

Housing & Care 21

Housing & Care 21 - Leicester Metropolitan

Inspection report

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Date of inspection visit:
05 December 2016

Date of publication:
23 December 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 5 December 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the Leicester city area. At the time of the inspection 180 people were being supported by the service.

The service did not have 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. However the provider had recruited a manager and their application with us was being processed.

Some people did not receive their care on time as staff had not been allocated sufficient travel time between calls. The out of hour's system was not effective in responding to calls in a timely way when called by people of staff.

People felt supported by the service and received a positive response when they contacted the office. The provider used audits to consider any service improvements for both the people using the service and the staff. Staff told us they felt valued by the manager and that the company provided some positive incentives along with services to support their role.

People told us they felt safe with the support they received from the staff. There were arrangements in place to help safeguard people from the risk of abuse. Risk assessments had been completed to keep people safe and provide guidance to staff. There were arrangements in place for administering and the recording of medicines. Where people were supported with their meals, they were given choice and encouraged to maintain their independence.

There were sufficient staff to support people's needs and the provider ensured the appropriate checks were completed when employing new staff. Positive, caring relationships had been developed with people. Staff respected people's privacy and treated them with respect and dignity.

Staff and people told us that the training enabled the service to be provided safely. The training enabled staff to support people effectively and for staff to understand their roles. All staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Records showed people were involved in making decisions about their care and support and their consent was sought and documented.

The provider had up to date complaints policies and we saw how any complaints had been responded to and addressed. We also observed a range of quality assurance systems which the provider used to monitor

the quality of service people received. These audits supported the care that was planned and delivered along with ensuring safety to the people and staff.

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 told us they felt safe. The provider had completed risk assessments and provided guidance to staff to minimise any risks. There were sufficient staff to meet people's needs and the provider had completed recruitment checks on staff. Where medicines were administered procedures were in place to record they had been done safely.

Is the service effective?

Good ●

The service was effective

Staff were trained to support people's needs and new staff received an induction to enable them to be confident in their role. The provider worked within the principles of the MCA. Staff knew about people's individual capacity to make decisions and the importance to support people to make their own decisions. People received a choice of meals and were encouraged to consider their nutritional value. People were supported to maintain their health and wellbeing with ongoing healthcare support.

Is the service caring?

Good ●

The service was caring

People told us they had positive, caring relationships with the staff. The support people received meet their needs and encouraged them to maintain their independence. People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

People did not always receive their care at the time identified due to the time it took staff to travel between calls. The out of hour's service was not effective in providing the support when needed. People's needs had been assessed and care plans were in place to meet their individual needs. The provider had an effective system to handle complaints.

Is the service well-led?

Good 

The service was well led.

Staff were motivated and felt supported by the manager. People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on. Quality monitoring audits had been completed regularly and these were used effectively to drive continuous improvements.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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 visit took place on 5 December 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. We visited two people in their homes and one relative. We also made telephone calls to a further eight people and one relative.

We spoke with three care staff, one senior, one care coordinator, manager and the regional manager. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "Yes, she's been coming six years, the care is superb I've got no complaints." A relative told us, "They are never on their own with [name], however if they were unsafe I would know." We saw all the staff had received training in safeguarding, those we spoke with were able to tell us the types of abuse and how they would report any concerns. One staff member said, "The training was good and I would record my concerns and report to the office." We saw that any safeguard concerns had been reported to the local authority and when required the manager had undertaken an investigation.

The provider has a whistle blowing policy; staff knew about the policy and felt confident to use it if required. One staff member told us, "I have never had to use this, but I would and feel 100% it would be dealt with." The whistle blowing policy is to protect staff if they raise any information of concern.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. We saw that some people had been assessed for evacuation of their property in the case of an emergency. Other assessments had identified when staff maybe at risk. For example were a person had shown behaviours that challenged. The staffing level had been increased so that staff visited in twos and there was clear guidelines how to support that person.

