

Housing & Care 21

Housing & Care 21 - Meadowfields

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?	Good ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care 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 bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using the service receives support with a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they receive support with personal care, we also take into account any wider social care provided.

Housing & Care 21 – Meadowfields provides a service to older people and younger adults as well as people who misuse drugs and alcohol, with mental health needs, who may be living with dementia, a physical disability, a sensory impairment, a learning disability or autistic spectrum disorder. At the time of our inspection, there were 27 predominantly older people receiving support with the regulated activity 'personal care'.

The inspection took place on 14 and 21 November 2017 and was announced. We gave 24 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure someone would be in the location office when we visited.

At the last comprehensive inspection in July 2015, the service required improvements to be consistently safe, but was rated 'Good' overall. We completed a focussed inspection in December 2016 and found further improvements were needed in the safe domain, but the service remained 'Good' overall. At this inspection, we found improvements had been and the service remained 'Good'.

The service had a registered manager. They had worked at the service since it first registered in 2014 and became the registered manager in September 2017. 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 told us they felt safe with the support staff provided. Staff were proactive in assessing and managing risk. The registered manager ensured sufficient numbers of suitable staff were deployed to meet people's needs. People received safe support to take their prescribed medicines. Staff used appropriate personal protective equipment to minimise the risk of spreading infections.

Staff were trained and received on-going support and supervision to ensure they provided effective care. Staff supported people to ensure they ate and drank enough. Staff worked with healthcare professionals to

make sure people's needs were met. 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.

Staff were kind, caring and treated people with dignity and respect. People made decisions about how their needs were to be met.

Care and support was person-centred. People told us staff listened to them and responded to their needs. There were systems in place to gather and respond to feedback about the service provided.

The service was well-led. The registered manager promoted an open, inclusive and person-centred culture. Audits were completed to continually monitor the quality of the service provided. The registered manager was committed to improving the service.

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 has improved to good.

Staff understood how to identify and respond to safeguarding concerns. Safeguarding alerts were appropriately submitted to the local authority where necessary.

Sufficient staff were deployed to meet people's needs.

Staff supported people to minimise risks whilst promoting and maintaining their independence.

Staff supported people to ensure they took their prescribed medicines.

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.

Housing & Care 21 - Meadowfields

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. The 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.

The inspection took place between 14 and 21 November 2017 and was announced. We gave the provider 24 hours' notice of the inspection, because the location provides a domiciliary care service and we needed to be sure someone would be in the location office when we visited. The inspection was completed by one inspector.

Before the inspection, we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur which affect their service or the people who use it. We contacted the local authority to seek their feedback about the service. We reviewed 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 used this information to plan our inspection.

During the inspection, we visited and spoke with seven people who used the service and two people's relatives or carers. We visited the location office and spoke with the registered manager, regional manager, a team leader and four members of staff.

We reviewed five people's care plans and risk assessments, three staff's recruitment and training records, medicine administration records, meeting minutes, audits and other records relating to the running of the service.

Is the service safe?

Our findings

At our last comprehensive inspection, we found the service required improvements to be safe, because safeguarding concerns were not always reported appropriately. At this inspection, we found improvements had been made and the service was safe.

The provider had a policy and procedure about safeguarding people from harm and abuse. Staff completed training to help them identify and respond to safeguarding concerns. Our conversations with staff showed us they had a good understanding of the signs and symptoms which may indicate someone was experiencing abuse. Staff were able to describe the action they would need take to keep people safe. Records evidenced safeguarding concerns had been appropriately identified and referred to the local authority safeguarding team. We saw action was taken in response to concerns to minimise risks and promote people's safety.

Appropriate recruitment checks were completed to ensure suitable staff were employed. Records evidenced new staff completed an application form, had an interview and provided references from previous employers. Disclosure and Barring Service (DBS) checks were completed. These returned information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to minimise the risk of unsuitable people working with adults who may be vulnerable.

There was a system in place to ensure sufficient numbers of staff were deployed to cover the number of care hours they were required to provide each day. We saw rotas were produced to ensure sufficient staff were on duty. We saw how 'supernumerary staff' were available to provide additional support in the event of emergencies or at busy times to ensure people's needs were met in a timely manner. Staff confirmed they received rotas in advance and shifts were covered by other members of the staff team where necessary.

We received generally positive feedback about staffing levels. People told us staff were reliable, usually arrived at the times they needed and were responsive to their requests for emergency assistance. Comments included, "Staff are always there if you need them and they come quickly if needed" and "If we want them [staff], we press our buttons and they soon come." At the time of our inspection the registered manager had recruited and was in the process of training a further eight members of staff to support the existing team.

People who used the service told us they felt safe, because staff were available when they needed support and they were trained to meet their needs. A relative we spoke with said, "I feel safe and secure knowing that my parents are well looked after."

We observed how staff completed a daily 'wellbeing check' to ensure people were safe. People who used the service confirmed this with one person commenting, "They ring up every morning to check you are all right." We saw how this enabled staff to monitor and identify where people may be unwell or where there were any issues or concerns that required their attention.

