Housing & Care 21

Housing & Care 21 - Rohan Gardens

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**

Summary of findings

Overall summary

We undertook an announced inspection visit to Rohan Gardens on 16 August 2016. We told the provider 48 hours before our visit, we would be coming. This was so people could give consent for us to visit them in their own flats to talk with them.

Rohan Gardens provides housing with care. People live in their own flats and received personal care and support from staff at pre-arranged times throughout the day, and in emergencies. Rohan Gardens consists of 42 flats and at the time of our visit, 24 people at Rohan Gardens received personal care.

The service had a registered manager, however they had been on extended planned leave since May 2016. The service was being managed by a deputy manager who was in the process of making an application to be registered with us. 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 felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Staff knew what actions to take to keep people safe and had a good understanding of what constituted abuse. The suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

The deputy manager and staff had limited knowledge of their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge and people's records did not always ensure people received consistent support when they were involved in making more complex decisions, such as decisions around finances or where they wanted to live. Staff gained people's consent before they provided personal care and supported people to retain as much independence as possible.

There were enough staff to deliver the care and support people required. Staff received training and supervision to support them in meeting people's needs effectively and to help develop their own learning.

People received care from a team of staff they were familiar with, who stayed long enough to complete the care calls people required. People told us staff were kind and respectful and knew how they wanted to receive their care.

Support plans and risk assessments contained relevant information to help staff provide the personalised care people required, although some required further information to ensure staff continued to provide consistent care. People knew how to complain and information about making a complaint was available for people. People told us they felt they could raise concerns or complaints if they needed to because the

management and staff were always available and approachable.

Staff had opportunities to raise any concerns or issues with the managers, knowing they would be listened to and acted on.

Management provided good leadership and who care staff found approachable and responsive. There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living in their flat and they were supported by enough staff who were available to provide their agreed care and support. Staff understood their responsibilities to report any concerns about people's safety and to minimise risks to people's wellbeing. People were supported with their prescribed medicines from trained staff.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider trained staff to equip them with the right skills and knowledge to support people effectively. However gaps in some training and staff knowledge meant there was a lack of consistency in supporting people who lacked capacity in line with the principles of the Mental Capacity Act 2005. Staff respected people's privacy and dignity and supported people in a respectful way. People received support to prepare food and drink where required and people had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were supported by staff who they knew well and who they said were kind and caring. Staff respected people's privacy and supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences, however care reviews were not always completed. People received care from staff that understood their individual needs and who were kept up to date about changes in people's care. People were able to share their views about the service and knew how to make a

complaint.

Is the service well-led?

Good

The service was well led.

People were satisfied with the service they received. Staff received the support and supervision required to carry out their work safely and effectively. The deputy manager and provider had systems of audits and checks to identify improvements and take action where necessary to improve the service provided.

Housing & Care 21 - Rohan Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We reviewed the information we held about the service. We looked at information received from relatives, whistle blowers and other agencies involved in people's care. We spoke with the local authority, who did not provide us with any information that we were not already aware of. We also looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

This inspection visit took place on 16 August 2016 and was announced. The provider was given 48 hours' notice because they provide support to people in their own flats, and we wanted them to request permission from people so we could speak with them. The inspection was carried out by one inspector.

To help us understand people's experiences of the service we spent time during the inspection visit talking with people, either in the communal lounge or in their own flat. We spoke with four people who lived at Rohan Gardens to get their experiences of what it was like living there, and about the quality of the support they received.

We spoke with the deputy manager, an administrator and two care staff who provided people's care and support.

We looked at two people's care records and other records including quality assurance checks, medicines and incident and accident records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Rohan Gardens and with the staff that supported them. Comments from people included, "The staff are very good, I definitely feel safe," and "I feel safe at night knowing all the doors are locked at night." People knew who to speak with if they did not feel safe; comments made were, "I would speak with the manager and staff," and, "I would go to the office (managers), they would make sure it's all safe." People said they felt safe knowing there was a staff presence throughout the night.

Staff ensured people who required emergency assistance received it safely and promptly. People said they felt safe living in their own flats because if they needed emergency help, they could summon help quickly. One person said, "I will pull the alarm cord if I need anything, you can talk through the buzzer so staff know what you want and you know they are on their way." Another said, "I always wear my neck pendant, I don't use it but I have it for emergencies. I pressed it by mistake once and they were here like a shot to see what was the matter." This meant people could get urgent assistance from staff when needed.

