

Housing & Care 21

Housing & Care 21 - Mora Burnett House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

The inspection was unannounced. At our last inspection on the 1 April 2014 the service was meeting all regulations inspected and some improvements had been made to records.

Housing & Care 21 - Mora Burnett House provides extra care housing to people living in the Camden area. There were 35 individual flats and the service housed 31 people

Summary of findings

at the time of our inspection. The service provides 24 hour care for older people, people living with dementia, learning disabilities or autistic spectrum disorder, mental health, physical disabilities and sensory impairment.

The service had a registered manager. A registered manager is a person who has registered with the 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.

People using the service told us they felt safe and were happy living there. We saw people were looked after by staff who listened to what they wanted and were able to help people with their daily lives if they needed or wanted extra support. Relatives liked that there was a member of staff available at all times to support their family members.

We observed staff behaving in a caring manner towards people and people told us how kind staff were to them and said they would check to see if they were okay in their home. Staff respected people's privacy and dignity and their individual preferences. There were people of different nationalities living at the service and people were not discriminated against due to their illness or disability.

We found that staff received training to support them with their role when they joined the service and on a continuous basis to ensure they could meet people's needs effectively. However, we noted that staff were not aware of the implications of the Mental Capacity Act 2005. Staff did not realise that they may have to apply to external agencies for decisions to be made in people's best interests to keep them safe.

People told us they supported to maintain their independence and had learned new skills while at the service. External stakeholders confirmed this and said how this had had a positive impact on people's lives and well-being.

People received regular assessments of their needs and any identified risks and the service worked well with external agencies when people came to the end of their life so that they were given the care they wanted and treated with compassion.

People, relatives and staff spoke positively about the registered manager and said they were visible and could be easily contacted. External stakeholders also commented positively about how well the service was run and the good working relationships that had been built between the staff and registered manager of the service.

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. Staff were trained in the safe handling of medicines, minimising infection and correct safeguarding procedures to enable them to keep people safe.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. People living at the service were given information about how to protect themselves in their home and in the community. The provider assessed risks to individuals and gave staff clear guidelines on how to protect people in their home.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005, however they were not aware of changes to the Deprivation of Liberty Safeguards and how these might affect the people they supported

Good



Is the service effective?

The service was effective. People received effective care as staff listened to what they wanted. People commented that they were involved in decisions about their care.

People were supported to eat and drink healthy amounts and staff took the time to educate people to ensure they were able to maintain a healthy diet.

Staff received regular training, supervision and support which ensured they had the skills and knowledge to meet people's needs.

Requires Improvement



Is the service caring?

The service was caring. People said that staff were kind and compassionate. People were treated with respect and dignity.

Staff took the time to get to know people and their preferences. People's relatives were able to visit when they wanted.

The service carried out wellbeing checks to ensure that people were happy in their home.

Good



Is the service responsive?

The service was responsive. People met with their keyworker regularly and had their needs reviewed. Where changes were identified risk assessments were updated and care plans reviewed with people, their key worker and external stakeholders.

Staff communicated with each other and the registered manager on a daily basis to ensure that information was shared about people's changing needs.

Good



Summary of findings

People and their relatives were given information about how to make a complaint and staff supported people to access advocates where they were unable to make a complaint by themselves.

Is the service well-led?

The service was well-led. People were asked for their views through tenants' meetings and regular sessions with their keyworker. Staff, people and their relatives could approach the registered manager with their queries and the registered manager listened to feedback so that improvements could be made.

The registered manager was visible and approachable and we received positive feedback about the management of the service from people using the service, their relatives and staff.

Audits were carried out that included areas such as records and medicines to ensure that any shortfalls were identified and addressed to improve the quality of care people received.

Good



Housing & Care 21 – Mora Burnett House

Detailed findings

Background to this inspection

This inspection took place on 5 August 2014. The inspection was carried out by an 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. The expert had experience of community care.

Before the inspection we reviewed the information we held about the service, which included a Provider Information Return (PIR) and notifications of significant events made to the Care Quality Commission. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to four people who used the service and three relatives. We observed staff interaction during an afternoon activity. We also interviewed the registered manager and three care staff. Health professionals were also contacted and included a commissioner of care from Camden, two social workers and a community advocate.

We reviewed three people's care plans, looked at their risk assessments, support plans and communication records. We also looked at five staff files which included their recruitment checks, supervision records, appraisals and training histories.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We spoke to four people at the service and they all told us they felt safe and included. Staff told us the service was safe. One member of staff explained there was CCTV installed outside the building which we saw and said that staff were available for people day and night.

Everyone lived in their own individual flat with their own bathroom and kitchen. There were communal areas where people could meet to socialise with other people living at the service to avoid feeling isolated. People were given their own keys to lock their front door and they were encouraged by staff and management at the service to invite only people they knew into their home.

