

## Housing & Care 21

# Housing & Care 21 - Marigold Court

### 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an inspection of Marigold Court on 6 and 8 May 2015. The first day of the inspection was unannounced. We last inspected Marigold Court on 13 September 2013 and found the service was meeting the relevant regulations in force at that time.

Marigold Court provides personal care for up to 41 people who have privately rented flats within an extra care housing facility. At the time of the inspection there were 40 people in receipt of a service.

The service had a registered manager in post. 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.

# Summary of findings

People told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. The two alerts we received since 2014 had been dealt with appropriately, which helped to keep people safe.

We observed staff provided care safely and found staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe. Appropriate processes were in place for the administration of medicines. Medicines records were accurate.

Staff obtained people's consent before providing care. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. The registered manager was aware of when people were subject to a power of attorney.

Staff had completed relevant training for their role and they were well supported by the management team. Training included care and safety related topics.

Staff were aware of people's nutritional needs and made sure they supported people with eating and drinking where necessary. People's health needs were identified and staff worked with other professionals to ensure these were addressed.

People had opportunities to participate in a variety of activities and we observed staff interacting positively with people. Without exception, everyone spoken with praised the kind and caring approach of staff. We saw staff were respectful and explained clearly how people's privacy and dignity were maintained.

Staff understood the needs of people and we saw care plans were person centred. People and their relatives spoke highly about the care they or their relatives received.

People, their relatives and staff spoken with had confidence in the registered manager and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe and secure with the service they received. We found a robust recruitment procedure for new staff had been followed.

Staffing levels were sufficient to meet people's needs safely and staff were deployed flexibly.

There were systems in place to manage risks, respond to safeguarding matters and ensure medicines were appropriately handled.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

Staff ensured they obtained people's consent to care. Support was provided to help people eat and drink where this was needed.

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Good



### Is the service caring?

The service was caring.

People made overwhelmingly and consistently positive comments about the caring attitude of staff. During our inspection we observed sensitive and friendly interactions.

People's dignity and privacy was respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Outstanding



### Is the service responsive?

The service was responsive.

People were satisfied with the care provided. A range of activities were provided within the extra care facility.

Care plans were person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and expressed confidence in the process.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The service had a registered manager in post. People using the service, their relatives and staff praised their approach and commitment.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been identified to address shortfalls and areas of development.

# Housing & Care 21 - Marigold Court

## 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 6 and 8 May 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations of the care provided. We spoke with eight people who used the service and five relatives. We spoke with the registered manager, three other members of staff, a visiting social care professional and a regional training manager.

We looked at a sample of records including three people's care plans and other associated documentation, medication records, three staff recruitment files, five staff training and supervision records, policies and procedures and audit documents.

# Is the service safe?

## Our findings

People who used the service told us they felt safe at Marigold Court and comfortable with the support they received. One person we spoke with said, “Safe? Oh yes, I’d go and see (manager’s name) if I wasn’t happy.” Another person told us, “I’m very, very safe.” The relatives we spoke with also expressed the view that their relative was safe with the care and support they received. One of several similar comments made to us was, “We feel content at home knowing (name) is well looked after.” We observed staff supporting people in a courteous and respectful manner. We saw care staff were patient and polite in their conversations and undertook safe physical transfers.

The staff we spoke with were clear about the procedures they would follow should they suspect abuse. They expressed confidence to us that the management team would respond to and address any concerns appropriately. All of the staff we spoke with stated they had been trained in safeguarding and this was confirmed by the records we looked at. To support the training, we saw there were also clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The registered manager was aware of when they needed to report concerns to the local safeguarding adults’ team. We reviewed the records we held about the service and saw the two alerts we received in the last two years were reported promptly and handled in a way that kept people safe.

People using the service, staff and others were also kept safe because the registered manager had suitable arrangements for identifying and managing risk. We looked at people’s care plans and saw risks to people’s safety and wellbeing, in areas such as mobilising, falling or choking, were assessed. Where a risk was identified, there was clear guidance included in people’s care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as medicines management and smoking. Staff we spoke with were able to explain how they would help support individual people in a safe manner.

