Housing & Care 21

Housing & Care 21 - Rowan Croft

Inspection report

Rowan Croft Extra Care Court
Goodwood, East Bailey, Killingworth
Newcastle Upon Tyne
NE12 6HT

Tel: 03701924027

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19 December 2016

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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 19 December 2016 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Housing & Care 21 – Rowan Croft is an extra care service consisting of 45 individual apartments within the building. There is an office base and care staff provide people with a range of services including; personal care, medicines management, shopping and cleaning services. At the time of the inspection 31 people were receiving care and support from the provider.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Housing & Care 21 – Rowan Croft was last inspected by CQC on 7 and 9 September 2015 and was rated as Requires Improvement. A focused inspection took place on 24 May 2016 to follow up on the issues identified at the previous rating inspection and found the issues had been addressed by the registered manager.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place and described potential risks and the safeguards in place. Staff had been trained in safeguarding vulnerable adults. Procedures were in place to ensure people received medicines as prescribed.

Staffing levels were sufficient and staff were suitably trained to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Staff supported people at meal times as required. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Housing & Care 21 – Rowan Croft and staff treated people with dignity and respect.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were available for people who used the service based on their likes and interests and to help meet their social needs.

The registered provider had an effective complaints procedure in place, and people who used the service and family members were aware of how to make a complaint.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service and family members told us the management were approachable and understanding.

People who used the service, family members and staff were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and appropriate risk assessments were in place.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to their own kitchens and were supported by staff in preparing meals.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

There was a programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Housing & Care 21 - Rowan Croft

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 registered 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 19 December 2016 and was unannounced. This meant the staff and registered provider did not know we would be visiting. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered 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 inform our inspection.

During our inspection we spoke with five people who used the service and one family member. We also spoke with the registered manager and three care staff.

We looked at the care and medicines records for four people who used the service. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as

quality audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at Housing & Care 21 – Rowan Croft. They told us, "Quite safe", "I'm much safer here" and "I'm very safe".

The building where people who used the service lived was secure and access to people's accommodation was via keypad controlled, locked doors. People who used the service had call monitoring equipment in place, which included pendant alarms, emergency pull cords and remote door opening. People were also encouraged to receive a daily call or daily visit from the registered manager to check if they were well or required any additional support.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of birth certificates, passports and driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us the staff were a team, were very flexible and any absences were covered by their own staff. Staff we spoke with confirmed this and told us the registered manager and care team leader also covered shifts if needed. People who used the service told us they were happy with the staff and received their calls on time. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

People's support plans described how staff were to follow infection prevention and control policies whilst carrying out care and support. For example, "Staff to ensure all PPE [personal protective equipment] is worn and disposed of correctly, following policies and procedures" and "Staff to ensure all work surfaces are wiped clean and that all PPE is disposed of". This was checked as part of regular staff observations in the workplace. This meant people were protected from the risk of acquired infections.

A risk assessment and action plan was in place for each person who used the service and described potential risks and control measures in place to remove or reduce the risk. The risk assessments included personal care, infection control, domestic duties, food preparation and other support. For example, one person's risk assessment for use of a shower chair instructed staff to ensure the rubber feet on the chair were in good condition to prevent slippage. Staff were also instructed to check the shower water temperature before use.

Mobility support plans identified whether people were at risk of falls. Falls risk assessments were put in place for any person identified to be at risk. These recorded the person's history of falls, medication, diagnosis of stroke or Parkinson's disease, any problems with the person's balance and whether the person was able to rise from a chair.

Accidents and incidents were appropriately recorded and the registered manager carried out a monthly audit to identify any trends or issues and document what actions had been taken. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Risks in the event of a fire had been identified and people had fire safety evacuation plans in place. These recorded whether people would have any problems evacuating the premises in the event of a fire and what action was required to assist the person. Personal Emergency Evacuation Plans (PEEPs) were also in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the registered provider's safeguarding adults' policy and procedure, which demonstrated the registered provider's commitment to keeping people who used the service safe from the risk of abuse or neglect. We looked at the safeguarding file and saw records of safeguarding incidents, and saw that CQC had been notified of all relevant incidents. The registered manager carried out a monthly audit of safeguarding incidents, documenting any actions taken.

People's care records included 'Safeguarding concerns' sheets, which recorded whether people were identified as being at risk. These recorded the identified risk, what could be done to minimise the risk, who was responsible and the date of the next review. For example, one person was identified as being at risk of self-neglect due to dementia and needed support from staff and family to carry out daily tasks. Staff and family were responsible for monitoring the person's health and wellbeing and reporting any concerns they may have. This meant the registered provider understood safeguarding procedures and had followed them.

People who used the service received support from staff with their medicines. People's support plans described storage, administration and recording procedures for people's medicines. Medicines were stored in locked cupboard in people's accommodation. Staff were provided with instructions on how to access and administer medicines safely to the person. For example, "Please ensure you take my medication from the correct blister pack. I would like staff to decant my medication from its dosette box into a pot, after first checking the medication against the MAR chart. I would then like staff to bring the medication to me, along with a drink to take the medication with. Once I have taken my medication, staff to record it on the MAR and daily record sheets." A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. MARs we checked were appropriately recorded and up to date.