External visitors, family and friends were required to sign in at the service to maintain security. A member of staff said “We keep track of everybody who comes in and out of the building, the service is really safe.”

People using the service were able to freely leave the service and had their own outdoor security key which enabled them to enter the building. One person living at the service said, “I am very safe” and another person said, “I am very well looked after and as safe as houses here”. We saw ‘keeping you safe’ documents around the service and in people’s care files which gave people information on keeping safe in their homes. Keeping people safe was also an active agenda item at ‘residents’ meetings. We observed people interacting with and approaching staff and others in the service which indicated people were comfortable in their environment.

We found that staff were not fully aware of the implications of the Mental Capacity Act 2005 (MCA) or when to apply it in relation to a person’s liberty. Staff understood issues surrounding consent and gave an example of people’s right to refuse their medicines. The registered manager of the service was able to explain how the MCA applied in their service in relation to people agreeing to sign their tenancy agreement but not being able to make decisions about their finances. The registered manager said they would contact social services if they required further advice or guidance. However, there was a lack of understanding about the action that should be taken if they found that it was necessary to deprive someone of their liberty to keep them safe according to the Deprivation of Liberty Safeguards.

We saw that there was an up to date safeguarding policy and flow chart with guidance for staff on the steps to follow if they had concerns about the safety of a person using the service. Staff were able to tell us what they would do if they thought someone was at risk of abuse or had been abused. Staff received training in safeguarding adults which was up to date and told us they had a staff handbook which gave them added support and references concerning safeguarding issues. Staff told us they would approach the registered manager in the first instance where they had concerns about someone’s safety. If no action was forthcoming they said they would whistle blow and approach the local authority, Care Quality Commission or the police.

We spoke with a social worker and a community advocate who told us that people at the service were kept safe and they were pleased with the level of security the service offered people

The service followed safe recruitment procedures to ensure staff employed were suitable to work with people using the service. For example, relevant pre-employment checks had been carried out which included references from two previous employers and a criminal records check.

People, relatives and care staff said they thought there were enough staff. The registered manager told us they recruited new staff as needed and said they did not use agency staff. Staff rotas were prepared in advance by the registered manager and we viewed the staff rota and saw that all shifts were covered. Some people had set routines they liked to follow and staffing levels were planned to accommodate this. For example, some people liked to go for a walk on particular days of the week with staff support and the registered manager ensured that staff were available to support this activity.

Risk assessments were carried out to ensure people were safe in their home environment and when out in the community. Staff assessed risks related to falls, behaviour that challenged, medicines, risk of infection, support with eating and drinking and how to keep people safe in the community. Risk assessments we reviewed were up to date.

Staff were trained in safe and correct medicines management and this was up to date. For example, staff told us they always checked the details of the person including their name, date of birth, dosage and time

Is the service safe?

medicines were to be given to avoid any errors. Staff said this helped ensure that medicines were administered safely. Staff told us if they had any concerns about medicines they would call the person's GP, pharmacist or the emergency services. The service also had an out of hours line that staff told us was used to seek advice when a medicine error had been made.

Staff told us they minimised the risk of infection at the service by following proper hygiene procedures. Staff were given personal protective equipment which included gloves and aprons to help prevent the spread of infection. We also checked communal toilets and found that there was sufficient hand soap and hot water to maintain good hand hygiene.

Is the service effective?

Our findings

The service helped people live their lives the way they wanted. One person said to us, “I love being independent and here I have the best of both worlds. I have my own place and lots of help.” While we saw people leave the service unattended, some other people required support to leave the service and staff were available to support people do this.

People told us they were supported to become more independent while at the service and develop and learn new skills. One person said, “The staff are good and kind as they let me do things I can do for myself but help me with things I can’t.” For example, someone living at the service told us that they were unable to do their own washing up when they first moved into their flat but were now able to do this and had also learnt how to use a washing machine. This showed how staff encouraged and enabled people to develop and maintain independent living skills.

Staff employed by the provider completed a four day classroom induction before they commenced work and were given an induction pack and staff handbook. The induction included reading policies and procedures and mandatory training such as health and safety, food hygiene, moving and handling and safeguarding. Staff told us they also worked with another experienced member of staff for five days before working independently and had a mentor. Staff told us they received supervision every three months and an annual appraisal with the registered manager and records confirmed this. This showed that the provider was committed to supporting staff to ensure that they had the skills and knowledge to carry out their role.

Staff had relevant experience and some staff had national vocational qualifications in health and social care and specialist training in dementia care. Relatives and external stakeholders told us they thought staff were good and had the skills to do their role well. A community advocate we spoke with told us staff kept them informed and communicated well with people using the service. The advocate was confident that staff received effective training that enabled them to support people effectively. Another stakeholder told us that staff did everything they could to support people.