The care provider had suitable checks in place to promote safe and fair recruitment decisions. We looked at the recruitment records for three new staff members and found appropriate documentation and checks were in place for

all these members of staff. Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee’s criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

We spent time during the inspection observing staff care practice. We saw staff had time to chat with and build positive relationships with people, in addition to carrying out other care tasks and duties. People using the service made positive comments about the staff and those staff we spoke with told us they felt there was enough staff employed by the service. The registered manager told us staffing levels were based on the individual needs of people who used the service and flexibility had recently been improved by the employment of new ‘bank’ staff. These staff were employed on an as when needed basis to provide cover for staff absence and to offer extra cover when required. There was a staffing rota in place to help plan staffing cover and this showed there was a consistent level of staffing planned ahead. A professional we spoke with said, “They always try and meet needs, but they will flag when someone’s needs increase and liaise regarding the need for extra hours.” For example, extra staffing hours might be requested to meet a person’s increased need for help and support, as each person had a specifically budgeted number of staff hours allocated to them, in line with an individual needs assessment.

We looked at how people’s medicines were managed. We saw people received their medicines when they needed them and people were supported to manage these themselves. We saw evidence that staff had completed medicines training and we saw records of periodic competency checks having been carried out. Staff had access to a set of policies and procedures to guide their practice.

Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. As part of the inspection we checked the procedures and records for the receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were

## Is the service safe?

complete and up to date. The registered manager also undertook periodic audits, and any shortfalls were identified and suitable actions put in place. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

# Is the service effective?

## Our findings

People were supported by skilled, knowledgeable and suitably supported staff. People we spoke with and their relatives praised the staff team. One person told us, “The staff know what they’re doing.” This person went on to confirm they thought staff were suitably trained to meet their needs. Another person we spoke with told us about new staff being shown around and introduced to people and being given an opportunity to shadow experienced staff first, before they were allowed to provide care to people. A further comment was, “Oh yes, the staff are knowledgeable.” A visiting professional described the staff as, “Very on the ball.”

We asked two staff members about the training they had received and looked at how the provider trained and supported their staff. Staff told us about the training they had received and this was confirmed by the records we examined. We found staff were trained in a way to help them meet people’s needs effectively. New staff had undergone an induction programme when they started work with the service. All staff were expected to attend key training topics at clearly defined intervals. Topics covered included health and safety and care related topics, including dementia awareness elements.

Staff spoken with told us they were provided with regular supervision and they were supported by the management team. A staff member told us, “I feel supported by management. We have a good team as well; we all help out.” Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. We looked at records of supervision during the inspection and saw these contained a detailed summary of the discussion and also a range of topics had been covered. Staff told us handover meetings were held and key points recorded in a ‘hand over book’. Again, this was confirmed by records we looked at. This process ensured staff were kept well informed about the care needs of the people who used the service.

The induction for new staff had, from April, included awareness raising of the Mental Capacity Act. Although not previously part of staff training, we were told by the training manager that training on this topic was to be ‘rolled out’ to all staff once this had been agreed by more senior managers.

We saw people using the service were supported to be independent and make decisions about their own care. We looked in three people’s care plans and saw people’s consent had been sought and obtained. This included aspects such as key holding and medicines support. One person had specific arrangements in place to safely manage their medicines. This decision (deemed to be in their best interests) had been reached with the person’s involvement and agreement, along with the input of their relative, staff and other care professionals. This had been clearly documented and regularly reviewed. The registered manager was also aware of where relatives were lawfully acting on behalf of people using the service; such as where they had a deputy appointed by the Court of Protection. Where applicable, we saw copies of relevant documentation held on the person’s file.

We looked at how people were supported with eating and drinking. Comments made to us included, “The food is very good; breakfast and dinner. We make our own tea.” A relative said, “The food’s incredible, I regularly have my meals here.” The vast majority of people dealt with this independently. The housing scheme had a restaurant as part of the service, which most people used. Where people needed help with food preparation or more significant support with eating and drinking, this was clearly detailed in their care plan. Related risks, for example with dysphagia (swallowing difficulties) were clearly documented, so staff were clear about the risk and what steps were needed to minimise them.

