

Key 2 Care Limited

Waltham House

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 30 July 2018 and was announced. At the last inspection we rated the home overall as 'Good' at this inspection we found that some improvements were required in the 'Well led' domain.

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.

There are 38 rented flats within the extra care building. At the time of our inspection, 21 people were receiving personal care as part of their care package.

Waltham House has 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 who used the service and staff had not always communicated well to ensure they understood how they could give and receive the support they needed. We found there were sufficient staff to meet people's needs and people told us they were supported when needed. However there was some mixed views about staffing levels. People were asked for their feedback about the care they received and improvements were made following these requests.

Audits were completed to review all aspects of care to consider reducing risk or driving improvements. The registered manager understood their role and provided us with notifications as required in association with events or incidents.

People felt safe in their environment and protected from harm. Risk assessments were completed to consider all elements of risk and guidance was provided. Medicines were handled safely and staff used equipment appropriately to reduce the risk of infection. Staff had received training for their role.

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. When people required medical assistance or referrals linked to their health care this was supported by staff who looked to develop people's independence.

Some people received assistance with their meals which included their diets and shopping, People liked the

opportunity to enjoy the onsite café.

Staff were caring and had developed relationships with people. Privacy and dignity was valued and promoted. We saw that information was kept securely. Partnerships had been developed with health care professionals and the housing provider to reflect a seamless package of housing and care.

Care was provided on a commissioned basis; however additional care was available when people felt unwell or required additional support. Activities were provided on site along with social groups. There was a complaints policy which was followed and people felt able to raise concerns individually or at the regular meetings held at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were safe and any risks had been assessed and guidance used to manage the risk. This include the risks to infection.

Support was provided by consistent staff who had received all the relevant checks in relation to recruitment. Medicines was managed safety. The provider was open to learning and used this to drive improvements.

Is the service effective?

Good ●

The service was effective

Peoples choices and decisions had been recognised and their independence was promoted. Staff had received training for their role.

When people required support with meals this was done with their preferences and dietary needs. People were supported with their own health care to support their wellbeing.

Is the service caring?

Good ●

The service was caring

People had established positive relationships with staff who they were familiar with.

People were supported to remain independent and their choices supported. Respect and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive

Care plans were detailed and provided information to support the delivery of the care. Consideration had been made to people's equality and how they required information in a format they could understand. The service was flexible for people's needs.

There was a complaints policy and this was followed.

Is the service well-led?

The service was not always well led

Communication was not always clear to recognise when changes had occurred and how this impacted on the care peoples received. There was a mixed feeling about the support the staff received. The registered manager understood their responsibilities.

People were given the opportunity to reflect on their care. Audits had been used to drive improvements.

Requires Improvement ●

Waltham House

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 30 July 2018 and was announced. The provider was given 3 days notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available. The inspection site visit activity started on 26 July and ended on 30 July 2018. The inspection was completed 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.

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 that we had received from the public. We used this information to formulate our inspection plan.

We also 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.

We spoke with eight people who used the service and two relatives. We also spoke with four members of care staff, the team leader and the registered manager. We also spoke with a visiting health care professional.

We looked at the care records for six people to see if they were accurate and up to date. In addition, we looked at audits completed by the provider in relation to falls, incidents and medicine management. We also looked at minutes for meetings and feedback events and recruitment folders for three staff to ensure the quality of the service was continuously monitored and reviewed to drive improvement. After the inspection we requested some additional information from the registered manager in relation to call bells

monitoring and daily logs. We received this information in the timeframe we agreed and have included it in our findings.

Is the service safe?

Our findings

People were supported to be safe from abuse or harm. One person said, "I am safe here as there are always staff around and it's a secure building." Staff had received training in safeguarding and understood what process to follow if they needed to raise a concern. We saw information was displayed on the notice board in reception relating to safeguarding and how to report. When safeguards had been raised they were investigated. The provider had also raised safeguards when they had identified concerns.

Risks to people's safety had been assessed. These included the use of equipment or any risks related to making meals or moving around the building. The assessments provided staff with guidance on how to reduce any risks. For example, when using a hoist to transfer a person, the guide included the equipment to be used and the number of staff. There were measures in place to support people in case of an emergency. Each person had an emergency evacuation plan which was specific to them and the support they required if they needed to leave the home in an emergency, for example a fire.

When new risks had emerged, we saw that action had been taken. For example, one person had a history of drinking. Staff had observed they had started to take up this again and had raised concerns for their wellbeing. We saw support and advice was obtained from social care professionals so that the correct support could be put in place.

We observed there were enough staff to support the planned calls which the staff received on a daily rota. However, there was mixed messages from people and staff in relation to the number of staff available at certain times. Despite this all the people we spoke with said their needs had been met. We saw additional calls had been added when people had a period of being unwell. When the needs of people increased additional staff had been arranged. For example, in the morning there was more staff to support people with getting up and with laundry or domestic tasks. People felt they received care from consistent staff. One person said, "We like that we get the same staff, we know them." This meant there was enough staff to support people's needs.

