Housing & Care 21

Housing & Care 21 - Limestone View

Inspection report

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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

Overall summary

This inspection took place on 17 July 2015 and was announced. This was the first inspection of the service which has been open for nine months.

Housing & Care 21 – Limestone View provides personal care and support to older people who live in their own apartments. Some of the people who use the service are living with dementia. Apartments are located on one site in Settle around an office and communal areas. There is a café on site which can be used by the public, as well as the local library. The aim of the service is to support people to live independently. The service provides personal care to ten people and there are fifty apartments altogether.

At the time of our inspection there was no registered manager in post. The current manager has been in post for two months and has applied for registration with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

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 system for administering medicines was not effective at keeping people safe from potential risks. The administration records did not ensure that people received their medicines safely and as prescribed. We also identified errors with the proper ordering of medicines. The risks associated with medicine administration identified during our inspection meant that there was not proper and safe management of medicines. This was in breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe. Staff had a good understanding of safeguarding procedures and how to protect people from harm. There were plans in place to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence.

Staff told us they liked working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. There were no restrictions at the time of our inspection and we saw that appropriate action was taken if any concerns about this were identified.

People were supported to maintain their health and had access to services such as a GP or dentist when needed. Where people needed support with eating and drinking appropriate professionals were involved.

There was a caring and friendly atmosphere in the service. People told us that staff were kind and that their privacy and dignity were respected. Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions for staff about the support people needed to have their needs met.

People's needs were regularly reviewed and appropriate changes were made to the support people received. People had opportunities to make comments about the service and how it could be improved.

The manager was new in post and had a clear vision about how they wanted the service to develop. Staff told us that there was a culture of respect and their priority was to deliver person centred care. The provider had systems in place to monitor the quality of care and to review if improvements had been made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service required improvement to be safe.

People were not protected against the risks associated with medicines.

Staff were aware of safeguarding and whistleblowing procedures in order to protect people from harm.

The risk assessments in care plans showed how to reduce risks whilst supporting people to remain independent.

There were a sufficient number of staff to meet people's needs.

Requires improvement

Is the service effective?
The service was effective.

People were cared for by staff who had the knowledge and skills to carry out their roles effectively. Staff were well supported.

Staff understood the requirements of the Mental Capacity Act 2005 legislative requirements were followed.

People were supported to maintain good health and had access to relevant services such as a GP or other professional.

Good

Is the service caring?
The service was caring.

People told as that they were well looked after by caring and kind staff.

People, and their relatives if necessary, were involved in making decisions about their care and treatment. They told us that there was good communication with the staff and manager.

People told us they were treated with dignity at all times and were able to keep their privacy when they wanted.

Good

Is the service responsive?
The service was responsive.

People received personalised care. Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service. They told us that any concerns were acted on straight away.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was clear direction for the service which was supported by the manager and staff team.

There were systems in place to monitor and review the quality of care provided.

Housing & Care 21 - Limestone View

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 17 July 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. 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 this inspection we looked around the premises, spent time with people in their apartments and in the communal area. We looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a community care service. This included five recruitment records, the staff rota, notifications and records of meetings.

During the visit we spoke with two people who received a service and two relatives, as well as five members of staff and the manager. Following the visit we sought further feedback. We spoke with four people and one relative over the phone.

Requires improvement

Is the service safe?

Our findings

The systems for administering medicines did not make sure that people received them safely. Each person who needed their medicine to be administered by staff had a Medication Administration Record (MAR). Some people had their medicines prepared in blister packs by a pharmacist in addition to other boxed medicines and creams. MAR charts did not accurately specify the medicines being taken. One section stated 'blister pack' and when this was to be taken. It did not specify the different medicines in the blister pack and staff signed to say the 'blister pack' had been administered. There was no process for staff to check that blister packs contained the correct medicines before administration. Some MAR charts did not specify a time for medicine to be administered but used an 'X' under am or pm. This meant there was a risk that medicine would be given incorrectly and not in line with prescription instructions.

One person's MAR chart showed that they went without a medicine for a week in May 2015. This was because the medicine was not ordered correctly. One entry on the MAR stated that the medicine had not been given because it was "Not needed" although it was not a prn (to be taken as required) medicine. The manager told us that each member of staff was responsible for informing management on a Monday if a medicine needed reordering but on that occasion it got missed. However, no action had been taken to reduce the risk of similar errors happening in the future. We noted that this incident occurred a time of a change in management.

There were separate medication profiles for each person which gave details of the medicines taken. However, profiles did not list possible side effects or allergies and there was no information about what the medicine was for. This meant that staff may not be aware of how a medicine could affect people's health or behaviour, and it would be difficult to assess if a medicine was effective or no longer needed.

Medicines were stored in people's own flats in locked cabinets and keys were kept by the person in their flat. There were risk assessments in place for the use of medicines. However, these did not consider the safety of storage, particularly for people who were living with dementia.

The risks associated with medicine administration identified during our inspection meant that there was not proper and safe management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with told us that they felt safe and could approach the manager if they had any concerns. Each person had a pendant alarm which they could use if there was an emergency. This alerted staff to a problem so that they could respond promptly.

