

Sunderland Home Care Associates (20-20) Limited Haddington Vale Extra Care Scheme

Inspection report

Haddington Vale, Knightswood
Doxford Park
Sunderland
Tyne And Wear
SR3 2FD

Tel: 01915255852

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10 December 2018

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 10 December 2018 and was announced. We last inspected the service on 2 and 6 October 2017. We found the provider had breached the regulations relating to safe care and treatment, person-centred care, need for consent and good governance. We rated the home as requires improvement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, caring, responsive and well-led, to at least good.

During this inspection we noted improvements had been made and the provider was now meeting the requirements of the regulations. For example, improvements had been made to medicines management and risk assessments contained more information than previously. However, we noted risk assessments would benefit from more detailed information about the measures required to mitigate risks. The provider had implemented systems to support staff when making Mental Capacity Act (MCA) assessments. We have made a recommendation about this as, although staff followed the correct process, the decisions considered were not always relevant. Improvements had also been made to the quality assurance processes.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Haddington Vale receives regulated activity; CQC only inspects the service being 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.

The service had 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.

People said they were very well cared for and told us the staff were kind, considerate and caring. Care records provided staff with a summary of people's preferences.

People and staff told us Haddington Vale was a safe place to live.

Staff had a good understanding of both safeguarding and the provider's whistle blowing procedure. They told us they hadn't needed to use the procedure but wouldn't hesitate to do so if required.

Staffing levels were sufficient to meet people's needs. People told us staff were very reliable and responded to their needs well.

There were robust recruitment procedures to ensure new staff were suitable to work at the service.

Incidents and accidents had been logged, with details recorded of the action taken to keep people safe. These were monitored to identify any trends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Current care plan audits were infrequent which presented as risk issues would not be addressed quickly.

Staff were well supported and received the training they needed. Records confirmed supervisions, appraisals and training were up to date. The provider made resources available for the training and development of staff.

People were supported to meet their nutritional needs as required. Where necessary, staff supported people to attend healthcare appointments.

The service user guide provided details of important information, such as the availability of advocacy services and the provider's complaint procedure. This was made available to all people when they moved into the service.

Some people had specific healthcare conditions, such as diabetes. The associated care plans lacked the depth of information to clearly describe how staff should support people to manage these conditions. People told us they had been involved in developing their care plans.

Staff supported people to access activities to help avoid social isolation. This included supporting people to access their local community and arranging events within the service.

People had the opportunity to discuss their end of life care wishes. Where people had specific requests, these were included in their care plans.

Although people gave positive feedback, they knew how to raise concerns if needed.

The provider consulted and engaged with people and staff to gather their views about the service.

The provider was submitting statutory notifications for significant events as required.

Although governance arrangements were mostly effective, care plan audits were infrequent. We noted there was positive collaboration between the provider, commissioners and the housing provider.

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 was not always safe.

Improvements had been made to medicines management and risk management. Risk assessments were completed but required more detailed information.

People and staff said the service was safe.

Staff knew about safeguarding and the whistle blowing procedure, including how to report concerns.

Staff were consistent and reliable. New staff were recruited safely.

Incidents and accidents were investigated and monitored.

Requires Improvement



Is the service effective?

Good



The service was effective.

We have made a recommendation to improve the application of the Mental Capacity Act. People were supported to make decisions and choices.

People's needs had been assessed.

Staff were supported well and received the training they needed.

Staff supported people with their nutritional and healthcare needs.

Is the service caring?

Good



The service was caring.

People and relatives gave positive feedback about the care provided.

People were treated with dignity and respect.

Staff supported people to be as independent as possible.

Is the service responsive?

The service was not always responsive.

Most care plans were person centred and reviewed consistently to keep them up-to-date.

Some care plans for complex needs lacked detail or were not in place.

People gave only positive feedback about the service.

There had been no complaints made about the service.

Requires Improvement

Is the service well-led?

The service was not always well-led.

Care plan audits were infrequent and had not addressed some inaccuracies in care records.

Other quality assurance checks were effective.

There were opportunities for people and staff to give feedback.

People described the registered manager as supportive and approachable.