Staff had a good understanding of abuse and their responsibility to keep people safe. One staff member told us, "It's protecting people from harm. I would follow our policies and procedures and refer to management. I would not investigate it (it is up to the managers) and I would leave it up to the professionals (safeguarding team)" We gave staff, scenarios of abuse and asked what they would do, for example, unexplained bruising on people, and staff attitudes. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. One staff member told us, "If I witnessed anything of concern, I would feel confident to whistle blow and call police."

The provider had a policy and procedure for safeguarding people; and guidance for staff to remind them what to do, and who to refer concerns to was displayed in the staff office. The deputy manager understood the procedure for reporting allegations of abuse to the local authority and CQC.

People had an assessment of their care needs completed when they started using the service. This identified any potential risks to providing care and support. The deputy manager said the risk assessments helped them to be confident they could meet people's needs safely. Each person had plans completed which instructed staff how to manage and reduce the risks. These included plans to reduce risks related to mobility; the prevention of skin breakdown; risk of falls and management of people's medication. One person told us, "I had lots of falls at home, but I do exercises now which helps." They said they had not fallen while at Rohan Gardens and because they wore a pendant alarm, they felt safer knowing staff would be on hand to assist.

Staff confirmed they looked at care plans and risk assessments before they provided care to people. People we spoke with said they felt safe and trusted care staff when they helped or assisted them. One staff member told us by knowing the person, they used, "Common sense and read the care plans first which was a good idea." They said this helped them know the person's risks before they provided care.

Staff had completed training so they could support people who needed assistance to move around safely.

Staff said they were confident assisting people as they had been shown how to use equipment to transfer people. One person, who used equipment to help them transfer out of bed, told us, "I have a track hoist, staff know what to do. "

Staff understood the importance of making sure equipment that people used was safe. One staff member told us they checked to make sure equipment worked properly. For example, they checked slings used to hoist people for any damage and ensured they used the right sized slings to support people's weight.

People and staff we spoke with told us there were enough staff to meet people's care and support needs and people usually received care from staff they were familiar with. People told us staff arrived at the expected time, "Yes they usually arrive at the same time" and, "If you need help, they come very quickly." Staff confirmed there was sufficient support staff available to meet people's need and spent time talking with people during care calls. Some staff said their call schedules lacked flexibility, particularly if people were not always ready at the time of their agreed care calls, but staff said they made sure people received the support they needed. Work schedules and staff rotas confirmed there were enough staff to provide the care calls people required.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Staff told us Disclosure and Barring Service (DBS) checks and employment references were in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure for supporting people to take their medicines safely. Most people had been assessed and were safe to self-medicate. Where people required assistance with medicines, records showed how this should be provided and was clearly recorded in their care plan. Staff told us, and records confirmed they had received training to administer medicines safely which included checks on their competence by senior staff, to ensure they continued to do this in a safe way.

Staff recorded in people's records that medicines had been given, and signed a medicine administration record (MAR) sheet to confirm this. Completed MAR records we looked at showed people had been given their medicines as prescribed. Checks were made by senior staff to ensure staff had administered medicines correctly and stocks of medicines remained accounted for. The deputy manager told us errors in recording medicines were discussed with the staff member to reduce potential for further errors. These procedures made sure people were given their medicines safely and as prescribed.

Requires Improvement

Is the service effective?

Our findings

People told us they liked staff, staff knew what to do, and how to support them on a daily basis. People said staff were always available and when they did anything to support them, it was to their satisfaction. People said they were involved in their care decisions and staff asked them for their consent, before any care was provided. One person told us, "Everyone (staff) is pleasant and they ask and involve you."

Staff told us seeking consent from people formed an important part of how people received their care. Staff gave us examples of how they sought consent, for example, "I ask, 'Is it okay if I do this now?', or, 'I need to do this, do you want to help?'." People who could understand and make decisions were involved and understood what was provided. We asked staff how they supported people who had a cognitive impairment and whether they supported people in line with the Mental Capacity Act.

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 provider was working within the principles of the MCA. We found mental capacity assessments were not documented for people who lacked capacity to make certain decisions. It was difficult to establish whether family members involved in the person's care, had legal authority to make decisions on people's behalf because records demonstrating this authority were not available.