Medication risk assessments were in place for people who required assistance with the administration of medicines or the application of creams and eye drops. Staff received medication competency checks and weekly medication audits took place. This meant appropriate arrangements were in place to ensure medicines were administered safely and appropriately.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People and family members told us, "They [staff] are all good", "I can't fault them on anything", "The staff are all very nice", "The attention is good and the timing is good" and "The girls are all very helpful. There's nothing they won't do for you".

Mandatory training included moving and handling, administration of medicines, infection control, safeguarding, fire safety, nutrition and hydration, and basic life support. Mandatory training is training that the registered provider thinks is necessary to support people safely. Staff received additional training in other areas, such as mental capacity and dementia care. We saw from the registered manager's training matrix and staff files that the majority of staff's mandatory training was up to date. Where there were gaps on the matrix, the training had taken place recently or was booked. Staff we spoke with confirmed their training was up to date.

New staff completed an induction to the service, which included shadowing at least three shifts. During these shifts, the new member of staff would complete tasks such as transfers, food preparation, personal care, communication and complete log sheets. The induction also included completion of a 'Learner toolkit', which included completion of the induction checklist, policies, and various workplace observations. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions included feedback from observations, issues or concerns, training and support, safeguarding, medication, development since the last meeting, and policy and procedure updates.

Some of the people who used the service were supported by staff at mealtimes. The building had a restaurant, which people who lived there could use.

People had nutrition and hydration support plans in place, which identified whether people had any dietary needs or preferences, and whether people required assistance with preparing or eating meals. Daily support plans described what support people required and instructions for staff to follow at each visit. For example, "For my breakfast I would like either toast with jam or banana, or a bowl of porridge. Sometimes I like both" and "Make sure the jug is in the fridge filled with juice". One person had diabetes, which was controlled by the person by diet and insulin. The person tested their blood sugar levels twice daily. This was recorded in the person's support plan and instructions were provided to staff on what action to take in the event that the person was unwell. This meant people were supported with their dietary needs.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us how they had been involved in best interest decision meetings for a person who used to use the service and was knowledgeable about their responsibilities with regard to the MCA.

Advance care plans were available for any people who had made advance decisions. An advance decision is where people record their preferences and priorities for future care and support in case they become unable to express their preferences in the future. These included where the person would like to be cared for, people who should be consulted about their care and any other preferences. The registered manager told us none of the people who were using the service at the time of our inspection visit had advance decisions in place.

Data protection consent forms were included in people's care records, giving the registered provider permission to share personal information about the person. We also saw medication consent forms had been signed by people giving consent for staff to administer or assist with the administration of medicines, and for staff to liaise with the person's GP or pharmacist regarding the person's medicines.

Care records we looked at included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). The forms we saw were up to date and showed the person who used the service, and their family members, had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including GPs, social workers, occupational therapists and behavioural teams.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Housing & Care 21 – Rowan Croft. People told us, "They are very caring", "I'm happy with the care", "It's wonderful" and "It couldn't be better". A family member told us, "They are caring. Every one of them", "Some of the staff call her nana" and "They always make her smile".

We saw staff talking to people in a polite and respectful manner and assisted people in a patient and friendly way. People who used the service looked at ease with the staff and engaged in friendly conversation.

People's support plans contained evidence that people were able to make choices with regards to their care and support and informed staff of their preferences. For example, "I would like carers to use the key on the first call of the day. I would like staff to identify themselves on arrival", "Please support me to remove my clothing upper and lower garments", "I require staff to choose my clothes out of the wardrobe", "Help me choose what clothes I would like to wear" and "Please open all curtains and put my television on". People were also able to say by what name they wished to be called. This meant people were allowed to make choices about their care and support.

Support plans described how staff were to respect people's privacy and dignity. For example, "I would like staff to ring my doorbell and inform me who they are before they enter my flat." We asked people and family members whether staff respected the privacy and dignity of people who used the service. People who used the service told us, "No complaints. They are so nice with me" and "They ring the bell and shout to let you know they are coming in". A family member told us, "They shut the bedroom door and I leave them to it." This meant that staff treated people with dignity and respect.

Staff told us they supported people to be as independent as possible. Support plans described how people were supported to maintain their independence. For example, "Please hand me the flannel and encourage me to wash my own face and body" and "Please hand me the towel so that I can dry my left side". People who used the service told us they were supported to be as independent as possible. For example, one person told us they did as much of their own housework, cooking and personal care as they could but required assistance from staff with their medicines. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

None of the people who used the service were using independent advocacy services. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us some people had used them in the past but people who were using the service at the time of our inspection were able to make their own decisions or had family members to act as advocates.

People's spiritual and religious needs were considered and documented in support plans. This included information related to the person's ethnic origin or religion that staff needed to be aware of.