We reviewed the staff training matrix and staff training was up to date. However, we noted that staff had not

completed first aid or had Mental Capacity Act 2005 (MCA) training. The registered manager sent us confirmation that first aid training had been booked for staff after the inspection.

Health care providers, people’s advocates and social workers gave positive feedback about the service. We saw on people’s care files and communication records that healthcare professionals were regularly contacted and involved in people’s care. Everybody at the service was registered with a GP and staff supported people who were unable to attend the surgery themselves or arrange home visits. Details of people’s appointments were documented on their files for reference. We saw how one person was supported to attend a memory clinic at a day centre which they said helped them to remain healthy.

Staff told us that they monitored people for changes in their health and made referrals to healthcare professionals if they had concerns. For example, a member of staff told us they observed that someone was not eating well when they first moved into the service. They said that they informed the GP straight away to ensure that any medical concerns were addressed.

People were involved in their care planning and staff worked with people on a one to one basis to find out what they wanted. People told us that staff never told them what they had to do and asked them about their preferences so that they had a choice. Staff said they were able to give effective care as they communicated with other staff on any changes in people’s needs which were updated in people’s support plans. They also worked closely with people and carried out keyworking sessions so that people could share their views and be involved in their care.

People were supported to have enough to eat and drink throughout the day. Some people had support in preparing meals and others were able to prepare them on their own. One person using the service said, “I have my meals delivered and choose what I want each day to heat in the microwave.” We observed staff offering people drinks in the communal lounge. The registered manager told us that a jug of juice was also left in people’s flats to keep them hydrated but alternatives were also offered such as ice cream if people wanted this to keep them hydrated in summer months.

Staff told us how they ensured people who had special diets were supported to eat healthily and safely. For

Is the service effective?

example, people with diabetes were encouraged to eat food and drinks that would not make their condition worse. One member of staff said “We know [person] has diabetes

so we encourage them to pick more fruit and a healthy option.” Staff worked with family members to explain the importance of maintaining a healthy diet so that people did not become unwell.

Is the service caring?

Our findings

People were very positive about the service and their experiences with staff. People said they were treated with kindness and respect. One person said, “They are all lovely, smashing people who work here, very good and very kind.” Another person said, “They are all very nice to me.”

A relative said, “The manager gets staff with empathy and really supports the staff.” The relative said this reassured them that their relative was being treated with kindness. Another relative told us they were encouraged to be involved in the service and enjoyed doing this. For example, they told us how they had worked with the service and other relatives to produce a welcome sign which they said made the service feel more homely. We saw evidence of this sign.

Positive relationships were formed between staff and people using the service as staff interacted with people and got to know their likes and dislikes. This also included ‘wellbeing’ checks to ensure that people were well cared for and their needs met. One staff member said to us “I know when [person] is upset, they will let me know as I know [person]. I will see how they are when I check on them in their home.”

The registered manager told us that people were introduced to all staff at the service and people were asked who they wanted their key worker to be. They said this helped build positive relationships and acknowledged people’s preferences. A member of staff told us, “I get to know [their] routine from working with them and observing their needs.”

People said they felt “reassured” that staff were there to support them. The registered manager told us about a gardening group that had been set up by a relative and said that people at the service really enjoyed taking part. Other activities were also arranged and we saw that staff were enthusiastic and tried to encourage people to participate. We observed a game in the communal lounge and saw that the member of staff leading the game knew everyone’s name and spoke to them in a respectful manner.

External stakeholders gave positive feedback about how caring the service was. A social worker told us how staff had supported someone to settle into the environment and that this had had a positive impact on their wellbeing.

We saw that community advocates were made available to people and we spoke to an advocate for the service. They told us that continuity helped people get to know the staff who supported them and helped them settle at the service. They also said that care was tailored to individuals and of a high standard.

Communal dinners were also held at the service to encourage people to socialise with other people living at the service and staff. The registered manager explained this helped reinforce good neighbourly relationships and prevent people with no family members from feeling isolated.

People’s privacy and dignity was respected and maintained. Staff told us some people preferred staff of a particular gender to tend to their personal care needs and said this was respected. Staff told us they helped people be as independent as possible. People commented that they were encouraged to do what they could but help was readily available from staff when needed.

The service had a dignity charter which provided guidance to staff to ensure people were treated as individuals. The registered manager explained that the charter was there to empower people living at the service and to support and encourage them to make their own choices.

The provider said people’s wishes were respected at the end of their life. Where people wanted to return to their own home they were supported to do this. The registered manager told us that people were given peaceful time with the support of staff at the end of their life. The registered manager explained that their role was to show compassion. The registered manager was able to provide an example where two specially trained staff and a palliative care nurse had been assigned to work with an individual at the end of their life to ensure they were comfortable and well cared for.