The provider did not record people's decision making abilities to determine whether people could make decisions for themselves or needed others to make decisions in their best interest. For example; a decision which would have a significant impact on the person, was made by the person's family members. There was no record to indicate whether the person had the capacity to make this decision for themselves and no record to inform why the decision was considered to be in their best interest. It is a requirement to record best interest meetings and mental capacity assessments. The deputy manager confirmed families were involved,however the records could not support what decisions had been reached.

We spoke with care staff who confirmed to us that mental capacity assessments were not completed. Talking with staff, we found staff knowledge and understanding of mental capacity and what it meant for people, varied and we were given inconsistent information from staff about which people lacked capacity or not. Staff confirmed they had not received training in Mental Capacity and Deprivation of Liberty Safeguards.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people reside in their own homes, applications can be submitted to the local authority for the consideration of a Community DoLS. At the time of our

inspection, no applications had been sent to the local authority to make sure people's freedoms were not unnecessarily restricted. The deputy manager told us on a couple of occasions, a person who they considered lacked capacity, was for safety reasons, not able to leave their flat unsupervised.

The provider was not working to the principles of the MCA, and meant they were in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt staff knew how to support them and said they felt comfortable and relaxed when staff supported them. One person said they needed help with mobilising from a bed and a chair. They said, "They do care, they have looked after me, their moving and handling is excellent." During our inspection visit, we were unable to see staff put this training into practice, but everyone who needed support when mobilising, said staff supported them well.

All the staff we spoke with had worked for the service for some time. People said they liked this because staff got to know how to support them in the ways they preferred. There was a programme of regular training for staff, such as safeguarding people, medication and food hygiene. Staff told us they felt they had the right skills, training and experience to carry out their role effectively. Staff said they completed an induction which involved shadowing (working alongside) experienced staff members before they provided care on their own. One staff member told us about their training, saying, "I had on line training and practical training which was good." Staff said they had received training in more specialised areas such as 'dementia care' and 'managing challenging behaviours', which staff said they found useful and equipped them with important knowledge in these areas.

Staff confirmed they had regular supervision meetings with a manager or senior where they discussed their personal development and training requirements. Staff said they found this useful and provided opportunities to request support or further training. The deputy manager told us that new staff who completed the Care Certificate would receive training in the MCA and DoLS as this was part of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff working in a care environment.

People required a range of support to prepare food and drinks. Some people prepared their own; others made their breakfast and supper and had a lunchtime meal from the dining room, whilst some people relied on staff to prepare their food and drink. People told us they received their meals and drinks in line with their personal preferences and choices. There were procedures in place to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were being met. At the time of our inspection visit, there was no one who had required their food and fluids monitoring.

People told us staff helped them to arrange health appointments if they asked them to or some people had family members they could rely on. Staff said they helped people manage their health and well-being if this was part of their care plan. Records confirmed the provider involved other health professionals with people's care when required including occupational therapists and GPs. People we spoke with were independent and said they usually arranged their own appointments where needed.

Good

Is the service caring?

Our findings

It was clear from our inspection visit, people and staff were comfortable and respectful in each other's presence. People told us they liked the staff and we saw people smiled when care staff greeted them. People told us staff were kind and caring and treated them with respect. One person said, "Staff are excellent and the care is much better." They explained this by saying the delivery of care was now better organised." Another told us, "It's lovely here, it's nice and the staff are very good." One person told us how they enjoyed living at Rohan Gardens. They told us, "I have a nice flat, we all get on well together, lovely staff, a bedroom, a kitchen and a lounge with my television. I love watching the sport." They said, "I can do whatever I want, what more could I ask for."

People were complimentary about the caring nature of staff, one person said, "They just have a way with them." We asked staff what being 'caring' meant to them. One staff member said, "My job is to care and I do." They told us they enjoyed helping and looking after people and wanted to make a positive difference to people's lives. All staff we spoke with said they enjoyed working at Rohan Gardens, especially caring for people they supported. Staff felt recent improvements had been made and they felt more settled in their roles which meant the quality of care, and how staff provided that care to people had improved. Staff said they cared for people by listening, talking and getting to know them well, as well as recognising when people were not feeling well. People said staff treated them well and one staff member explained what this meant to them, saying, "It's treating them how you would like to be treated."

