North Yorkshire County Council

Town Close

Inspection report

North Road
Stokesley
North Yorkshire
TS9 5DH

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26 September 2017

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 26 September 2017 and was announced. The provider was given notice because the location provides support in an extra care scheme and we needed to be sure someone would be available in the office to answer our questions. Calls to people who used the service took place on 22 September 2017.

Town Close registered with the Care Quality Commission (CQC) in December 2012 for the regulated activity of personal care. The service is based in Stokesley and is an extra care housing scheme. They offer personal care and support to people who live in apartments on-site. At the time of this inspection there were 21 people who were receiving support with personal care.

At the last inspection in July 2015, we rated the service as Good overall, but identified that improvements were required in the safe domain. We found medicines were not managed safely and a number of errors had occurred. Staff were not provided with sufficient information with regard to medicines and the possible side effects. At this inspection, we found improvements had been made; the number of medicine errors had reduced and a thorough audit system ensured action was taken when errors occurred.

The service did not have a registered manager. However, an application to register with CQC had been completed by the service manager and was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service manager and team leader were present throughout this inspection.

Safeguarding concerns had been managed appropriately. A safeguarding policy was in place to protect people from the risk of harm. All staff we spoke with were aware of the procedure to follow if they suspected abuse was taking place.

Recruitment procedures had been followed to ensure staff were safe to work and did not pose a potential risk to people who used the service.

Risk assessments were completed in relation to people's individual needs. The risk assessments guided staff on what actions to take to minimise the risks to people, such as ensuring they had their lifeline pendent on, whilst also promoting their independence. Risk assessments had been updated when changes occurred to ensure they recorded people's current needs.

People told us they trusted staff and felt safe in their care.

There was a process for completing and recording staff supervisions and competency assessments. Systems

in place ensured staff received the training and experience they required to carry out their roles. A range of training was provided to ensure staff were able to effectively carry out their roles. New staff were given the opportunity to work alongside senior staff to build relationships with people.

Some people were supported by staff with meal preparation and where possible people's independence was recorded and promoted in this area. Care records contained clear guidance for staff to follow with regard to nutrition.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005. Staff were aware of the procedure to follow if they suspected a person lacked capacity to make decisions.

Any concerns that staff had regarding people were recorded in daily notes. People told us that staff contacted relevant professionals such as GP's, in a timely manner, when this was needed.

People told us they were treated with dignity and respect; they were supported by a regular team of staff who knew their likes, dislikes and preferences. Staff had built relationships with people based on their knowledge of people's personal histories and medical conditions.

The provider had an effective system in place for responding to people's concerns and complaints. All the people we spoke with were able to explain who they would contact if they had any concerns and were confident this would be dealt with effectively.

Staff were kept informed about the operation of the service through regular staff meetings and weekly newsletters. Staff we spoke with told us they felt well supported by the management and felt they had an open and honest approach. They were confident that any concerns raised would be dealt with in a professional manner.

The team leader completed a number of quality assurance checks to monitor and improve the standards of the service in areas such as medicines and daily visit reports. Action had been taken when concerns were found, although this was not always clearly recorded.

People were given the opportunity to provide feedback about the service and satisfaction surveys were distributed annually.

The service manager had a good understanding of their role and responsibilities .They understood when notifications were required to be submitted to CQC. Notifications are changes, events or incidents the registered provider is legally obliged to tell us about within the required timescales.

Further information is in the detailed findings below

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 is safe.

People were protected from the risk of avoidable harm or abuse because the provider had effective systems in place to manage any safeguarding concerns.

Risk assessments had been developed and were in place when required.

Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people from working with vulnerable adults.

The management of medicines had improved. Medication errors were reduced and gaps in recording were investigated. People received their medicines as prescribed.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Town Close

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 checked 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 26 September 2017 and was announced. The provider was given notice because the location provides support in an extra care scheme and we needed to be sure someone would be available in the office to answer our questions. Calls to people who used the service took place on 22 September 2017.

The inspection was conducted by one adult social care 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. Their area of expertise was older people and dementia.

The provider completed a provider information return (PIR) and returned this within required timescales. A 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. We used this information to help plan this inspection.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We also sought feedback from the Local Authority.

During the inspection, we reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We also looked at one staff file relating to their recruitment, and four staff files relating to supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection, we spoke with five members of staff including the service manager and team leader. Prior to the inspection, we contacted six people who used the service by telephone to seek their views.