The provider had good links with the end of life team and district nurses which ensured staff had the support and training to provide effective end of life care to people.

Is the service responsive?

Our findings

People told us that they met with their key worker regularly and had review meetings to find out whether the care package was still meeting their needs, and records confirmed this. The provider aimed to give personalised care and assessed people before they moved into the service. The registered manager told us “one size does not fit all” and explained that everybody had different needs when they arrived at the service and said their role was to ensure they could meet people’s needs.

The care plans we saw were person centred and we found that people were asked what they wanted from their care while at the service. Details of people’s history, social life and interests were recorded. People’s preferences and choices were taken into account at all times, so that they were able to live as independently as possible at the service. For example, one person stated, “I like to stay in bed a lot and not to be up very early.” Another person said to us that they felt they could make choices about what to do in their flat and make their own decisions.

The registered manager told us that regular reviews took place every six months. Where changes in people’s needs were identified we saw that their care plans were updated sooner and relevant healthcare professionals contacted for further advice. For example, we noted that mental health assessments had been requested when a change in people’s behaviour had been observed.

A relative we spoke to told us that care plan reviews did take place and said they were actively involved and invited to these meetings. Relatives also gave positive feedback on the keyworker relationship and said it was “very good”.

People’s advocates and social workers told us that they were invited to reviews with the registered manager at the service. They said people were seen to make improvements as the service identified what people wanted and took a joint approach in working with them and external health professionals.

Staff knew people’s individual needs and were able to give examples of people’s preferences. Staff told us that because they had a close working relationship with people and other staff they were always communicating with each other about changes in people’s level of care so that people’s needs were met. For example, a staff member told us about a situation where someone who had previously been identified as being able to make their breakfast unassisted was seen to be struggling. This was communicated to the team so that extra support could be given.

External stakeholders told us how pleased they were with how well staff at the service responded to people’s needs. They told us that staff understood people needs and took the time to explore the issues that were affecting them and how best to support them.

We saw people engaged in a group activity on the day of the inspection. People told us they would like to see more activities at the home and relatives also said the same. One relative said, “There is a lack of an activity coordinator, the staff have to do it, they do their best.” Staff said that people were encouraged to undertake other activities including exercises and sing along. A member of staff said, “We ask people what they want to do, it is their choice if want to take part.”

People were given support to make complaints but we also saw that staff received a number of compliments and thank you cards from relatives. People were given information on how to make a complaint which had the name of the registered manager as well as external contacts. One person said “I have no complaints” and another person said “I am very, very lucky to be here and I have no complaints at all”.

Some people had used their advocate to raise a complaint and the registered manager of the service explained how it was listened to and resolved to people’s satisfaction.

Is the service well-led?

Our findings

The provider promoted a positive and open culture and included people, their relatives, staff and external stakeholders regularly in what happened at the service. One relative said, “[The registered manager] always has time to talk to me even though she is so busy.”

Relatives told us they were happy that any issues raised with the registered manager were listened to and acted upon. For example, one relative told us they had a concern about their family member’s refrigerator and that the matter had been resolved promptly once they raised it with staff.

A registered manager was in post and they were visible to all who lived at the service and staff. The registered manager was supported by three senior members of staff and a deputy team leader. We observed an open door policy where people at the service could speak to the registered manager at any time. People living at the service were very happy with this arrangement and said they could also speak to other staff as well.

Staff told us they felt well supported by the registered manager and listened to. One member of staff said, “It’s brilliant here, we are free to talk to [the registered manager] at any time, she’s very understanding.” Staff had confidence that their concerns and information about people’s needs would be listened to. They contributed to how the service was run as they knew what was expected from them in their role and to ask for support if needed.

Staff had monthly feedback sessions with people at the service and their relatives. People were encouraged to share their views about the service. The registered manager also asked for people’s feedback during their monitoring visits to people using the service.

Staff had team meetings with the registered manager where they were able to discuss training needs, how to support people at the service and any concerns they had about people’s needs. Staff told us they found these meetings helpful and one member of staff said, “It supports me in my work.” The registered manager told us how they were able to implement ‘best practice’ by communicating information during meetings and staff handovers.

There were systems in place to monitor the service. For example, the registered manager carried out audits of people’s communication records to check that the content was appropriate and of a good standard. Medicines and the medicine administration records were audited. The registered manager also performed medicine competency checks to ensure staff were able to administer and manage medicines safely. We noted that where administrative errors had occurred the registered manager had spoken to the staff member in question to make them aware of the error. If further training and support was needed this was documented and arranged.

Relationships with outside agencies and stakeholders were strong as the registered manager and staff worked very closely with them. Feedback from external stakeholders about the management of the service was positive. A commissioner from the local authority told us they carried out a monitoring visit of the service in July 2014 and said they had received very positive feedback from people living at the service.