an assessment.

We found from our observations that there was enough care staff to support people and the provider used a rota to ensure all care staff knew who needed support, when it was required and the support needed. One person told us, "There seems to be enough staff and I feel they are well trained." Another person said, "Yes there is enough staff to do everything I need." A member of the care staff said, "I believe we have enough staff." People told us that staff were generally on time if staff were delayed they were informed.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. We found that the provider had a recruitment process in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were sought to check the character of potential care staff and proof of their identification was part of the recruitment process.

Some people told us they received support with their medicines. One person said, "They [staff] help me with my medication, I've got no worries." They said that they felt assured that staff were trained and observed guidance as they would not administer any medication that was not recorded on the Medication Administration Record (MAR) sheet.

Staff confirmed they had received medicines training which included being observed by senior staff. Staff told us what actions they would take if people refused their medicine. One member of staff told us, "It's a person's right to refuse but I would explain why it was important." They told us that they would ensure it was

recorded. Checks of the medicines record sheets were made to ensure staff had correctly recorded the medicines they had given to people. Where any gaps or concerns had been noted the care staff were supported with supervision and additional training.

Is the service effective?

Our findings

People we spoke with were complimentary about the staff they had contact with. Comments included; "I think the staff are well trained in what they do." "Staff support me to do things I can't do." "I feel the staff are trained and competent to support me." "New staff are watched by other staff until they know how to do things."

A member of care staff said, "I feel supported in my job. I am able to get supervision and attend staff meetings", another member of the care staff said, "I know that if I have any problems I can go to the manager." We found that supervision sessions took place on a regular basis, alongside staff meetings. Supervision is a formal meeting where staff and their manager are able to discuss work concerns. An appraisal system was also used in order that staff were able to develop their skills and knowledge in meeting people's support needs. We saw that the provider had essential training courses available to staff for example, first aid, food hygiene and dementia awareness care staff were also able to gain training to meet individual's needs. For example, training in diabetes.

All staff training was recorded so that the manager could monitor who needed to attend or complete training. We saw a sample of these individual training records and certificates which showed the percentage staff received with their online training and when mandatory training was due to expire.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive someone of their liberty must be made to the Court of Protection.

We saw the provider had made sure staff had access to training to help them understand the requirements of MCA. All of the staff we spoke to told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. People we spoke with said staff checked if they agreed to receive care. One person said, "Staff always ask if I'm OK before they start." Another person told us, "Staff always ask my permission before they offer any support."

Staff knew what action to take if people did not consent to their care. Staff gave us examples of the actions they had taken when this had happened. This included offering the care again later and reporting concerns to senior staff if they thought this would affect a person's health and well-being.

Where possible, people using the service had been involved in planning the support they needed and had signed to demonstrate they had given consent to their support plan. Staff confirmed they encouraged

people to make their own daily choices about their lives. One staff member told us, "It's important to maintain independence and choice is foremost in that." People were also involved in other ways in relation to the support they received such as, attending meetings. During our inspection a residents meeting was held for those living at Rokeby Gardens. One person who attended told us, "We have discussed the restaurant and agreed on bedding plant for the front of the building, I like to be involved."

People were given the support they needed to meet their nutritional needs. Wherever possible people did their own food shopping and prepared and cooked meals with staff assisting them. Some people required more help than others. One person told us, "I enjoy cooking." Staff recorded what people ate and those people who required closer monitoring of their food and fluid intake then staff recorded this so that any problems could be checked and responded to swiftly. A person we spoke with said, "If I'm not feeling very well staff will arrange for me to see my doctor."

Is the service caring?

Our findings

One person told us that, "The staff are kind and treat me with respect." Another person said, "Staff are lovely and kind I wouldn't change anything." We observed care staff showing consideration and speaking to people in a way that showed they cared. People told us that staff would just sit and talk to them. One person said, "The staff take their time, sit and talk to make sure everything is going OK."

Staff we spoke with said they were motivated to provide good care. One member of staff told us, "I really enjoy my job it's a privilege to provide care for these people." Another member of staff said when they supported people, "I do it for the service user to try and ensure independence for as long as possible." Staff spoke in a caring way about the people they supported. They told us by providing care to the same people they could build up relationships and get to know them and their families. A member of staff said, "Getting to know people well means I can always provide what they need."

People told us that they were able to live their lives independently. A person said, "During visits staff help me do the things that I can't but will encourage me to do as much as I can." Another person said, "Staff never take things for granted, just because I can't do something one day doesn't mean I can't do it on another. Staff understand that and always ask." This ensured people did not lose the skills they had.

All of the people we asked told us staff were considerate and treated them with dignity and respect. One person told us, "Staff are polite and respectful." Another said, "When staff arrive, they always knock the door and they leave everything neat, whatever they use they put back neat."