There were systems in place to protect people from abuse. There were up to date safeguarding policies and procedures which detailed the action to be taken where abuse or harm was suspected. Staff members told us that they had received training in safeguarding and that they felt confident about identifying possible abuse and taking appropriate action to protect people. A care assistant told us "I have a good understanding of safeguarding and risks". Training records confirmed that staff received safeguarding training during their induction. There had been no safeguarding concerns raised since the service opened.

Staff members were also aware of whistleblowing procedures and who they could go to outside the service if they had any concerns which they felt unable to raise with the manager.

Care plans contained risk assessments for areas such as infection control, mobility and challenging behaviour. These showed the possible risks and how to reduce them, such as the use of mobility aids and personal protective equipment. Environmental risk assessments were also in place which looked at the risks associated with people's apartments. A number of risk assessments were not dated and gave no future date for review which meant that changes in risk may not be recorded in a timely manner. There were regular checks of the building and communal areas to make sure that there were no risks such as blocked fire doors.

Recruitment records showed that all the necessary background checks were carried out before new staff were able to start work. These included a criminal records check, references and proof of identification. Application forms and interview notes showed how new staff had been found

Requires improvement

Is the service safe?

to have suitable character and experience to work in the care sector. Although there was no photo of the employee in their recruitment records we noted that all staff wore ID cards, which included a photo, whilst they were at work.

There were sufficient numbers of staff on duty to meet people's needs and keep them safe. All the staff we spoke with felt that staffing levels had improved and that there were enough staff to provide a safe service. This was confirmed by the rotas. We noted that staff did not appear rushed and were able to respond to people's needs as they arose. A shift planner was drawn up for each day so that staff knew what they were required to do. At night time there was one waking member of staff on duty to respond to any situations and keep people safe. An emergency on call system was in place and night staff had an alarm which would call out an ambulance if required.

Good

Is the service effective?

Our findings

All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. Comments included "I like it here. The team is brilliant", "It's a real pleasure to work here. A very good team" and "There is mutual support between all staff". The staff we met with were all enthusiastic and demonstrated a commitment to providing an effective service.

Staff members told us they received a suitable induction when they started. This included two weeks shadowing and three days training. During induction staff were trained in core skills such as moving and handling, medication, infection control and safeguarding. There were also opportunities to attend specialist training. One member of staff had recently completed a National Vocational Qualification in care, and another was due to receive training in IT skills and management. A dementia awareness day had recently taken place where the staff team discussed ways of improving the service for people living with dementia. The manager explained that he was currently carrying out a skills audit to look at any future training needs. This meant that staff received the training they needed to develop their skills and knowledge base.

Staff told us they received regular supervisions where they could discuss any issues in a confidential meeting with the manager. One care assistant told us they were "A good opportunity to discuss things" and another commented "Supervisions are a chance for different perspectives to be looked at". Supervision records showed that they took place approximately every two months and included actions to be followed up at subsequent meetings. There were also team meetings every one or two months where the team could share information and discuss issues together. The last meeting included a discussion about the team's strengths and weaknesses.

The staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction.

For some of the people living with dementia there were issues around their capacity to make some decisions. Best interest meetings had been held where important decisions had to be made about care and welfare. This is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person.

There was an up to date policy in place regarding the MCA and Deprivation of Liberty Safeguards.

The manager explained that people were supported to live independently in their own apartments and there were no current issues about depriving people of their liberty.

Although staff were working within the principles of the MCA, information about consent and capacity in support plans was limited. Records did not contain a clear picture of what led to a best interest meeting being held and there were no copies of mental capacity assessments. We spoke with the manager about this who agreed that a clearer audit trail needed to be in place.

The majority of people needed no support with eating or drinking and could cook independently in their flat. Some people chose to have a meal in the café at lunchtime. One person who had a risk of choking had recently been referred to the Speech and Language Therapy (SALT) team for an assessment. The SALT specialist had then produced written guidelines for staff so that support with eating could be given consistently. It was felt by the service that the guidance was too restrictive as the person really enjoyed their food. After discussing further with the SALT team it was agreed it would be in the person's best interest to amend the guidelines. This demonstrated how the service worked in partnership with other professionals.

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs. There was evidence of the involvement of healthcare professionals such as a GP, dentist and district nurse. People living with dementia received support through specialist teams and had access to a social worker.

Good

Is the service caring?

Our findings

People told us they liked living at Limestone View. Comments included "I think it's lovely. Staff are good and kind", "Staff are outstanding. They ask each time about what they can do for me" and "I can't fault the place". A relative told us "I've found them very good. [Name] is very happy here".

The atmosphere in the service was relaxed and friendly. Although we did not observe any personal care tasks being carried out, we did see that staff spoke with people in a friendly manner and were attentive to people's needs. The staff we spoke with were able to demonstrate a good knowledge of each person's needs and preferences. They all felt the service provided good care. One care assistant said "We have good relationships with people. It's caring here". Staff spoke passionately about treating people as individuals and making sure people were supported in the way they wanted.