Requires Improvement

Haddington Vale Extra Care Scheme

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 10 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is an extra care scheme providing personal care. We needed to be sure the registered manager would be available.

One inspector and an inspection manager carried out this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with five people and two relatives. We spoke with a range of staff including the registered manager, a manager, the training manager, the compliance officer and three care workers. We reviewed a range of records including four people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

When we last inspected Haddington Vale Extra Care Scheme, we found the provider had breached the regulation relating to safe care and treatment. This was because identified risks were not assessed and managed appropriately. Medicines were not managed safely. For example, when required protocols were not available to guide staff on when to administer these medicines.

The provider also told us they would act to meet the requirements of the regulations. This included introducing more robust systems for jointly assessing risk with people and their representatives. Regular audits were to be completed to check these were completed consistently. We found these changes had been implemented. Where potential risks were identified, a risk assessment was carried out. These were reviewed regularly to reflect people's changing needs. For example, where people had specific needs or medical conditions. These described symptoms and the impact on the person. However, information about the measures needed to minimise these risks was brief. We concluded from viewing risk assessments that more detailed information was required about how to mitigate potential risks to people's safety.

Whilst planning for this inspection we noted the action plan the provider submitted after the last inspection did not refer to how they intended to improve medicines management. However, when we inspected we found improvements had been made and medicines were now managed safely. Staff had completed training to ensure they had the skills to administer medicines appropriately. Accurate records were maintained to show which medicines staff had given to people. Care plans described how people wanted to be supported with taking their medicines. One person commented, "They [staff] make sure I take my tablets."

People told us the service was a safe place to live. Comments included, "I do feel safe here, I feel secure", "I am very safe. They are there when you want them" and "You are very safe in here."

Staff also felt the service was safe. One staff member said, "It is very safe. I wouldn't have a problem putting family here. There is always somebody at hand." Another staff member told us, "It is safe, everything is safe."

Staff had a good knowledge of safeguarding and the whistle blowing procedure. They confirmed they hadn't previously needed to raise concerns but would not hesitate to do so if needed. One staff member said, "I would definitely use it [if needed]."

Previous safeguarding concerns had been dealt with effectively. Referrals had been made to the local authority safeguarding team and a thorough investigation completed. A quarterly safeguarding audit was completed. This was used to look for trends and to identify lessons learnt. For example, a previous audit identified errors in recording. As a result, additional quality checks had been established to ensure documents were completed correctly.

People received support from a reliable and consistent staff team based on-site. One person told us, "I just press my buzzer and someone is there. They are always on time. If there is an emergency they let you know."

Another person said, "They come straightaway, I never wait long." A third person commented, "When I pressed my bracelet [nurse call] they were here in less than two minutes."

The provider had effective procedures for recruiting new staff safely. This included carrying out pre-employment checks such as receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Accidents and incidents were logged and investigated with action taken to keep people safe. A quarterly accident and incidents audited was completed to check robust action had been taken to keep people safe.

The provider had policies and procedures for promoting best practice in relation to infection control. Cleanliness in communal areas was at a high standard when we visited.

Is the service effective?

Our findings

When we last inspected Haddington Vale Extra Care Scheme we found the provider had breached the regulation relating to the need for consent. This was because there was no evidence of MCA assessments and subsequent 'best interests' decisions being carried out for people who lacked capacity to make their own decisions.

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

The provider told us they would act to meet the requirements of the MCA. This included working with other agencies to ensure people who lack capacity have their needs met. Care plans and risk assessments would be reviewed to provide clarity about any best interests decisions made on people's behalf.

We found at the time of inspection the service had made significant progress towards complying with the requirements of the MCA. A MCA flowchart had been developed which meant staff followed the correct process when assessing people's capacity to make decisions. We found this had been used for some decisions, such as supporting people with medicines. However, we noted staff were not always assessing the actual decision in question. This sometimes led to conflicting outcomes about the person's mental capacity. For example, one person lacked the mental capacity to take manage their own medicines. However, the decision considered in the MCA assessment was whether they could consent to having support from staff to assist them to take medicines. A decision they had capacity to make. Some other decisions relating to daily living had been assessed in line with the MCA when this wasn't necessary.

We recommend the provider researches the MCA code of practice and updates its practices accordingly.