Good

Is the service safe?

Our findings

At the last inspection, we found the service was not always safe and awarded a rating of requires improvement. This was because medicines were not managed safely and a number of errors had occurred. Staff were not provided with sufficient information with regards to medicines and possible side effects. At this inspection, we found required improvements had been made.

People told us, without exception, that they felt safe. Comments included, "I feel very safe", "Oh yes I would say so. At least you know you have 24 hour care here" and "I feel safe, they (care staff) are very good. They help if you are poorly and they get the doctor to come in. It is a good place to be. I have life line, if I press it they come."

Most people required support with medicines. We found that the level of support was clearly documented and associated risk assessments had been completed. Medicine administration records (MARs) contained the required information. This included the dose, time and frequency of medicines, as well as any known allergies. MARs had been completed accurately to state when medicines had been administered by staff and corresponding information was recorded in the person's daily notes. When gaps in recordings had been identified, appropriate action had been taken such as staff completing refresher medicines training or attending a supervision session with management.

At the last inspection, there had been a number of medicines errors. At this inspection, we could see there had been a reduction in such errors over the past 12 months. The team leader told us this was because more robust checks and training were now in place.

People told us they received their medicines as prescribed. One person told us, "The staff help me with my medication. They give me a glass of orange juice and I have bottles of water on the side too. They give the tablets to me before I get up and stand over me while I take them. I am happy with this."

Staff were aware of the different types of abuse and were able to describe what action they would take if they suspected abuse was taking place. One member of staff told us, "We have all had training and know to report any concerns straight away. I would not hesitate." We looked at safeguarding records and could see that referrals had been made to the local authority safeguarding team when appropriate.

Risk assessments were completed in relation to people's individual needs. For instance, we saw an assessment for one person in relation to their increased falls risk due to problems with mobility. A second risk assessment we looked at was for another person in relation to risks around the home environment. The risk assessments guided staff on what actions to take to minimise the risks to people, such as ensuring they had their lifeline pendent on, whilst also promoting their independence. Risk assessments were usually updated when changes occurred to ensure they recorded people's current needs. However, we did identify one risk assessment that had not been updated to show that two carers were now required to support a person with transfers. We discussed this with the team leader who was able to demonstrate this was a very recent change in need and an updated risk assessment was in progress.

Records of accidents or falls were held in people's individual care records. We could see that one person had suffered a fall and this was recorded in the person's daily notes. However, the appropriate accident report had not been completed. We discussed this with the team leader who told us they would ensure staff fully recorded any accidents or incidents.

The provider had a recruitment procedure in place. The service had a very low staff turnover and only one person had been recruited since the last inspection. We looked at this member of staff's recruitment file. Two references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults at risk.

The service provided 24 hour support to people living at Town Close. Each person had access to a lifeline pendent that they could press if they needed assistance from staff. We could see that during the day, there were four staff on duty, on an evening there were three staff and throughout the night, there were two staff. People told us they thought there was enough staff on duty and staff responded in a timely manner when they pressed their lifeline pendant. One person told us, "The care staff never miss a call."

Rotas demonstrated that people were supported by a regular team of staff who were familiar with their support needs and people we spoke with confirmed this. Comments included, "It is different care staff every morning. I can't remember their names but I know a number by their faces" and "You get whichever care staff are on duty. There are six care staff and they do it in turns" and "I know them all and they know me."

Staff had access to personal protective equipment (PPE) such as gloves, aprons and hand sanitiser, which was stored in the office at Town Close. When questioned, staff were knowledgeable about best practice with regard to infection control and told us there was no restrictions on PPE and supplies very plentiful.

Good

Is the service effective?

Our findings

At the last inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service remained Good.

People we spoke with thought the service was effective and that staff had the appropriate skills to provide good care. Comments included, "Yes I think everyone is well trained" and "The care staff are trained, they are very good."

All staff completed an induction to their role and the service when they were first employed. The service manager was able to show us thorough induction records, which were stored on the provider's computer system. New staff also 'shadowed' a more experienced member of staff before working alone. This meant that people were introduced to new staff before they were expected to provide care and support. One person told us, "We get introduced to new care staff, they usually go with an experienced member of care staff until they get to know everything."