People were treated with respect and dignity. We observed that doors to peoples' flats were kept closed and a door bell was used by staff before waiting to be admitted. One person told us "Staff are respectful and make sure I keep my privacy and dignity". A care assistant commented "The importance of privacy and dignity is stated in care plans. All staff are aware of confidentiality. This is discussed in induction and raised in team meetings". The Home Care Guide also highlighted the rights of people who used the service, which included, respecting privacy and championing dignity.

Records showed that people, and where appropriate, their relatives, had been involved in discussions about care and support. This was reflected in the care plans we saw. Although care plans were person centred the manager explained that he wanted to do more to involve people living with dementia in their care. The staff team was looking into ways of doing this. One member of staff had expressed an interest in updating care and support plans with the involvement of people and their relatives. Ideas included the use of photographs and developing easier to understand records for people living with dementia.

When people first started using the service they were given a Home Care Guide which gave information about the service. This included details about what people could expect, aims and objectives, useful contacts and relevant policies such as confidentiality. The guide was available in other formats such as large print or Braille if needed.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Care and support plans were detailed and focussed on individual preferences. There was a 'pen picture' for each person which provided a personal history and gave staff an understanding of their character and background. Support plans were written from the perspective of each individual and included their preferences for how they wanted care and support. For example, one person's support plan contained detailed information about how they liked to take their medicines.

Support plans were up to date and reviewed as necessary. Areas covered included health, mobility, personal hygiene and social activities. There was a clear picture of peoples' needs and how they were to be met. Staff members told us that support plans contained sufficient detail and were reviewed regularly. One care assistant said "Regular reviews are held where we share ideas. As soon as a need changes the care plans are updated". There was evidence that people and their relatives were involved in reviews and that the service took appropriate action where changes in needs were identified. For example, one person was referred to the Dementia Crisis Team following a review where concerns were raised about their mental health.

People were encouraged to develop social relationships to avoid being isolated. The service had a communal café and dining area as well as an on-site hairdressing salon. The village library was also located at the service and the manager explained that the local residents were encouraged to make use of the facilities so that the service became part of the community. A care assistant talked about how they helped to prevent social isolation. They told us "We do a core check. If we haven't seen someone for a while we will call on them to check they are ok. They appreciate this". The manager explained this further, saying that staff made a daily log of all the people they had seen so that they could identify who might need a check.

The manager talked about a project called Bridging the Gap which would soon be starting at Limestone View. This was an arts based project which provided creative and stimulating activities to people living with dementia. The aim was to encourage people to participate in activities based on individual needs and interests, and to help prevent loneliness and isolation. This showed that the service considered new approaches to meeting people's needs.

People were provided with information about how to make a complaint in the Home Care Guide. This gave details about who to complain to and what would happen when a complaint was made. The guide explained that people could raise concerns with the registered manager, or contact a Customer Response Manager who worked outside the service. There was also information about the CQC, including relevant contact numbers.

People told us that if they had any concerns they would speak with the manager. The complaints record showed that there had been no recorded complaints about the care people had been given. Where other complaints had been made there was a record of the response and action taken. A number of complaints had been received about the building, in particular the heating. These complaints had been acknowledged and passed to Head Office. We noted that some people who used the service had set up a Steering Group to discuss building issues which empowered them as a group to raise similar issues together rather than individually.

Good

Is the service well-led?

Our findings

The current manager had been in post for two months. They had applied for registration with the CQC and this process was ongoing.

The manager talked spoke passionately about their ideas for the service and the improvements they wanted to make. They explained that there were currently talks with the local authority about using the service as a pilot of Immedicare. This is a service which provides healthcare consultations to people through video link, helping to reduce hospital admissions and travel for people with mobility difficulties.

The manager also spoke about their commitment to further developing person centred care and improving relationships with the local community. They wanted to involve local residents more with the service so that it became a part of the community, making greater use of the café and library. The manager believed that this would help make sure that the people that lived at Limestone View remained an active part of the local area rather than living in isolation.

The manager wanted to make sure that the service offered best practice support for people living with dementia. Their aim being for people to be able to remain living independently for as long as possible whilst receiving the care support they needed.

Staff told us that there was good management at the service and that they felt there was a clear direction for the future. This was supported by the provider's mission statement which said the aim of the service was "Promoting independence and choice for older people through quality, care and support". One care assistant said "The ethos here is about having a person centred approach. Everything is in the person's best interest. We ask people how they want things".

The Home Care Guide included a section on quality assurance which encouraged people to give their views and feedback in order to make continuous improvements to the service. People told us they were able to approach the manager with suggestions or comments if they wanted. There were regular resident meetings where people could discuss issues and ideas in a group setting. One of the people who attended explained "We have meetings when all the residents get together. We come up with ideas and go to the office".

The provider carried out quarterly monitoring visits to the service to make sure that the quality of the service was reviewed. A quality assurance tool was used to record the findings. This covered areas such as training, care records, safeguarding and medication. Ratings were given for each area and these were then reviewed at subsequent visits. The manager explained that the next visit would be at the end of July 2015 which would be his first review since starting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services are not protected against risks associated with medicines due to the lack of proper and safe management systems. Regulation 12 (2) (f)(g).