The registered manager told us they had learnt lessons in relation to the retention of staff. They had introduced a buddy system so that the new staff member was supported by the team leader for one week. They told us, "This provides continuity and encourages the relationship." They had also introduced 'employee of the month' to reward staff for their good practice. One staff member said, "It's nice to be recognised for the good things."

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People's medicine was managed safely. A relative said, "Staff are good at putting the eye drops in and any

medication they need on a regular basis. In fact, staff went the extra mile when they noticed [name] was in danger of overdosing as they had two blister packs of medicine." Staff had received training in the administration of medicines. They received spot checks to ensure they continued to follow the correct legislation in medicines management. One staff member told us, "There was a missed signature so this was raised at the meeting." Peoples medicine was kept in their own flats and placed in a secure location. When people required additional medicine for example, antibiotics, these had been added to the medicine administration record and double signed as required by the guidance.

Waltham House communal areas were clean and hygienic which reduced the risk of infection. Each person had their own arrangements for their flats. When staff provided care or food preparation they used protective equipment such as gloves and aprons.

Is the service effective?

Our findings

Staff had received training for their role. One staff member said, "We get refreshers, which are good. The trainers are on hand to answer any questions." The provider had arranged for all training to be completed in Derby. This had caused some issues for some staff due to the travel time. The registered manager was looking into the training being provided on site at Waltham House. After the inspection the date of the planned training at the home was shared with us. The trainer was also to attend the next team meeting to clarify any outstanding issues linked to supporting people with moving and handling. This showed the registered manager and provider had listened to the staff's training needs.

When staff commenced their role they received training and the time to shadow experienced staff members. As part of the lessons learnt we saw this area had been developed as detailed in the 'safe' domain..

Waltham House has its own commercial café on site, not commissioned by the care provider. The café can be accessed through an internal door or from an external door for local to use the facilities. One person told us, "I eat at the café every day." This person also raised with us some dietary requests and the registered manager agreed to pass these on to the catering manager. We saw some people were supported with their meals in their own flats. One relative had completed a book on one person's likes and dislikes due the limitations of communication for that person. Other people's dietary needs were detailed in their care plans. Some people had received assessments from specialist health care professionals and any guidance was documented in the care plans. These people's special diets were monitored, so that staff could ensure they received the nutrition and hydration they required. Some people also received support with their shopping. The staff completed the list with the person and then the local shop obtained the goods and delivered them directly to the persons flat.

The care plans included details of people's long-term health conditions. We saw information about these conditions had been included in the care plans to provide staff with up to date information.

People were supported with their health care needs. One relative said, "[Name's] flat is ideal, it's all on one level and they don't need to use the lift. They fell at the beginning of the year and the staff were very good, they called the ambulance and when they returned at five in the morning, staff told me to go home and they would make sure they were safe and helped to bed."

Some people received daily support from the district nursing service. We spoke with one of the district nurses who told us, "Staff here are very responsive, they know people and are quick to let us know if there are any concerns." We saw information relating to people's health needs were detailed in the care plans and any changes shared with staff members during the daily handovers.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

We saw that people had received an assessment when they were unable to make a decision in relation to a specific decision. For example, support with medicines or financial support. These had included people of importance to the person and any relevant professionals. All these decisions were supported through a best interest meeting. Staff we spoke with ensured they asked for consent before they provided care. They had received training and understood the importance of people being able to continue to be independent and make choices whenever possible. This meant the provider had followed the requirements under the Act.

Is the service caring?

Our findings

People had established relationships with staff. One person said, "They're very good, excellent carers." They told us the staff group were consistent so they got used to the same faces. One relative said, "The staff are very helpful, without the staff [name] wouldn't be able to stay here." Another relative said, "We know all the carers by name. They're nice to [name]."

We saw that there was a focus on maintaining people's independence. People's support level varied and as there were staff on site they could request additional support if needed. One relative said, "The staff are kind and caring, they help [name] with their personal care and they know what they're doing." Staff we spoke with knew the people living at Waltham House and we saw friendly social interactions as staff went about their calls. One staff member said, "You need to take your time with some people. Each person is different."

People received care within their own flats to maintain their dignity. We saw the staff knocked before entering the property. There were security measures in place at the home. For example, to gain access to people's flats you had to press a call panel. The person was then able to ask who was calling and allow access. There was a security door accessed by a key system to the café. This ensured that people were protected within the home.

Relatives could visit at any time and some people had a security access key to enable them to go to their relative directly. Relatives we spoke with felt the building was well maintained and provided the security and onsite care their relative needed.

Is the service responsive?

Our findings

There was a responsive approach to the care people received. For example, when they used their call bell, they were responded to a timely manner. One person said, "I used the buzzer as I got tangled up in the shower curtain, and I used it the other night when the carer left my hall light on. They answered quickly and I didn't have to wait long." We reviewed records of the call logs which showed that people had been responded to. We also saw that when people had become unwell they were supported with additional calls to check on their wellbeing.