Good

Is the service responsive?

Our findings

The service was responsive. We saw people's needs had been assessed before they started using the service and care records were regularly reviewed and evaluated.

Each person's care record included a pen portrait, which provided information on the person's background such as friends and family, likes and dislikes, and a summary of the person's care and support needs. Contact details for the person's next of kin, GP and social worker were also included in the care records.

Care records included copies of weekly timetables that had recorded the number of call visits the person required per day and a summary of the support to be carried out during the call visit. For example, personal care, medication, prepare meals, or a night check.

Support plans were in place and included daily support, mobility, personal hygiene, domestic tasks, nutrition and hydration, medical conditions, safeguarding and fire safety. These were written in a person centred way and we could see that people who used the service and their family members had been involved in writing the plans. Support plans described in detail the type of support people were to receive at each call visit, how many staff were to attend and the duration of the visit. For example, one person required assistance with their personal care. The support plan described in detail what actions staff were to carry out to assist the person from their bed into the bathroom, and the personal care to be carried out. This included detailed instructions for staff to follow and what equipment and materials were required.

Another person required assistance with their mobility due to a deterioration in their health. They were assisted in all transfers by staff using a hoist. This was described in detail, for example, staff were instructed how to put the sling on, how to transfer the person and to reassure the person throughout the process.

Staff completed information record sheets with any relevant updates or comments on the person's health and well-being, and were used to monitor or assess whether any changes were required to the person's care and support needs. These records included input from relevant healthcare professionals and were dated and signed by the member of staff involved.

People's social life and interests were recorded in support plans. These included leisure activities, contact with family and friends, links to local services, education and quality of life. A number of activities took place within the building. During our inspection visit, a Christmas church service was taking place. A church service took place in the building every month. We saw a dementia awareness event had taken place in the building in September and all people who used the service and their family members were invited to attend. Other activities included a weekly coffee afternoon, Christmas party, arts and crafts, bingo, chair exercises, men's club, singers and entertainers, and shopping trips. People who used the service told us they went out for Christmas lunch, on shopping trips and attended the activities in the communal lounge. This meant the registered provider protected people from social isolation.

We saw the complaints file, which included a copy of the registered provider's complaints policy and

procedure. This provided information of the procedure to be followed when a complaint was received and action to be taken by relevant members of staff. The complaints file included copies of complaint reporting and investigation forms, details of investigations and responses provided to complainants. The registered manager carried out a monthly audit of complaints, compliments and suggestions. We saw there had been one complaint received in the previous six months, which had been dealt with appropriately. People and their family members we spoke with were aware of the complaints policy however did not have any complaints about the service. This showed the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us recent improvements to care records had been carried out, recruitment for new staff was ongoing and the frequency of staff meetings was to be improved.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. People who used the service, and their family members, told us, "I can go in there and [registered manager] will shut the door if I need to speak about anything. They are very supportive", "I've seen [registered manager] when I needed to. [Registered manager] is very helpful" and "If I want help, I just have to ask".

Staff were regularly consulted and kept up to date with information about the home and the registered provider. We saw records of staff meetings, the most recent had taken place on 15 November 2016. The agenda included rotas/shifts, medication, vacancies/staffing, confidentiality, gift policy and any other business.

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "I couldn't fault them. They are there when you need them", "They [management] have been very helpful" and "You can go to them about anything. They are open and give you advice".

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

The registered provider carried out an internal audit on an annual basis. We saw a copy of the most recent audit that had been carried out in May 2016. This was carried out to ensure the service was meeting the registered provider's internal and CQC quality standards. The internal audit had rated the service Good in all areas.

We saw the registered manager had a system in place which helped them to ensure that audits and other checks were up to date. The registered manager completed a number of monthly audits, which included staff absences, complaints, compliments and suggestions, monthly conversations with each of the people who used the service, medication and finances. People's care records were audited regularly.

Surveys were sent out to people who used the service on a monthly basis. We saw three surveys had been sent out in November 2016 and all were received back. The registered manager told us 10% of people who used the service were surveyed every month. People were asked questions relating to the care and support

they received from staff. For example, are staff well-presented and courteous, are staff well trained, do staff treat people with dignity and respect, is confidentiality withheld, do people feel safe and does the person's allocated time meet their needs. Analysis was carried out on the results and all the results we saw were positive about the service.

Residents' meetings took place every two months. We saw the minutes of the most recent meeting in November 2016, which included discussions about the restaurant, hair salon, library, security of the building, refurbishment, activities, and any other business.

Staff received regular observations of practice. These included specific task observations, for example, assisting a person who used the service to make lunch, ensuring the member of staff used a person centred approach, ensuring tasks and actions were appropriately recorded, and feedback was provided to the member of staff on how well they carried out the task and whether there were any issues. Regular spot checks were also carried out on the member of staff's appearance, use of appropriate clothing and PPE, medication procedures, and whether there were any follow up actions. We saw the member of staff and person supported during the spot check signed the form to agree the findings were accurate.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.