People told us they received the support they needed. One person said, "I have two staff, it's usually the same time, one might be a minute or two later occasionally." Where the person required equipment to support their mobility within the home, a separate assessment had been completed which provided guidance on how to support the person safety. We saw risk assessments had been updated following any changes in a person's needs. For example one person was at high risk of falling so a health professional was requested. Equipment was provided and the calls increased to maintain that person's safety. The care coordinator said "We need to ensure people are safe in their environment, things change, the staff are very informative and tell the office so we can get the person reassessed."

There were sufficient staff to support people's needs. One person told us, "I have them in the morning for one hour and lunchtime for half an hour. They always come." Another person said, "I have a favourite carer. She's exceptionally good. I miss her when she's not here." Staff we spoke with also felt there was enough staff. One staff member said, "Yes we have at the moment, it can go in peaks and troughs. It's better to have more staff than struggling." We spoke with the manager about the staffing levels. They told us, "We check weekly the hours delivered against those requested. We only take on care packages when we have the staff." They also told us that recruitment was on going. We saw the service had a recruitment day planned which had been advertised. The provider had an incentive scheme for staff to recommend a friend and receive a monetary reward following their training and time spent at the service.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a DBS check and references. A DBS provides a check relating to

any previous criminal records. One staff member told us, "I had to complete a DBS and provide two references from my previous employers."

People were supported to take their medicines and have creams applied. One person told us, "The care staff in the morning have permission to put on cream for my arthritis." Another person told us, "They give me tablets and keep a record of it." We saw that when staff supported people with their medicine the correct documentation had been used. Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. One staff member said, "With medicine, you check the dates, names and then sign the record sheet once they have taken them." They added, "I always check the care plan as things can change." This shows the provider ensured people received their medicine as prescribed.

Is the service effective?

Our findings

At our last inspection, whilst the provider was not in breach of any regulations there were aspects of care that could be improved on in relation to the understanding of people's capacity. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

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 provider was working within the principles of the MCA. Staff had received training and knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. One staff member said, "People have the right to make decisions until proven otherwise." They added, "If they need support with a decision we ask family and health professionals." We saw that assessments had been completed and when required best interest meetings had been held to ensure the decision was in the best interests of that person.

People told us staff sought their consent before providing care. One person said, "All the time." Staff we spoke with told us, "You still give people choices, treat people like any other. Choices showing them different clothes or different food."

Staff told us they were provided with training that was specific to the needs of people they supported. One staff member said, "I had some moving and handling training recently. It was good as it gave me the updated information on how to roll someone. There was also a lot of advice on back care. I am trying to keep that in mind now when supporting people." Other staff had moved from the care side of the service to working in the office. They told us they had received training to support their change in role. They said, "I have received training on the system. Anything I have needed to know, the manager has been there to oversee things. Everyone is helpful; it's a real team approach."

The provider had a structured induction for new employees. One staff member told us, "I had five days training which was face to face with a group of us. It was great as I got to know staff before I started." Another staff member said, "I had 16 hours of shadowing, then a meeting in the office to check I felt confident. There was an option for more shadowing hours or support if I needed it." All staff had received competency checks as part of their support to ensure they had understood the training and maintained standards of care. One staff member said, "It can be a bit nerve racking. They check how you're getting on and make sure you're doing your job properly and then give feedback." They added, "It makes sure you're not making any mistakes." This demonstrated staff received training to support their role.

New staff had completed the national care certificate. One staff member said, "I had a lot of support from

the office to complete this. It was useful and covered a lot of areas." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Some people required support with their meal preparation. One person said, "They get it ready for me. I can choose what I like, its fine." Another person said, "They get my breakfast. For lunch I usually have something that can be done in the microwave and they prepare a salad for my tea. I know what's in the freezer and they help me choose in the morning." Staff told us for some people they recorded the meals they had eaten. One staff member told us, "It's useful as you can see what people have had to eat and encourage them to have something different." They added, "You have to respect people's wishes, some people will never eat a salad." We saw the staff had received training in nutritional support. A staff member said, "Its good as it explains about a balanced diet." This meant people were supported with their nutritional needs.