People's packages of care had also been reviewed when it had been identified they were struggling with the level of care they received. For example, it had been identified that some people needed additional support with their shopping. This was reviewed with the commissioning authority and additional time was provided to enable this support to be provided.

People had been part of the assessments process for their care needs which involved the completion of a care plan. Some people had relatives who supported this process, one relative said, "[Name] has seen their care plan and between us and the staff we have explained it to them." We saw that new plans had been developed which had a more person-centred approach. They covered all the details of people's care including history, current needs and personal preferences. People's cultural and diverse needs had been considered. People's diversity and sexuality was considered and when relevant the care plan identified people's personal preferences and how they wanted to be supported.

People were supported to receive information in a format they were able to use. For example, some people who had a sight impairment had their care plan in larger print or on different coloured paper. Some people had picture cards to aid their communication. This shows the provider was working within the Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People were able to remain independent within Waltham House. There was an onsite café which was open to those living in extra care and the local community. As the extra care was in the middle of the high street people were able to access the local shops. There were also some activities provided on site. For example, yoga, a book club and singing. One person told us, "They're going to start a new session of tea and chat in the communal rooms led by the staff. They also have a film once a month." We saw the film was advertised on posters displayed around the home. In addition to these activities Waltham House had its own social group which organised events, days out and other activities. Leaflets relating to these events were available in the communal areas and on the notice board.

The provider had a complaints policy which had been recently reviewed. In the PIR the provider told us they would be reviewing how they process complaints to ensure it was consistent. As the provider worked across several extra care sites any complaints would also be used to reflect any trends and any learning. People told us they knew how to raise a complaint and we saw a leaflet relating to the policy was available on the notice board. We saw when complaints had been received they were responded to formally following an

investigation, with an apology and outcome. The registered manager planned to follow the same process for informal complaints so they could monitor them.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. Those people who were able to had been given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives.

Is the service well-led?

Our findings

The governance process was not always followed to ensure messages were received and understood clearly. From the conversations we had with people who used the service and staff we identified that in some instances the communication was not as clear as it could be to provide assurances when things changed. For example, there had been information shared which related to a 'no lifting' policy. This related to staff being unable to assist people after they had fallen without medical support. One person said, "The 'no lifting' policy, is a real worry to all of us living here." Following a safeguard incident this policy was reviewed and guidance was provided which reflected the times when a person may be assisted. We saw the policy had been revised and issued to staff. It had also been shared with one person, after they raised a complaint. However, the understanding still reflected the approach that staff were unable to assist people in any situation after they had fallen. We discussed this with the registered manager, they agreed to attend the next meeting for both staff and people to ensure the new information was shared, recorded correctly and understood.

People and staff also reflected on the number of staff to support people, especially at night. Through the night there was one staff member on site with a second staff member on call. This was based on planned calls and the call bell usage. The registered manager told us they monitored the call bells and staffing levels. After the inspection we reviewed the call bell record logs for two weeks. During this period there had been no incidents, or the need for the second staff member to be on site. Since our inspection the registered manager told us they would share this information with staff and people to support their understanding of the staffing levels. In addition, they shared with us the actions they had planned to take to address areas of concern and to improve the communications methods.

There was a mixed perception of the support the staff received. Some staff felt supported and that if they raised a concern they were followed up. One staff member said, "Meetings are informative and things are followed up." Other staff members felt they were not always listened to. One staff member said, "I raise things and they take ages to be sorted." We discussed the support network with the registered manager. They acknowledged that given the communication concerns raised they would look into methods to improve this area and how they could support the onsite manager with day to day issues.

People's views had been obtained using quality surveys. We saw that these reflected positive outcomes with people being satisfied or above with the care they received. On the recent survey people had requested a noticeboard with photos of the staff and names to be displayed. We saw this board was in the process of being completed. In addition, the provider was developing a separate communication board to promote the 'You said, we did' element and to share the minutes from the communal meetings held for people who use the service. This demonstrated the provider had considered people's views and responded to them.

There was a registered manager at Waltham House. The registered manager was aware of their responsibilities in line with the regulations. They had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

There was an established process for auditing information in relation to the care people received. Incidents and accidents had been reviewed to consider any trends or themes. Where people had fallen measures were put in place to reduce the risk reoccurring. For example, referrals to the falls team or changes to the persons furniture layout. Where people had sustained an injury health care professionals had been consulted. We also saw that body maps were completed along with the details of the incident. The registered manager was reviewing these processes to ensure that all the information was recorded with clear outcomes to support the monthly audits process.

People we spoke with told us they would recommend living in Waltham House. One person said, "I would recommend it, there are carers here if you need them, there's food in the café if you want to eat there. The overall manager is very caring." We observed the atmosphere to be open and friendly, people sat in the communal spaces and shared stories or daily observations like the weather.

Waltham House is owned by a housing provider. To support the working relationship between them and the care provider regular meetings had been held. They had established a positive working relationship where ideas and suggestions had been shared to ensure the best experience for people using the service. The housing provider had requested that a signing in book be made available to support the fire regulation requirements and this was put in place. Other partnerships had been developed with health care professionals and the local GP surgery.