We were given a copy of the provider's training matrix which showed staff had completed training in areas such as safeguarding, medication, health and safety and dementia. We looked at the training certificates for four members of staff and could see these corresponded with the information contained on the training matrix. We could see that some training was due to expire. The service manager was able to demonstrate that refresher training had been arranged.

Staff received support through a regular system of supervisions, which provided support and encouraged personal development. Supervisions were well documented and action that was needed had been taken in a timely manner. We viewed an example of a recent appraisal, which the service manager had completed. However, on the day of inspection appraisals for most staff were not available due to an IT issue so we could not evidence that these took place for all staff.

People required different levels of support with regard to meal preparation and their individual support needs in this area were clearly documented in care records. For example, one person needed staff to prepare breakfast but then accessed the onsite bistro for lunch and tea. People told us they were happy with the support they received and comments included, "I get my meals here, they are good" and "They make my breakfast well, I choose what I want and they make the cup of tea. For dinner we have soup or fruit juice, two or three choices of a sweet. We can have what we want. Today it was fish and chips or quiche and chips, you can ask for salad if would like. It's smashing."

Another person told us they were independent when making meals and enjoyed going to the bistro for lunch. They said, "At lunch time if I am five or ten minutes late (getting to the bistro), they come and find me. They are brilliant; they are lovely. If I can't go down for meals they make sure I get them brought up to the flat."

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection (CoP).

We found the service was working within the principles of the MCA. The service manager and team leader were able to describe what action they would take if they had any concerns regarding a person's capacity, such as discussions with other professionals. Some people had Lasting Power of Attorneys (LPA) in place. Where relevant the provider had ensured they received copies of this documentation.

People told us that staff sought medical advice when it was needed. One person told us, "I rang the lifeline in the night, I felt dreadful when I sat up. They sent immediately for the paramedics and they took me to the hospital. The care staff are very good." Another person told us, "They help if you are poorly and they get the doctor to come in."

Any concerns that staff had regarding people were recorded in daily notes and also in staff handover documents. This meant when there was a changeover of staff they were provided with up to date information.

Good

Is the service caring?

Our findings

At the last inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service remained Good.

People told us staff were extremely caring and treated people with dignity and respect. Comments included, "The care staff are very, very kind" and "They are kind and caring. They sit and talk to you if you are down in the dumps. If my legs are bad they will walk with me down the corridor."

People were treated with dignity and respect. Staff gave us examples of how they promoted people's dignity and privacy, such as knocking on people's bedroom doors before entering, making sure people's doors were closed when providing personal care and covering people with a towel when supporting them to wash.

We asked people if they felt staff treated them with dignity and respect. Comments included, "Yes, they help me to get undressed and into shower. They do everything I want" and "Yes I think so. If somebody has passed away, you notice they are no longer here, but you don't hear staff talking about it. They are discreet."

It was clear from the records we looked at that people were consulted regarding the care and support they received. Evidence, such as care plans signed by people were available. People we spoke with were aware of their care plan and what this contained. Comments included, "They write in it when they have been to visit me. It is always there (in the flat) and my family will sometimes read it."

People were supported to express their views and make independent decisions. Staff would often offer people choice in relation to meals and clothing. People we spoke with told us that staff were aware of their individual needs and this was taking into account when care was provided. One person told us, "I tell them what I want and they always ask before they do anything. I am my own boss." Another person told us, "They always check with me first. They don't just do it. They are really good."

It was clear from discussions with staff that they were familiar with people's needs and preferences. Staff told us that they generally worked the same shifts and knew everyone in the building. One member of staff told us, "It's a little community. Everyone looks out for each other. I know people really well now. It is nice that we get to have those relationships."

People had built positive relationships with their regular staff team. People we spoke with confirmed this. Comments included, "I know them and they know me" and "They all know me and they listen."

Most people were supported with advocacy by relatives and we found that they had been actively involved and included in the care planning process and on-going reviews. The service manager was able to describe action they would take if an independent advocate was required or if they had any concerns.

Good

Is the service responsive?

Our findings

At the last inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service remained Good.

People we spoke with told us they received care and support, which was personalised to meet their needs. Each person had a care plan detailing their support needs; this was developed and reviewed with person and their relatives, wherever possible. One person told us, "They (staff) went through the care plan with my [relative] when I first came here. They had a chat with my [relative] and myself about the care I needed."