People told us staff were supportive when they needed help from health care professionals. One person said, "I fell over. They phoned the ambulance and stayed with me, I had to go to hospital." Another person told us, "If it was anything serious they would call the office or if it was really serious an ambulance." Some people retained responsibility for their health care. One person said, "Occasionally they've noticed a problem, they've recommended I get the doctor and then left me to contact them. " This demonstrated that people were supported with their health care needs.

Is the service caring?

Our findings

We saw that positive relationships had been established with the staff. One person said, "The carer is not a noisy person, she is quiet, she just gets on with the job. She is not overpowering, that's just the type of person I want." Another person said, "My regular is very jolly, Like a ray of sunshine, she makes you happy." Staff we spoke with confirmed they encouraged people to be independent and have choices. One staff member said, "People can choose how they have their care. Choices of what to wear, how they want their hair done. One person likes us to plait their hair."

People told us and we saw records which confirmed they had been involved in their care. One person said, "Only about a week ago I had a review. I'm not sure exactly how often they do them but more than once a year." Another person told us, "I get a rota at the beginning of the week so I know what's happening; the times stay pretty much to that, might be 15 mins out occasionally but not bad." We saw that the service completed telephone surveys to ensure the service was meeting the person's needs. When changes had been requested we saw these had been addressed. For example a change to the time of the call. This meant that people were fully involved in making decisions about the care and any changes were listened to and where possible resolved.

People had been encouraged to be independent. We saw a care plan identified the side a drink should be left to enable the person to be able to access it independently. The person told us, "They put things near enough but not near enough that I don't need to make the effort."

People told us their privacy and dignity was respected. One person said "They close the door and keep me warm." Another person said, "If I say I'm going to do something like change my underwear they are not in the room. They wouldn't stay if I were changing unless I asked them to help." A relative told us, "They are respectful, always talk together and say goodbye when they leave. They are very courteous." Staff we spoke with understood the importance of respecting people's dignity. One staff member said, "You need to respect people's wishes, and always give choices."

Is the service responsive?

Our findings

Some people told us their care was not always delivered on time due to the staff not having travel time between calls. One person told us, "My care worker is a walker and they told me they have no walking time between calls. I told them I was happy to fit in to make it work for them." All the staff we spoke with identified that travel time as an issue. We saw the allocation of travel time was not consistent. One staff member said, "I have no walking time, it takes me at least 10 minutes between two of my calls which makes me late." Another staff member said, "We do get some travel time, but it's as the crow flies, which does not take into account the traffic. They need to use a better system." This meant we could not be sure people received their care at the time they were expecting it. We discussed this area with the manager and they agreed to discuss the travel needs of the staff to enable them to meet the call times planned on their programme.

There was an on call system for people to ring in the event of an emergency out of office hours. One person felt there was not an effective system, they said, "If you need on call at night it is hopeless. No answer machine. All you can do is keep ringing and sometimes you can't get anyone at all." Staff also commented on the on call system. One staff member said, "It's not brilliant, it takes ages to get through, the other day I was on call for 20 minutes." Another staff member said, "It's the waiting time, it's a real pain." We spoke with the manager and regional manager and they had not realised the situation was having an impact on people and the staff. The regional manager told us, "We have had a restructure with this team, so I hope it will now improve." They added, "Now I am aware I will raise this with the out of hour's team."

We recommend the provider researches current guidance on best practice, to ensure they consider travel time for staff and the support provided out of hours.