Staff generally showed a good understanding of people's needs and could tell us they supported people with making their own decisions and choices. Care plans contained information about the best ways to support people with making choices. For example, one person's care plans recognised how a person's capacity could fluctuate and described how staff should support the person at these times.

People's needs had been assessed to identify their care needs. This included discussing any religious, cultural or lifestyle needs and people's preferences.

Staff received good support and had opportunities to access the training they needed. One staff member said, "We have support in all aspects of the work." Records showed training, supervision and appraisals were

up to date when we inspected.

People were supported to have enough to eat and drink in line with their individual needs. One person said, "They do my breakfast. I get to choose [what I want]." Another person commented, "I get plenty to eat. If there is something I don't want [to eat] they give me an alternative."

Care records provided details of other health care professionals involved in people's care including how to contact them. They also showed people had involvement from health and social care professionals when needed.

Is the service caring?

Our findings

People gave us very positive feedback about their care. They commented, "I think it is excellent. I am much better here than in my bungalow", "It is good, really good", "I would give them all 10 out of 10" and "The care team are brilliant."

Relatives gave us equally positive feedback. One relative commented, "I am very happy with everything. It is just so pleasant, caring. They look after [family member] really well. I can go out and I know [family member] is going to be okay. We couldn't do without them."

People described the care team as kind, considerate and caring. One person said, "They are really good the [staff]. They are just like family. They are so kind and caring. There is not one that I wouldn't invite into my home." Another person told us, "The carers are good. You get a good laugh with them." A third person commented, "They are lovely, I couldn't say a word against any staff here. It is the best thing I ever did coming here."

People were treated with dignity and were enabled to be as independent as possible. Comments included, "Oh yes, I am treated with respect. They are spot on", "To me everybody gets the same amount of attention", "I have a good rapport with them" and "I try and help myself as much as I can." Care plans described the areas where people wanted to retain independence as well those areas where they required support.

Each person had a 'one-page summary' which provided staff with important information about people's priorities. This included details of things that were important to people and their personal qualities. They also had a brief life history with details of their background, early life and family. This is important to help gain a better understanding of people's needs and preferences.

Information about the right to have an independent advocate was included in the service user guide. This was given to each person when they moved into the service.

Is the service responsive?

Our findings

When we last inspected Haddington Vale Extra Care Scheme we found the provider had breached the regulation relating to person-centred care. This was because care plans lacked information about the support people needed or their preferences, it was unclear which people had a valid Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).

The provider told us they would act to meet the requirements of the regulations. This included reviewing all care plans to ensure they included clear information of how care and support was provided in line with people's preferences, additional training for staff completing care plans and amending the paperwork to reflect people's involvement.

The provider had made progress to improve care plans. Most people's care plans now contained sufficient information to guide staff as to the care people wanted and needed. They described what care was needed at each planned call. There was an emphasis within the care plans about people's preferences, gaining consent and promoting independence.

Some people had more complex needs linked to specific medical diagnoses. Although, these were referenced in care plans, they did not clearly specify how staff should support people. For example, one person, living with dementia, experienced agitation at times. Their care plan advised staff to offer reassurance and divert the person's attention if they became distressed. The care plan did not identify any triggers to help staff identify the person may become distressed or the most effective strategies to support the person. Other people had medical conditions such as diabetes but no care plans to describe the support staff should provide and what to do in an emergency.

People said staff responded well to meet their needs. One person commented, "It is fantastic, the girls will do everything they possibly can for you." Another person told us, "Everyone falls over themselves to help you."

Staff gave people the opportunity to discuss their end of life care wishes. The care records we viewed confirmed these discussions had taken place but people did not have any preferences at this time.

People confirmed they knew about their care plans and had been involved. One person commented, "They always take you through things." Another person told us, "I have a support plan. I told them what I needed [support with]." They also told us the provider reviewed their care to check whether it still met their needs. One relative said, "They check I am happy with the care every couple of months."