We looked at how people were supported to maintain good health. The majority of people using the service managed their own medical appointments; however staff would assist with arranging and attending appointments when needed. Records we looked at showed us people were registered with a GP and received care and support from other professionals, such as the speech and language therapist and medical consultants. People’s healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We saw from looking at people’s care files a summary information sheet had been compiled, which provided



## Is the service effective?

information about medical conditions and key points of contact. The sheet was provided to hospitals on admission to effectively communicate people's needs and wishes and to ensure continuity of care.



# Is the service caring?

## Our findings

People using the service and their relatives told us, without exception, they were treated with kindness and compassion. People were observed to be relaxed and comfortable and they expressed satisfaction with the service. One person told us, "It's a homely life, it's like home." They went on to confirm, "They respect me; they respect my privacy." Another person said, "It's like a hotel, the staff are very friendly, very good and very respectful." A further comment made to us was, "What's best is you are taken care of, the care in this service is excellent. I think everyone's (staff) lovely." A relative described the staff's approach as, "Approachable ... courteous." They went on to describe a 'very kind gesture' made by staff. All the people who used the service and relatives we spoke with said they would recommend this service to a friend or loved one.

We saw a letter from a relative which described the levels of care as 'fantastic' and praised the 'wonderful staff'. They continued, "Your staff are amazing, each and every one of them. Their level of care and attention is above all others I have seen and witnessed. Everyone I have spoken to love's this place!" A trainer had provided feedback about a staff member, and stated "...the care delivered was exceptional. The approach to ensure all (their) preferences and wishes was outstanding." A visiting professional said of staff, "They're very caring; they want to do the right thing."

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. We observed people being asked for their opinions on matters, such as activities and they were routinely involved in day to day decisions within the service.

People said their privacy and dignity were respected. We saw people being prompted and encouraged considerably. Staff were observed to be consistently attentive, friendly and respectful in their approach. We did not observe any instances of people receiving personal care or their medicines within public areas. Staff we spoke with were able to clearly explain the practical steps they would take to preserve people's privacy, for example when providing personal care.

People told us their private, tenanted flats were respected as being their own home. If staff held a spare key, this was with the written consent of the person concerned.

People were encouraged to express their views as part of daily conversations, during 'tenant meetings' and in satisfaction surveys. Records of the meetings recorded that a variety of topics had been discussed. People we spoke with confirmed they could discuss any issues of their choice and that they were sent periodic satisfaction surveys. People's involvement in their care plans was also recorded and care plans were person centred and signed by the person they related to. Copies were kept in each person's flat, with a copy retained in the office.

We observed staff encouraged people to maintain and build their independent living skills. For example, by encouraging people to mobilise (walk around) independently. We saw people were able to come and go freely. Staff were also able to provide clear examples of how people were either supported to remain as independent as possible or where people needed more assistance. We saw staff interacted with people in a kind, pleasant and friendly manner. Staff adopted a consistently caring and courteous approach.

# Is the service responsive?

## Our findings

We asked people whether the service was responsive to their needs, whether they were listened to and if they had confidence in the way staff responded to concerns and complaints. People told us staff responded promptly to their requests for assistance and help. People also spoke about the activities available within Marigold Court. People using the service, and their relatives, told us they would be comfortable raising concerns and expressed confidence these concerns would be dealt with. People told us they would either speak directly to the manager or to senior staff. For example, one person said if they had a complaint, "I'd go straight to the office. Definitely (the manager) would see to it. She's all for the residents." They went on to tell us about how they would summon assistance by using a pendant which all tenants were supplied with. Another person said, "If I need anything I'd bleep (press the button on their alarm pendant). They come on the intercom." They went on to say "They're here in a flash."

We observed several instances of staff being responsive to people's various requests, such as when using their call alarms and when they were mobilising (moving around). Other aspects of the service were responsive, and a relative told us they felt involved in the provision of care. They confirmed to us communication between them and staff was good and they were involved in people's care.

We looked at a sample of people's care plans to see how staff identified and planned for people's specific needs. We saw a needs assessment was received from the local council's social work staff, and people's needs were assessed before a service was provided. From the information outlined in these assessments, individual care plans were developed and put in place. This helped to ensure staff had the correct information to help them maintain people's health, well-being and individual identity.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address

these. Care plans were reviewed regularly. Care plans were sufficiently detailed to guide staffs care practice. The input of other care professionals had also been reflected in individual care plans.