Care plans and risk assessments evidenced people's needs were regularly assessed and risks to their wellbeing identified. Where there were concerns about people's safety, plans were put in place to guide staff on how to safely meet that person's needs. We saw risk assessments contained sufficiently detailed and person-centred information and included risks relating to people's mobility, nutritional needs, medicines, fire safety and personal care. Risk assessments demonstrated people were encouraged and supported to maintain their independence whilst promoting their personal safety.

Where accidents or incidents occurred, a record was kept of what had happened. These issues were reported to senior staff to be monitored to ensure appropriate action had been taken to help prevent similar re-occurrences.

The provider had a business continuity plan in place. This provided information about who to contact and the arrangements to continue meeting people's needs in the event of an emergency. Fire risk assessments were completed and personal emergency evacuation plans were used to record the level of assistance people would need to evacuate the building in the event of an emergency.

Staff received training to support them to safely administer medicines. The provider had a medicine policy and procedure in place to provide further guidance to staff, and competency checks were completed. These ensured and evidenced staff had the necessary skills and followed best practice guidance relating to the management of medicines.

Where staff supported people to take their medicines, care plans and risk assessments were in place detailing the level of assistance needed. Staff used medication administration records (MARs) to document the support provided for people to take their medicines. These records evidenced people received appropriate support to take their prescribed medicines. People who used the service confirmed this saying, "They [staff] bring the tablets that I need", "They do all my medicines every time, four times a day" and "They do always ask if I am ok with my medicine and help me with my lotions." We saw there was a robust system of audits used to quickly identify and address any shortfalls in staff's practice to ensure safe support was consistently provided for people to take their medicines.

Staff received training to help them identify and minimise the risk of cross contamination or infection. We observed staff wore appropriate personal protective equipment such as gloves and aprons when supporting people. Staff followed good hand hygiene practices to minimise the risk of cross-contamination.

Is the service effective?

Our findings

At our last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

New staff received a comprehensive induction to the service and on-going training was provided to equip them with the skills they needed to safely support people. We saw training was provided on a range of topics through a mixture of on-line, classroom based and practical courses. Staff we spoke with provided positive feedback about the training, whilst people who used the service told us they felt staff were trained to meet their needs. People commented, "The staff are good" and "They do seem to know what they are doing and they have the new members of staff shadow so they can learn from their experience."

Staff received regular supervision and annual appraisals to monitor their progress and support their continued professional development. Regular observations and spot checks of staff's practice were completed to ensure care and support was provided safely and in-line with best practice guidance. These records evidenced further advice, guidance and support was given where necessary to support staff to continually improve their practice.

Staff supported people to ensure they ate and drank enough. People were positive about the support staff provided. One person told us, "They always see that I have had my breakfast." Records were in place providing guidance to staff about the level of assistance people required with meals and drinks. We observed care and support was provided in line with people's assessed needs, staff effectively encouraged and prompted people to eat and drink regularly.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found people were asked to sign their care records to evidence they consented to the support provided. Where necessary, staff explored people's mental capacity to make decisions, but we found records around mental capacity assessments and best interest decisions were not always clear. We spoke with the registered manager and they agreed to address this minor recording issue immediately.

People's care plans contained information about any support required to maintain their health and well-being. One person told us, "If I'm unwell they get a doctor straight away. I fell the other day and they helped me to go to the hospital." A relative said how staff and the registered manager had been a strong advocate for their parent, working on their behalf and liaising with health and social care professionals to ensure they

got the care and support needed. This demonstrated staff worked effectively with other healthcare professionals to ensure people's needs were met.

Is the service caring?

Our findings

At our last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People described staff as caring and friendly. Feedback included, "You can feel the warmth from them, they are caring" and "It's absolutely brilliant. They [staff] are there for you all the time. They are so thoughtful, caring and friendly." A relative said, "They [staff] are very friendly. They have got to know them like friends."

We observed staff were attentive and caring in the way they spoke and interacted with people. Staff were gentle and patient in their approach and showed genuine care for the way people were feeling and their well-being. One person who used the service told us how staff went out of their way to make sure they were okay saying, "They always check on me to see if I am all right. If I am a bit down they give me a cuddle, it's lovely." This showed us staff genuinely cared about the people they supported.

The provider employed a consistent team of staff who knew people well and had developed positive caring relationships with them. Staff knew people and their relatives by name and demonstrated in the way they spoke and cared for people that they got on well with them. We received positive feedback about the consistency of staff. One person told us, "I mostly see the same staff, you get used to them. We know them all now." We saw how care plans contained person-centred information to support staff to get to know people and new staff were introduced to people before they started providing care. This supported staff and people who used the service to develop meaningful caring relationships.

Staff supported people to maintain their privacy and dignity. People who used the service confirmed this, with one person commenting, "They [staff] do treat me with dignity, they always cover me up when helping with personal care." We saw staff consistently knocked before entering people's flats and spoke with people in a respectful manner and tone.