People told us their privacy was maintained and staff treated them in a way they liked. People said they usually had personal care provided by the gender of staff they preferred, although they understood there would be the odd occasion this could not be accommodated. We spoke with one person who preferred a female care staff member but had been supported by a male carer, especially at nights. They explained they felt comfortable with the male care worker and they were treated very respectfully and in a dignified way. Staff said their practices were observed by senior staff which helped them maintain the standards expected of them by the provider.

People lived in their own flats so we were unable to observe care directly. People we spoke with confirmed staff knocked on the door and waited for a response before entering their homes to ensure privacy was maintained. We observed the deputy manager knock on doors and announced themselves before entering people's flats during our inspection visit.

People received care and support from staff they knew well and who they had built relationships with. One person told us, "The staff have been here a while which helps." The deputy manager told us they completed staff rotas and tried to ensure people received care from a small but consistent staff team.

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. One person told us they had adapted their flat to be more independent, although some improvements were still required and they were working with the provider to make those improvements. Another person said they were, "Terribly independent" and staff recognised the importance of them doing

things for themselves. This person said staff were available to help them and they told us staff were always telling them if they couldn't do something, to ring their alarm bell.

People said they usually required help with washing and showering and said staff let them do what they could for themselves. One person said, "They help do the other bits I can't reach." Information about what people were able to do for themselves and the support staff needed to provide, was recorded in their care plans.

People who lived at Rohan Gardens had a range of care needs but most people were independent, usually needing minimal support with washing and dressing. Some people required staff support several times a day while others only required a safety check to make sure they were okay. Work schedules for staff reflected the care and support people required to make sure they remained safe and well.

People told us they had been involved in planning their care and that their views about their care had been taken into consideration and included in their support plans.

Good

Is the service responsive?

Our findings

People told us staff supported them in the ways they preferred and liked. One person told us they enjoyed living at Rohan Gardens because they had their own flat, their own space and were supported by staff for the things they needed help with. They said when they lived on their own in their previous home, they had a fall and felt vulnerable. They said here, "Staff are a delight, very caring and if I need help, I can press my buzzer (alarm pendant)." They said they were satisfied with the care, knowing even when care calls were not planned, staff were on hand to help. Other people we spoke with shared the same opinions.

One person we spoke with had some concerns and shared those with us during our inspection visit. This person received three care calls per day and found the service was not always flexible to their needs. Part of their care planning was arranged care calls at pre-determined times throughout a 24 hour period. They told us on the odd occasion they wanted care calls later, the service supported people who asked for additional calls but this could not always be accommodated.

People had an assessment completed before moving to Rohan Gardens to make sure the service was able to meet their needs. Assessments detailed the support people required and were used to inform an individual care and support plan so people received a personalised service. People told us their personal care needs had been discussed and agreed with them when they started to use the service. They told us staff understood how they liked to receive their care and support, and the support met their needs.

Staff told us they had time to read care plans so they had a good understanding of people's care and support needs. Staff told us each person's care plan contained people's needs, known risks and people's preferences such as likes and dislikes. Staff had daily work schedules that told them what times people required their care. Staff said they were able to deliver care at people's agreed call times.

Care plans we sampled provided information to staff that told them what support each person required, at each care call throughout the day and night. People told us they were satisfied with the care they received. Some care plans we saw had not been recently reviewed to determine whether the person had the same care needs, and some did not have enough detailed information to support a consistent approach to care. During our inspection one staff member agreed with us, saying, "Some need changing…I went through them to see if anything was missing. " They said they had looked at one care plan for a person who was diabetic. They said, "I notice review dates have elapsed." Another care plan for a person with challenging behaviours did not identify triggers, signs or actions staff should take to keep them and others safe. During our inspection visit, staff told us they knew what to do and were confident when supporting everyone they cared for. We discussed this with the deputy manager during our inspection visit and this was something they had identified since taking up their managerial appointment. They said there were plans in place to review each care plan to ensure it was reflective of the support people needed.

Staff had a handover meeting at the start of their shift which updated them about people's care needs and any changes since they were last on shift. The deputy manager said handovers were important because it kept staff up to date with any changes while they had been on leave or since they were last on duty. Staff

told us records were kept of the meeting to remind staff of updated information and referred them to more detailed information if needed. Staff told us this supported them to provide appropriate care for people.