The provider made available opportunities for people to participate in arranged activities to help alleviate social isolation. People were also supported to access the local community. One person said, "There is as much as I need or want. I go to the coffee morning now and again. When there has been a singer on, I go down for that. My [family member] comes with me." Another person commented, "There are plenty of activities. Bingo, a Christmas carol service and a Christmas lunch if you want to go." A third person told us,

"There are loads of activities." They went on to tell us staff always encouraged them to join in. They said staff would say, "Are you coming down, we are doing an activity. If I am missing they will call up and see if I want to join in. I join in everything."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Although people gave us only positive feedback about their care, they also knew how to raise concerns if required. One person commented, "I have no complaints at with them." Another person said, "I have never needed to complain. I cannot complain about any of them." The provider had an agreed process for dealing with complaints. Since our last inspection there had been no complaints received about the care provided at the service.

Is the service well-led?

Our findings

When we last inspected Haddington Vale Extra Care Scheme we found the provider had breached the regulation relating to good governance. This was because the provider did not operate effective systems for monitoring and assessing the quality of their service. For example, audits had not been effective in identifying the issues we found during our inspection. Information gained from other sources and quality audits was not used to drive improvement.

The provider told us they would act to meet the requirements of the regulations. This included assessing introducing more robust systems and processes to check quality including monthly audits and six monthly 'service user reviews'.

We found improvements were required to the process for care plan audits. Records showed these were usually six monthly which meant there was a risk issues would not always be identified in a timely way. We also noted they had not been effective in identifying the recording issues we found relating to the application of the MCA. However, other areas for improvement had been identified.

The provider's other quality assurance processes had been effective in identifying areas for improvement. These lead to changes to processes and systems across the service. For example, improvements to monthly medication audits which were now identifying issues with recording of medication administration records (MARs).

A medicines champion was also appointed who undertakes a weekly 10% sample checks of MARs, to supplement the monthly audits. Staff teams then attend monthly meetings to discuss any issues identified from sample checks. All care staff had attended workshops to go through the completion of MAR charts. This was a direct result of themes and trends identified from medication audits relating to recording errors. Other audits looked at safeguarding, accidents and incidents, missed visits and complaints.

The service had a registered manager in post. They were intending to deregister due to a restructure of the management team. Another manager had applied to register with the CQC to become the registered manager. The registered manager had submitted the required notification to the CQC for significant events at the service. Following the last inspection, the provider had a dedicated compliance officer to work across all of the provider's services.

People and relatives gave positive feedback about the management of the service. One person commented, "[Manager] is definitely approachable. They are all really nice people. Another person said, "Management are lovely. If I get a letter and can't understand it, they help. They will do anything for you. I love it here." One relative said, "Management are lovely. You can go to the manager with any problems and they sit until they sort it out with you."

Staff gave similarly positive feedback. One staff member said, "[Registered manager] is very approachable. I can go to them anytime." Another staff member said, "Management are great, I can go to them no problem."

There were opportunities for people to give feedback about their care. They were involved in monitoring visits to review their care. Records showed people were happy with the care they received. Monthly residents' meetings took place which were well attended. These took place jointly with the housing provider. Minutes showed people used these to raise matters relating their care, as well as receiving updates about changes.

The provider formally consulted with people. 30 questionnaires had been set out during 2018 with seven returned. The results had been analysed with most people giving positive feedback. For instance, seven people said the support workers were courteous, respectful and respected their privacy. Two people have suggested areas for improvement and were subsequently involved in determining the appropriate action needed.

Likewise, staff could share their views about the service. For example, regular staff meetings were held. A standard agenda was used which included health and safety and safeguarding. Minutes showed recent topics discussed were training, medicines and sickness. Discussions also took place around best practice and staff expectations. The format of meetings had been revamped to be more fluid by sending out the agenda in advance so staff know what is to be discussed prior to the meeting and add their own agenda items. A new agenda item entitled 'carers choice for discussion had been added to allow staff to raise discussion items as they wish.

The manager told us about recent events to develop community links. For example, over the Christmas period events included carol services with local churches. The manager also described plans to make links with a local support group, who offer support for people, and their families, who are living with dementia.

The leadership team worked alongside local authority commissioners and the housing provider to promote positive outcomes for people. For example, the provider attended quarterly meetings with commissioners to discuss how the service was performing. We viewed the last commissioner's quality report which was positive with no significant concerns identified.