To monitor people's needs, and evidence what support was provided, staff kept daily progress notes. These offered a detailed record of people's wellbeing and outlined what care was provided. Staff also completed a daily handover record, so oncoming staff were aware of people's health and immediate needs and forthcoming appointments. We looked at records of care plan reviews and saw comments were meaningful and useful in documenting people's changing needs and progress.

We spoke to staff about personalised care. We found staff had a good knowledge of the people using the service and how they provided care that was important to the person. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

People told us there were a range of activities available at Marigold Court including regular external entertainers. We saw people coming and going independently and were told about activities and interests pursued. This meant people had a range of activities offered to provide meaningful ways to spend their time, maintain their interests and develop new ones.

We looked at the way people's views were sought and complaints managed. People using the service and their relatives told us they were aware of whom to complain to and expressed confidence that issues would be resolved. Most said they would speak to the registered manager or a senior member of staff if they had any concerns. A copy of the complaints procedure was clearly available in a public space, a comments book was used for people to provide feedback and information was given to each person about how they could complain. We reviewed the records of complaints received, which mainly related to tenancy issues, such as the lift or kitchen facilities. We saw complaints were acknowledged, investigated and remedial action taken where necessary. We found in these cases people were listened to and their concerns acted upon.

# Is the service well-led?

## Our findings

People we spoke with expressed confidence with the way the service was led and praised the registered manager. Comments made to us by people using the service included, "A wonderful person that (name)" "The management? It's very good; excellent. Anything you need you can go to them."

A relative said of the manager, "They're brilliant, they're lovely. They're fair they keep an eye on things." A visiting professional described the manager as, "Tuned in." When asked about the service's values they went on to say "The service they provide is second to none; they respond quickly and are able to put in extra care."

We asked staff about the leadership of the service and they commented that they felt supported by the manager. One staff member said, "The management is excellent. The manager is such a lovely person. They're always there if you need them. Another staff member noted, "The leadership, it's excellent at all levels. The manager is a great support. They are a great leader."

In our discussions the staff and registered manager were clear about the ethos and values within the service, regularly using terms and highlighting themes such as, 'team work', 'clear communication', being 'open', 'privacy and respect' and 'supporting people safely'.

To support these values and to provide effective leadership, we saw there was a clear management structure within the service and provider organisation. At the time of our inspection there was a registered manager in place, who was in day to day charge of the service. They were supported by senior carers, present on each work shift.

The registered manager was able to tell us about links developed with the local community, other organisations and initiatives they were involved in. They expressed enthusiasm for the links they had developed and were looking at ways to effectively use underutilised facilities in the building for the benefit of the service and wider community.

We saw the registered manager carried out a range of checks and kept clear records of incident reports and accidents, staff training completed and complaints. Individual staff were subject to spot checks of their practice and the registered manager showed us evidence of recent audits, such as those carried out on medicines and care plans. There was also evidence of a forthcoming external check by a more senior manager to offer assurance the service was meeting the provider's expected standards. People told us their views were sought on the quality of the service. We looked at the collated results of a recent satisfaction survey and saw these were overwhelmingly positive, with no negative comments made.

We reviewed our records as well as records of incidents held at the service. We found relevant matters had been notified to the Commission in line with the current regulations. There was a system to ensure accidents and incidents which occurred had been recorded and analysed to identify any patterns or areas requiring improvement. We saw no adverse incidents had occurred recently.

We saw the registered manager had a visible presence within the service and was readily accessible. The manager clearly knew the people using the service, relatives and staff well. They actively engaged with people as well as undertaking their management activities. Staff and relatives expressed confidence in them.

The registered manager told us there were staff meetings and tenant meetings for people using the service. We looked at records which confirmed this was the case and also that these were well attended. The records we looked at confirmed there was a broad range of topics discussed, which were reflective of the registered manager's stated vision and values. We saw a recent tenants meeting had included a talk by a Fire Brigade Safety Officer, and other topics discussed included activities, fund raising, seasonal issues and tenancy matters. This provided people with opportunities to be involved in the running of the service and consulted on subjects important to them.