Staff supported people to make decisions and we observed people had choice and control over how they were supported. People told us staff asked their permission before providing care and support and listened to their instructions. One person said, "When they come in to do things, they always ask if it's all right." We observed people were offered a choice about when they wanted their care and support to be provided and how their needs should be met. People's choices and preferences were documented in their care plans and prompts were given to encourage staff to ask people what they wanted and to support people to make decisions about their care.

The provider had an equality and diversity policy and staff completed training on diversity and inclusion. We found staff were proactive in ensuring people were not unduly restricted or deprived of their liberty and respected people's right to live how they chose. This included using risk assessments to positively support people to take risks.

Is the service responsive?

Our findings

At our last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People told us, "They [staff] are all very good and helpful", "They help me as much as I want help", "They do what I want them to do" and "The care is very flexible, if I'm asleep in bed, I can go back to sleep and they [staff] will visit again later."

People's care plan contained person-centred information to guide staff on how to meet their needs. They contained information about what people did for themselves and guidance where support was required from staff. Records evidenced people were involved in planning their package of care and regular reviews were completed to make sure people were happy with the support they received and that their needs continued to be met.

Our conversations and observations of staff's practice showed us they had a good understanding of people's needs and how best to support them. We saw positive examples of person-centred care. For example, we were shown how staff had assisted a person who used the service to develop a 'memory book' with information and pictures of significant life events to support reminiscence, an activity which they enjoyed and promoted their well-being.

Regular activities were held within the extra care housing scheme and staff encouraged and supported people to participate. An activities schedule was displayed and newsletters were also used to share information about upcoming events. Activities on offer included a gardening club, knitting club, coffee mornings, trips out, church services and visits from entertainers. One person said, "It's a busy place, they have quizzes, we have takeaway night and one or two other classes." We observed how the activities and communal facilities created a friendly community environment, which provided people with the opportunity to socialise and pursue meaningful activities with others.

The provider had a policy and procedure in place to govern how they managed and responded to complaints. We saw a copy of the complaints procedure was prominently displayed and this was given to people who used the service. This ensured people had access to the information they would need to raise concerns. Where complaints were received these were investigated and responded to.

People told us the staff and registered manager were approachable and said they felt comfortable speaking with them if they had any concerns. Comments we received included, "I know I could go to them if I had and complaints and they would deal with it to the best of their abilities" and "[Registered manager's name] is very caring. I feel they are approachable. They are good to talk to and soon put things right." A relative said, "I feel completely comfortable speaking to [registered manager's name] at any time if I have any concerns."

We saw staff had received a range of compliments about the support they provided, including one which said, "You are all fabulous at what you do...you are worth your weight in gold."

Is the service well-led?

Our findings

At our last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The service had a registered manager; they were supported by a team leader and senior care staff in the management of the service. People who used the service provided positive feedback about the registered manager and their management of the service. One person said, "We've got a good boss, they always have time for you. They care about us all." A relative said, "I can't speak highly enough about the management and staff. Nothing is too much trouble."

Staff said, "There is great support from management. You never feel rushed or pushed away if you have any problems, which is fantastic" and, "It's a very good team. Support is always there if you need it."

The registered manager promoted an open, positive and person-centred approach to providing care and support. People knew the registered manager by name and responded positively towards them. The registered manager had a good understanding of people's needs and oversaw an organised and coordinated approach to providing care and support. We found they were committed to continually improving the service and aspired to providing consistently high quality care and support to benefit people's quality of life. This genuinely caring and person-centred approach was recognised in the feedback we received from people who used the service, who commented, "They're excellent", "[Registered manager's name] looks after me" and "They care about me, they check on me."

The registered manager promoted close working relationships with others. This included allowing community groups to use communal facilities and advertising events taking place in the local area which people who used the service might enjoy. Records evidence close liaison with professionals to seek their advice, guidance and support to ensure people's needs were met.

There were systems in place to monitor and ensure the quality and safety of the service. The registered manager and senior staff completed a range of comprehensive audits to identify and address any shortfalls in practice and to continually improve the service delivered.

The manager had completed a 'resident's survey' in August 2017 and a staff survey in September 2017. These were used to gather feedback and to identify what was working well and if any improvements could be made. Results from these surveys had been collated and analysed with the result made accessible to staff and people who used the service. The manager had introduced a plan providing details of the actions they had taken in response to the feedback. For example, people reported they did not always know who staff were. We saw the registered manager had introduced a 'who's who' board with staff's names and photographs on to address this. This demonstrated a positive approach to encouraging and responding to feedback to improve the quality of the service.

Team meetings were used to share important information and communicate changes about how the

service was run. The registered manager had also introduced a 'carer's forum' providing an opportunity for representatives of the staff team to meet with management and share information about any issues or concerns, make suggestions on improvements and be involved in decisions about the service. Staff explained concerns could be raised anonymously through the carer's forum if they did not feel comfortable speaking with management or making suggestions in team meetings. We saw minutes for the first meeting held in October 2017 and saw topics discussed included rotas, pay, morale, workload and tasks. This demonstrated the registered manager promoted an open, inclusive and collaborative approach to managing the service.