We found the care plans contained sufficient information about people's individual preferences and needs to enable staff to understand how to support the person. This included information about people's life history and their daily routine. Areas covered in the care plans also included personal care, medicines, health and well-being and eating and drinking. Where appropriate there were also specific care plans in relation to falls prevention. Care plans were kept under review to ensure they were reflective of people's current needs.

We found staff were responsive to people's changing needs. For example, one person was struggling with transfers due to poor mobility. Staff had contacted other professionals to ensure they had relevant mobility aids in place and recognised that two members of staff would be needed to transfer the person safely. This person's care plan was in the process of being updated when we visited the service.

Staff made daily entries in each person's care file to record information about the support staff had provided that day and any comments or issues in relation to the person's well-being. There were also specific monitoring charts in place for people where required, such as food and fluid intake charts. This enabled the provider to monitor specific aspects of people's care and to help ensure that care was being delivered in line with people's care plans.

People were encouraged by staff to attend activities on offer at Town Close. Staff told us they would ensure people were aware of what activities were taking place and offered assistance and encouragement to people when needed. For example, one person needed support to get from their flat to the lounge area so they could participate in activities and staff accommodated this. Another person told us, "They have things on every day. I am going to a coffee morning downstairs today. They have bingo, exercises and bowls. On Monday, I go for my tea and stay in the lounge to have a read. At the minute, we are making hats for the homeless. They do all sorts here." Staff told us they recognised the importance of social interaction and enjoyed helping people develop relationships with others at Town Close.

All the people we spoke with said they had information about how to raise a concern or complaint if it was required. Comments included, "I would go to the manager or team leader. I have not a need to do so" and "I would talk to the care staff. What's there to complain about? There is nothing I can think of."

The provider had a complaints procedure in place, which was given to people when they joined the service.

The document included guidance on how to complain and what to expect as a result. There had been no complaints made within the past 12 months. Staff we spoke with were aware of the complaint procedure, where it could be found and what action to take if a person raised a concern.

Good

Is the service well-led?

Our findings

At the last inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service remained Good.

At the time of this inspection, there was not a registered manager in post. However, an application had been submitted by the service manager to register with CQC and was being processed.

The service manager had a good understanding of their role and responsibilities and was supported by a team leader who was responsible for the 'day to day' running of the service. People spoke positively about the management team. Comments included, "I have met them (service manager). They are very nice" and "We have an excellent team leader. They are so good. If they are short of staff, they will come in even on their day off. They are out of this world. They are excellent."

Staff we spoke with told us they felt well supported by the team leader and felt they had an open and honest approach to management. One member of staff told us, "They are one of us. I have great confidence in them." Another member of staff told us, "They are very good. They have a lot to do and could do with some support." The service manager told us plans were in place for another team leader to join the service and recruitment was on going. They said, "We recognised that [Team leader's name] needs support and we are hopeful we will have another team leader in place soon."

All the staff we spoke with confirmed they were regularly invited to staff meetings where concerns, areas for improvement and staff development were discussed. We looked at minutes of these meetings and could see they were well attended and took place on a regular basis.

We asked how feedback was sought from people who used the service and relatives. Satisfaction questionnaires had recently been distributed to people and relatives. The responses had been extremely positive and the team leader explained if any areas of concerns were raised, they would address them. People confirmed they were regularly offered opportunities to give their views. They were highly satisfied with the overall quality of the care provided. Comments included, "The place is very good", "I am happy here, it is all very good" and "I would recommend it to anyone."

The team leader and service manager carried out a number of quality assurance checks, in areas including medication and daily visit reports. The team leader was responsible for the development of care plans and risk assessments and these were audited upon completion. It was clear from the audits that we viewed, that action was taken when needed. For example, one member of staff had made a mistake when administering medicines. As a result, they were required to attend a one to one supervision and a medicine competency assessment was undertaken. However, some concerns found during auditing did not clearly record what action had been taken as a result. For example, the team leader had identified that staff were not always completing daily visit reports with the required information but the action they had taken with regards to this was not documented.

We discussed this with the team leader who told us a training session had been arranged and confirmed this had not been recorded as an action. The service manager and team leader told us they planned to develop the auditing system they were currently using to ensure if included all actions taken when short falls were found.

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the provider.