People we spoke with told us they knew who to complain to if they needed, although no one had made a formal complaint. Comments included, "I would speak to the manager" and "I would go to the office." People had been provided with complaints information, which was kept in their folders in their flats. This included who to complain to if they were unhappy with the response from the management team. Staff said they would refer any concerns people raised to the managers or senior staff. People said they had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

Good

Is the service well-led?

Our findings

Speaking with people, it was clear they were pleased with the quality of care provided by staff. They told us the quality of care was very good, provided by staff who knew them well and who cared for them with compassion and understanding. People made positive comments about the service as a whole. People said the service they received was, "Lovely", "Comfortable and safe" and people said the staff team were, "Very good", "Pleasant" and "Caring." One person described their personal experience that it was, "Like a home from home."

The service had a registered manager in post but they were on planned extended leave from May 2016. In the interim, the provider had internally recruited a deputy manager. The deputy manager told us they were applying to be registered with us which was in accordance with the Regulations. We asked people what they thought about the new management of the home and whether the deputy manager was effective and approachable. Everyone we spoke with said the deputy manager was approachable, listened and people were confident when they said something, action would be taken. For example, one person said, "He is excellent, proactive not reactive, he listens to both sides and takes action." They explained this approach worked, saying, "(Deputy manager) is courteous, he is friendly but not too friendly with staff, which is better." This person also said since the deputy manager took over the responsibility of managing people's care, improvements had been made, such as better communication, arranging staff to take them out at short notice, or helping them with their meals."

Staff were positive and complimentary of the deputy manager. Staff told us they were happy and relaxed in their work and worked well together.

The deputy manager told us the provider had been supportive of them in their new role. Since taking on their new role, they had found some areas of management responsibility which had not been recently addressed. For example, care plans and risk assessments were not regularly reviewed which had potential for inconsistent care to be provided. They were in the process of organising senior care staff to review all of the care plans so they were confident, staff delivered consistent care that people needed. During our inspection visit they realised other improvements were needed regarding mental capacity assessments for people who lacked capacity. The deputy manager assured us this would be actioned and agreed to speak with the local authority.

We looked at the management checks and audits that monitored quality and safety. We looked at examples of completed audits such as health and safety, fire safety and internal provider 'service development plan' audits. The deputy manager said the internal audits, "Are just like you… they come in unannounced, they last for three to five days." The last audit in March 2016 identified errors with MARs records and care plans, and some risk assessments. Although some improvements had been made, these were still a work in progress. The deputy manager had one action plan they were working from which included the issues we found during this inspection visit. They were confident all outstanding actions would be completed by end August 2016.

The deputy manager said part of their managerial responsibilities was to engage and work staff and to support them. To achieve this, they told us they had planned supervision meetings with staff so they had regular opportunities to discuss with staff how staff felt about their work and areas for service, or personal development. The deputy manager was looking at staff training to ensure staff were trained and had relevant refresher training when required. They told us there were some areas they wanted to make better, such as improvements within the management office around quality of records and timescales for repairs to people's flats. They said they had a system for emergencies which was robust, but for other repairs they were not always actioned quickly.

During our tour of the premises we went into vacant and occupied rooms on the ground, first and second floors. Most of the rooms had double patio doors which opened internally, although there was a fixed metal rail to prevent people walking out. We discussed the risks this presented for people who lacked capacity. We asked the deputy manager to check whether those people required mental capacity assessments and whether a community DoLS needed to be considered, to help keep people safe. They assured us during our inspection visit, they would take prompt action.

Regular monitoring made sure people received support in an environment that kept people safe and protected. Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The deputy manager said incidents were minimal, but they would analyse them for any emerging patterns, taking measures to reduce the potential of further incidents.

Regular medicines audits were completed to ensure people received medicines safely and the provider completed an internal check on areas such as complaints, improvements, and standards within the home. From the audits we checked, we found no actions that required improvement.

People's personal and sensitive information was managed appropriately and kept confidential. Records were kept securely in the staff office so only those staff who needed to, could access those records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Suitable arrangements were not in place to obtain and act in accordance with people's consent to their care and treatment. The provider had not followed the requirements of the Mental Capacity Act 2005. Assessments had not been undertaken to ensure that decisions were made in people's best interests.