Care plans we saw clearly documented the support people needed. One relative said, "I have been involved in the care needs of my relative and the review." Other people had identified their needs had been discussed. We saw some plans provided specific instructions when supporting people. For example one plan specified the way a person needed to be dressed in relation to their disability. People told us the care plans were referred to by staff. One person said, "The new ones usually read the care plan." Staff we spoke with said they found the plans to be informative. One staff member told us, "I introduce myself, and then let the person tell me what they need, and then I check the care folder." We saw when people's needs had changed; the commissioners of the service had been contacted to consider a reassessment. For example one person now required additional time for staff to support them. The care coordinator had contacted the commissioner, they had asked for documented evidence of the extended calls. This was provided from the electronic timesheets, which register when a person arrives at a call and when they leave. This enabled the provider to respond to commissioners and ensured the person received the time they needed for their support requirements. .

All staff had a hand held devise which held information about their calls and details relating to the person. Staff we spoke with understood the importance of keeping this information secure. We saw there was a

system in place to maintain people's safety and security. Some people had a pendent alarm which they told us provided them with additional safety in the event of an emergency such as a fall. One person said, "They all make sure I have my lifeline on before they leave me."

People felt able to raise any concerns. One person said, "I did complain once. They spoke with the carers." A relative told us, "I raised a concern as one of the staff was not supporting [name] in the shower correctly, they talked to the care worker and things have been better since." We saw records which confirmed any complaints received had been addressed and responses formally made to clarify any action which had been taken to resolve the concern. This showed the provider addressed any concerns relating to the service.

Is the service well-led?

Our findings

People told us that they were happy with the service they received. One person said, "Best thing since sliced bread since I've come out of hospital. It's nice to have someone to talk to too." Another person said, "I am happy with the service." A relative told us, "I always get a good response when I contact the office."

Staff told us they received support from the manager. One staff member said, ""Excellent support, they never say they're too busy, they always find time." Another staff member said, "They understand the branch issues, they are patient, you can defiantly talk about anything." Staff told us and records confirmed they had received regular supervision. One staff member said, "It covers how you're getting on, any concerns and how your feeling."

The manager told us they were supported by the provider. They said, "I feel comfortable asking for any support from my regional manager and feel I can contact other branches for advice." They told us they had only been in post for a month and they had already discussed in their supervision future training for their role.

We saw the provider had a range of incentives to support staff within their role. An emergency breakdown service, a counselling support line and other monetary rewards relating to long service and life insurance. One staff member said, "It's a lovely company to work for, they are always there for you."

We saw that people were asked to give feedback on the quality of the service they received. One person said, "They have asked us, they sent us a questionnaire." We saw that people had been asked about their care and any concerns addressed. For example concerns had been raised about confidentiality. At the managers first team meeting they had issued the companies 'befriending policy' and a reminder about boundaries with people.

The manager told us they had been developing a quality project. This covered all areas of the service. For example the care plans had been revised to reflect the key indicators identified by CQC. We saw this paperwork had been implemented. Other areas related to people's feedback and staff development, encouraging staff to consider their everyday practice. Good practice had been acknowledged through an incentive know as a '1st class letter' this is a letter of appreciation sent to staff when they have gone above and beyond. One staff member told us, "I have just received a letter, it was a lovely surprise, and it's nice to be appreciated."

The provider had suitable systems in place to assess and monitor the safety and quality of the service people received. We saw medicine charts had been audited. Any errors were identified and actions taken to reduce the risk of this happening again. For example a chart showed two missed signatures. The staff had recorded the medicine administration on the log sheets, however had not recorded them on the chart. The staff member had been spoken to and their competency reviewed to ensure they were safe to administer medicine. We saw other audits had been completed in relation to accidents and quality of the service.

The manager told us they used an electronic system for the office staff to monitor calls. This system alerted them if a call was missed and enabled them to take action. We saw this system in action. The coordinator told us they address each situation and contact the person and ensure if needed the call was provided, if it has been identified they had been missed.

The manager told us they used a wide range of systems to reflect on the quality. These included the feedback from questionnaires, telephone calls, audits and staff feedback. The manager said, "I am new to post, however I know the business well. I am keen to develop the systems to provide a good service to people in meeting their needs." This demonstrated that the provider and manager reflected on the service to drive improvements.