Is the service responsive?

Our findings

All people we spoke with were happy with the service and the staff. People told us staff understood their needs and made them feel comfortable in discussing and sharing their day to day tasks. One person told us, "Staff encourage me to share what I like and dislike so they can offer right support to me."

People's care and support had been assessed before they started using the service. Assessments we viewed had gathered information about the person and their individual needs prior to them being supported by the service. As this was, in part, a supported living service, in people's files we could see a letter from the housing provider with a tenancy agreement. People also received a tenancy handbook outlining the services they could expect to receive and the rules people had to follow in order for them to maintain their tenancy.

Care staff we spoke with confirmed that they were able to access people's care records and that reviews were carried out and the outcome written down. The manager and staff told us that person centred care plans were in place and reviews were carried out every six months or sooner if required. However, we did not find this consistently applied, particularly for those people who lived at Rokeby Gardens. For example, Three care plans did not have a completed 'pen portrait' outlining the person's history and preferences. One care plan also contained a data protection document which had not been filled in or signed. This care plan had been completed in December 2015 and had not been reviewed for accuracy since that time. This meant that not all care plans were person centred and gave potential for information to be shared without the persons permission.

Another care plan we looked at held a letter for blood test results. The letter was for another person who used the service. The moving and handling section of the same care plan identified a green and white sling be used whilst the support plan said an orange and blue sling was to be used. Choosing the right sling size is important in order to achieve the highest possible comfort and safety. We found further similar omissions and conflicting information in a further seven care plans. We also found one care plan without a fire evacuation assessment.

This was a breach of Regulation 9, (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff we spoke with confirmed they had received diversity training and were able to explain how they ensured equality and diversity was integral to how people received support. We saw from care records that this information was gathered as part of the assessment process, so care staff would have the information to support people where the need was identified and this could be planned for.

The provider had a procedure for people to raise complaints should they have them. All the people we spoke with told us they had not had reason to complain but were aware of how to raise concerns. One person told us, "I would contact the manager without hesitation." Another person said, "I would ring the number they have given me. I would certainly call if I was not happy." People we spoke with told us they felt assured that action would be taken as necessary. At the time of our inspection there was one on-going

complaint which we noted had been responded to within the timeframe set out in the provider's policy. All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. They stated they would feel confident about reporting any concerns or poor practice to their managers.

Is the service well-led?

Our findings

We found that not all relevant notifications had been submitted to CQC. A notification is information about important events which the provider is required to send us by law. CQC requires this information to look at the risks to people who use care services.

There were quality assurance systems and processes in place which monitored the quality of the service. Auditing processes were being used in areas such as medicines, care records, daily notes, and visit schedules. Medication audits were robust in identifying areas for improvement and these were followed up with individual supervision. However, the quality assurance systems had not been robust enough to identify the issues we identified in care plans. Additionally, the provider submitted in the PIR that emergency pendants were checked monthly to ensure they were in working order. Whereas we found the last recorded audit of emergency pendants was recorded as May 2016.

This was a breach of Regulation 17, (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All people we spoke with were very positive about the service they received. One person told us the quality of the service was, "Very good indeed" and another said, "The service is excellent, I'd recommend them." People told us that they had been provided with an information booklet when they first used the service, which gave them information on the service including its aims and visions and contact numbers if they had a query.

All the people we spoke with told us the management and senior staff were 'approachable and helpful.' One person said, "The managers come and check on the staff and to ask me if everything is OK." Staff also spoke positively of the management. They told us they felt listened to and supported with one member of staff saying, "The managers are always there for you. You can ask anything."

All staff told us they received regular supervisions and attended staff meetings, which gave them the opportunity to discuss any issues or request further training. One member of staff told us, "An agenda is sent out prior to the meeting, you can add to the agenda. Anything can be discussed." Another member of staff told us, "The meetings are very inclusive, we can all have a say if we wish to."

Regular spot checks were made by team leaders to observe staff care practice. One member of staff said, "Spots checks are made which include people's feedback. I believe the record goes in our supervision file." This was confirmed by people we spoke with who told us supervisors and managers had visited them and asked questions on how they can improve the service or if they would like to bring any changes within the service. The managers felt that all staff worked well as a team. Staff confirmed this with one member of staff telling us, "It's a great service." Another told us, "I am really happy to work here."

Overall, people were satisfied with the communication with the service. However two people we spoke with did say this could be improved. For example when people requested that calls be cancelled or when care

staff were changed.

The provider told us they were proud of the 'open door' policy the service had. Staff could pop into the office at any time to discuss any issues or just talk socially. We saw that there was a culture of openness when, on the day of our inspection we saw several members of staff come into the office and they spoke happily to the office staff and the provider.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not sufficiently person-centred and did not reflect people's preferences.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not robustly monitor the quality and safety of the service provided.